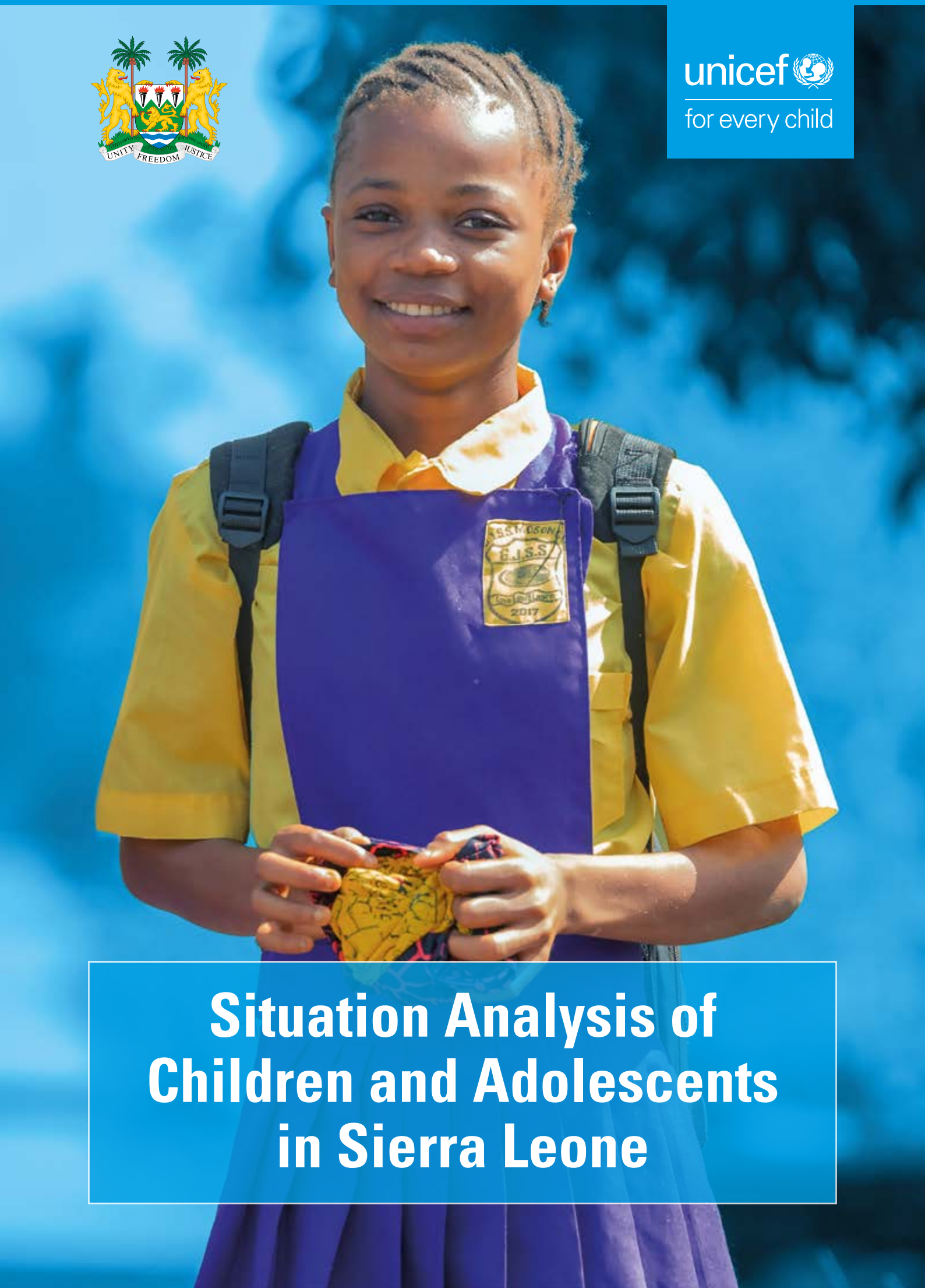

Situation Analysis of Children and Adolescents in Sierra Leone

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Freetown, Sierra Leone: March 2024

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Foreword

On behalf of the Ministry of Planning and Economic Development and the United Nations Childrens Fund (UNICEF), we are pleased to present this analytical report about children and young people in Sierra Leone. This report will assist the government to reduce the deprivation of children's rights and to address their causes. It proposes insightful recommendations to guide actions by the government and its partners to ensure the fulfilment of the rights of the child in relation to the United Nations Convention on the Rights of the Child, the Sierra Leone's Child Rights Act of 2007 and the African Charter on the Rights and Welfare of the Child.

The situation analysis of children and adolescents in Sierra Leone is based on quantitative statistical data available in the country, academic sources and primary qualitative data. It has been informed by focus group discussions and key informant interviews with stakeholders, including young people, women and decision-makers, held in all 16 districts of Sierra Leone.

This report was generated during the planning of Sierra Leone's National Medium Term Development Plan 2024–2030, the Joint United Nations Sustainable Development Cooperation Framework 2025–2030 and the Sierra Leone–UNICEF Country Programme of Cooperation 2025–2030, which supports the government in accelerating progress to achieve the Sustainable Development Goals of the 2030 Global Agenda.

Sierra Leone is one of 40 low-income countries globally that have made substantial progress towards achieving the Sustainable Development Goals for children over the past decade.

Government efforts in the adoption and implementation of progressive policies, such as public financing of the social sector, have contributed to an increase in access to basic social services. In addition, the combination of 22 years of peace and stability in the country between 2001 and 2023 has resulted in a social dividend.

At the same time, the situation of children and adolescents in the country remains extremely challenging, requiring accelerated action to achieve transformative and impactful change.

We can address these challenges and build on the progress made with increased investment and accountability from child rights duty bearers. The government, districts, local authorities, communities, families, young people, academia, the private sector, the media, development partners and United Nations agencies can use the analytical evidence presented in this report to strategically plan and take action so that Sierra Leone's children and adolescents can reach their full potential.

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Acknowledgements

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Abbreviations and acronyms

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ARI	acute respiratory infection
CDC	Centers for Disease Control and Prevention
CRC	United Nations Convention on the Rights of the Child
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organizationof the United Nations
FGM/C	female genital mutilation/cutting
FQSE	Free Quality School Education (programme)
FGD	focus group discussion
FY	financial year
GBV	gender-based violence
GDP	gross domestic product
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
GRID3	Geo-Referenced Infrastructure and Demographic Data for Development
HMIS	Health Management Information System
ICT	information and communication technology
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
KII	key informant interview
Le	Sierra Leonen leone
LGBTQIA+	lesbian, gay, bisexual, transgender, queer, intersex, asexual and other identities
MBSSE	Ministry of Basic and Senior Secondary Education
MICS	Multiple Indicator Cluster Survey(s)
MoEST	Ministry of Education, Science and Technology
MoGCA	Ministry of Gender and Children's Affairs
MoHS	Ministry of Health and Sanitation
MoPED	Ministry of Planning and Economic Development
MoSW	Ministry of Social Welfare
MoSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MPI	Multidimensional Poverty Index

MTHE	Ministry of Technical and Higher Education
NCD	non-communicable disease
NGO	non-governmental organization
NWRMA	National Water Resources Management Agency
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
PSSNYE	Productive Social Safety Nets and Youth Employment
RMNCAH	reproductive, maternal, neonatal, child and adolescent health
SDG	Sustainable Development Goal
SitAn	Situation Analysis of Children and Adolescents in Sierra Leone
Stats SL	Statistics Sierra Leone
TVET	technical and vocational education and training
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference for Trade and Development
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN IGME	United Nations Inter-agency Group for Child Mortality Estimation
UN-Water	United Nations Water
US$	United States dollar
WASH	water, sanitation and hygiene
WASH-NORM	WASH National Outcome Routine Mapping
WFP	World Food Programme
WHO	World Health Organization

Executive summary

The purpose of the *Situation Analysis of Children and Adolescents in Sierra Leone* (referred to as the situation analysis or SitAn in this report) is to assess the situation of the country's children and adolescents with respect to the realization of their rights; analyse child deprivation using an equity and gender lens; assess the capacity of duty bearers at all levels to meet their obligations in the fulfilment of these rights; and make specific recommendations for future actions, programme interventions and policy directions. The aim is to compile and interpret the most recent data and information on child outcomes across a range of sectors (health; nutrition; education; child protection; water, sanitation and hygiene (WASH); and social protection) and identify the trends and patterns in child poverty, adolescents' and young people's participation and civic engagement and other outcomes that affect the realization of children's rights and efforts towards the achievement of the 2030 Agenda for Sustainable Development (United Nations, 2015).

The SitAn will inform the national planning (Mid-Term National Development Plan 2024–2030) and development processes of the Government of Sierra Leone and the United Nations Children's Fund (UNICEF) Sierra Leone Country Programme Document for 2025–2030, for which the government and UNICEF are undertaking preparatory work. Additionally, it will more broadly assist the government, UNICEF and their partners to improve programmatic delivery, advocacy and communications; influence the development of innovative policies and strategies; increase public financing for children; make the case for increased resource mobilization and building partnerships; build momentum for evidence generation and consultation; and facilitate decision-making processes.

By assessing and analysing the situation of children in relation to the expected outcomes and towards achieving the relevant Sustainable Development Goals (SDGs), this report seeks to highlight trends, enablers and bottlenecks in the realization of children's rights in Sierra Leone.

Methodology

The methodology included a comprehensive narrative review and analytical synthesis of all existing relevant data sources, literature and reports. The assessment of child outcomes relied primarily on in-country data collection, which was undertaken at the national and subnational levels between 21 November and 19 December 2022 with a wide range of stakeholders, including the government, international and local non-governmental organizations, private businesses, United Nations agencies and children and young people. The data mainly consisted of qualitative information collected through key informant interviews (KIIs), national thematic focus group discussions (FGDs), subnational FGDs with service providers and FGDs with adolescents aged 10–18 years, as well as a text-based U-Report survey with adolescents and youth. Following data collection, the data were analysed thematically using MAXQDA software.

Context

Sierra Leone is a low-income country with a population estimated in 2021 to be 8.4 million, of which about 3.9 million are children under 18 years, 1.9 million of whom are under 5 years (UNICEF, 2023d). The country is located along the Atlantic coast of West Africa and is bordered in

the north and east by Guinea and in the south by Liberia. Sierra Leone is a multiparty democracy, as affirmed by the 1991 Constitution. Freetown, the capital and largest city, has an estimated population of 1,848,562. Other urban centres are significantly smaller and include Kenema, Bo, Koidu and Makeni. Sierra Leone is divided into five provinces: Southern Province, Eastern Province, Northern Province, North-West Province, and Western Area where the capital is situated (Acemoglu et al., 2014). Since 2017, the country has comprised 16 administrative districts. The majority of the population lives in the country's rural areas (57 per cent), compared to 41 per cent in the urban areas.

The country has a tropical climate with distinct rainy and dry seasons. The mean annual temperature is 26.7°C and the average annual rainfall is 2,526 mm. The geography of Sierra Leone makes the country vulnerable to the threats of climate change, such as rising sea levels.

Therefore, according to the United Nations Sustainable Development Group, Sierra Leone is among the top 10 per cent of countries in the world most vulnerable to climate change (United Nations Department of Economic and Social Affairs, n.d.-d).

Having struggled economically since the end of the civil war in 2002, Sierra Leone is regarded as a least developed country. The economy has faced repeated major shocks since 2014 with the impacts of the Ebola epidemic, the COVID-19 pandemic, climate change and the ongoing global financial crisis precipitated by the war in Ukraine. However, since the COVID-19 pandemic, growth in Sierra Leone has restarted and is currently on an upwards trajectory, with the economy growing by 4.1 per cent in 2021. According to the World Bank, this figure decreased to 3.5 per cent in 2022 (World Bank, 2023). Further recovery can be achieved, provided that inflationary pressures are managed effectively (World Bank, n.d.).

Several demographic and socioeconomic characteristics and trends have influenced – both positively and negatively – the realization of children's rights. These should be factored into responses to issues affecting children and adolescents over the coming years, including:

- Sierra Leone has a young population with a median age of 19.1 years of age and one of the youngest median population ages globally (206 of 227 countries) (WorldData.info, 2020).
- Through the Ministry of Youth, Sierra Leone has developed a strong governance and administrative framework for children that embeds structures for elected youth participation.
- Although Sierra Leone is yet to accept the third Optional Protocol to the Convention on the Rights of the Child, and despite some notable gaps, the country has made considerable progress towards developing a comprehensive and protective legal, policy and institutional framework for children and the realization of their rights. The key law, the Child Rights Act (2007), which is currently under review, provides a strong framework for the protection of the rights of children and establishes specialized protections for children, though gaps remain.
- Persistent gender inequality remains a barrier to the fulfilment of girls' rights, with gender-based violence (GBV) remaining pervasive. Sierra Leone's Gender Gap Index was 0.640 in 2017, higher than the global average of 0.465 (UNDP, 2021a).

Sierra Leone is among 60 countries that have made progress towards achieving the 48 child-related SDG targets (UNICEF, 2023c). The Government of Sierra Leone has made strong progress in several areas relating to child well-being, including substantial progress in education, reducing maternal and child mortality and reducing some communicable diseases. However, progress has been slow and is not on track to achieve the SDGs and key national development goals. Key challenges include GBV against children, learning proficiency, adolescent health issues and rising mental health problems.

Main findings

Health

Sierra Leone is among 40 low-income countries that have made significant progress towards the accomplishment of Agenda 2030, according to UNICEF (2023c). Under-five mortality and maternal mortality has reduced significantly over the last 10 years, but the risk of under-five deaths and maternal deaths is still very high, compromising the possibility of Sierra Leone achieving the SDG 3 targets on good health and well-being.

According to the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), the under-five mortality rate reduced markedly from 154.5 to 104.7 deaths per 1,000 live births between 2011 and 2021 (UN IGME, 2023) and further reduced to 101 deaths per 1,000 live births in 2022 (UN IGME, 2024). The under-five mortality rate was estimated as high at 122 deaths per 1,000 live births by the 2019 Sierra Leone Demographic and Health Survey (DHS) (Stats SL and ICF, 2020), which put Sierra Leone in a challenging position vis-à-vis the global agenda to reach an under-five mortality rate of 25 by 2030.

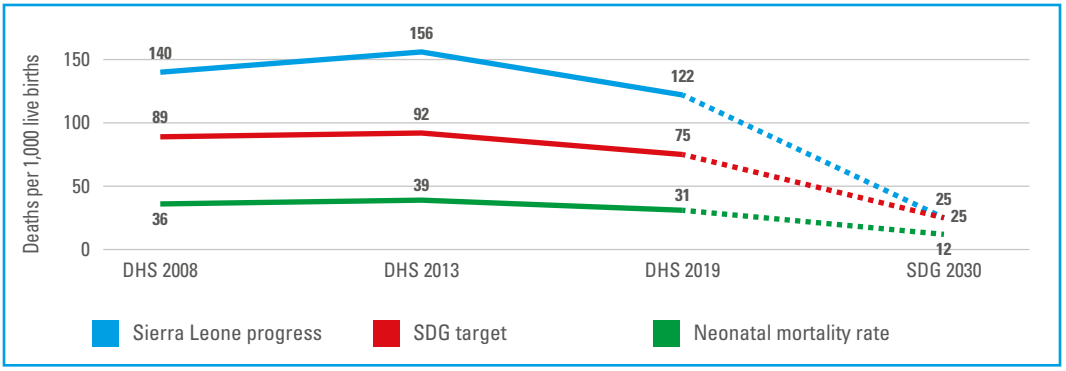
The neonatal mortality rate changed from 38.5 deaths per 1,000 live births in 2011 to 30.9 in 2021 to 31 in 2022. The rate of annual decline in neonatal deaths has slowed slightly in the last decade, but has been broadly consistent since 2017. Significantly, data suggest that the neonatal mortality rate in Sierra Leone has now converged with that of the rest of the West African region. Previously, Sierra Leone had a consistently higher rate of neonatal deaths than its geographical neighbours.

The infant mortality rate is also falling. Data indicates that the under-one mortality rate was 78.3 deaths per 1,000 live births in 2021 and 70 in 2022, down from 104.2 in 2011. The rate of decline in infant deaths has also been broadly consistent since 2017.

The decline in the under-five mortality rate has been less consistent. Evidence from household surveys and United Nations estimations show a rise in the under-five mortality rate between 2014 and 2015, most likely attributable to the Ebola epidemic (UN IGME, 2023).

Sierra Leone has made significant progress in the reduction of maternal mortality rates from 717 deaths per 100,000 live births, as estimated in the 2019 DHS, to a current estimated rate of 443 deaths per live 100,000 births,[1] though it still has one of the highest maternal mortality rates in the

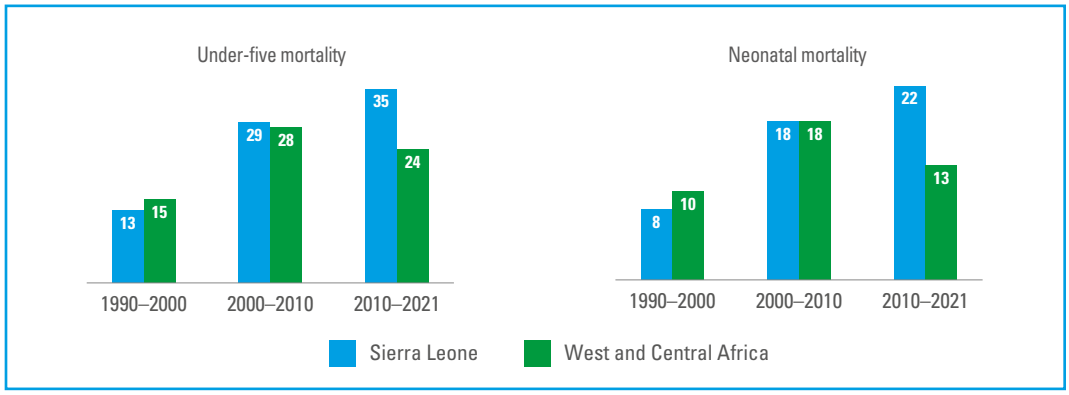
Figure ES1: Trends in child mortality per 1,000 live births in Sierra Leone according to the DHS



Source: Stats SL and ICF Marco, 2009; Stats SL and ICF, 2014 and 2020

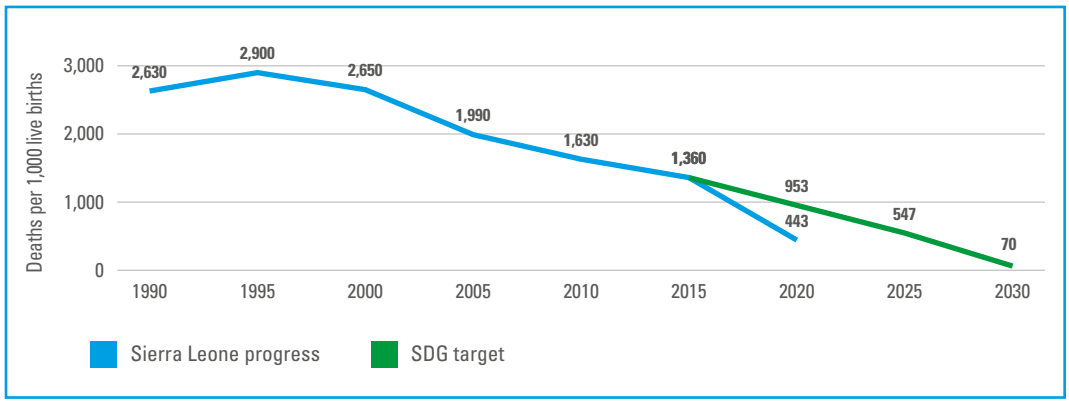
1 Trends in maternal mortality 2000–2020: Estimates by the World Health Organization (WHO), UNICEF, United Nations Population Fund, World Bank Group and United Nations Department of Economic and Social Affairs, Population Division (UN IGME, 2023).

Figure ES2: Comparison of percentage decline in under-five and neonatal mortality in Sierra Leone and other West and Central African nations



Source: Comparison trend analysis by UNICEF Sierra Leone

Figure ES3: Maternal deaths in Sierra Leone per 100,000 live births



Source: UN IGME

world, and approximately 10 per cent of these are due to unsafe abortion (November and Sandall, 2018). Forty per cent of maternal deaths occur in the adolescent population. Community-based mentoring programmes are considered an effective way to tackle the specific challenges faced by pregnant adolescent girls and are now being trialled. Further work needs to be done in addressing misinformation about family planning.

The right of children to health in Sierra Leone is recognized in the Child Rights Act (2007). Since 2016, the government has issued a number of health-care policies, strategies, guidelines, protocols and action plans, the most important of which is the 2021 National Health and Sanitation Policy and the accompanying National Health Sector Strategy 2021–2025 (NHSS). The NHSS aims to create more robust health systems and increase the quality of health-care service provision, while the aim of the 2021 National Health and Sanitation Policy is the achievement of universal health coverage of essential services as part of the government's Road Map to Universal Health Coverage by 2030. Given that Sierra Leone failed to achieve most of the health-related Millennium Development Goal targets in 2015, it is unlikely that it will achieve the targets contained in SDG 3 on good health and well-being by 2030.

Despite the fact that neonatal, infant and under-five mortality have all reduced significantly in the last 10 years, with important improvement in vaccination coverage, there are still demographic disparities in mortality rates according to such socioeconomic characteristics as urban–rural differences, gender, maternal education and wealth.

Improvements to disease monitoring, prevention and treatment have been made. As a result, Sierra Leone has reduced the burden of many communicable diseases, including malaria for which rates dropped 45 per cent between 2016 and 2021 (National Malaria Control Programme et al., 2022). However, other diseases persist. Diarrhoeal diseases and acute respiratory infection remain leading causes of morbidity and mortality among young children in Sierra Leone (Stats SL and ICF, 2020), and other diseases, such as multidrug-resistant tuberculosis, have emerged. It is essential that the Sierra Leone Sample Registration System is strengthened to collect data on mortality rates. HIV also continues to be a challenge, with the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimating that 11,000 children (aged 0–14 years) and 8,700 adolescents (aged 10–19 years) are living with HIV in Sierra Leone, with rates being higher among young women than men (UNAIDS, 2021). Here, comprehensive knowledge of HIV/AIDS and sexual and reproductive health, and access to HIV testing and antiretroviral medication are crucial in preventing HIV transmission. While vaccinations are an important tool in protecting children and adolescents from several preventable diseases, DHS data reveal a declining trend in vaccination coverage, with notable geographical disparities.

In recent years, the main disease burden has shifted to such non-communicable diseases as chronic respiratory diseases and cancer, with the launch by the government of the Non-Communicable Diseases Policy in 2020. Positive progress has been made in establishing services for children, for example, cancer services and chemotherapy treatment. These services will need to be expanded to treat a variety of non-communicable diseases.

Sierra Leone faces significant challenges in providing services for mental health, particularly for children and adolescents. Estimates on the prevalence of mental disorders among adolescents (aged 10–19 years) suggests that the country has slightly higher rates of mental disorders than other West and Central African nations (UNICEF, 2021b), with an increased risk of suicidal behaviours (Asante et al., 2021). The opening of the first specialist child and adolescent mental health unit at Sierra Leone Psychiatric Teaching Hospital in 2021 is a step forward in solving this issue, but this type of service needs to be expanded to improve access to support, and to help address stigma and cultural misperceptions around mental health issues.

While there is a good understanding of substance abuse issues, problems persist. The 2017 Multiple Indicator Cluster Survey (MICS) indicated that there has been a change in the culture of acceptability of drinking: only 0.4 per cent of women and 3.1 per cent of men aged 15–49 years had at least one alcoholic drink before age 15. However, the use of tobacco, alcohol and 'kush' (an illegal drug) are widely reported, with 66 per cent of children who smoked saying that they bought cigarettes from shops. The 2017 Youth Tobacco Survey showed that the majority of children understood the dangers of second-hand smoke (54.4 per cent) and favoured prohibiting smoking in public places (69.7 per cent).

According to 2019 DHS data, in Sierra Leone, 43.7 per cent of pregnancies occur in the adolescent and youth population; 16.7 per cent among adolescents under 20 years and 27 per cent among youth aged 20–24 years. The proportion of teenagers who have begun childbearing rises rapidly with age, from 4.3 per cent at age 15 to 44.9 per cent at age 19. Adolescent childbearing is more common among those with lower education levels and in the lowest wealth quintile. Early childbearing by school-age girls leads to school drop-out. Adolescents in Sierra Leone are more prone to high-risk sexual behaviours (James et al., 2022), which carry a number of risks, including the transmission of sexually transmitted infections.

Sierra Leone has made some progress towards achieving universal health care in recent years, but there is still a long way to go to ensure that everyone has access to essential health services without facing financial hardship. Health insurance coverage for children under 5 years is just 3.9 per cent, while for those aged 5–17 years, it is 1.8 per cent.

Sierra Leone's health system is still facing significant challenges, including a shortage of skilled health workers, inadequate and vertical funding, shortage of medicines, inadequate diagnostic equipment and sites, limited community engagement (from planning to implementation) and weak health information systems. These challenges make it difficult to provide high-quality health services to the population, particularly in rural areas, where access to health care is limited.

Nutrition

Child and adolescent malnutrition is a widespread problem in Sierra Leone, with dietary diversity being limited. As of February 2023, 62.4 per cent of the population have insufficient food consumption (WFP, n.d.), with children being particularly vulnerable to food insecurity. Children's diets are particularly at risk in Sierra Leone, with evidence suggesting that fewer children now than in 2013 have access to minimum dietary diversity (3.7 per cent in 2023), minimum meal frequency (9.7 per cent in 2023) and a minimum acceptable diet (3.7 per cent in 2023) (WFP, 2023a). This is aligned with worsening food insecurity in the country. The situation of children's diets in Sierra Leone is worse than the global and West and Central African averages for the period 2015–2021.

The prevalence of underweight reduced from 21 per cent to 14 per cent between 2008 and 2019, according to the DHS (Stats SL and ICF, 2020). This represents a significant downward trend in underweight children in the country over the last 15 years (from 7.5 per cent in 2010 to 5.4 per cent in 2019) (WHO, n.d.-h).

There has been a continuous decrease in the prevalence of stunting from 31.3 per cent in 2017 (MoHS and Action Against Hunger, 2018) to 30 per cent in 2019 (Stats SL and ICF, 2020) and to 26.2 per cent in 2021 (MoHS and UNICEF, 2021), but it remains above the SDG 2 target of 16.8 per cent. Despite overall improvement in stunting rates, it remains widespread in Sierra Leone, with significant geographic variation. Data show that children born to mothers in lower wealth quintiles, with lower levels of education and living in rural areas, are at higher risk of stunting. Gender disparities in stunting rates persist, with rates of stunting being higher among groups of male adolescents than female adolescents (Stats SL and ICF, 2020).

In terms of child wasting (acute, short-term malnutrition), the global acute malnutrition rate for children aged 6–59 months in Sierra Leone stands at 5.2 per cent (ibid.), representing a slight increase (0.1 per cent) since 2017 (MoHS and Action Against Hunger, 2018; MoHS and UNICEF, 2021).

Rates of anaemia among children in Sierra Leone remain persistently high at 68 per cent, with greater rates in rural areas (Stats SL and ICF, 2020). This, alongside micronutrient deficiency, can result in children being more vulnerable to disease and stunting, and heightened morbidity rates. Anaemia prevalence among women of reproductive age also remains high at 47 per cent (ibid.). Evidence gaps on micronutrient deficiencies across various age and target groups persist.

Lack of information on the benefits of breastfeeding and stigma towards the practice remain significant barriers to exclusive breastfeeding in Sierra Leone.

The government has shown commitment to addressing child nutrition issues. The Multi-Sector Strategic Plan to Reduce Malnutrition in Sierra Leone 2019–2025 (Sierra Leone, 2018a) aims to accelerate and scale up nutrition action across all sectors in Sierra Leone.

The Scaling Up Nutrition Secretariat within the Office of the Vice President has limited technical capacity to oversee implementation of the multisectoral plan, especially at subnational and sectoral levels. However, the recently developed Multi-Sectoral Nutrition Information Strategy

offers the opportunity to strengthen planning, budgeting and monitoring of the multisectoral plan across sectors. Strong, sustained, multisectoral and coordinated action will be required in order for Sierra Leone to meet global and national nutrition targets.

Inequitable intrahousehold food allocation presents a further barrier to some children in middle childhood and adolescence in accessing healthy and nutritious food (UNICEF, 2018a). A complex interplay of age, gender, family structure and household responsibilities affect distribution of food at the household level. The 2021 National Nutrition Survey showed that boy children were marginally more likely to have had a diverse diet than their female counterparts.

Given that 21 per cent of women aged 15–19 years have started childbearing, it is important to address maternal nutrition, particularly factors contributing to maternal anaemia. Low levels of functioning red blood cells increases the risk of blood loss at delivery and postpartum haemorrhage. Haemorrhage is the leading cause of maternal mortality in Sierra Leone, potentially contributing to around 25 per cent of maternal deaths, according to some national studies (Stats SL and ICF, 2020).

The availability of funding for nutrition interventions in Sierra Leone is limited. According to the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and Nutrition Strategy 2017–2025 (Sierra Leone, 2022c), "nutrition programs are heavily underfunded. Even where funding is available, weak integration, fragmentation and duplication result in high levels of inefficiency" (ibid.). Significant public and private sector investment is needed to implement the National Nutrition Policy 2022–2030. At present, the policy does not set out an estimate of the level of funds needed. Further work is necessary to prepare a costed implementation plan for the policy to build the case for investment in the nutrition sector.

Education

Sierra Leone has made significant progress in improving access to schooling at all levels. The percentage of children who enter and complete the last grade at each level of school rose significantly from 49 per cent in 2018 to 90 per cent in 2021 to 101 per cent in 2022 (MBSSE, 2023), and the gender disparity gap for secondary level enrolment has closed.

The 2023 Basic and Senior Secondary Education Act is the major legal instrument governing the provision of education in Sierra Leone. The aim of the act is to "reform the basic and senior secondary education system to make it free, accessible, compulsory, relevant and all-inclusive and rights based". In 2018, the government launched the Medium-Term National Development Plan 2019–2023, which contains the government's 'flagship' programme, the Free Quality School Education Programme, which aims to ensure free quality basic and senior secondary education for all children. Since the launch of the programme, enrolment in schools has increased by 58 per cent across all levels of education. While the growth rates in enrolment are a significant achievement, many children do not attend school, with estimates of 22 per cent of children aged 6–18 years being out of school in 2018. Participation in technical and vocational education remains low, mainly due to the high cost of training institutions, the majority of which are private and profit-making.

Learning outcomes are poor. According to the 2021 Sierra Leone National Early Grade Reading and Mathematics Assessment Baseline Study (MBSSE et al., 2021), significant number of pupils struggle with oral reading fluency and reading comprehension. Despite improvements since 2014, the majority of pupils in Grade 2 (73 per cent) and Grade 4 (64 per cent) fall into the non-reader or pre-reader categories for reading comprehension. Numeracy proficiency has shown signs of significant improvement over the last seven years. The percentage of learners scoring zero on

the mathematics tasks of the Early Grade Reading and Mathematics Assessment decreased significantly between 2014 and 2021 for both Grade 2 (93 per cent in 2014 and 51 per cent in 2021) and Grade 4 pupils (71 per cent in 2014 and 26 per cent in 2021).

The number of children taking the National Primary School Examination at the end of primary school has grown over the years, but the pass rate has remained around 76 per cent, with a considerable degree of variation among the districts. The Basic Education Certificate Examination pass rates in the period 2013–2019 were lower than for the National Primary School Examination, with a 46 per cent pass rate in 2019 (Sierra Leone, 2020a). However, in contrast, the Sierra Leone Education Sector Plan 2022–2026 notes that the Basic Education Certificate Examination pass rate has greatly improved since 2019, when it was 78.8 per cent, to 84.4 per cent in 2022 (The Patriotic Vanguard, 2022). The main causes of poor educational performance in Sierra Leone include children starting school unprepared, inadequate teacher preparation, unclear learning outcome expectations and widespread food insecurity, which affects pupils' attendance and concentration in school.

Only 58.7 per cent of the entire teaching force have the required minimum qualification for the level they teach. While the number of qualified teachers needs to grow in order to meet the demand, the quality of teaching also needs to improve. In addition, there is gender imbalance in the teacher workforce. In 2019, only 28 per cent of the total teaching workforce in Sierra Leone were women.

High levels of sexual violence prevent girls from attending schools. There has also been a sharp decline in the number of children with disabilities enrolled in schools since 2019, according to the 2021 Annual School Census (from 47,965 to 27,368 in 2021), and technical and vocation education has limited opportunities for children with disabilities. The Ministry of Basic and Senior Secondary Education's National Policy on Radical Inclusion in Schools aims to solve this disparity (MBSSE, 2021e). The government should take effective action to improve access to education for children with disabilities through the provision of quality, inclusive education. It should also introduce 'safe school' through safeguarding policies in each school and enforce codes of conduct for teachers.

Child protection

Across Sierra Leone, too many children – both girls and boys – are exposed to violence, abuse and exploitation, and vulnerabilities are particularly acute for adolescent girls.

Violent discipline is widespread, and increased by over 20 per cent between 2010 and 2017, according to MICS, with 86.5 per cent of children aged 1–14 years (almost the same number of males as females) having experienced some form of violent discipline in the household in 2017, compared to 64.8 per cent in 2010 (Stats SL, 2018). While children of all ages are at risk, experiencing violent discipline at a young age can have a detrimental impact and harm the emotional, psychological and physical development of the child. Children exposed to violence are more likely to have difficulties performing well at school and more likely to adopt negative coping strategies, such as alcohol and drug abuse, and resort to violence and aggressive behaviour themselves.

GBV, including sexual violence, remains high. According to the latest DHS (2019), around 7.4 per cent of Sierra Leonean women aged 15–49 years had experienced sexual violence, and 4.5 per cent of women had experienced this form of violence in the 12 months before the survey. However, unlike rates of physical violence, the prevalence of sexual violence has decreased markedly since 2013 (from 10.5 per cent in 2013 to 7.4 per cent in 2019).

According to 2019 DHS data (Stats SL and ICF, 2020), 61 per cent of women aged 15–49 years had experienced physical violence in their lifetime and 43 per cent had experienced such violence in the 12 months preceding the survey. This represents a marked increase from 2013 figures, which suggested that 56 per cent of women had experienced physical violence at some time and 27 per cent of women experienced such violence in the 12 months preceding the survey. Sierra Leone continues to experience one of the highest rates of physical violence in West Africa. The prevalence of physical violence also varies widely by location, with rates of violence being higher in rural than urban areas (63.8 per cent and 56.8 per cent, respectively). Rates of violence increased across all provinces between 2013 and 2019, except for Northern Province, where the prevalence of physical violence reported in the DHS declined by 5.5 per cent.

According to 2019 DHS data (ibid.), adolescent pregnancy rates are high in Sierra Leone, with 21 per cent of women aged 15–19 years having begun childbearing. However, the percentage of 15–19-year-olds who have given birth or are pregnant with their first child has decreased from 28 per cent in 2013 to 21 per cent in 2018. According to data from the State of the World's Population 2023, only 22 per cent of women aged 15–49 years make informed decisions regarding sexual relations, contraceptive use and reproductive health care (UNICEF, 2023d). This is linked to limited bodily autonomy as one of the underlying causes of adolescent pregnancies.

Child marriage (before the age of 18) declined from 51 per cent in 1994 to 30 per cent in 2019. This downward trend began in 2004. Child marriage before the age of 15 declined from 21 per cent in 1994 to 9 per cent in 2019. The adolescent birth rate decreased in tandem with the child marriage rates. While these trends are encouraging, the pace of change is not fast enough to end child marriage by 2030 (CEIC Data, n.d.; UNICEF, 2022a).

Girls from poor rural families are most likely to be married before the age of 18, as shown by 2019 DHS data. Factors that may contribute to this include adherence to tradition, a limited range of life options and lower educational opportunities (Sierra Leone, 2018d).

Harmful practices, in particular female genital mutilation/cutting (FGM/C), are also common in Sierra Leone and can be predominantly attributed to social and cultural norms. While the proportion of women who have undergone FGM/C decreased from 90 per cent in 2013 to 83 per cent in 2019 (Stats SL and ICF, 2020), Sierra Leone still ranks among the highest in the world and second in West Africa. A particular challenge is the high number of women in the country who believe FGM/C should continue, as it has been found that women are more likely than men to support the continuation of the practice. Women who are subjected to FGM/C are more likely than those who are not circumcised to believe that FGM/C should continue and that it is required by their religion (63 per cent vs. 30 per cent). However, there is higher support for the practice to be discontinued among younger generations.

Data from the Family Support Unit (2023) for the years 2019–2022 show that the number of reported cases of juvenile offences declined from 1,367 children (1,170 males, 197 females) in 2019 to 884 children (19 males, 165 females) in 2022. Offences of an economic nature (for example, theft) are among the most commonly reported offences committed by children in conflict with the law, due to increasing poverty (312 cases in 2019–2022).

Family Support Unit (2023) data show that the number of children classified as child victims in 2019–2022 also declined, with 5,343 children (815 males and 4,528 females) recorded in 2019 and 3,949 (835 males and 3,114 females) in 2022. In 2019–2022, the most prevalent category of crimes against children was sexual violence (10,822 cases; 196 males and 10,626 females) followed by physical abuse (4,141 cases; 1,747 males and 2,394 females).

The age of criminal responsibility in Sierra Leone is 14, but due to the lack of birth registration and identity documents, those under 14 may often be deprived of liberty. Diversion from criminal

justice proceedings is not widely applied and there is a shortage of social workers and child-friendly legal aid services, despite progress made in the scaling up of these in recent years.

Detention facilities for children include two remand homes in Bo and Freetown districts, and an Approved School in Freetown. Due to the lack of facilities in other districts, there are challenges with transporting children to these institutions, which in turn are heavily overcrowded and lack essential medical, educational and recreational facilities and services.

It has been noted that protection and justice systems and reporting mechanisms commonly do not take account of the needs of children with disabilities. These children therefore experience difficulties in accessing help and, if they can access it, they rarely get effective justice or redress (Save the Children, 2011).

Significant progress had been made in scaling up birth registration with 90 per cent of children under 5 years registered in 2019 (Stats SL and ICF, 2020), an increase on the figure of 77 per cent in 2013. As a result, Sierra Leone is one of the few African countries on track to meet the SDG target of universal birth registration. According to the 2019 DHS, birth registration of children under the age of 1 increased from 77 per cent in 2013 to 90 per cent in 2019. For children under the age of 5, according to 2013 DHS data, 76.7 per cent of children were registered with the civil authorities, and in 2019 this figure rose to 90 per cent.

Despite progress in the registering of births, the percentage of children under 5 who have a birth certificate is low. In 2019, the DHS reported that 31 per cent of children under 5 years of age had a birth certificate, while percentages for children in urban areas were slightly higher and highest among children in the richest quintiles. Despite comprehensive assessments and internal fact-finding, reports indicate that high costs, informal fees and other supply barriers are largely responsible for the low rate of birth certificate possession. Knowledge among mothers and caretakers on how to register a birth has been increasing: data from MICS (Stats SL, 2018) show that while only 29.9 per cent knew how to register a birth in 2013, this figure had risen to 48 per cent in 2017. By sex, birth registration is slightly higher among girls than boys. It is also higher in urban areas than in rural areas, highest in Southern Province and lowest in Eastern Province, and higher among the richest quintile than the poorest quintile (Stats SL, 2018; Stats SL and ICF, 2020).

According to the most recently available data from 2017 (Stats SL, 2018), 25 per cent of children do not live with their biological parents, while 13 per cent have lost one or both parents. In the poorest wealth index quintile, 59.5 per cent of children who are not living with their parents live with their grandparents, often because parents from poor households pursue work elsewhere (ibid.). Kinship care, the most common type of informal care practice in the country, along with its numerous benefits also creates risks for domestic abuse, forced labour and increased exposure to risks of sexual exploitation and trafficking.

There is a small number of foster carers who are not related to the children that they care for, mostly arranged by non-governmental organizations, but the placement of children in foster care is uncoordinated and unregulated.

Child labour affects nearly 1 in 2 children aged 5–17 years (38.4 per cent girls and 39.6 per cent boys) while nearly one third work under hazardous conditions in the mining or fishing industries or are subject to sexual exploitation (ibid.). Hazardous work can result in physical, cognitive and psychological damage, including permanent disability. Children engaged in child labour and children with disabilities are more likely to be denied their right to education. This creates a vicious cycle of disadvantage through an accumulation of vulnerabilities, which can persist over generations (Beegle et al., 2009).

A 2021 report on child trafficking and the worst forms of child labour in Sierra Leone, which involved field research in the east of Sierra Leone, concluded that much of the trafficking of children is from poor rural areas to urban areas, and identified children aged 12–17 years, children who have lost one or both parents and children who are not in schools as those most vulnerable to trafficking (Okech et al., 2023).

Poverty remains an underlying driver of many child protection concerns, with education and the rural–urban divide also playing significant roles. Additionally, inequitable gender norms driving GBV and harmful practices, limited access to gender-responsive and child-friendly services, and recurring shocks and extreme vulnerability to climate change contribute to child protection concerns and violations. Sierra Leone is still recovering from the effects of a devastating civil war and the Ebola virus disease outbreak, and these challenges exacerbate the protection situation and enjoyment of rights.

Moreover, children with disabilities often face barriers to realizing their rights, such as inaccessible social services and systems, community exclusion, lack of access to assistive technology (products and services), lack of accessible communication formats, limited support for their parents or caregivers and limited access to justice to seek remedies for violations of children's rights. The driving force behind these barriers is often related to negative sociocultural beliefs and attitudes about disability (UNICEF, 2021g). In situations of crisis and emergency, children with disabilities, who are more likely than other children to experience discrimination and violence, face more difficulties in coping with deterioration of the environment, are more affected by the disruption of health, education and other social services and face additional barriers to accessing protection and aid (Women's Refugee Commission and International Rescue Committee, 2015).

The government has prioritized child protection and child rights in national development planning and has systematically invested resources, with major support from the United Nations and development stakeholders and in partnership with a variety of civil society groups and organizations. Major gains were made in instituting the Primero Child Protection Information and Case Management System, with case managers trained and assigned to all districts, and in the launch of the Gender-Based-Violence Information Management System, with Sierra Leone being the first country in a non-humanitarian setting led by the government to launch such an information system. Additionally, the Human Resource Strategy for Social Workforce was endorsed. This strategy envisaged recruitment and deployment of 286 additional social workers, of whom 138 were recruited, trained and deployed by the Ministry of Social Welfare with support from UNICEF in 2023 – a major increase compared to the previous staffing levels.

Furthermore, Sierra Leone continues to take progressive steps on child protection and continued commitment to fight GBV and sexual violence, by declaring the situation a national emergency; constituting the Presidential Task Force on Sexual and Gender-Based Violence, coordinated by the Office of the First Lady, and reporting regularly to the President (Office of the First Lady, 2020); launching the National Male Involvement Strategy for the Prevention of Sexual and Gender-Based Violence in Sierra Leone; revising the Sexual Offences Act;[2] and establishing the GBV 116 toll-free hotline to provide counselling and referral services to survivors of GBV. Additionally, efforts are under way for revising the Child Rights Act; constituting a high-level task force on sexual exploitation of children; and working to put together a plan of action to address issues affecting children living and working on the street. In 2011, the government passed the Persons with Disability Act, which seeks to prohibit discrimination against persons with disabilities and achieve equal opportunities for them.

2 The revised Sexual Offences Act (2019) provides new sentencing guidelines relating to the increase of the maximum penalty for rape and sexual penetration of a child, from 15 years to life imprisonment, and the introduction of the offence of aggravated sexual assault, among others.

Nevertheless, there is a need for efforts to support the provision of free health, social welfare, child protection and education services – including the scale-up of services for children with disabilities. In addition, it is necessary to scale up the social workforce and to ensure that GBV- and child-protection case and information management systems and practices are institutionalized in sustainable ways. Furthermore, leveraging resources and synergies at scale, at all levels, for multisectoral services and interventions to empower and protect children and adolescents will be critical in tackling inequitable gender and social norms and practices. Dedicated efforts for the protection of the most vulnerable groups of children, including those subjected to the worst forms of child labour, sexual exploitation and trafficking; migrant children; children without parental care; and children living and working on the street, must be a priority.

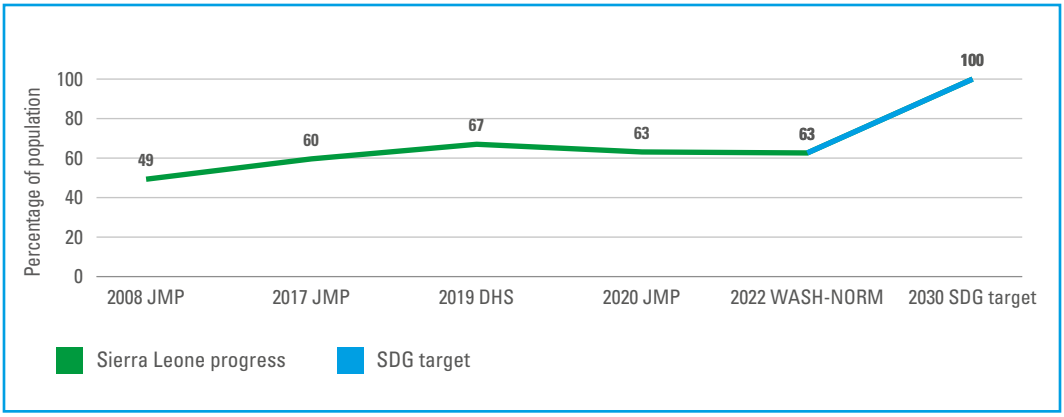
Water, sanitation and hygiene

Sierra Leone has taken important steps to improve quality of and access to WASH, including the development of its legal, policy and governance framework.

Improving access to basic water services in Sierra Leone has been progressing slowly, from 60.3 per cent of households having access to at least a basic level of water services in 2017, to 63.7 per cent of households in 2020 (JMP, n.d.), then down to 62.6 per cent of households in 2022 (MoHS et al., 2023). If progress continues at this rate of 1.1 per cent, Sierra Leone will not be able to meet its commitment to achieving universal and equitable access to safe and affordable drinking water for all by 2030. Furthermore, some disparities exist. While 12.5 per cent of the urban population has access to safely managed water services, only 9.2 per cent of the rural population do (ibid.). This means that just under half of the rural population do not have access to improved drinking water, placing almost half of the population of children living in rural areas at an increased risk of waterborne illnesses. Access to water with low contamination is also limited (Stats SL, 2018).

The proportion of the population with access to at least basic sanitation services is limited to approximately 31.4 per cent, 13.6 per cent of whom have access to safely managed sanitation services with managed faecal sludge, and 17.8 per cent of whom do not have services with faecal sludge management (JMP, n.d.). This means that less than half of the population has access to at least basic sanitation (MoHS et al., 2023). Additionally, 25.1 per cent of the population practises open defecation.

Figure ES4: Proportion of population with access to at least basic drinking water services in Sierra Leone, 2008–2022



Note: JMP = WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.
Source: Stats SL and ICF, 2020; MoHS et al., 2023; JMP, n.d.

Persons with disabilities remain disproportionally affected. According to the 2022 WASH National Outcome Routine Mapping (WASH-NORM) Report, 79.4 per cent of functional water systems do not have provision for persons with disabilities, while only 2.7 per cent of persons with disabilities find their households' improved latrines useable and accessible (MoHS et al., 2023).

The situation of WASH in schools remains poor. A total of 23.9 per cent of schools still have no sanitation services at all (JMP, 2021), the quality of the toilets is low and access to handwashing facilities is limited. Only 50 per cent of schools have hygiene services (ibid.). While the distribution of free sanitary pads in 2,650 junior and secondary schools between July 2019 and March 2021 led to a reduction in absenteeism by girls of 30 per cent (Defence for Children International, 2019), many adolescent girls still drop out of school as a result of menstruation. It is also difficult for those living in rural areas to obtain sanitary pads.

Sierra Leone has set up community councils to facilitate the involvement of local communities in decisions and priority-setting on matters related to water and sanitation. However, these councils remain limited in implementation and influence, with incentives for participation remaining a barrier[3] and projects relating to WASH continuing to be operated at the national level.[4]

Climate change

Children are the most vulnerable to events and changes related to climate change, with it directly impacting their health, nutrition and access to education, and also placing them in direct danger of climate-related risks (UNICEF, 2021e). Sierra Leone's geographical position makes it extremely vulnerable to climate change while it has limited coping and adaptive capacities. According to UNICEF's Children's Climate Risk Index for Least Developed Countries, Sierra Leone is at 'extremely high' risk, ranking 26 out of 163 countries and regions (UNICEF, 2023a). According to the WorldRiskIndex, which evaluates a country's disaster risk from extreme natural events and negative climate change impacts, Sierra Leone is ranked high for lack of coping capacities and very high for lack of adaptive capacities (Bündnis Entwicklung Hilft, 2022). This means that although Sierra Leone is at high risk, its level of readiness to cope with or adapt to climate change is very poor, a result of its inadequate current infrastructure, health-care capacities, governance structures and disaster prevention capabilities (ibid.).

Sierra Leone faces a myriad of vulnerabilities influenced by climatic and environmental factors, which are further intensified by the impacts of climate change. These vulnerabilities, which include epidemics, landslides, deforestation and pollution, have substantial consequences, such as human casualties, food insecurity and loss of biodiversity (MoPED, 2019). The frequent occurrence of heavy precipitation and storm surges, particularly along the coast during the rainy season, result in flooding that significantly affects agricultural production, infrastructure, public health and biodiversity in the coastal areas. Flooding also poses a threat to groundwater resources, contributes to coastal erosion and diminishes freshwater quality, which increases the spread of diseases and likelihood of epidemics (ibid.).

Sierra Leone's current infrastructural development trajectory poses a significant impediment to progress in establishing climate-compatible infrastructure. The National Adaptation Plan recognizes the limited capacity for integrating climate change considerations into ongoing and future infrastructural projects. However, the early stage of development of infrastructural projects presents an opportunity

3 KII with MoPED, Freetown, 24 November 2022.

4 Thematic FGD on WASH, 24 November 2022.

to incorporate such considerations. It is imperative that climate change considerations are mainstreamed into infrastructural projects, with a particular emphasis on addressing the needs of vulnerable populations, such as children, and prioritizing key institutions like schools and health centres.

Despite the pressing need for significant infrastructural investment across all sectors in Sierra Leone, the country still grapples with underdeveloped physical infrastructure. Although improvements have been noted in the Africa Infrastructure Development Index, with Sierra Leone's score rising from 9.97 in 2017 to 11.94 in 2021, the country remains significantly below the regional average of approximately 18 in 2018 for West Africa. The challenge for Sierra Leone is not only to address basic infrastructural needs, but also to plan strategically and to prioritize infrastructural development that aligns with projected climate change impacts and disaster-risk vulnerabilities.

While Sierra Leone has initiated policies and plans to bolster its resilience and adaptive capacities, a substantial proportion of these initiatives are in their nascent stages and focus predominantly on human capacity development. There is only a partial emphasis on infrastructural development as a cross-cutting priority that encompasses health, water, sanitation and transport. However, the effective implementation of infrastructural priorities falls within the ambit of each of these individual sectors.

Social protection and child poverty

Poverty is widespread in Sierra Leone, affecting the majority of the population, but is higher among children. The Sierra Leone Multidimensional Poverty Index (MPI) 2019 report recorded 59.2 per cent of the total population and 69.6 per cent of children below the age of 18 as poor (Stats SL et al., 2019). It also reported on the intensity of poverty by measuring the average percentage of dimensions in which poor individuals are deprived, making it possible to see how far the living standard of the poor population is from the poverty line. In Sierra Leone, the intensity of multidimensional poverty of under 18-year-olds was 58.7 per cent, meaning that, on average, poor children experience almost 60 per cent of the possible deprivations considered.

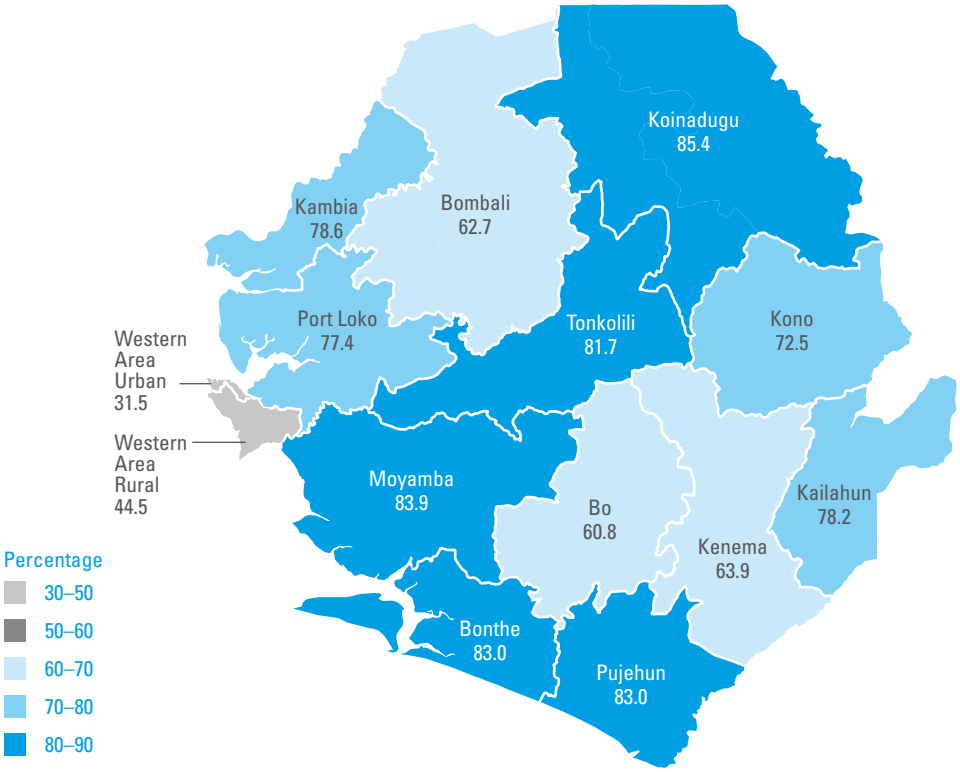
The 2018 Sierra Leone Integrated Household Survey (SLIHS) showed that 12.9 per cent of the population (15.3 per cent in rural areas and 4.1 per cent in urban areas) experienced extreme poverty, which the survey defined as households where consumption fell below the food poverty line (Stats SL and World Bank, 2019). The food poverty rate in Sierra Leone in 2018 was 54.5 per cent, which meant that, at that time, more than half the population were struggling to afford the minimum required caloric intake.

Rates of monetary poverty vary throughout the country, with rising inequality across regions. The latest data on inequality showed that Sierra Leone had a Gini ratio of 0.36 in 2018, which is an increase from 0.33 in 2011 (World Bank, 2020). The poverty rate in rural households amounted to 73.9 per cent, compared to 34.8 per cent in urban areas (Stats SL and World Bank, 2019). The rural–urban disparity in extreme poverty is also pronounced, with those in rural areas accounting for 87.2 per cent of the extremely poor (ibid.).

Several factors could have contributed to pushing people across the poverty line or deeper into poverty, including the food and fuel crises, rising inflation impacting food prices, and the COVID-19 pandemic.

The incidence of child multidimensional poverty, calculated using MICS 2017 data (Stats SL, 2018), is high in Sierra Leone: 66 per cent of children experience at least one social and/or material deprivation categorizing them as multidimensionally poor. Regional disparities exist in Sierra Leone. More than 8 out of 10 children are multidimensionally poor in Koinadugu, Pujehun,

Figure ES5: Rates of child multidimensional poverty, per district, in Sierra Leone, 2017



Note: Child poverty data depicted precedes the establishment of the Falaba and Karene districts.
Source: Stats SL, 2018

Moyamba, Bonthe and Tonkolili. In Western Area, child poverty is the lowest in the country in both rural (45 per cent) and urban (32 per cent) districts. There is a 'poverty belt' that splits the country into two, with more districts in the south, centre and north being relatively more deprived than districts in the west and east (see Figure ES5).

Social protection is a priority in the 2020 revised National Social Protection Policy, which sets out a goal to establish a gender-sensitive, disability-inclusive and age-appropriate framework for protecting the extremely poor and vulnerable.

Overall, the proportion of the population covered by social protection systems in Sierra Leone is low. Data indicate that only 4.4 per cent of the population is covered by at least one social protection benefit (ILO, n.d.) and 0.8 per cent of children are covered by social protection systems, largely due to the limited statutory benefits for mothers and newborns and the lack of social benefits applicable to children.

Children in households headed by persons with disabilities are more likely to be poor. Additional forms of social protection for persons with disabilities are contained in legislation, but they do not constitute an integrated floor or system for protection. The 2011 Persons with Disability Act established a national fund for persons with disability, which is yet to be instituted.

In recent years, Sierra Leone has started the process of developing infrastructure to support social protection systems. These structures include delivery mechanisms, the Social Protection Registry for Integrated National Targeting, and grievance redress. In addition, there are non-contributory social transfer schemes aimed at certain vulnerable groups (Stats SL and World Bank, 2019).

Participation and civil rights

The primary framework document for youth participation and engagement in Sierra Leone is the National Youth Policy 2020–2025, which sets out a series of options for promoting children's participation in decision-making at all levels of government (ibid.). However, the policy mainly focuses on promotion of current initiatives, while offering limited scope for a broader perspective on the future of youth engagement in Sierra Leone.

Formal structures for youth participation in Sierra Leone include the Children's Forum Network, the National Youth Council, district youth councils and chiefdom youth councils. The structures in place allow significant youth participation. As a result, Sierra Leone has the highest level of youth political party affiliation in Africa at 75 per cent (Asiamah et al., 2021). Those under the age of 35 make up 58 per cent of the voting-age population in the country (Restless Development, 2020.).

With regard to informal structures, in 2022 the Ministry of Basic and Senior Secondary Education (MBSSE) initiated the Youth Advisory Group, which includes one representative from each of the 16 districts and four individuals with special needs. The group is intended to be a pillar in supporting all major decisions about education in Sierra Leone and will serve as an important accountability mechanism within the ministry. Furthermore, the U-Report system (an SMS-based messaging system) in Sierra Leone is a growing avenue to facilitate participation for older youths.

Despite the various mechanisms, both formal and informal, that facilitate youth participation in Sierra Leone, significant barriers to participation remain. Children with disabilities appear to be particularly vulnerable to exclusion from participation due to stigmas in the community. Furthermore, many youth participation structures are politicized, resulting in adolescents feeling intimidated by violence in the political sphere.

It is essential that data are collected on access to participation forums and tools, particularly among more vulnerable groups. Wider structural frameworks should be put in place to ensure the voices of children are captured on issues that are of concern to them, and that these voices are able to inform the policy and programming space.

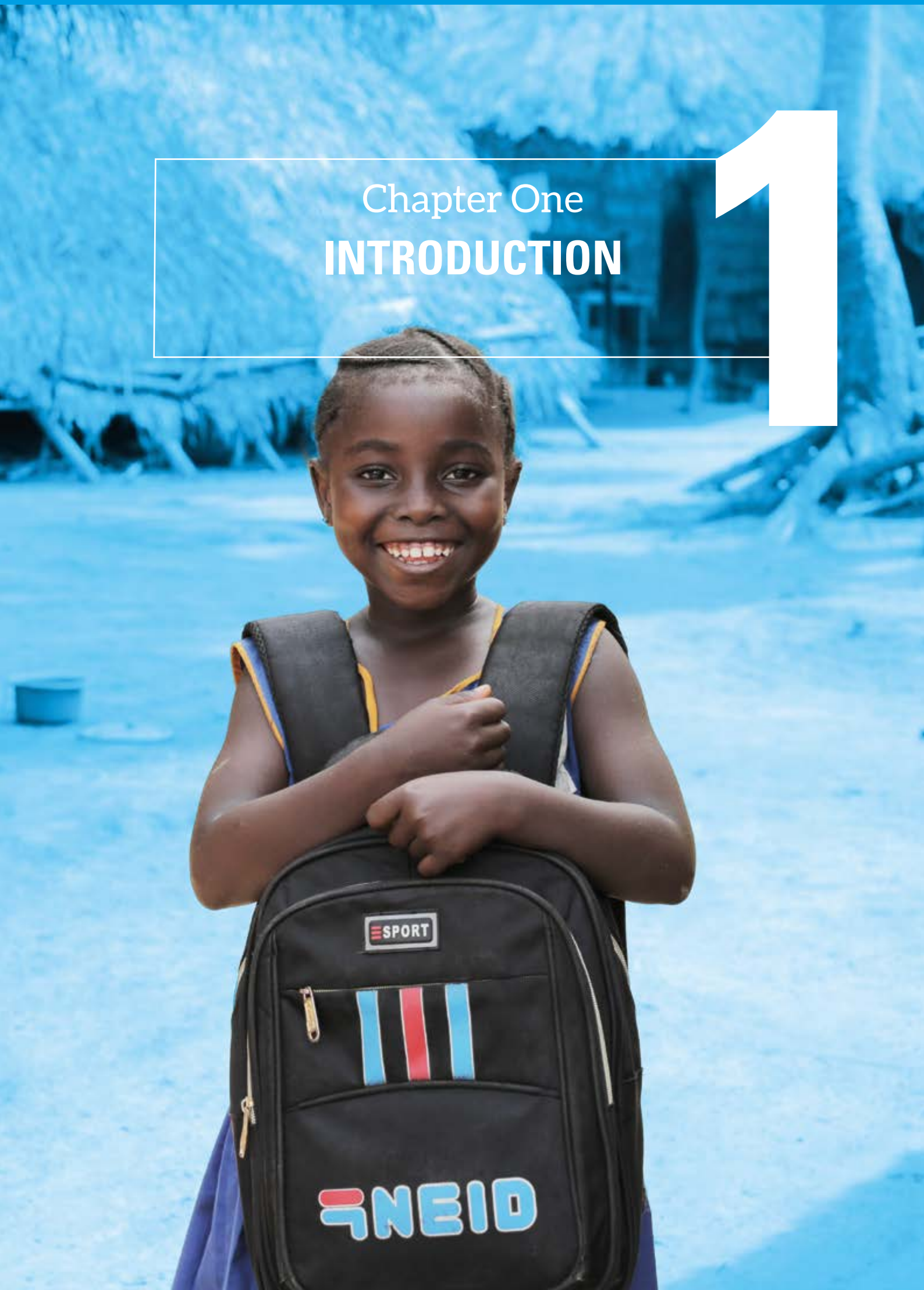
Recommendations

The SitAn has identified a number of priority issues for children in which Sierra Leone is falling behind or in which progress is reversing. These include child poverty, violence against children, quality of education and learning proficiencies, child health and malnutrition issues, child marriage, FGM/C, rising mental health problems, the climate crisis and environmental degradation.

Based on participatory discussions with stakeholders, adolescents, young people, women and communities, the following sector-specific strategic actions are recommended. Those actions are aligned with some of the top priority measures adopted by government, United Nations agencies and development and civil society for accelerating the achievement of the SDGs in Sierra Leone, and were developed for the participation of Sierra Leone in the global summit on Agenda 2030 held in September 2023 at the United Nations General Assembly in New York.

- *Education:* Focus on continuing the allocation of substantial government budgetary resources to education; continuing to increase the number of children enrolling in education, especially at primary and junior secondary schools; building new schools to accommodate the increased number of children enrolled; upgrading the quality of education through capacity-building and increasing the number and quality of the teaching staff; and introducing safeguarding policies in each school.

- *Health:* Focus on improving access to basic health; strengthening vital registration and other health information systems; promoting improved hygiene practices to prevent the spread of diarrhoeal diseases; expanding prevention and treatment efforts for communicable diseases; developing mental health care; strengthening sexual and reproductive health programmes; and scaling up nutrition services for maternal, infant, child and adolescent care.
- *Nutrition:* (i) Accelerate action to protect, support and promote improvement in the diets of young children. This should leverage the national prioritization of agriculture and food security through the Feed Salone Strategy. UNICEF will need to support efforts to deliver tranformative food-system approaches in line with the UNICEF Global Nutrition Strategy; (ii) Sustain and strengthen the integration of preventive nutrition and treatment services through the primary health-care system with an emphasis on supporting community health-worker structures and other community-based structures for the delivery of integrated community-based services and social and behaviour change communication; (iii) Strengthen Scaling Up Nutrition institutional arrangements in Sierra Leone to support the accelerated implementation and monitoring of the Multi-Sector Strategic Plan to Reduce Malnutrition in Sierra Leone 2019–2025.
- *WASH:* Focus on improving access to safe drinking water and improved sanitation in schools, health-care facilities, communities and other public places; creating an enabling environment to engage the private sector and individuals to invest in WASH as a business to derive financial benefits; ensuring the effective and timely management and maintenance of WASH systems; and increasing budgetary allocation especially for sanitation and hygiene at all levels of programming.
- *Child protection:* Focus on continuing to strengthen the legal and policy framework for child protection, along with a strong focus on ensuring government leadership and coordination at national and decentralized levels with clear mandates and roles of line ministries; further scaling up of the social workforce and mental health and psychosocial support, and specialized child justice with strong engagement and links to community child-protection mechanisms; ensuring that GBV and child-protection case and information management systems and practices are institutionalized in sustainable ways; and working with children, families, communities, grassroots groups and organizations to tackle harmful traditional practices through gender transformation approaches to achieve social and behaviour change that creates a conducive environment for gender-equitable child protection outcomes.
- *Social protection and child poverty:* Focus on strengthening social assistance schemes with targeted allowances for households below the poverty line; supporting initiatives enabling self-employed and informal workers to participate in the contributory national insurance scheme; and expanding cash transfers for extremely poor and food-poor families to those not covered by contributory schemes.
- *Climate change:* Recommendations for the Government of Sierra Leone include prioritizing the mainstreaming of climate change considerations into infrastructural projects; integrating climate change adaptation measures across affected sectors; investing in child-centred disaster risk-reduction planning; and fostering mechanisms to involve children and adolescents in shaping national climate change strategies. In addition, the government is encouraged to consider strengthening cooperation and coordination between implementation bodies to ensure that they work together effectively during disasters and emergencies. Finally, the Ministry of Basic and Senior Secondary Education is encouraged to develop climate change education programmes and integrate them into the national curriculum for primary and secondary schools. Sierra Leone stands at a critical juncture where the integration of climate considerations into infrastructural development is not only a necessity but an opportunity for sustainable and resilient growth. Strategic planning, cross-sectoral collaboration and inclusive policies will be paramount in navigating the complexities of the impacts of climate change and ensuring a sustainable and resilient future for the nation.



Chapter One

INTRODUCTION

1

1.1 Purpose and objectives

The purpose of the *Situation Analysis of Children and Adolescents in Sierra Leone* (referred to as the situation analysis or SitAn in this report) is to assess the situation of children and adolescents with respect to the realization of their rights; analyse child deprivation using an equity and gender lens; assess the capacity of duty bearers at all levels to meet their obligations in the fulfilment of these rights; and make specific recommendations for future actions, programme interventions and policy directions.

The SitAn uses as its framework the UNICEF Global Guidance on Situation Analysis (UNICEF, 2019a) and the rights contained in the United Nations Convention on the Rights of the Child (CRC) and Convention on the Elimination of All Forms of Discrimination against Women. It is also informed by the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs); the UNICEF Strategic Plan 2022–2025; the UNICEF Gender Action Plan 2022–2025; the UNICEF Disability Inclusion Policy and Strategy 2022–2030; the United Nations Committee on the Rights of the Child General Comments; Sierra Leone's Medium-Term National Development Plan 2019–2023; the United Nations Sustainable Development Cooperation Framework; and national social sector strategies.

This SitAn will inform the national planning and development processes of the Government of Sierra Leone (the Mid-Term National Development Plan 2024–2030) and the UNICEF Sierra Leone Country Programme Document 2025–2030, for which the government and UNICEF are undertaking preparatory work. It will also more broadly assist the government, UNICEF and their partners in their programmatic advocacy and communications to influence the development of innovative policies and strategies and to increase public financing for children; make the case for building partnerships; build momentum for evidence generation and consultation; and facilitate decision-making processes.

The specific objectives of this SitAn are:

1. Identify and analyse the degree of the realization or non-realization of child rights in the country, including inequality, gender disparities, inclusion and non-inclusion.
2. Develop a detailed understanding of the situation of children, adolescents and women by analysing the policies and strategies and social and economic trends affecting them (including new and emerging areas of concern, such as environmental and mental health issues), and to better understand the enabling environment for the realization of the rights of all children.
3. Identify and analyse (using causality analysis) the barriers and bottlenecks that prevent children and families (especially the most disadvantaged) from benefiting from and enjoying their rights, and from accessing services.
4. Provide national government partners with a comprehensive equity-sensitive and evidence-based analysis on children, adolescents and women for use in results-based decision-making, strategy development and interventions to address the most urgent issues affecting children, adolescents and women.
5. Identify critical data gaps and contribute to the generation of evidence that can improve the monitoring of the rights of children, adolescents and women, especially the most vulnerable groups.
6. Assess trends and issues related to emergency risks (i.e., pandemics, epidemics, food insecurity, disaster risks and other potential shocks), the likelihood of their occurrence, and the underlying vulnerabilities, capacities and coping mechanisms of families, communities and local and national institutions.
7. Analyse the impact of the business sector and public financial management on the fulfilment of children's rights and overlapping areas of interest in relation to women's rights.

1.2 Methods and limitations

The analytic process for conducting this SitAn comprised three core components:

1. *Assessment:* Review of progress towards implementation of the 2030 Agenda for Sustainable Development and its SDGs, international and national commitments and a number of key outcomes for children using nationwide statistical data and qualitative information, including a comprehensive desk review, U-Report survey, key informant interviews (KIIs), national thematic focus group discussions (FGDs), subnational service provider FGDs and participatory FGDs with rights-holders.
2. *Analysis:* Exploration of the immediate, underlying and structural determinants of key outcomes for children (as against the CRC, Convention on the Elimination of All Forms of Discrimination against Women, other relevant international instruments and the SDGs), along with mapping the roles of different duty bearers to realize the rights of children, and an analysis of their capacity gaps.
3. *Validation:* Consultation with key stakeholders to build commitment and buy-in to the SitAn to optimize its use in influencing policy priorities and programmes. Stakeholder participation is integrated throughout the methodology and is also included in a separate validation phase.

1.2.1 Data collection methods

This SitAn includes a comprehensive narrative review and analytic synthesis of existing data sources (including Multiple Indicator Cluster Surveys, or MICSs); the 2009, 2013 and 2019 Demographic and Household Surveys (Stats SL and ICF Macro, 2009; Stats SL and ICF, 2014 and 2020); the 2022 WASH-NORM Survey (MoHS et al., 2023); the 2017 and 2021 National Nutrition Surveys (MoHS and Action Against Hunger, 2018; MoHS and UNICEF, 2021); the 2018 Sierra Leone Integrated Household Survey (Stats SL and World Bank, 2019); the 2017 Multidimensional Child Poverty Study (Stats SL and UNICEF, 2019); and literature and reports, including reports by government ministries, departments and agencies, UNICEF, United Nations partner agencies, international non-governmental organizations (NGOs) and civil society organizations.

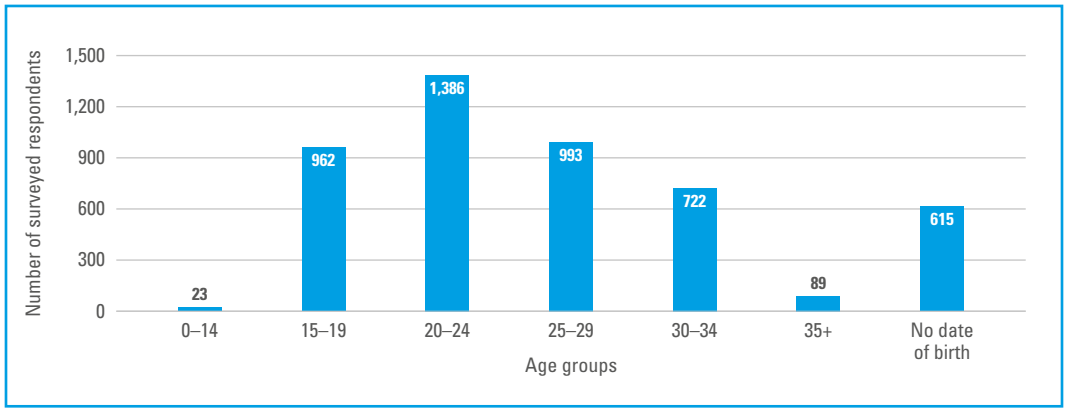
In-country data collection of qualitative information was undertaken at the national and subnational levels between 21 November and 19 December 2022. This included national-level KIIs, national thematic FGDs, an SMS-based U-Report survey with adolescents and youth, subnational FGDs with service providers, and participatory FGDs with adolescents aged 10–18 years.

U-Report is an SMS-based survey platform that allows for short surveys of adolescents. A U-Report poll was distributed on 14 November 2022 to 187,020 U-reporters aged 15–35 years across Sierra Leone to guide the development of the data collection and inform the report itself. A total of 4,790 adolescents and youth responded to the poll, of which 60.1 per cent were male and 28.2 per cent female.[5] Additional information on the age of U-Report respondents is set out in Figure 1.

At the national level, 29 KIIs with 38 participants were conducted with a range of stakeholders from government, NGOs (international and national), private businesses, United Nations agencies, donors and academia, who were purposively sampled given their expertise in specific areas related to children's rights. An anonymized list of participants is included in Annex A, but is summarized in Tables 1–5.

5 Note that 11 per cent of respondents did not enter their gender on their U-Report profile.

Figure 1: Number of respondents within various age categories participating in the U-Report poll



Source: U-Report poll, 14 November 2022

In addition, six national-level thematic FGDs were conducted with 35 participants in the areas of WASH; social protection and child poverty; child protection; participation and civil rights; education; and health and nutrition (with a focus on child survival). Stakeholders were purposively sampled, given their expertise in specific issue areas, and the number of interviewees was chosen to achieve saturation in specific key areas related to children's rights.

At the subnational level, 20 participatory FGDs were conducted with adolescents aged 10–18 years. In total, 225 children were involved in these discussions.

Table 1: National-level KII participants

National-level key informant	Number of interviews	Number of participants
Government ministries, departments and agencies	15	23
UNICEF	5	6
United Nations agencies	2	2
International and national NGOs	5	5
Academia	1	1
Donors	1	1
Total	**29**	**38**

Table 2: National-level thematic FGD participants

Thematic area	Number of participants
Child protection	3
Education	4
Health (with a focus on child survival)	5
Social protection and child poverty	10
Water, sanitation and hygiene	7
Youth participation	6
Total	**35**

Table 3: Subnational-level adolescent FGD participants

Participants	Freetown	Makeni	Kambia	Bo	Kenema
Boys (10–14 years)	10	12	12	9	12
Boys (14–18 years)	9	12	12	12	12
Girls (10–14 years)	10	12	12	9	12
Girls (14–18 years)	11	11	12	12	12
Total	**40**	**47**	**48**	**42**	**48**

Table 4: Subnational service-provider FGD participants

Location	Number of participants
Freetown	7
Makeni	11
Kambia	9
Bo	9
Kenema	7
Total	**43**

Table 5: Participatory FGDs with adolescents with disabilities, 10–18 years

Location	Number of participants
Freetown School for the Blind	8
Freetown School for the Deaf	7
Makeni School for the Blind	8
Children with physical impairments in Freetown (Group 1)	9
Children with physical impairments in Freetown (Group 2)	10
Total	**42**

In addition, in order to understand grassroots service delivery, five focus groups were conducted with a diverse range of service providers in each of the research locations. The 43 participants included teachers, police officers (from family support units and other departments), social workers, employees of utility companies, nurses, midwives and NGO employees.

Research was conducted at the national level in Freetown and in four subnational research locations across the country, in Kambia, Makeni, Kenema and Bo. Children and young people from across all 16 districts of Sierra Leone were included in the research and were supported to travel to areas where FGDs were taking place.

The sample of adolescents selected to participate in the subnational adolescent FGDs was split equally by gender. Specific effort was made to include children with disabilities in the sample, with five additional FGDs conducted specifically with children with hearing impairments (in Freetown), children with visual impairments (in Freetown and Makeni) and children with physical disabilities (in Freetown). In total, 42 children with disabilities were involved in these discussions.

1.2.2 Data analysis

After the data were collected, they were analysed thematically using MAXQDA software. This report was then drafted and underwent comprehensive validation by the SitAn reference group through responses to written comments, a technical pre-validation workshop during 28–30 March 2021 and a general validation meeting which took place in Freetown on 5 April 2023. The purpose of the workshops was to validate the findings of the SitAn, identify any gaps and inconsistencies and discuss recommendations, before finalization of the report. The workshops were interactive and consultative in nature. The technical pre-validation included 58 participants from government ministries, departments and agencies and UNICEF representatives. One hundred and thirty stakeholders from government, United Nations agencies and civil society were invited to attend the general validation meeting. After these meetings, additional data and oral and written feedback were incorporated into the finalized SitAn report.

This report is accompanied by a complementary adolescent perspectives brief which seeks to summarize the views of Sierra Leonean adolescents on the key issues affecting their lives and their access to their rights, as well as a series of thematic summary briefs on each of the key programmatic areas affecting children's lives.

Trend analyses of quantitative statistical data and equity analyses towards the SDGs and national priorities were done using existing sources (including MICSs, demographic and health surveys (DHSs), the 2022 WASH National Outcome Routine Mapping Survey (MoHS et al., 2023), nutrition surveys, living standards surveys, Child Poverty Study (Stats SL and UNICEF, 2019) and annual statistical reports from government health and education ministries).

1.2.3 Sustainable Development Goal indicators

Throughout this SitAn, Sierra Leone's progress towards the SDGs will be indicated using a traffic-light framework to allow the reader to clearly identify areas where additional focus may be required for the country to achieve its key international targets by 2030.

1.2.4 Limitations and constraints

While the researchers in this study sought to develop and undertake the research using a robust methodology, there were some limitations to the study which should be acknowledged. These and other constraints, along with mitigating strategies, are set out in Table 6.

Figure 2: Traffic-light framework for Sustainable Development Goals

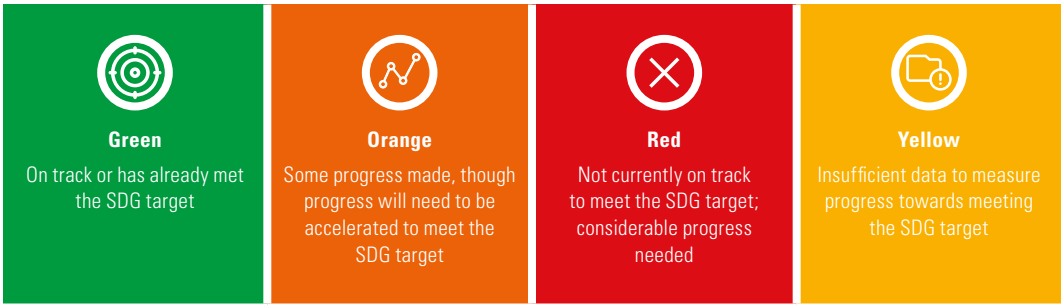
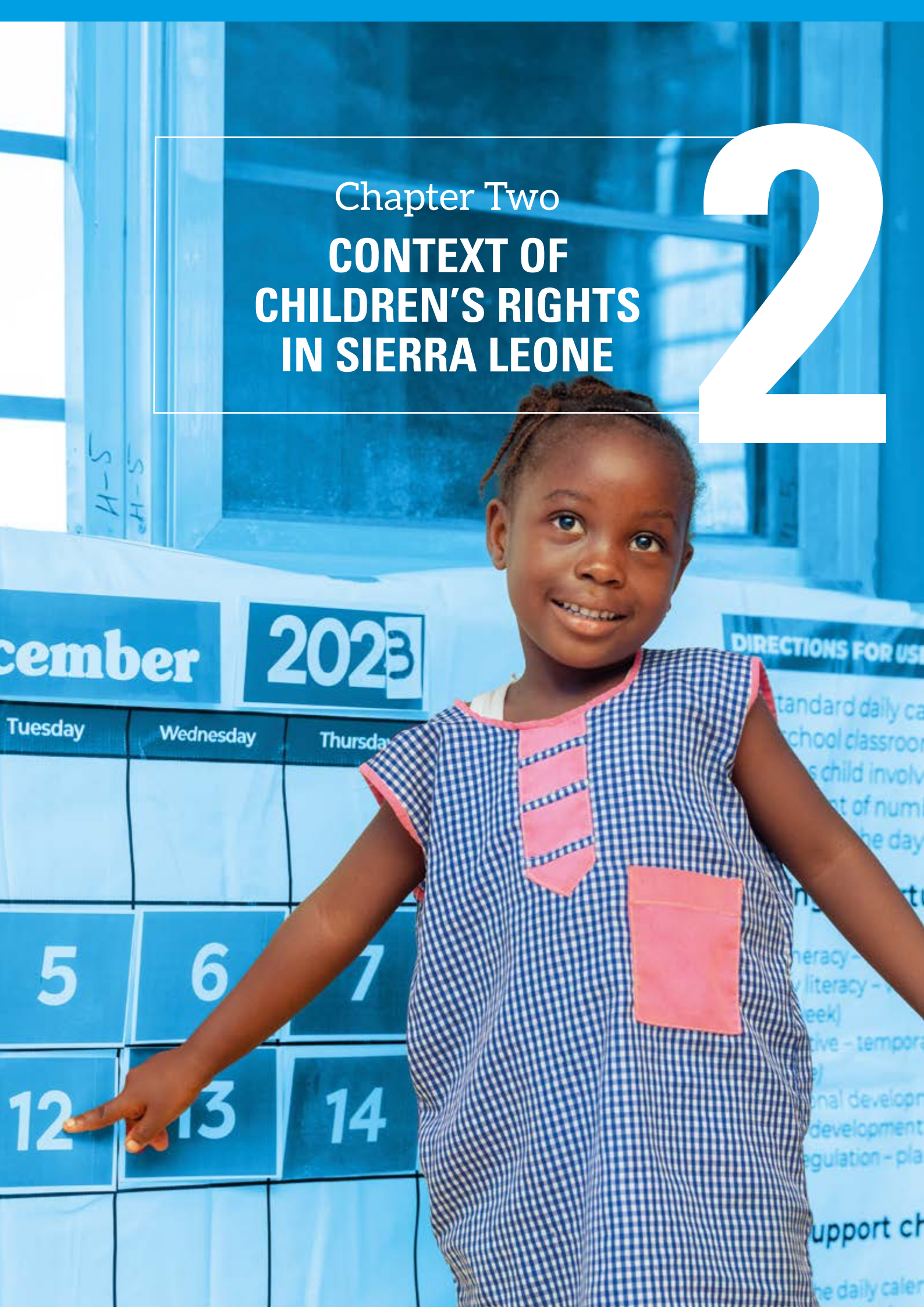


Table 6: Constraints, limitations and mitigating strategies

Constraints and limitations	Mitigating strategies
Access to respondents and implementation of the sampling plan	This research relied on the participation of a number of stakeholders at the national and subnational levels. In some cases, particularly at the national level, there was less engagement of participants than initially planned. In order to secure engagement by participants, the team did the following: • Worked with UNICEF to ensure that the necessary invitations were made at the national level to enable access to key stakeholders. Where one method of securing permissions did not result in engagement of key participants, the team used other methods (for example, directly approaching the national researchers' existing contacts in key government departments, calling participants rather than contacting them via email, or visiting ministry, department or agency offices and scheduling meetings directly). • Communicated with participants well in advance of the data collection to secure their availability. • Ensured that researchers were available for interviews outside of working hours as needed, and maintained flexibility in the scheduling of interviews. • Where necessary, conducted a small number of KIIs remotely on Zoom after the official data collection period had ended. • Conducted two follow-up KIIs during the pre-validation process to ensure two members of key institutions who were not available during the original data collection could contribute, analysing and integrating data from their interviews into the report.
Limited available quantitative data during the scope of the SitAn (particularly post-2020)	The scope of the SitAn covered the period 2018–2023. However, as a result of the impact of the COVID-19 pandemic on research conducted from 2020 onwards, there were limited available data during this research period. Although no MICS or DHS data were available after COVID-19, the research team recognizes that two national household surveys were conducted in Sierra Leone, the 2021 National Nutrition Survey and the 2022 WASH National Outcome Routine Mapping Survey, which provided updated evidence for those two sectors. In order to mitigate the effects of the lack of research conducted post-2020, the researchers sought to obtain administrative data directly from government sources. For example, a request for data was made to the Sierra Leone Police to access data on reported cases of violence against children and children in conflict with the law directly from the Family Support Unit database at a national level. These requests went some way to filling in data gaps. Where quantitative data were not available, researchers used qualitative data taken from KIIs, FGDs and participatory group exercises to better contextualize the national situation.
Delayed submission of reports to the research team	Researchers worked to ensure they had access to all available data throughout the course of the research by speaking to UNICEF, government ministries, departments and agencies, international NGOs and donors throughout the research process. However, at the April 2023 pre-validation workshop, several ministries, departments and agencies came forward with additional materials for inclusion in the study, including laws, policies, research publications and plans that had been published after data collection (after December 2022). Following the pre-validation meeting, researchers worked to read the additional 53 laws, policies, research publications and plans shared with the team and integrate them into the SitAn. In addition, researchers set a deadline of 5 April 2023 for the inclusion of new documents in the report to ensure that there was a definitive date for when additional documentation would not be considered within scope for this SitAn. This was shared with partners at the validation meeting, who agreed with this approach.

Constraints and limitations	Mitigating strategies
Diversity of adolescents involved in the participatory research	A further limitation of the research was the design of the participatory group discussions. It was decided in consultation with UNICEF and the Ministry of Planning and Economic Development (MoPED) that the research would focus on the views and experiences of adolescents aged 10–18 years, given that this group was largely underrepresented in existing research on the experiences of children and youth in the country. Therefore, it should be noted as a limitation that the views and experiences of children aged under 10 years are not included in the qualitative data collected for this study. In addition, for those 10–18-year-olds who were included, the research team took care to work with partners at an international NGO, Restless Development, to ensure that a diverse group of adolescents from across all 16 districts were included in the study. However, it was particularly hard to reach certain groups of children. In Freetown, for example, nearly all children participating were attending school, so only a few out-of-school children were included in the sample. This challenge in ensuring that the voices of out-of-school and other marginalized adolescents be heard should be noted.
Inclusion of diverse groups of children with disabilities in the research	From the outset, researchers knew the inclusion of children with disabilities would be a vital component of the inclusion of adolescents. Efforts made to ensure that children with disabilities were included by interviewing children with hearing and visual impairments from specialized schools in Freetown and Makeni. Nevertheless, on reflection during a check-in meeting with UNICEF part-way through the data collection process, it was felt that children with certain types of disabilities were being excluded by this approach. In particular, the research was not considering the experiences of children with certain physical disabilities (including wheelchair users), nor was the research considering those with mental or intellectual disabilities. To mitigate this, researchers and UNICEF, with the support of the NGO World Hope, organized additional participatory group exercises with adolescents in Freetown with these types of disabilities. In total, two additional participatory group exercises were conducted with an additional 19 adolescents to ensure the views and experiences of adolescents with a wide range of disabilities were heard.
Reporting bias	The research dealt with sensitive issues and involved discussing professionals' work. Given these sensitivities, it is likely that the evidence gathered may be affected by a degree of reporting bias. Respondents may have been reluctant or unwilling to share sensitive and personal information, either about traumatic events in their lives (children and adults) or about aspects of their professional experience, which they may have feared could reflect badly on them or their ministry, department or agency. To mitigate reporting bias, researchers carefully explained to all respondents that this was a learning-based exercise, their anonymity would be protected and no negative personal or professional consequences would result from the information they shared.
Recall bias	Given that the research involved speaking with respondents about past experiences over the previous five years, it is likely that the evidence might also have been affected by recall bias. This might have led to some inaccuracies where respondents had forgotten or misremembered events that happened previously, and respondents' ideas about when, where, how and why such events took place may have been coloured by subsequent events. Researchers were careful to consider the impact of recall bias in the analysis and interpretation of the research data. Wherever possible, researchers sought to triangulate objective information through the assistance of other sources of information and documentation (for example, files and reports).



Chapter Two

CONTEXT OF CHILDREN'S RIGHTS IN SIERRA LEONE

2

2.1 Geography

Sierra Leone is located along the Atlantic coast of West Africa, and is bordered on the north and east by Guinea, and on the south by Liberia. The country covers 71,740 square kilometres (27,699 square miles) (Sesay et al., 2023). It consists of four physical regions, comprising the coastal swamp, the Sierra Leone Peninsula where Freetown is located, the interior plains, and the interior plateau and mountain region. The country has nine major rivers: the Great Scarcies, Little Scarcies, Rokel, Gbangbaia, Jong, Sewa, Waanje, Moa and Mano (ibid.).

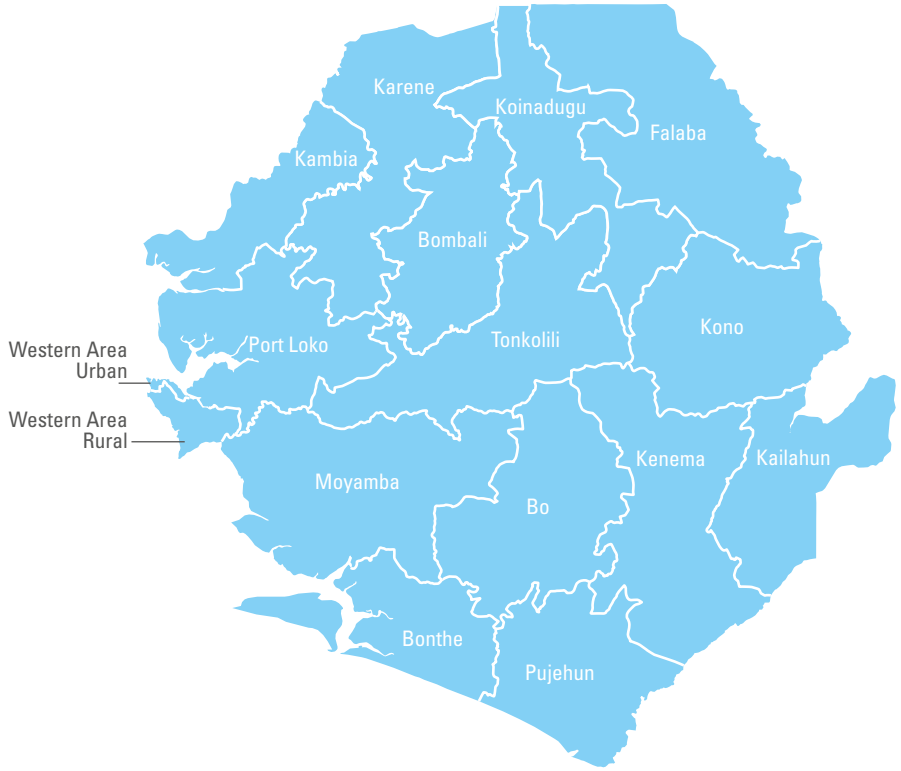
Sierra Leone has a tropical climate with distinct rainy and dry seasons. The mean annual temperature is 26.7° C and the average annual rainfall is 2,526 mm. The rainy season extends from June to October each year, while the dry season occurs from November to May.

Sierra Leone is among the top 10 per cent of countries in the world most vulnerable to climate change, according to the United Nations Sustainable Development Group (2022). While sea level rise is currently the greatest climate change threat facing Sierra Leone's coastal areas, World Bank also notes flooding, mudslides, coastal erosion, drought and associated crop failures as key climate concerns (Climate Change Knowledge Portal, n.d.-c). The country's high reliance on the agriculture and natural resources sectors, coupled with high rates of poverty, leave it particularly vulnerable to the impacts of climate change.

The capital, which is the largest city in Sierra Leone, is Freetown. The city's estimated population is 1,848,562 (World Population Review, n.d.). Other urban centres are significantly smaller, and include Kenema, Bo, Koidu and Makeni.

Figure 3: Map of provinces in Sierra Leone

Figure 4: Map of administrative districts in Sierra Leone



The country is divided into five provinces: Southern Province, Eastern Province, Northern Province, North-West Province and Western Area, in which Freetown is situated. Since 2017, the country has comprised 16 administrative districts (14 rural and two in Freetown, as shown in Figure 4) (The East African, 2017). The districts in turn are divided into 190 chiefdoms. Chiefs have the power to "raise taxes, control the judicial system, and allocate land, the most important resource in rural areas" (Acemoglu et al., 2014). The majority of the population live in the country's rural areas (57 per cent), compared to 41 per cent in the urban areas (World Bank Data, n.d.-k and n.d.-l).

2.2 Demographic profile

The Population Division of the United Nations Department of Economic and Social Affairs estimated the population of Sierra Leone to be 8,791,092 in 2023 and about 8,606,000 in 2022 (see Table 7). According to UNICEF (2023b), the population of Sierra Leone was estimated to be 8,420,461 in 2021, of which about 3,880,000 were children under 18 years (46.1 per cent) and 1,880,000 were under 5 years (22.3 per cent). In the last 19 years, the population of Sierra Leone has almost doubled from the figure of 4,976,871 inhabitants recorded in the 2004 Population and Housing Census (Stats SL, 2006).

According to the United Nations population estimate (United Nations Population Fund, 2023b), population growth has decreased over the last decade from 2.6 per cent in 2013 to 2.2 per cent in 2023, leaving Sierra Leone ranking 103 in the world in 2020 for population growth. The country's population is predominantly young, with a median age of 19.1 years, a rise from 18.5 years in

2015, but still one of the younger median population ages globally (206 of 227 countries). In 2022, life expectancy in Sierra Leone was 60.41 years (59 years for men and 61 years for women).

It is difficult to find accurate data on the number of children in the population, as few sources record the number of 0–18-year-olds. According to the Population Division of the United Nations Department of Economic and Social Affairs (n.d.-c), in 2021, 39 per cent of the population wereaged 0–14 years, a decrease from the previous high of 44 per cent in 2003. No data are available for the specific number of children aged 15–17 years. This age group is classified together with 15–24-year-olds, and there is no breakdown by individual ages. As can be seen from Figure 5, more boys are born than girls, with 1.033 male births for every female birth (ibid.).

Sierra Leone has a high though declining fertility rate. The crude birth rate in Sierra Leone dropped from 46.0 per 1,000 people in 1990 to 32.0 births per 1,000 in 2020 (World Bank Data, n.d.-a), but then rose to 38.6 births per 1,000 in 2023 (Macrotrends, 2023). The average number of children born to a woman (i.e., the total fertility rate)[6] has reduced from 6.35 children in 2000 to 3.88 children in 2022 (United Nations Department of Economic and Social Affairs, Population Division, n.d.-a).

Adolescent pregnancy rates are high in Sierra Leone, with 21 per cent of women aged 15–19 years having begun childbearing. However, the percentage of 15–19-year-olds who had given birth or are pregnant with their first child decreased from 28 per cent in 2013 to 21 per cent in 2018 (Stats SL and ICF, 2020, p 80).

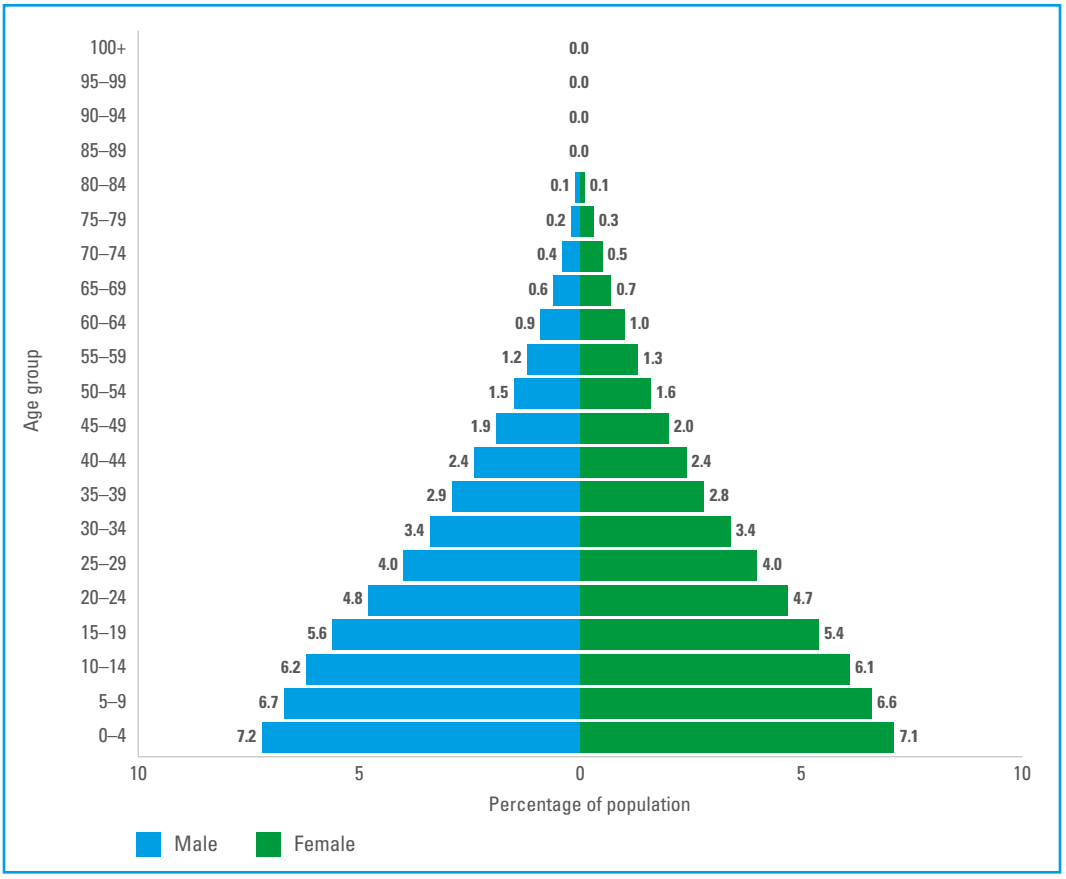
Table 7: Demographic overview

		Number	Year
Population	Total population (in thousands)	8,606	2022
	Total under-five population (in thousands)	1,199	2022
	Total adolescent population (in thousands)	1,986	2022
	Urban population (%)	44	2022
Birth	Total fertility rate (births per woman)	3.9	2022
	Adolescent (15–19 years) birth rate (per 1,000 girls)	102	2018
	Total births (in thousands)	265	2022
	Birth registration (%)	90	2019
Death	Stillbirth rate (per 1,000 total births)	23	2021
	Neonatal deaths (as % of all under-five deaths)	30	2021
	Adolescent (10–19 years) mortality rate (per 1,000 children aged 10)	26	2021
	Lifetime risk of maternal death (1 in N)	20	2017
	Total maternal deaths	2,900	2017
	Total under-five deaths	27,155	2021
	Under-five mortality rate (per 1,000 live births)	105	2021
Context	Early childhood development index (%)	51	2017
	Heidelberg Conflict Barometer (intensity 1–5)	3	2021
	Secondary education completion rate (upper, female; %)	18	2017

Source: Author compilation of statistics cited and referenced throughout this report, including MICS, DHSs and national projections

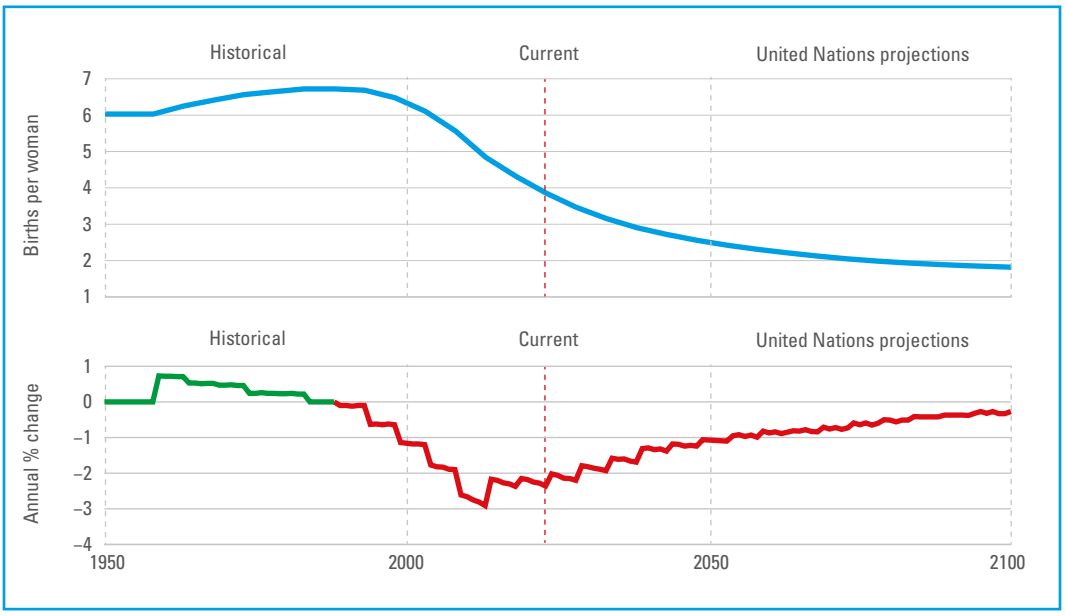
6 The average number of children born to a woman of child-bearing age (15–44 years).

Figure 5: Population pyramid Sierra Leone, 2020



Source: United Nations Department of Economic and Social Affairs, 2022

Figure 6: Sierra Leone fertility rate trends, 1950–2023, and projections to 2100



Source: Macrotrends (2023)

Figure 6 shows that the total fertility rate is predicted to drop further in the century, to around 2.5 children in 2050 and to less than 2 by 2100. At present, there is considerable disparity between rural and urban birth rates, with fertility rates in urban areas lower than those in rural areas (3.1 and 5.1, respectively), and total fertility rates highest in North-West and Southern provinces (Stats SL and ICF, 2020, pp. 75, 76). Even accounting for the predicted decline in fertility, Sierra Leone is ranked 20th globally in terms of fertility rate.

Sierra Leone has approximately 18 ethnic groups, the largest of which are the Mende in the east and south of the country and the Temne in the north-west and central areas. Other ethnic groups include the Limba, Vai, Kuranko, Bullom, Krim, Fulani, Malinke, Susu, Yalunka, Kono, Kisi, Sherbro and Loko peoples. Creole peoples, who descend from liberated black people who migrated to Sierra Leone between 1787 and 1885, live mainly in the capital, Freetown. The country also has a sizable population of Lebanese and Indian peoples, who live predominantly in urban areas.

While the official language of business, education and government in Sierra Leone is English, the majority of the population (97 per cent) speak Krio. In addition to this, the country has approximately 23 indigenous languages, the most widely spoken of which are Mende, Temne and Limba. Several of these languages are oral in nature and do not have a strong written tradition.

Around 77 per cent of the population identify as Muslim, 22 per cent as Christian and around 2 per cent practise animism or another traditional religion (United States Department of State, Office of International Religious Freedom, 2022). Sierra Leone is known for its high levels of religious tolerance.

2.3 Politics and governance

Sierra Leone gained independence from Great Britain in 1961. In 1971, following a decade of political volatility, the country became a constitutional republic, headed by a president. After 13 years as a one-party state, the country became a multiparty democracy, a status confirmed by the 1991 Constitution.

The Government of Sierra Leone is divided into three branches: the executive, legislative and judiciary. The country is headed by the President, who serves as both the head of state and the head of government. The Parliament of Sierra Leone is unicameral and comprises 146 members. One hundred and thirty-five members of parliament are elected using proportional representation from across Sierra Leone's 16 districts, while 14 members of parliament are appointed paramount chiefs. The two largest political parties are the All People's Congress and the Sierra Leone People's Party. The last elections were held in June 2023. President Julius Maada Bio was elected for a second term of office, winning with 56.17 per cent of the votes.

The court system comprises the inferior courts (i.e., the magistrates courts covering their respective judicial districts and local courts) and the superior courts (i.e., the High Court, the Court of Appeal and the Supreme Court). The judiciary in Sierra Leone is headed by the Chief Justice. The independence of the judiciary is guaranteed under section 120(4) of the Constitution (1991, section 120(4)). Traditional informal justice systems, such as the chiefdom structure, however, remain prevalent in Sierra Leone, with the majority of community members lacking the time, money and literacy needed to access formal justice mechanisms (DAI, n.d.).

Participation in formal political processes in Sierra Leone is high. The overall turnout in the country's 2018 election was 84.2 per cent. Post-independence, however, representation of women in politics in Sierra Leone has been low. Currently, only 18 of the country's

146 parliamentarians are female (12.3 per cent, compared to the global average of 26.4 per cent) (Inter-Parliamentary Union, 2023c) and Sierra Leone is currently ranked 157 out of 192 countries worldwide in terms of the number of female members of parliament (Inter-Parliamentary Union, 2023b). The recent passage of the 2022 Gender Equality and Women's Empowerment Act requires, for the first time, that 30 per cent of all candidates put forward for election by political parties should be female for both local council and national parliamentary elections.

The voting age established in the country's Constitution is 18 years, but candidates are not eligible to stand for election to the Parliament of Sierra Leone until they reach the age of 21. There have been encouraging signs of efforts to increase youth participation in the electoral process and civic matters. There are embedded structures for elected youth participation in Sierra Leone, supported by the Ministry of Youth Affairs. These include the Sierra Leone National Youth Council, 16 district youth councils and 190 chiefdom youth councils for young people aged 15–35 years.[7]

2.4 Human Development Index

Sierra Leone is classified as having low human development according to the Human Development Index, where it is ranked 181 out of 191 countries worldwide. The Human Development Index measures and ranks countries according to three dimensions of human development: a long and healthy life; knowledge; and a decent standard of living. Sierra Leone's Human Development Index value for 2021 is 0.477 (UNDP, 2022b).

2.5 Legislation and policy

Sierra Leone signed the United Nations CRC on 13 February 1990.[8] In the post-war era, Sierra Leone has also ratified two of the CRC's Optional Protocols, on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography (United Nations Human Rights Treaty Bodies, n.d.). However, it is yet to accept the third Optional Protocol to the CRC on a communication procedure (ibid.).

Sierra Leone has a dualist legal system, meaning domestic legislation is required to incorporate international conventions into national law in order for them to be justiciable. The Child Rights Act (2007) directly incorporated the United Nations CRC into national law, enabling the principles of the CRC to be enforced by the domestic courts. This law is currently under review. Neither the Convention on the Elimination of All Forms of Discrimination against Women nor the Convention on the Rights of Persons with Disabilities have been incorporated into national law as yet. Therefore, while they are persuasive and provide standards to which domestic legislation should aspire, they are not enforceable by law.

Sierra Leone has also ratified a number of other international human rights treaties, set out in Table 8.

Since 2017, the Parliament of Sierra Leone has passed several key pieces of legislation that affect children's rights. These are detailed in Table 9, and further elaborated in their respective sections of this SitAn.

7 National thematic FGD on youth participation, 29 November 2022.

8 Sierra Leone ratified the CRC on 18 June 1990.

Table 8: Status of signature and ratification of international human rights treaties by Sierra Leone

Treaty	Date signed	Date ratified
Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	18 March 1985	25 April 2001
Optional Protocol of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	26 September 2003	–
International Covenant on Civil and Political Rights	–	23 August 1996
International Convention for the Protection of All Persons from Enforced Disappearance	6 February 2007	–
Convention on the Elimination of All Forms of Discrimination against Women	21 September 1988	11 November 1988
International Convention on the Elimination of All Forms of Racial Discrimination	17 November 1966	2 August 1967
International Covenant on Economic, Social and Cultural Rights	–	23 August 1996
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	15 September 2000	–
Convention on the Rights of Persons with Disabilities	30 March 2007	4 October 2010

Source: United Nations Human Rights Treaty Bodies, n.d.

Table 9: Key national legislation related to children's rights in Sierra Leone

Legislation	Year
Anti-Human Trafficking Act	2005
Child Rights Act	2007
Disability Act	2011
Sexual Offences Act	2012
National Civil Registration Act	2016
Sexual Offences Amendment Act	2019
Cybercrime Act	2020
Breast Milk Substitutes Act	2021
The Child Rights Act	2022
Anti- Human Trafficking Act and Migrant Smuggling Act	2022
The Basic and Senior Secondary Education Act	2023

Source: Parliament of Sierra Leone (www.parliament.gov.sl/acts.html)

2.6 Gender profile

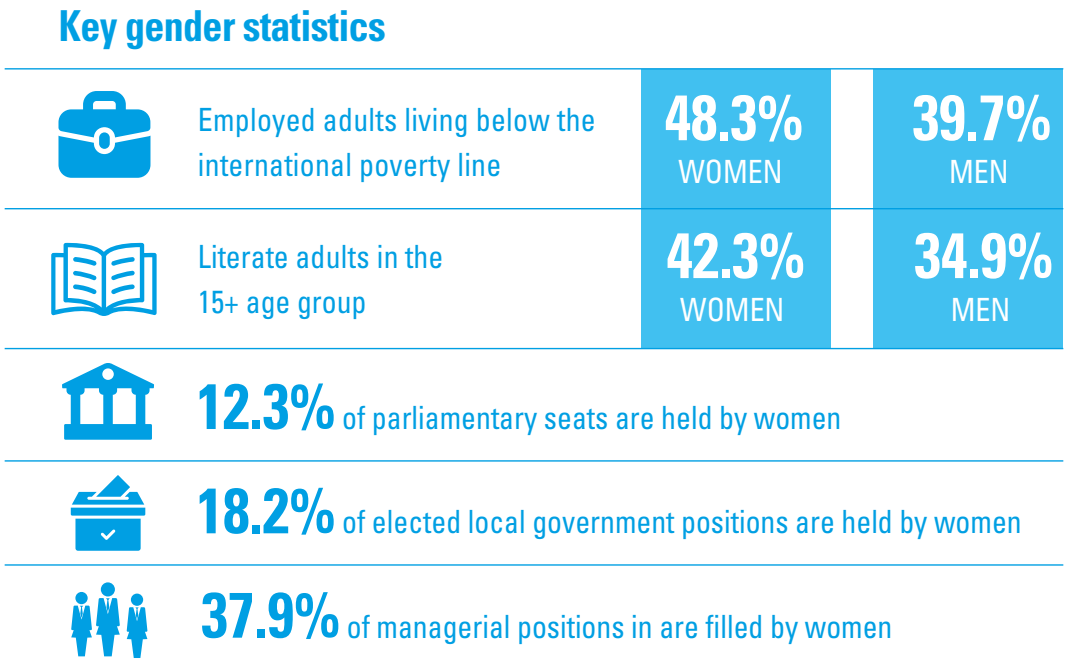
As of 2021, Sierra Leone had a score of 0.633 on the United Nations Development Programme (UNDP) Gender Inequality Index (where 0 represents perfect gender equality between men and women and 1 represents one gender faring as poorly as possible across all measured indicators, or perfect inequality) (UNDP, 2021a).[9] This is a marginal improvement on the country's score of 0.640 in 2017, but was still significantly higher than the global average of 0.465 in 2020 (UNDP, 2021a). Widespread structural gender inequalities in the country continue to persist.

Figure 7 details some of the key statistics related to women and men's inclusion and participation in society.

Assessing progress on the SDGs related to gender in Sierra Leone is particularly challenging, as gendered administrative data are not routinely collected and analysed. UN Women estimated in December 2020 that "only 41.7 per cent of indicators needed to monitor the SDGs from a gender perspective were available" and were clear that in order for the country to meet its SDG targets, closing the gender data gap was essential (UN Women, n.d.-a).

Outcomes for women and girls in Sierra Leone consistently lag behind their male counterparts as a result of a complex interplay of legal, social, institutional, cultural and other structural inequalities and gender norms. Many Sierra Leonean women and girls are discriminated against in education, employment, access to health care, political participation and within the family and wider community (UNFPA, 2012). Women and girls in rural areas are particularly vulnerable to multiple forms of marginalization.

Figure 7: Key gender statistics for Sierra Leone



9 The Gender Inequality Index is a composite metric of gender inequality using three dimensions: reproductive health, empowerment and the labour market.

Gender discrimination in the country is a major driver of gender-based violence (GBV). Sexual violence and GBV are pervasive issues in Sierra Leone; an outcry over a case of sexual abuse of a 5-year-old girl led to President Julius Maada Bio declaring rape and sexual violence a national emergency from February to June 2019 (Kardas-Nelson, 2019; Karasz et al., 2019). According to UNDP, 54.2 per cent of girls aged 15–19 years had experienced physical violence since age 15, and 3.4 per cent had experienced sexual violence as of 2019 (UNDP, 2022a, p. 17). Other forms of gender-based harm are also common in Sierra Leone, with girl children often being more vulnerable to abuse than their male counterparts. According to the Sierra Leone DHS, female genital mutilation/cutting (FGM/C) continues to be a persistent issue in the country, despite a 7 percentage point decrease in its prevalence during 2013–2019 (Stats SL and ICF, 2020, p. 331; UNDP, 2022a). Children are particularly vulnerable to this practice, with 71.3 per cent of survivors having undergone FGM/C before the age of 15 (Stats SL and ICF, 2020, p. 336). Section 7.1.2 of this report examines in more detail the multiple forms of GBV experienced by children in Sierra Leone.

2.7 Equal rights and non-discrimination

The 1991 Constitution of Sierra Leone sets out the fundamental freedoms each person is entitled to regardless of their "race, tribe, place of origin, political opinion, colour, creed or sex" (section 15). These freedoms include four fundamental rights: the right to life, liberty, security of person; the right to the enjoyment of property and the protection of the law; the right to freedom of conscience, expression and assembly/association; and the right to respect for private and family life and protection from deprivation of property without compensation (ibid.). Children and adults are equally entitled to these rights.

Nevertheless, despite the strong legislative framework in place to protect children, discrimination persists in Sierra Leone. The country's latest Universal Periodic Review in 2020 highlights several challenges the country is facing in guaranteeing equal rights for all, including the following:

- As section 7.1.2 details, gender discrimination and violence against girls in Sierra Leone remains persistently high, with women and girls being routinely denied access to education and employment. Rates of GBV are particularly high in Sierra Leone, as are rates of teenage pregnancy and child marriage.
- Children with disabilities in Sierra Leone face multiple barriers to their inclusion in society and are often "left behind" (United Nations Girls' Education Initiative, 2021). Access to education by children with disabilities is limited, with few accommodations made to support their specific needs. Access to health care for those with physical impairments and mental illnesses is also limited, as specialized care and services do not exist in the country. In addition, adolescents with disabilities in Sierra Leone face high levels of stigma and are often perceived as "weak, stupid or criminal" (Restless Development, 2020, p. 16).
- Lesbian, gay, bisexual, transgender, queer, intersex, asexual and other identities (LGBTQIA+) children in Sierra Leone continue to face violence, stigma and discrimination, and consensual sexual relations between men over the age of consent continue to be criminalized under sections 61 and 62 of the Offences against the Person Act (1861), with a maximum sentence of life imprisonment. While the law is no longer actively enforced, reports of arrests due to the 'promotion' of LGBTQIA+ lifestyles have been reported in recent years (Human Dignity Trust, 2019).

2.8 Access to information and the internet

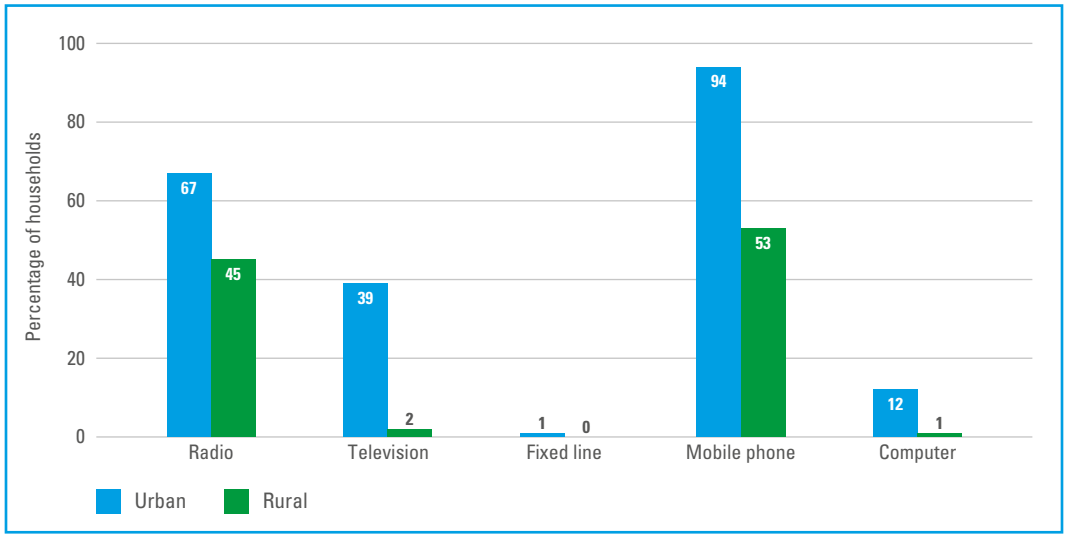
Access to information in Sierra Leone is limited by low rates of media usage among the general population. Access to mass media among adults aged 15–49 years is lower than in neighbouring countries. Radios are the most common form of mass media in Sierra Leone with 45 per cent of the population listening to the radio at least once a week (Stats SL, 2018, pp. 50, 51). Few Sierra Leoneans read paper-based news sources such as newspapers. As of 2019, the National Telecommunications Commission had licensed 138 FM radio stations in Sierra Leone and 14 television stations (National Telecommunications Division, 2019, p. 16). Gender, location and education continue to be major determinants of access to media in the country (Stats SL, 2018, pp. 50, 51). Women are far less likely than their male counterparts to access media at least once a week, with 42.1 per cent of women accessing media compared to 63.6 per cent of men (ibid.). Those living outside of Western Area are also less likely to access media than those living in urban areas (ibid.). While comparable data are not available for children, international trends would suggest that children's access to the media is even more limited than it is for their adult counterparts, as one interviewee explained:

> *Another challenge is lack of access to information. In Sierra Leone, if you Google you will hardly find up-to-date information … Most adolescents do not listen to radio or read newspapers, in fact most youth here are uneducated.* (National thematic FGD, youth participation, 29 November 2022)

Qualitative data suggest that a key source of information for children and adolescents is the radio, with many adolescents relying on specific youth-led radio stations for relevant information. However, large numbers of children also have access to mobile phones, as shown in Figure 8.

The majority of households in Sierra Leone now have access to a mobile phone (71.4 per cent as of 2017) (Stats SL, 2018, p. 52). Nevertheless, fewer people report using a mobile phone regularly. According to the most recent MICS data, 61.4 per cent of women have used a mobile phone within the last three months, compared to 47.4 per cent of men (ibid., p. 54). Because of the prohibitively high cost of mobile data, the majority of people with mobile phones do not have access to an internet-enabled mobile phone, or smartphone. Internet access is severely limited,

Figure 8: Percentage of households with access to information and communication technology, 2017



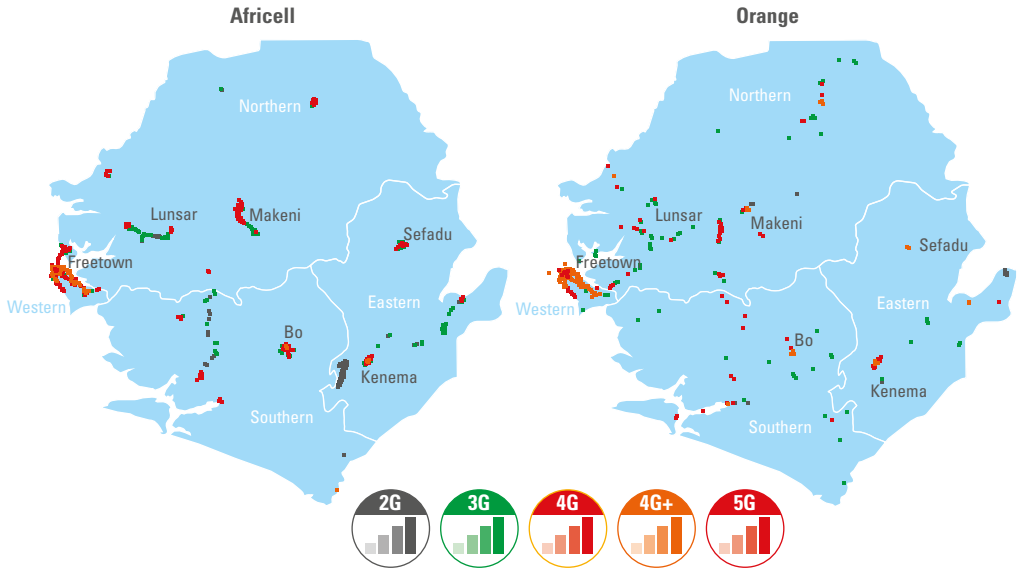
Source: Stats SL, 2018, p. 52

with 7.5 per cent of women having accessed the internet in the three months before the survey compared to 10.6 per cent of men (ibid.). Access to data (2G, 3G, 4G, 4G+ and 5G) is severely limited, with the two main cellular network providers, Africell and Orange, covering mainly urban areas of the country, as shown in Figure 9.

Access to the internet in Sierra Leone has increased steadily since 2008. In 2021, 30 per cent of Sierra Leoneans had access to the internet, compared to 50 per cent globally, though there has been a marked rise in recent years: between 2022 and 2023 there was a 7.3 per cent increase in the number of internet users in the country (following a 12.5 per cent rise the preceding year) (DataReportal, 2021; 2023a; 2023b). The increase in internet penetration can in part be attributed to the development of the cable link to Guinea and the construction of a 600-kilometre wide Economic Community of West African States area network in 2019 (BuddeComm, 2023). Although access to the internet has increased, internet speeds remain slow, with Sierra Leone ranking 139 globally (out of 179 countries and territories) in terms of fixed broadband internet speed (Speedtest, 2023). In addition, access to the internet is highly correlated with living in urban areas, higher levels of educational attainment and increased wealth (see Figure 10).

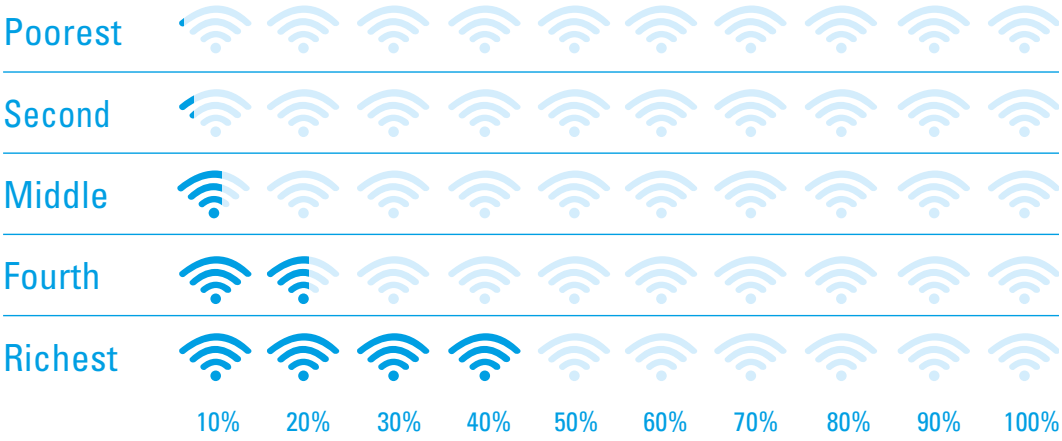
Even where children who do have access to the internet, limited information and communication technology (ICT) and literacy skills act as further barriers to its productive use. Fundamental challenges remain with ensuring children are able to access the internet in schools. The 2021 Annual School Census reported that 99 per cent of primary schools, 95 per cent of junior secondary schools and 93 per cent of senior secondary schools did not have internet access (MBSSE, 2022c, p. 33). In addition, 85 per cent of primary schools, 68 per cent of junior secondary schools and 49 per cent of senior secondary schools in Sierra Leone do not have access to any source of electricity, as shown in Figure 11.

Figure 9: Cellular data network coverage by the two main network providers in Sierra Leone, March 2023



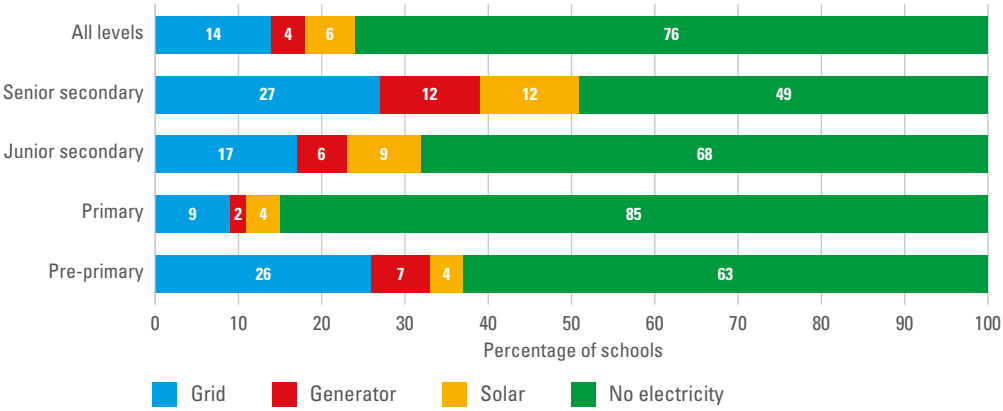
Source: Nperf, n.d.

Figure 10: Percentage of households with access to the internet at home, by wealth quintile



Source: Stats SL, 2018, p. 52

Figure 11: Access to electricity in schools in Sierra Leone by educational level, 2021



Source: MBSSE, 2022a, p. 30

A lack of computers or tablets further restricts teachers' and pupils' ability to access information, with as few as 4 per cent of schools having ICT devices (Thomas, 2020). Indeed, the majority of adolescents interviewed as part of the SitAn did not have access to computers in schools, and none reported receiving lessons related to ICT.

Project Giga[10] forms part of the Directorate of Science, Technology and Innovation's National Innovation and Digital Strategy 2019–2029, which prioritizes 'digitization for all'. The aim is to connect 10,995 Sierra Leonean schools to the internet by 2030 (UNICEF and International Telecommunications Union, n.d.). Should the project be successful, it is estimated it will lead to a 2.2 per cent increase in the country's gross domestic product (GDP) and connect 2.1 million children and teachers to the internet, as well as 3 million community members who live within a kilometre of the schools (ibid.). The MBSSE National Curriculum Framework and Guidelines for Basic Education will also integrate ICT education into the national curriculum (ibid.).

10 Project Giga is a global initiative which aims to tackle the global issue of internet connectivity by connecting every school to the internet by the year 2030.

Sierra Leone's Medium-Term National Development Plan 2019–2023 sets out the country's ambitions for increasing connectivity and access to information, including expanding internet penetration and increasing mobile coverage beyond 2018 levels, with a focus on upgrading infrastructure and increasing affordability, particularly in rural communities where access is currently limited (MoPED, 2019, pp. 92, 108). In particular, the plan's targets related to ICT include that:

- all cities and district capital towns will have access to modern ICT services, especially the internet;
- by 2023, 30 per cent of the population will have broadband;
- by 2023, mobile penetration will be increased to 80 per cent of the population; and
- by 2023, rural access to basic ICT and internet connection to drive e-commerce will be expanded beyond 2018 levels.

2.9 Climate change and humanitarian risk profile

2.9.1 Climate change

Sierra Leone is considered vulnerable to climate change, with limited coping and adaptive capacities.[11] According to UNICEF's Children's Climate Risk Index for Least Developed Countries, Sierra Leone is at 'extremely high' risk of climate change, ranking 26 out of the 163 Children's Climate Risk Index countries (UNICEF, 2023a, p. 140). According to the WorldRiskIndex, which evaluates a country's disaster risk from extreme natural events and negative climate change impacts, Sierra Leone is at medium risk of exposure, vulnerability and susceptibility to climate change, but is ranked high for lack of coping capacities and very high for lack of adaptive capacities (Bündnis Entwicklung Hilf, 2022, p. 55). This means Sierra Leone has some vulnerability, but is unable to cope or adapt to climate change risks given its current infrastructure, health-care capacities, governance structures and disaster prevention system (ibid.).

Sierra Leone has a number of vulnerabilities that are influenced by climatic and environmental factors, which are in turn exacerbated by climate change, including epidemics, landslides, deforestation and pollution (MoPED, 2019, p. 161).[12] The impacts of these hazards and risks are widespread and lead to human casualties, loss of biodiversity and food insecurity (ibid.).

Heavy precipitation and storm surges along the coast during the rainy season regularly lead to floods in Sierra Leone, which in turn have an impact on agricultural production, infrastructure, public health and biodiversity, and may lead to a reduction in groundwater resources. Increased coastal flood events also contribute to coastal erosion and a reduction in freshwater quality, and are associated with epidemics and the spread of diseases. Cholera outbreaks, for instance, are linked to heavy rainfall, while droughts are linked to an increase in the likelihood of diarrhoeal disease (ibid.).

11 Evaluation of the overall vulnerability of a country to climate change risks, and capacity to cope and adapt, is based on the interaction of climate-related hazards with the vulnerability of a community, and exposure of human and natural systems.

12 This is based on events covering the period 2005–2015.

2.9.2 Ebola virus disease

In May 2014, an outbreak of Ebola virus disease (hereafter referred to as Ebola), which started in neighbouring Guinea in March 2014, spread to Sierra Leone (CDC, 2019b). On 8 August 2014, the World Health Organization (WHO) designated Ebola to be a public health emergency of international concern. In total, 14,124 cases of Ebola were confirmed in Sierra Leone during the course of the outbreak, and 3,956 people died from the disease (WHO, 2016, p. 2). According to WHO, the outbreak was "the largest and most complex Ebola outbreak since the virus was first discovered in 1976" (ibid.).

Although the outbreak was effectively contained and the country declared Ebola-free on 17 March 2016, the epidemic has had a lasting impact on the country's development and resulted in a reverse of the key development gains of the post-civil war period (Centers for Disease Control and Prevention, 2019b; United Nations et al., 2017, p. 32). The Government of Sierra Leone characterized the impact of the epidemic as having caused "unprecedented social and humanitarian damage, accompanied by severe economic consequences" (Sierra Leone, 2015, p. 11). Indeed, in 2016 the World Bank estimated that the cost of the epidemic to the Guinean, Liberian and Sierra Leonean economies was 2.8 billion United States dollars (US$). Other studies have suggested the cumulative cost could be even higher (Miles, 2018). In Sierra Leone, the additional economic 'double shock' (Sierra Leone, 2015, p. 6) caused by the collapse in the value of the country's main export (iron ore) and the subsequent suspension of operations by two of Sierra Leone's largest mining companies, African Minerals and London Mining, added to the economic uncertainty in the post-Ebola period (ibid., p. 22). Sierra Leone also lost 6.8 per cent of the health-care workforce to Ebola during the epidemic, exacerbating existing shortages of health-care staff (ibid., p. 6; Evans et al., 2015, p. 439).[13]

Children were particularly affected by the epidemic, with nearly 20 per cent of all Ebola cases occurring in those under 15 years (Mercy Corps, 2019, chap. 6). In addition, estimates suggest that 17,300 children lost one or both parents to Ebola. The cumulative effects of the epidemic are still felt in Sierra Leone: almost 2 million children were out of school for prolonged periods (an estimated 39 weeks of schooling were lost per child). There was also an average 30 per cent decline in childhood immunization coverage in the affected countries, and levels of poverty and food insecurity rose sharply, affecting children disproportionately (Rohwerder, 2014; CDC, 2019a; United Nations et al., 2017, p. 33).

In the wake of the epidemic, the Government of Sierra Leone published the 24-month National Ebola Recovery Strategy 2015–2017, which set out the country's pathway to rebuilding, based on three clear steps: (i) attaining and maintaining zero cases of Ebola, (ii) focusing on immediate recovery priorities, including restoring access to basic health care, reopening schools, providing social protection support and reinvigorating the country's private sector and (iii) transitioning back to the Agenda for Prosperity Development Plan, the country's second National Poverty Reduction Strategy (Sierra Leone, 2015, p. 7). These plans were backed by significant donor investment, with US$783 million pledged to support Sierra Leone (United Nations et al., 2017, p. 35). The Sierra Leonean economy bounced back significantly as a result of these rebuilding efforts. However, in 2020, the COVID-19 pandemic once again set back the country's progress towards development.

13 The Ebola epidemic decreased the ratio of health-care workers in Sierra Leone from 17.2 personnel per 10,000 people before the outbreak to the current record low of 3.4 per 10,000.

2.9.3 COVID-19 pandemic

The first case of COVID-19 in Sierra Leone was confirmed on 31 March 2020. WHO estimates that as of 28 February 2023 there were 7,760 confirmed cases of COVID-19 in the country and that 125 people had died from the disease (WHO, 2023). Both the number of cases and deaths are likely to be underestimates, especially in light of challenges with death registration in the country. The COVID-19 infection rate appears to be significantly lower than in neighbouring West African countries. Containment of the virus was largely due to the government's swift actions to prevent spread of the virus.

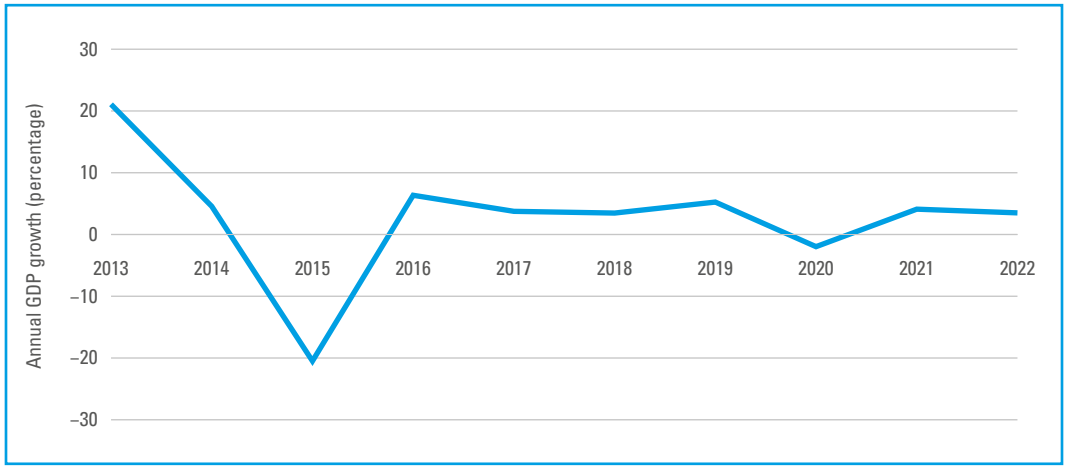
The COVID-19 vaccine arrived in Sierra Leone in March 2021 and despite initial public hesitancy, overall uptake of vaccination was high, covering 81.2 per cent of the country's population (ibid.).[14]

2.10 Economic overview

Sierra Leone is regarded as a least developed country, having struggled economically since the conclusion of the civil war in 2000 (United Nations Department of Economic and Social Affairs, n.d.-c). The World Bank estimated the country's GDP as US$4.042 billion in 2021 (World Bank Data, n.d.-d), which translates to a GDP per capita of US$480.04 compared to a GDP per capita of US$484.40 in 2017, the time of the last SitAn (World Bank Data, n.d.-f). The Sierra Leonean economy has faced repeated major shocks since 2010, including the Ebola epidemic, the COVID-19 pandemic, climate change events and the ongoing global financial crisis precipitated by the war in Ukraine and its effect on global fuel prices (see Figure 12). These shocks have been felt particularly acutely given the frailty of Sierra Leone's institutions, the country's limited fiscal space and its dependency on the agriculture and mining sectors (World Bank, n.d.).

After the COVID-19 pandemic, growth in Sierra Leone has restarted and is currently on an upwards trajectory, having grown by 4.1 per cent in 2021. Medium-term projections suggest the economy will grow by 4 per cent annually (economic growth rates of 4.7 per cent in 2024 and 5 per cent in 2025 are projected by the International Monetary Fund (2023, p. 18)). However, high inflation rates are a significant barrier to the recovery of the local economy in the short run, as they decrease the purchasing power of the Sierra Leonean population (WFP, 2023b). The inflation

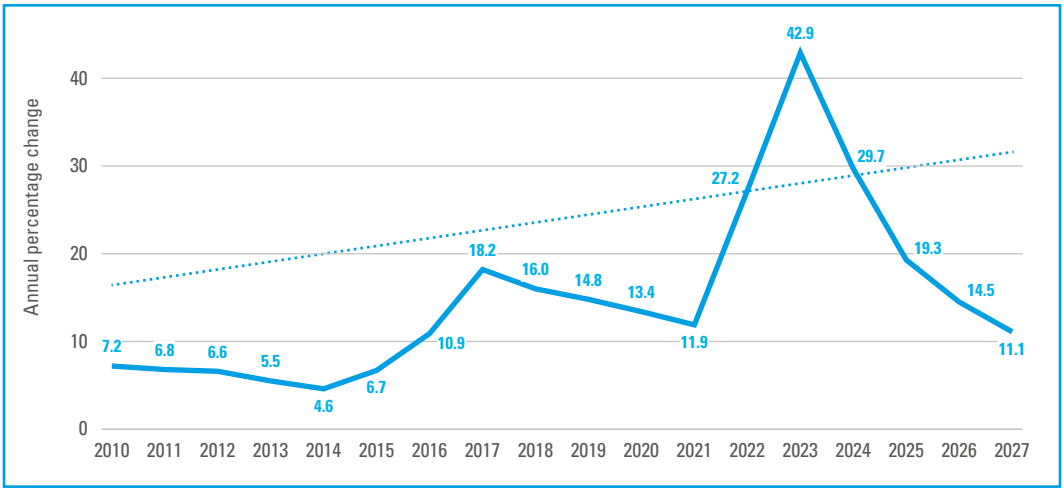
Figure 12: Annual growth in gross domestic product in Sierra Leone, 2013–2023



Source: World Bank Data, n.d.-e

14 This is as a percentage of the overall population (both adult and child).

Figure 13: Sierra Leone's inflation rate, annual percentage change of average consumer prices, 2010–2027



Source: International Monetary Fund, n.d.-a

Inflation rate, average consumer prices (annual percentage change)

According to the International Monetary Fund (n.d.-a), "The average consumer price index is a measure of a country's average level of prices based on the cost of a typical basket of consumer goods and services in a given period. The rate of inflation is the percentage change in the average consumer price index". Consumer price indices are calculated using the previous year as a baseline.

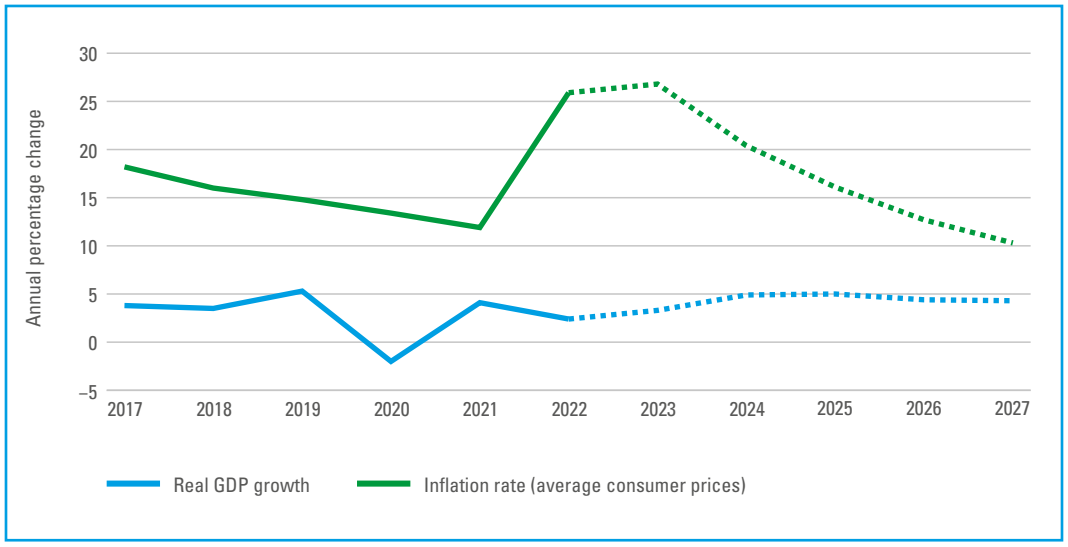
rate based on average consumer prices in Africa rose 12.4 per cent in 2023, but in Sierra Leone inflation increased more sharply, from 11.9 per cent in 2021 to 27.2 per cent in 2022, and was expected to increase again to a predicted high of 42.9 per cent in 2023, as illustrated in Figure 13 (International Monetary Fund, n.d.-a).

The rate of inflation for key goods and services is particularly high: inflation for food and non-alcoholic beverages had risen by 46.7 per cent and inflation on housing, water and household energy costs had risen by 30 per cent by the end of 2022 (WFP, 2023b, pp. 8, 9). Figure 14 sets out the country's current and projected GDP alongside the inflation rate (calculated by average consumer prices). In addition to inflationary pressures, the long-term economic prosperity of the country remains affected by corruption, high rates of youth unemployment and weak governance, compounded by issues of poverty, weak infrastructure and high dependence on imported goods (World Bank, n.d.).

The Sierra Leonean economy is primarily reliant on mining (particularly of gold, diamonds and iron ore) and agriculture for income. These two sectors account for two thirds of the country's economic output. Sierra Leone is considered by the United Nations Conference on Trade and Development to be 'highly reliant' on commodity pricing of exported goods, making it particularly vulnerable to fluctuations in the market.[15] A drop in the price of minerals post-

15 Sierra Leone is red on United Nations Conference for Trade and Development's (UNCTAD's) world map of commodity dependence. This is understood as when 80–100 per cent of a country's economy is commodity-dependent (UNCTAD, 2019).

Figure 14: Annual percentage growth in real GDP compared to inflation rate, 2017–2027



Source: International Monetary Fund, n.d.-b

2017, coupled with a steady decline in the price of agricultural goods since 2011, has badly affected the economy (UNCTAD, 2019). Foreign investment also accounts for a share of the Sierra Leonean economy, with 5.4 per cent of the country's GDP coming from foreign direct investment (down from 11.1 per cent in 2017) (World Bank Data, n.d.-c). This decline is in line with the global picture, which post-2008 has seen a sharp drop in foreign direct investment, down 42 per cent from 2019 to 2020 (Evenett and Fritz, 2021).

The country's currency, the leone (Le), has become particularly volatile in recent years. In an attempt to stabilize this fluctuation, the Central Bank re-denominated the nation's currency on 1 July 2022, in effect removing three zeros from bank notes but leaving the value of the currency unchanged. Despite this, the leone's value against the United States dollar has continued to depreciate, and in the last quarter of 2022 was valued at 18.645 leones to the dollar, closing the year with the leone losing 61 per cent of its value (compared to a decline of 10 per cent in the previous year) (WFP, 2023b, pp. 8, 9). This has had a marked impact on Sierra Leone's purchasing power as a net importer of commodities that include vital food and medicine.

Economic inequality remains persistent in Sierra Leone, with the country's Gini coefficient (a measure of income equality where 0 represents perfect income equality and 100 represents perfect income inequality) at 35.7 in 2018 (World Bank Data, n.d.-g). This is marginally higher than neighbouring Guinea (29.6) but falls far short of the global average (64.9) (ibid.).

More information on poverty in Sierra Leone is contained in Chapter 3.

2.10.1 Public finance

Article 4 of the CRC provides that State parties are obliged to undertake "all appropriate measures" for the implementation of children's rights. The Committee on the Rights of the Child has interpreted this as including a duty on the State to ensure that sufficient public resources are mobilized, allocated and utilized effectively to implement legislation, policies, programmes and budgets, and that budgets are systematically planned, enacted, implemented and accounted for at the national and subnational levels of the State, in a manner that ensures the realization of children's rights. The Committee on the Rights of the Child, in General Comment No. 19 (CRC/C/

GC/19), underlines the obligation of a State to show how the measures they choose to take related to the public budget result in improvement in children's rights, and to show evidence of the outcomes obtained for children as a result of those measures.

A strong public finance management system (i.e., the management of government money) is an essential aspect of the institutional framework for an effective State. Effective delivery of public services is closely associated with poverty reduction and growth, and countries with strong, transparent, accountable public finance management systems tend to deliver services more effectively and equitably and regulate markets more efficiently and fairly. In this sense, good public finance management is a necessary, if not sufficient, condition for most development outcomes, including those directly linked to the rights and protection of children.

Responsibility for public finance management in Sierra Leone lies primarily at the level of national government, within the Ministry of Finance. Budget credibility and predictability, fiscal management challenges, weaknesses in expenditure control (i.e., over-centralization of payment authorization), and low levels of transparency were found to be persistent barriers to effective financial management in 2018 (World Bank Independent Evaluation Group, 2018, p. 1).

Building on an assessment of the Public Financial Management Reform Strategy 2014–2017, the Public Financial Management Reform Strategy 2018–2021 focused on reforming five key areas of financial management: (i) strategic policy and budget planning, (ii) budget execution, reporting, monitoring and evaluation, (iii) revenue administration, policy, accounting, forecasting and transparency, (iv) local government finance and (v) public financial management oversight and public accountability (Ministry of Finance, 2019, p. 9). As yet, the strategy has not been assessed, and nor has a strategy been developed for 2022 onwards.

At the national level, financial management in Sierra Leone is conducted by ministries, departments and agencies using an integrated financial management system that was rolled out in early 2022 (Ministry of Finance, 2021). As of March 2022, 59 ministries were using the system (Ministry of Finance, 2022a, p. 30). The system was introduced following the World Bank-funded Integrated Public Financial Management Reform Project, which took place during 2009–2014 at a cost of US$23.44 million (Ministry of Finance, 2022b, p. 58).

2.10.2 National budget

Committee on the Rights of the Child's General Comment No. 19

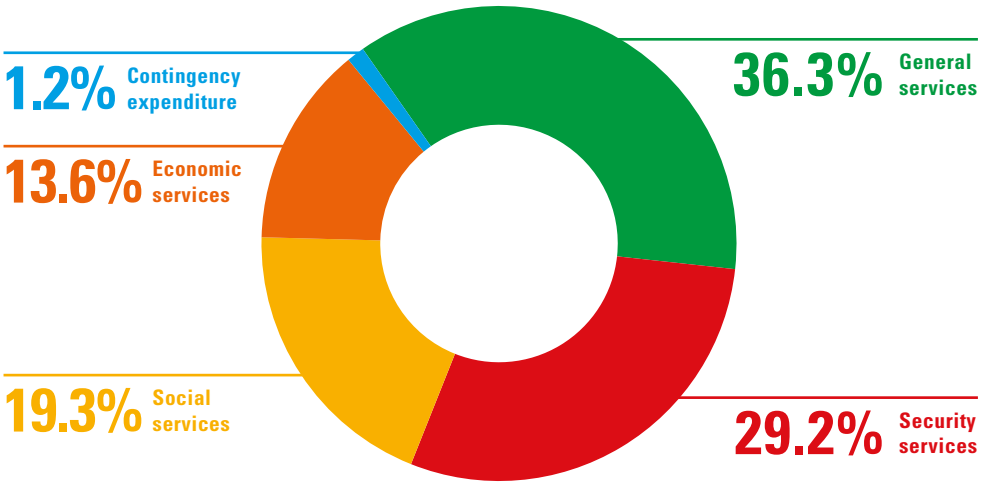
The Committee on the Rights of the Child's General Comment No. 19 (CRC/C/GC/19) requires that a State should use its pre-budget statement and budget proposals to convey essential information about how it plans to meet its child rights obligations, and should present financial data and explanatory text regarding the past, present and forecasted resources available for spending on the rights of the child, as well as actual expenditure. In order to understand how budget allocations and actual expenditure affect children, the government should provide budget lines and codes which, as a minimum, disaggregate all planned, enacted, revised and actual expenditures directly affecting children by age, gender, geographical location and current and future categories.

The fiscal year in Sierra Leone runs from 1 January to 31 December (CABRI, n.d.). The Minister of Finance is responsible for preparing the national budget and submitting it for approval by Cabinet and for authorization by Parliament no less than two months before the start of the financial year for which the budget is being authorized (Public Financial Management Act (2016), sections 32(1) and (2)). There is no separate budget for children, and apart from the section of the education budget that relates specifically to schools, there is no indication as to the proportion of the budget (in terms of both recurrent and capital expenditure) allocated to children, nor the proportion of the budget allocated to the provision of direct services, programmes or institutions for children. This makes it almost impossible to track domestic resource mobilization, or to undertake public expenditure tracking and reporting on the use of public funds for children, which are central to determining whether SDGs indicators are being met and children's rights implemented.

Social spending is projected to be 19.3 per cent of the national budget in financial year (FY) 2023, which includes spending on education, health and sanitation, social welfare, youth affairs and the environment, as well as a range of services for adults (Ministry of Finance, 2022b, p. 47) (see Figure 15). While this is a four-point decrease from 23.3 per cent in FY2021, by FY2025 the percentage of social spending in the national budget is expected to rebound to almost FY2021 levels (22.1 per cent) (ibid.).

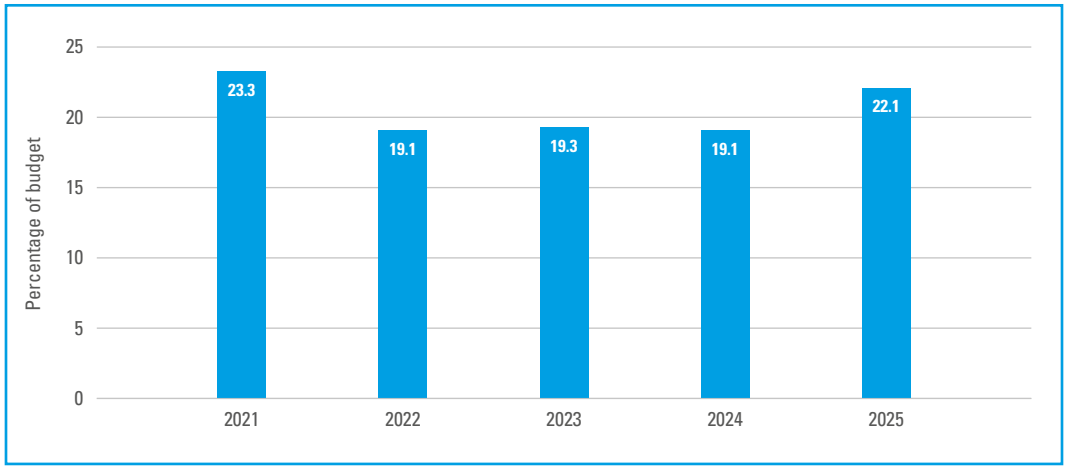
Overall, the proportion of the budget allocated to social services is projected to decrease marginally from 2021 levels, from 23.3 per cent in FY2021 to 22.1 per cent in FY2025 (ibid.) (see Figure 16).

Figure 15: Non-salary, non-interest recurrent (goods and services) budgetary allocations, FY2023



Source: Ministry of Finance, 2022c

Figure 16: Percentage of government budget spent on social services, actual and projected, FY2021–FY2025



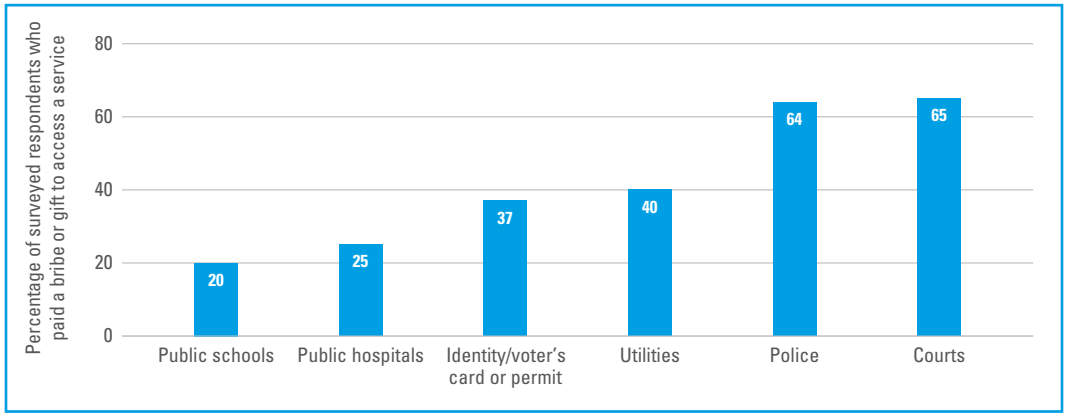
Source: Ministry of Finance, 2022c

2.10.3 Corruption

Sierra Leone ratified the United Nations Convention against Corruption treaty in 2004. In 2022, the latest date for which data are available, Sierra Leone ranked 110 out of 180 countries for corruption (down from 115 in 2021), with a score of 34 out of 100 (the score indicates the perceived level of public-level corruption on a scale of 0 (highly corrupt) to 100 (very clean), up from a low of 29 in 2015 (Transparency International, 2023).

Corruption is endemic in many parts of Sierra Leonean society, in both the public and private sectors. Children are heavily affected by corrupt practices both at the individual and systemic levels, including in health, utilities, police, judiciary, education (particularly within schools) and government at all levels (Afrobarometer and Transparency International, 2015, pp. 40–41). Transparency International estimated that the bribery rate[16] in Sierra Leone was 41 per cent in 2015 (ibid., p. 38). Figure 17 sets out the various sectors in Sierra Leone for which paying a bribe or offering a gift was required to access certain public services.

Figure 17: Bribery rates in Sierra Leone by type of public service accessed in the past 12 months, 2015



Source: Afrobarometer and Transparency International, 2015

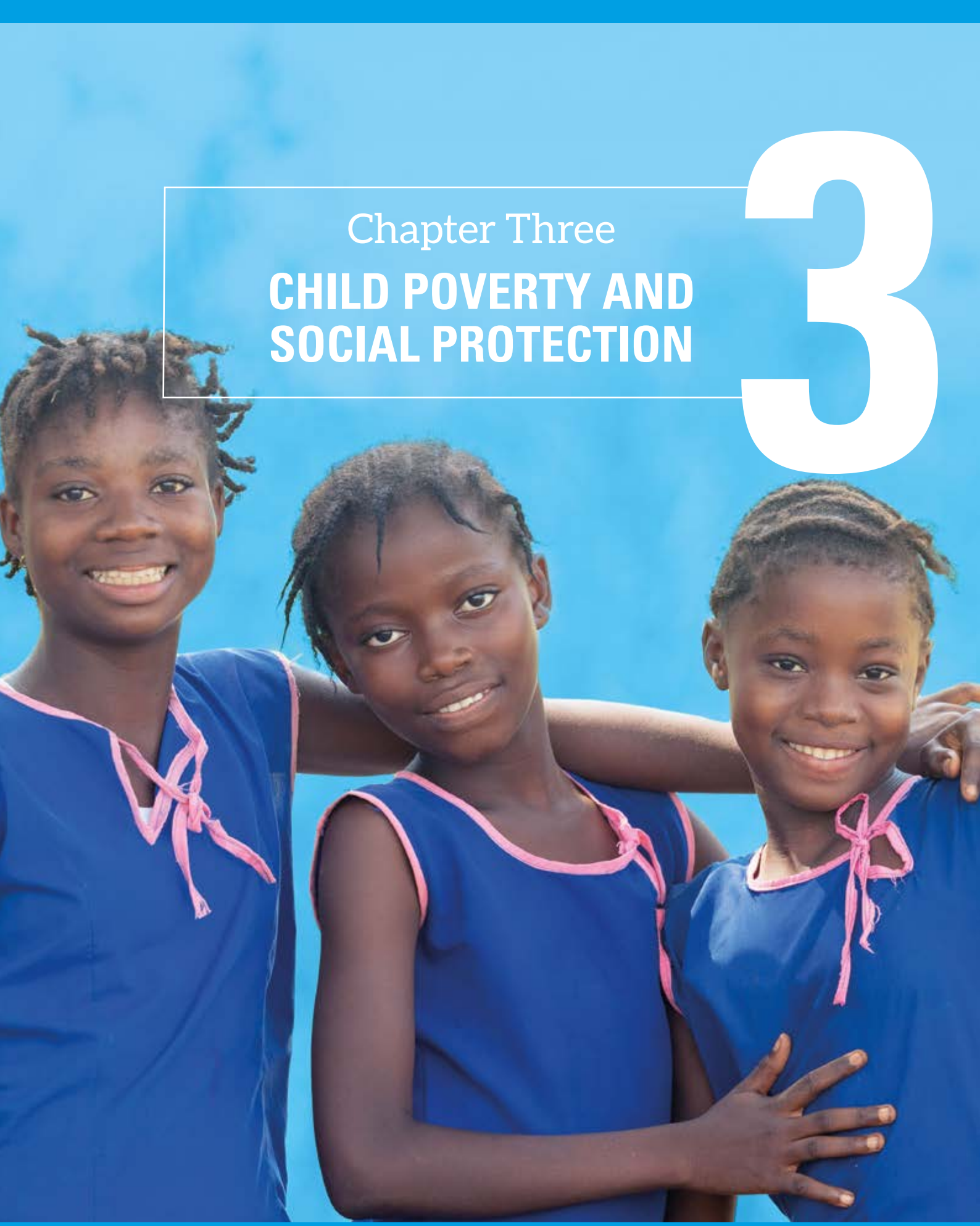
16 The bribery rate is defined as the number of public service users who had paid a bribe in the 12 months preceding the study.

Section 5(1) of the Anti-Corruption Act (2000) established Sierra Leone's Anti-Corruption Commission, whose mandate is to "investigate instances of alleged or suspected corruption referred to it by any person or authority or which has come to its attention, whether by complaint or otherwise and to take such steps as may be necessary for the eradication or suppression of corrupt practices". The act was amended in 2008 to expand the scope of the commission and to empower it to seek criminal prosecutions for corruption offences independently of the Office of the Attorney General and Ministry of Justice. The act was amended again in 2019 to increase the financial and penal penalties available under it and to strengthen protections for persons reporting corruption to the commission. Since 2000, the country has implemented four national anti-corruption strategies (2005–2008, 2008–2013, 2014–2018 and 2019–2023), with the current strategy aiming to "work in strategic partnership with other critical stakeholders to ensure significant reduction in corruption at all levels in both the public and private sectors in Sierra Leone" (Sierra Leone Anti-Corruption Commission, 2019, p. 24).

Chapter Three

CHILD POVERTY AND SOCIAL PROTECTION

3



CRC article 26: "Governments should provide money or other support to help children from poor families" and **article 23:** "Every child with a disability should enjoy the best possible life in society".

According to the CRC, States are required to "take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing."

Table 10: Key SDG targets related to child poverty and social protection

SDG	Targets	Sierra Leone progress
1: End poverty in all its forms everywhere.	1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than US$1.25 a day.	⊗
	1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.	⊗
	1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.	⊗

3.1 Child poverty

Poverty is defined as a pronounced deprivation in general well-being characterized by low income and the inability to acquire the basic goods and services necessary for survival with dignity. Poverty is also related to low levels of health and education, poor access to clean water and sanitation, inadequate physical security, lack of voice and insufficient capacity and opportunity to better one's life (World Bank, 2011).

Child poverty refers to a situation where children experience deprivation of the material, spiritual and emotional resources needed to stay alive, develop and thrive, thus leaving them unable to enjoy their rights, achieve their full potential and participate as full and equal members of society (UNICEF, 2005).

Poverty is widespread in Sierra Leone, affecting the majority of the population, and is higher among children. Poverty disproportionately affects children, and can have irreversible life-long consequences, negatively affecting child health, child development and child well-being (UNICEF and World Bank, 2016). While poverty in Sierra Leone has been measured across a number of indicators, the latest data are now dated, relating to 2018 and 2019 (Stats SL and World Bank, 2019; Stats SL et al., 2019).

To achieve SDG target 1.1, Sierra Leone must eradicate extreme poverty by 2030.

In this report, three measures of poverty have been considered to analyse the level of child poverty: (i) the Multidimensional Poverty Index (MPI), (ii) monetary poverty and (iii) child multidimensional poverty analysis, also known as multiple overlapping deprivation analysis.

For each category of these three measurements of poverty in Sierra Leone, two dimensions of poverty are considered in this report. These are (i) the incidence of poverty (head count) and (ii) extreme poverty.

Table 11: Measures of poverty

Measure of poverty	Definition
Extreme poverty	Extreme poverty is defined as living below the international poverty line, which was last set by World Bank in 2017 as living on less than US$2.15 per day.
Basic needs poverty line	The basic needs poverty line is set by the Government of Sierra Leone as anyone living below the national poverty line of Le 3.921 million (US$494) per adult equivalent (World Bank, 2022; Stats SL and World Bank, 2019, p. 16). The Sierra Leone Integrated Household Survey classifies households as falling below the national poverty line if their total (food and non-food) consumption is less than the basic needs poverty line (Stats SL and World Bank, 2019, p. 2).
Food poverty	The Integrated Household Survey classified households as food poor if they are living below the food poverty line, defined as the amount needed to buy sufficient food following the local diet, calculated at Le 2,124,000 per year.
Multidimensional poverty	The term multidimensional poverty is used to describe how poverty is experienced in multiple, overlapping ways. It seeks to understand poverty beyond monetary deprivations.

3.1.1 Multidimensional Poverty Index

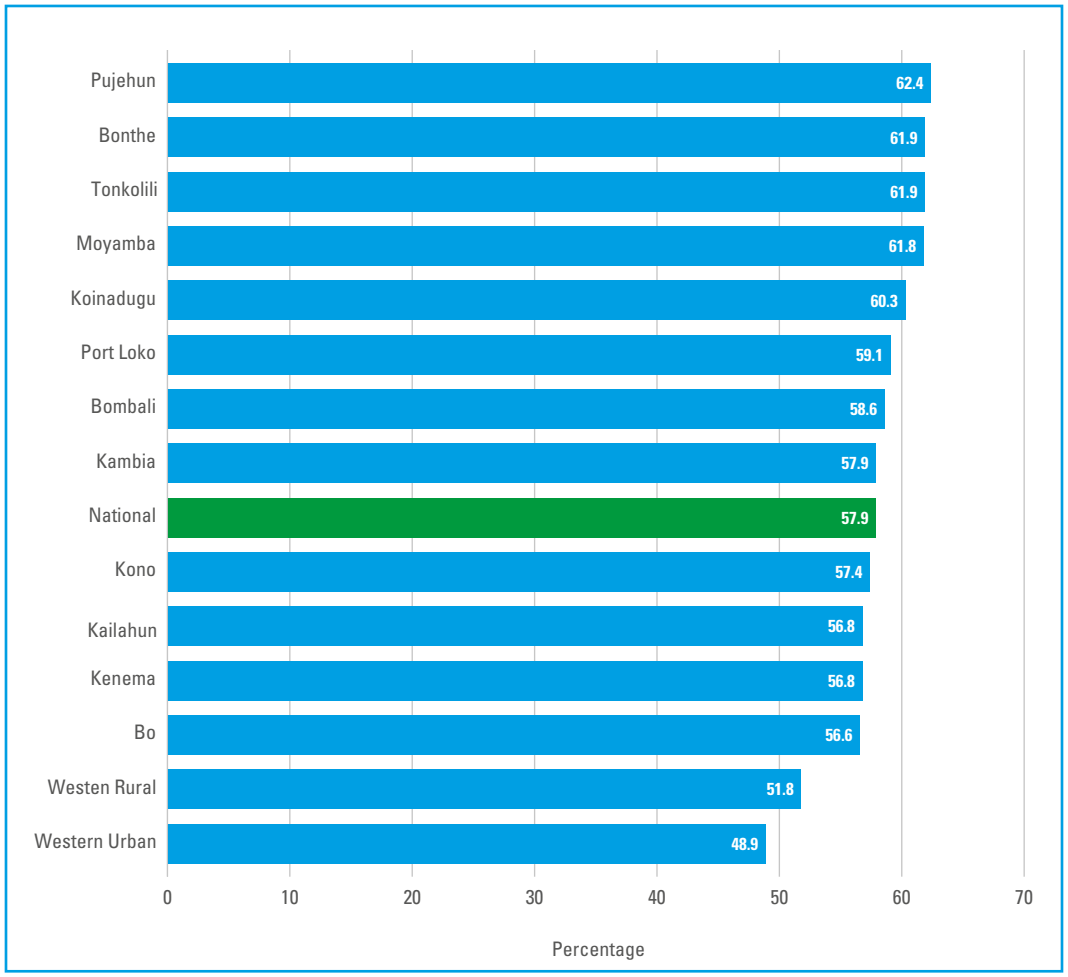
The global community has agreed to use the MPI as the approach to measure the progress of each country towards SDG 1. The Government of Sierra Leone has endorsed the MPI in addition to other measurements. The MPI measures poverty across 10 indicators in three equally weighted dimensions: health, education and standard of living. Health includes two indicators: nutrition and child mortality. Education also includes two indicators: years of schooling and school attendance. Standard of living includes six indicators: cooking fuel, sanitation, drinking water, electricity, housing and assets (UNDP, n.d.).

According to the Global MPI 2022, which used 2019 DHS data (Stats SL et al., 2019, p. 19), the Sierra Leone MPI is 59.2 per cent for the total population, and 69.6 per cent for children and adolescents under the age of 18, meaning those proportions of the population are poor (Stats SL et al., 2022, p. 19). The Sierra Leone MPI report also describes the intensity of the poverty, which is measured using the average percentage of dimensions in which poor individuals are deprived (ibid.). This makes it possible to see how far the living standards of the poor population are from the poverty line (ibid., p. 3). In 2019, the intensity of multidimensional poverty was 57.9 per cent as the national average, with disparity between urban (50.9 per cent) and rural (60.3 per cent) areas. There is little inequality between districts, with the highest incidence observed in Pujehun District (62.4 per cent) and the lowest figure recorded in Bo District (56.6 per cent) (see Figure 18).

The child poverty dimension of the MPI report was generated by Stats SL as part of the same report using 2017 MICS data, which revealed that 58.7 per cent of children under the age of 18 are affected by multidimensional poverty (ibid., p. 19), meaning that, on average, poor children experience almost 60 per cent of the possible deprivations considered.

Although Sierra Leone had a high MPI value, indicating high rates of poverty, up until the COVID-19 pandemic it was also one of the fastest 20 countries in reducing their MPI values (UNDP and Oxford Poverty and Human Development Initiative, 2022, pp. 18, 27), though the MPI value was recorded as falling more slowly among children than adults (ibid.).

Figure 18: Multidimensional Poverty Index per district, 2017



Source: Stats SL, 2018

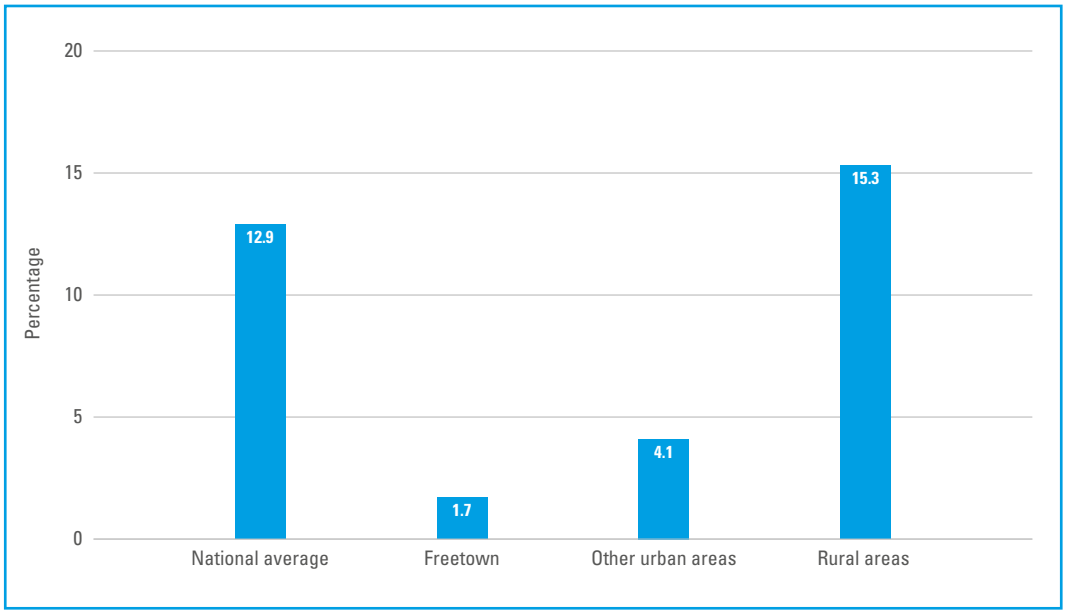
3.1.2 Monetary poverty

According to the 2018 Integrated Household Survey's estimation of the incidence of monetary poverty in Sierra Leone, 56.8 per cent of the population is poor, living below the national poverty line. Monetary poverty in rural areas was significantly higher than in urban areas, with 73.9 per cent of the rural population estimated to be affected by monetary poverty compared to 34.8 per cent of the urban population. Limited data are, however, available on urban monetary poverty at the community level, particularly in relation to unplanned urban settlements (for example, Susan's Bay), which are highly vulnerable to deprivation but are not visible in national-level data sets.

The survey findings show that the strongest predictors of poverty are education and employment sector, with household heads who finished secondary school being about half as likely to be poor as those whose heads only have primary education, and with the poorest households having heads engaged in agriculture. The survey also found that poverty rates are significantly higher for larger households.

As Figure 19 shows, in Sierra Leone in 2018, 12.9 per cent of the population (15.3 per cent in rural areas and 4.1 per cent in urban areas) experienced extreme poverty (Stats SL and World

Figure 19: Incidence of extreme poverty in Sierra Leone, 2018



Source: Stats SL and World Bank, 2019

Bank, 2019), defined by the Sierra Leone Integrated Household Survey as households where consumption fell below the food poverty line[17] (i.e., the household does not consume – and does not have the money to purchase – a sufficient amount of food following the local diet).[18] The food poverty rate in Sierra Leone in 2018 was 54.5 per cent, which meant, at that time, more than half the population were struggling to afford the minimum required caloric intake. The 2018 data showed a significant increase in food poverty (8.4 percentage points) from 2011 (ibid., p. 272).

It is difficult to determine the progress being made to eradicate poverty in Sierra Leone or the current rate of extreme poverty, as there are no national data on poverty rates more recent than 2018. However, the 2018 data showed that at that time, Sierra Leone was not progressing at a sufficient rate to achieve SDG target 1.1 by 2030.

The increase in fuel and food prices over the last year (a 47.51 per cent increase between January 2022 and January 2023 for food),[19] has likely led to the stagnation of any improvement in food poverty rates from 2018. In the absence of data to support this approximation, qualitative data obtained confirms that the increase in food and fuel prices have had an impact on people's lives.[20] Similarly, adolescent participants from FGDs reported that the price of food has increased, making food unaffordable:[21]

> *The food issue, it is [straining] on the poor people. Every day prices increase.* (Participatory FGD with boys aged 14–18, Kenema, 15 December 2022)

17 The national poverty line was set at Le 3.921 million (US$494) per adult equivalent (Stats SL and World Bank, 2019, p. 2).

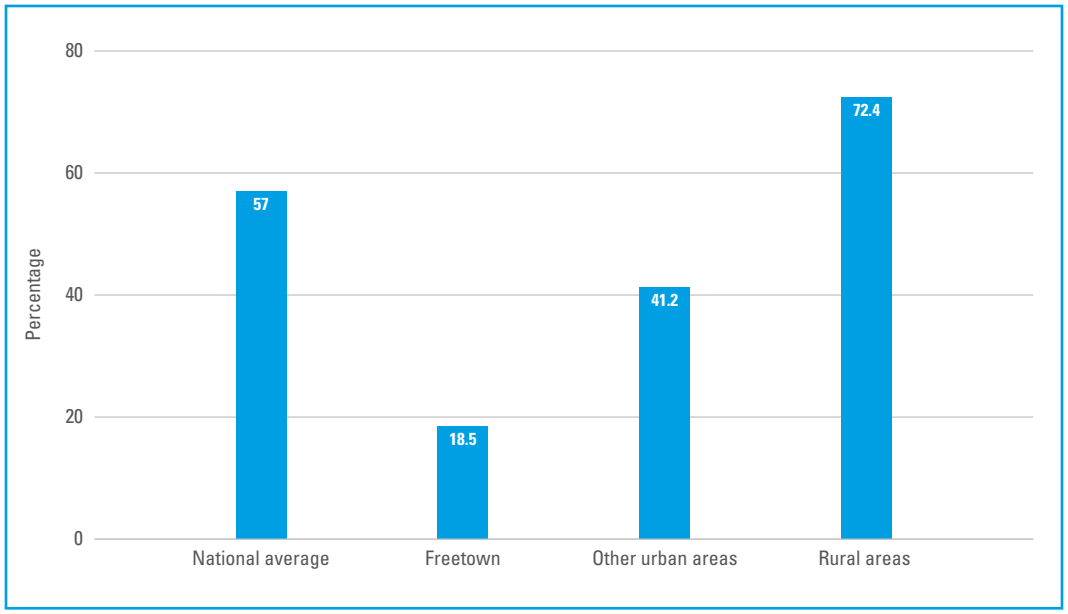
18 Calculated in 2018 at Le 2,124,000 per year (Stats SL and World Bank, 2019, p. 2).

19 The cost of food in Sierra Leone increased 57.0 per cent in January of 2023 over the same month in the previous year (Trading Economics, 2023).

20 KIIs with UNFPA, 22 November 2022, and Focus 1000, 23 November 2022.

21 Participatory FGD with boys aged 9–13, Freetown, 29 November 2022.

Figure 20: Incidence of basic needs poverty in Sierra Leone, 2018



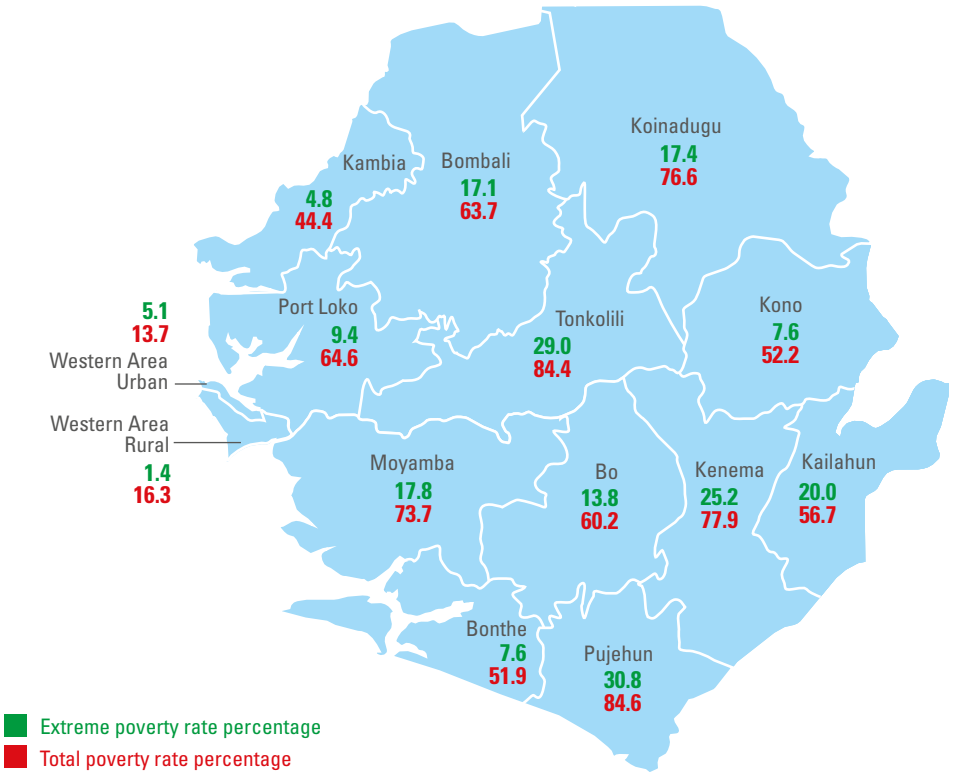
Source: Stats SL and World Bank, 2019

National containment measures for COVID-19 are underlying factors that contributed to an increase in poverty. While the measures have had lasting effects on the economy, there were also immediate impacts. World Bank (2020) reported a drop of half the average weekly income for self-employed individuals and higher food insecurity, with the reported number of food-insecure people rising from 3.0 million (47.7 per cent) in January 2020 to 5.1 million (63 per cent) in June 2020.

The poverty averages in Sierra Leone mask inequalities within the country. Rates of poverty vary throughout the country, with rising inequality across regions. The latest data on inequality are from 2018, when Sierra Leone had a Gini ratio of 0.36, which was an increase from 0.33 in 2011 (World Bank, 2020). The Gini coefficient is a measure of inequality, measuring income distribution across a population. The measure ranges from 0 to 1, with 1 representing perfect inequality and 0 perfect equality (World Bank Data, n.d.-g). Data from the 2018 Sierra Leone Integrated Household Survey found steep disparity between urban and rural households. The poverty rate in rural households amounted to 73.9 per cent, compared to 34.8 per cent in urban areas (Stats SL and World Bank, 2019, p. 268). The rural–urban disparity in extreme poverty is also pronounced, with those in rural areas accounting for 87.2 per cent of the extremely poor (ibid.). However, data on national poverty often mask inequalities that exist within urban areas, with poverty being particularly pronounced in informal settlements (Sierra Leone Urban Research Centre, 218, p. 36). Urban poverty among children in Sierra Leone requires further examination to be better understood. The disparities between districts are outlined in Figure 21.

According to a 2022 World Bank assessment of poverty in Sierra Leone, the reduction in poverty over the period 2011–2018 was achieved exclusively in urban areas. The highest rate of poverty is in Northern Province, at 77 per cent, while the lowest is found in the Greater Freetown area at 23 per cent (Stats SL and World Bank, 2019; World Bank, 2022).

Figure 21: Poverty rates across districts in Sierra Leone



Note: 'Total poverty rate' is another term for 'basic needs poverty rate'.
Source: Stats SL and World Bank, 2019

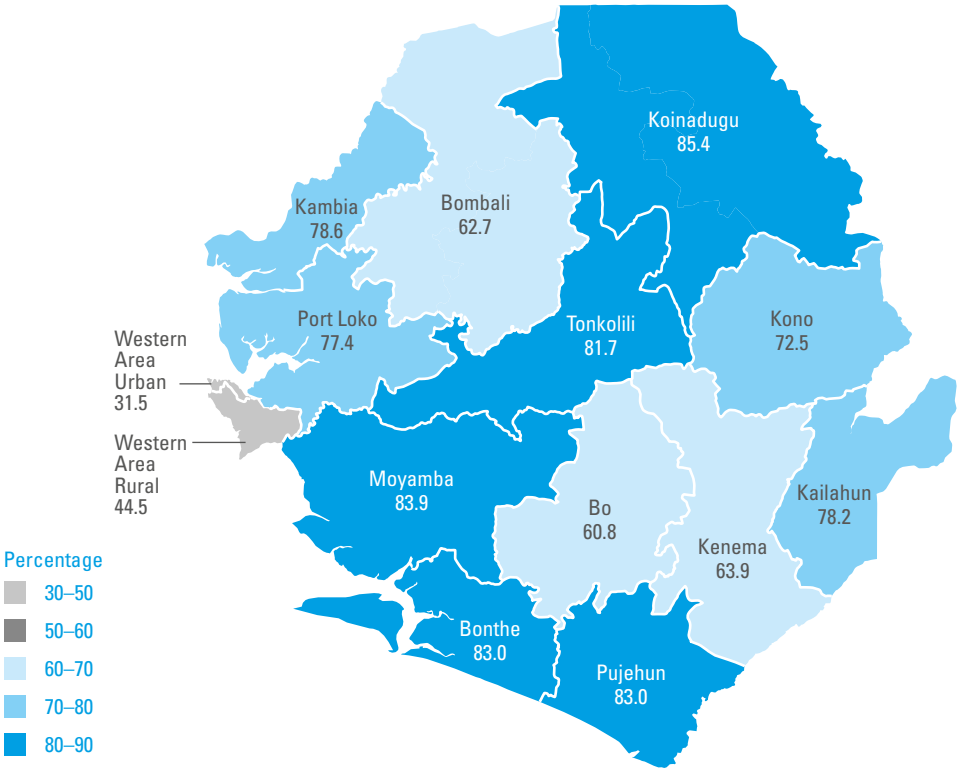
3.1.3 Child multidimensional poverty analysis

The CRC states that every child is entitled to live a life of dignity with an equal chance of rising through the life-course and making the best of his or her chances in life. For UNICEF (Stats SL and UNICEF, 2019), "Child poverty is manifested in the deprivation of children from their rights to survive, develop, and thrive." The non-fulfilment of specific child rights increases the likelihood that children will remain deprived and poor through the course of their lives.

A child is considered poor if she/he is deprived of at least one of the rights that constitute poverty: shelter, education, information, water, sanitation, health and nutrition.

The results of the child poverty estimates show that 66 per cent of the children living in Sierra Leone experience at least one deprivation and are therefore multidimensionally poor (Stats SL and UNICEF, 2019). Regional disparities exist in Sierra Leone. More than 8 children out of 10 are poor in Koinadugu, Pujehun, Moyamba, Bonthe and Tonkolili, while the lowest rates of child poverty are found in Western Area Rural (44.5 per cent) and Western Area Urban (31.5 per cent) districts. A 'poverty belt' splits the country into two, with more districts in the south, centre and north relatively more deprived than the districts in the west and east (see Figure 22).

Figure 22: Child multidimensional poverty incidence by district, 2017



Note: Data depicted precedes the establishment of the Falaba and Karene districts.
Source: Stats SL, 2018

3.2 Social protection in Sierra Leone

Under SDG target 1.3, Sierra Leone has a duty to implement social protection systems and measures, achieving substantial coverage of the poor and vulnerable by 2030. This is measured by looking at the proportion of the population covered by social protection floors and systems (SDG indicator 1.3.1).

While Sierra Leone has had poverty reduction strategies in place since the end of the conflict in 2002,[22] a low level of investment, limited overall coverage and limited child-specific social protection programmes have left its social protection system in the early stages of development.

22 Interim Poverty Reduction Strategic Paper for 2002–2003; National Recovery Strategy 2003–2004 (Sierra Leone, 2003); Sierra Leone Poverty Reducation Strategy Paper: A National Programme for Food Security, Job Creation and Good Governance 2005–2007 (Sierra Leone, 2005); Agenda for Change 2008–2012 (Sierra Leone, 2008); Agenda for Prosperity 2013–2018 (Sierra Leone, 2013); Medium-Term National Development Plan 2019–2023.

3.2.1 Legal and policy framework for social protection in Sierra Leone

Sierra Leone adopted its National Social Protection Policy in 2011 and amended it in 2017 to include further vulnerabilities (Sierra Leone, 2011 and 2017b). In 2020, the revised National Social Protection Policy was launched, setting out the goal to establish a gender-sensitive, disability-inclusive and age-appropriate framework for protecting the extremely poor and vulnerable (Sierra Leone, 2020). The revised policy also aims to set the basis for a minimum social protection floor for all citizens. The policy outlines three main social protection systems: social insurance, social assistance and traditional social protection. Social protection is also a priority in the Medium-Term National Development Plan, defined as: "all actions, public and private, taken in response to levels of vulnerability, risks, and deprivation deemed by the State to be socially and economically unacceptable". The revised National Social Protection Policy includes a multisectoral and multidisciplinary strategy for poverty reduction that targets the poorest, those with disabilities and the aged (MoPED, 2019, p. 61).

The Medium-Term National Development Plan sets the following as key targets to reach by 2023 (ibid., p. 62):

- Establish an integrated national identity card system.
- Establish a social safety-net fund for emergency response.
- All persons working in the formal sector have social security.
- Provide social protection to at least 30 per cent of vulnerable populations.

The revised National Social Protection Policy and accompanying National Social Protection Strategy are based on a life-cycle approach, covering all dimensions of vulnerabilities, including shock-related vulnerabilities. The policy outlines social insurance, social assistance and traditional social protection. It covers children across a number of stages in its life-cycle approach, outlined in Table 12, with gender equity also a key consideration.

The National Commission for Social Action is the primary body responsible for social protection in Sierra Leone. It is mandated to provide and engage in social relief programmes to promote community-based, demand-driven and sustainable development activities leading to the alleviation of poverty (National Commission for Social Action, n.d.). The commission administers the Social Safety Net project, which is in the process of being replaced by the Productive Social Safety Nets and Youth Employment (PSSNYE) initiative.

Table 12: Life-course stages covered by the National Social Protection Policy

Stage	Age group (years)
Early childhood	0–5
School age	6–14
Youth	15–24
Working age	25–65
Old age	65 and above
Disability	All ages

Source: Sierra Leone, 2020

In terms of the legal framework, the Government of Sierra Leone has announced plans to enshrine social protection into law (World Bank, 2021b). At the time of writing, this has yet to be fully achieved. While there are some protections in law for people with disabilities, with work injuries and in old age, there are no social protection floors for children and families, for sickness and for unemployment. The programmes are social insurance oriented, in the form of mandatory and voluntary contributory programmes.

3.2.2 Social protection systems in Sierra Leone

SDG indicator 1.3.1 looks at the proportion of the population covered by social protection floors/systems, by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable.

Overall, the proportion of the population covered by social protection systems in Sierra Leone is low. The International Labour Organization's (ILO's) social protection data for the period 2017–2019 show that only 4.4 per cent of the population is covered by at least one social protection benefit.

The social insurance scheme, a contributory scheme that the government contributes to as an employer, was established in 2001 (ILO, n.d.). It covers public and private sector employees, and permits optional voluntary coverage by self-employed persons. It is supervised by the Ministry of Labour and Social Security and administered by the National Social Security and Insurance Trust (ibid.).

SDG indicator 1.3.1 requires effective coverage, which is measured by the proportion of people who are effectively contributing to a social insurance scheme or are in receipt of benefits.

It is estimated that only 0.8 per cent of children are covered by social protection systems in Sierra Leone. This is largely due to the limited statutory benefits for mothers and newborns, and the lack of social benefits applicable to children. Section 4(5) of the newly passed Gender Equality and Women's Empowerment Act (2022) entitles new mothers to 14 weeks of paid maternity leave, during which 100 per cent of the mother's wage is paid to her (ILO, 2017, p. 259). However, maternity benefits are covered by employers, and thus exclude mothers who are self-employed or employed in the informal economy. Nevertheless, the 2020 Free Health Care Initiative provides free medical care for pregnant and lactating mothers, regardless of their employment status, as well as for children under the age of 5.[23]

Achieving SDG indicator 1.3.1 involves looking at the proportion of persons with disabilities covered by social protection floors. Again, social security for persons with disabilities is mainly provided through the social insurance scheme (a contributory scheme). Under the Social Security Act No. 5 (2001), section 43(2), children under the age of 15 do not qualify for the scheme, and it is unlikely that children would meet the inclusion criteria where they are above the age of 15 given that it requires regular employment.

Children in households headed by persons with disabilities are more likely to be poor. According to the 2019 Sierra Leone Integrated Household Survey, people with disabilities (defined as 'functional difficulties') are poorer than those without functional disabilities at 68.1 per cent compared to 67.6 per cent, respectively (Stats SL et al., 2019, p. 22). These data are limited by their being based on self-reporting and using a strict definition that does not cover all forms of disability.

23 The Free Health Care Initiative was introduced by presidential decree in 2010.

They are also limited by a culture of not reporting disability because of stigmatization.[24] Data from Sierra Leone's Thematic Report on Disability from its 2015 Population and Housing Census show that 2.6 per cent of households are headed by persons with disabilities (Stats SL, 2017a, p. 11). Children in households headed by persons with disabilities are considered to be at higher risk of poverty. This conclusion is subject to the limitations of the data, particularly as the approach to measuring disability differs in each study, which might result in the under-identification of persons with disabilities.[25]

Additional forms of social protection for persons with disabilities are contained in legislation, but they do not constitute an integrated floor or system for protection. The Persons with Disability Act (2011) established a national fund for persons with disabilities, to be funded by the government and through donations (sections 31(1) and 31(2)(a)). The fund has yet to be established. The act also lists rights and entitlements of persons with disabilities, which include the right to free education (section 14) and the provision of free medical services (section 17). Article 17 gives the right to be provided with free medical services in public health institutions.

SDG indicator 1.3.1 looks at effective coverage of social protection schemes particularly. Effective coverage is measured by receipt of social assistance and active contribution towards a social insurance scheme. The 2018 Sierra Leone Integrated Household Survey data show that 40.2 per cent of persons with disabilities within the working ages of 15–64 years are in employment; 6.7 per cent of these hold 'regular employee' status and therefore could actively contribute to social insurance schemes. While it may be possible to identify the proportion of persons with disabilities actively contributing to the social insurance scheme (Stats SL and World Bank, 2019, p. 67), it is not possible to identify the proportion of persons benefiting from additional benefits to which they are entitled under the Persons with Disability Act. This is partially due to the benefits being general in nature and not tied to a systematic framework. It is also due to the gaps in data for persons with disabilities, attributed by some participants to a lack of identification of persons with disabilities.[26]

A child-sensitive approach to social benefits that takes into account children's connections with adults in their lives should also take into account family relationships and household composition. In Sierra Leone, children who live in single-parent households are more likely to be poor. According to data from the Multidimensional Poverty Index 2019 study, households headed by females are 1.7 per cent more likely to be poor (Stats SL et al., 2019, p. 22).

In 2019, health insurance coverage in Sierra Leone was reported as being extremely low, with approximately 97 per cent of the population aged 15–49 years without health insurance coverage (Stats SL and ICF, 2020, p. 38). The Sierra Leone Social Health Insurance Scheme was started in 2018, initially to provide primary health care. This again, is a contributory scheme, for the employed and self-employed, though free health care is available to children under the age of 12.

In recent years, Sierra Leone has started the process of developing infrastructure to support social protection systems. These structures include delivery mechanisms, the Social Protection Registry for Integrated National Targeting and grievance redress.

24 Thematic FGD on social protection, 24 November 2022; participatory FGD with adolescents from the School for the Blind, Freetown, 28 November 2022.

25 The 2018 Sierra Leone Integrated Household Survey (Stats SL and World Bank, 2019, p. 61) estimates the prevalence of disability using the Washington Group sets of functioning questions as well as traditional questions. The 2015 Sierra Leone Population and Housing Census (Stats SL, 2017a, p. 5) estimates the prevalence of disability by considering five key indicators: disability status, employment status, education, access to health services and proportion of persons with disabilities.

26 Thematic FGD on social protection, 24 November 2022.

Social Protection Registry for Integrated National Targeting platform

The Social Protection Registry for Integrated National Targeting is a database system to manage programme beneficiaries and track participation in social services. The system collects standardized information on beneficiaries to identify and monitor the progress of extremely poor households benefiting from social intervention programmes. The registry is a National Commission for Social Action programme and is being managed by the National Social Protection Secretariat. While it started as the registry for the Social Safety Net project, it is envisioned to evolve into a national social registry to be used by programmes implemented by agencies other than the National Commission for Social Action (World Bank, 2016; Maintains, 2021).

3.2.3 Additional social protection programmes

In addition to the programmes outlined above, there are also non-contributory social transfer schemes aimed at certain vulnerable groups (Stats SL and World Bank, 2019, p. 68). The Social Protection Policy identifies social assistance programmes as a form of intervention aimed at supporting extremely poor households and those affected by disasters. Support is achieved through cash or in-kind transfers and welfare programmes targeted at the disabled, elderly, extremely poor, those affected by disasters and other beneficiaries (Sierra Leone, 2017b).

In particular, the National Commission for Social Action runs projects aimed at vulnerable populations across Sierra Leone aimed at providing social and economic opportunities, capacity-building for local governance and humanitarian assistance.[27] The Social Safety Net project was introduced in August 2017 in the form of unconditional cash transfers targeting 1,885 households in affected communities. The Social Safety Net project followed the 2015 Rapid Ebola Social Safety Net project, which was put in place to support household-level recovery over a period of nine months (World Bank, 2016).

The PSSNYE initiative aims to build on the Social Safety Net project through scaling up existing implementation and introducing new activities, with the objectives of (i) improving access to social safety nets and income-generating opportunities for targeted beneficiaries and (ii) providing immediate and effective response to crises. The PSSNYE is planned to be implemented in all 16 districts in Sierra Leone (National Commission for Social Action, 2022). It is more extensive than preceding programmes, with plans to scale it up in scope and magnitude, which if implemented effectively can lead to a more entrenched social protection system. According to World Bank (2023), the PSSNYE aims to:

- scale up existing cash transfer support to members of extremely poor households, who are more likely to reside in areas disproportionately affected by climate-induced disasters due to overexposure, vulnerability and little ability to cope and recover;
- introduce an integrated package of livelihood services to support building a foundation for transitioning extremely poor households out of poverty;

27 The National Commission for Social Action works with a range of partners, including the World Bank, the Islamic Development Bank, the German Development Bank, the African Development Bank, the Economic Community of West African States, the United Nations and the Government of Sierra Leone (http://www.nacsa.gov.sl/).

- provide productive public works opportunities to the growing number of youth in the country to not only support them with short-term employment opportunities but also to cater to the needs of the environment and help in climate change mitigation and adaptation;
- introduce support to urban youth to support, strengthen or create new entrepreneurship through business grants and training;
- establish a platform that connects youth with employment, empowerment and training opportunities; and
- continue to build the capacity of implementing agencies for future implementation of social protection and job-related programmes through strengthening, coordination and capacity-building of institutions.

The Ministry of Social Welfare (MoSW) is also mandated to implement programmes to "promote the welfare" and "safeguard the rights" of "vulnerable and underprivileged persons or families, including young people, women, children, the elderly and persons with disabilities."[28]

The Sierra Leone Integrated Household Survey outlines the social transfers made to households of persons with disabilities. The data do not indicate the source of the social transfer, nor which programme it falls under, but data provide an indication of the kind of assistance offered to households in Sierra Leone. The majority of transfers made were in the form of in-kind goods such as seeds, bed nets and livestock (Stats SL and World Bank, 2019, p. 68). Further studies need to be conducted to understand the long-term benefit of such programmes for the alleviation of poverty and building social protection nets for vulnerable populations.

The existence of such programmes is beneficial, as they relieve households in the short term. However, integrated social protection systems require a long-term approach, such as inclusion in the legal and policy framework, adequate expenditure and investments in the infrastructure of social protection systems. The new National Social Protection Strategy 2022–2026 takes a longer-term approach and incorporates child-sensitive social protection. The strategy notes that there are no substantial government-run social protection programmes for mothers and preschool children, though there are health and education programmes. The strategy provides for all children under 5 years (though initially focusing on those under 2 years) to receive a non-contributory child grant, introduced gradually over a five-year period, together with the expansion of the national school feeding programme.

Building on the National Social Protection Plan, the vision for 2040 is to substantially increase the access of children as beneficiaries of social protection programmes through a gradual expansion of the child grant to cover all children under the age of 15 years. The purpose of this, together with an expanded free school meals programme, is to ensure that all children access educational facilities that will enable higher levels of education retention and completion. The National Social Protection Strategy 2022–2026 proposes that eligibility of children for the child grant should be raised progressively by one year, each year, until it reaches the age of 15 (Sierra Leone, 2022a, p. 31).

28 See the MoSW mandate at https://mosw.gov.sl/about-us/#mandate.

Table 13: Goals of the National Social Protection Strategy 2022–2026 for child and youth beneficiaries, and beyond to 2040

Age group	Next five years	To 2040
0–5 years	Gradual roll-out of child grant to children under 2 years	Roll-out of mothers' support groups Child grant extension of age up to 5 years
6–14 years	Educational incentives and waivers for marginalized and vulnerable children Progressively expand coverage of the Home-Grown School Feeding Programme	Further expansion of the child grant to 14 years Roll-out the Home-Grown School Feeding Programme to national coverage
15–24 years	Educational incentives and waivers Develop youth skills training and links to employment opportunities Support safe transition to adulthood (life skills) Provide support (livelihood, psychosocial, health, legal, etc.) to survivors of GBV and other forms of violence	Integrate active labour market policies for youth into the Social Safety Net project

Source: Sierra Leone, 2022a

3.3 Barriers and bottlenecks

Several barriers and bottlenecks stand in the way of reducing poverty and establishing social protection systems in Sierra Leone.

3.3.1 Incompatibility of social insurance system with the workforce

Social protection mechanisms in the form of contributory insurance schemes for the formally employed are incompatible with the composition of Sierra Leone's workforce, which is predominantly self-employed and based within the informal economy, and is therefore excluded from the insurance scheme. The mechanisms do not cover the most vulnerable households, nor contribute towards increasing the proportion of the population covered by social protection floors and systems. On the other hand, social assistance programmes such as the Social Safety Net and PSSNYE seek to fill this gap, aiming to cover those who are not able to work.

3.3.2 Financing

Expenditure on social protection systems in Sierra Leone is low, indicating underinvestment in social protection systems. According to the 2023 fiscal year budget, the Government of Sierra Leone is only planning to spend 0.4 per cent of its GDP on social protection: 0.3 per cent on social protection programmes and 0.1 per cent on the National Commission for Social Action (Ministry of Finance, 2022a, p. 56). Expenditure on social protection has been consistently poor. For example, in 2021, the government allocated only 0.54 per cent of its GDP to social protection (Government Spending Watch, 2021). This is less than half the average expenditure on social protection in West Africa (approximately 1 per cent of GDP), which in turn is lower than the average (approximately 5 per cent) across Africa (ILO, 2021, p. 17).

3.3.3 Infrastructure

Comprehensive infrastructure in the form of policies, laws and implementation bodies enables the effective roll-out of long-term programmes and the development of integrated social protection systems.

In Sierra Leone the infrastructure needed for developing the social protection system is in its early stages, with limited long-term plans, limited accommodations in law and fragmentation of social protection implementation bodies. Despite these limitations, structures such as delivery mechanisms, the Social Protection Registry for Integrated National Targeting, and grievance redress are being put in place. These structures provide the basis for the social protection infrastructure in Sierra Leone, and supporting their development will support strengthening of the system.

There are several ongoing short-term government-run programmes designed to relieve the burden of poverty and vulnerability, such as short-term poverty relief in the form of cash transfer schemes and assistance in response to humanitarian and disaster situations, such as COVID-19.[29] However, these programmes are subject to termination when their short-term funding cycles end. Several programmes administered by donors and international organizations similarly end once the end of the donor cycle is reached.[30] Although these schemes are necessary accommodations for the most vulnerable, they do not constitute an integrated system designed to prevent or protect against poverty, vulnerability and social exclusion throughout the life-course. Additionally, there are limited references to social protection systems in law.

Implementation bodies for social protection systems are fragmented across a number of entities, including the National Commission for Social Action (which is leading on the delivery of social protection programmes), the National Social Security and Insurance Trust (leading on social insurance schemes), and the MoSW (mandated to develop and implement laws, policies and programmes to promote the welfare of the most vulnerable). However, coordination structures, such as the Technical Steering Committee and the Inter-agency Forum on Social Protection, have been established to enable interministerial coordination between stakeholders (A–Z Multimedia Corporation, 2021). The Inter-agency Forum, comprising relevant ministries, departments and agencies, meets annually with the purpose of providing policy guidance for social protection programmes (Sierra Leone, 2022a). Effective coordination between social protection bodies is essential for the implementation of social protection programmes and development of social protection systems.

There are also plans to develop the social protection system in Sierra Leone with a longer-term vision. The Medium-Term National Development Plan aims to enhance the social protection infrastructure by (i) establishing an integrated national identity card system for the identification and data management of social protection beneficiaries, (ii) strengthening the National Commission for Social Action to coordinate all national social protection programmes and (iii) establishing a safety-net fund for emergency response (MoPED, 2019, p. 62). As the lifespan of the plan nears its end, it will be essential to evaluate the extent to which the targets were met and the impact of those targets, especially in determining the direction of the successor plan.

29 See, for example, Bowen (2021).

30 See, for example, Finn Church Aid (2017).

3.3.4 Availability of data

Up-to-date data identifying vulnerable households is essential for effective planning, budget allocation and implementation of social protection systems. While Sierra Leone has implemented a number of comprehensive household surveys and studies,[31] data gaps on the most vulnerable populations remain. For example, data on persons with disabilities are limited, while data on children with disabilities in particular are further limited. Furthermore, at the time of writing, few surveys and studies had been conducted to capture vulnerabilities at the household level following the COVID-19 pandemic.

3.4 Recommendations

1. The National Social Protection Strategy for Sierra Leone offers a holistic approach to social protection for children. Implementation of the progressive child grant for children up to the age of 14 should be a priority.
2. Cash transfers for extremely poor and food-poor families need to be extended progressively to those not covered by contributory schemes.

31 See, for example, Stats SL and World Bank (2019), Stats SL and ICF (2020) and Stats SL et al., (2019).

Chapter Four

EVERY CHILD SURVIVES (HEALTH)

4

CRC article 6: "Every child has the right to be alive; governments must make sure that children survive and develop in the best possible way" and **article 24:** "Children have the right to the best health care possible, clean water to drink, healthy food and a clean and safe environment to live in".

According to the CRC and the International Covenant on Economic, Social and Cultural Rights, every child and young person has the right to "the highest attainable standard of physical and mental health" (article 24 and article 12, respectively). The right to health is an inclusive right, encompassing not only the right to appropriate and timely health-care services, but also to the 'underlying determinants' of health, including access to safe and potable water, adequate sanitation, an adequate supply of safe food and nutrition, housing, healthy occupational and environmental conditions and access to health-related education and information, including on sexual and reproductive health (E/C.12/2000/4, para. 11).

The current situation, progress and shortcomings in the right to health are measured in relation to the key health-related SDGs, in particular SDG 3 on ensuring healthy lives and promoting well-being for all at all ages, and the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 (WHO, 2018b), focusing particularly on the first two target areas: (i) survive by ending preventable deaths and (ii) thrive by ensuring health and well-bring.

Overall, progress towards meeting the SDGs in Sierra Leone has been slow. The country failed to achieve most of the health-related Millennium Development Goal targets in 2015 and it is unlikely that it will achieve the targets under SDG 3 by 2030. Sierra Leone continues to face a number of major challenges. Based on the data available, neonatal, infant, child and maternal mortality is still unacceptably high; free and accessible health care is severely limited; health-care staff numbers are low, especially in areas of specialized need; staff supervision capacity is lacking; and access to timely and appropriate drugs and medications is inconsistent and insufficient.

Despite these ongoing challenges, the picture is not all negative, and good progress has been made in a number of areas. Mortality rates are declining at a consistent rate and a number of newborn care units have been established nationwide. The disease burden has reduced and improvements to disease monitoring, prevention and treatment have been made. The network of community health workers has grown and progress has been made in improving the sustainability of the community health worker programme. The COVID-19 pandemic offered an opportunity for improvements to be made to the health-care system that have long-term benefits across the sector, including the improvement of cold-storage facilities and the provision of oxygen production units to regional hospitals.[31]

4.1 Legal and policy framework

Children's right to health in Sierra Leone is recognized in the Child Rights Act (2007). Reflecting article 6 of the CRC, section 23(1) of the Child Rights Act (2007) affords every child "the right to life and to survival and development to the maximum extent possible." Responsibility for a child's health is held primarily by parents, but the state also plays an important role (sections 23(1) and 23(2)). Every child holds "the right to life, dignity, respect, leisure, liberty, health, including immunization against diseases, education and shelter from his parents" (section 26(2)). Families "may be assisted by the State in case of need" (section 23(2)), and the National Commission for Children in Sierra Leone also holds responsibility for "ensuring that every child … has access to health care" (section 11.2).

The government has issued a number of health-care policies, strategies, guidelines, protocols and action plans since 2016, the most important of which is the 2021 National Health and Sanitation Policy and the accompanying National Health Sector Strategy 2021–2025. The strategy explicitly

31 KII with UNICEF Chief of Health and Nutrition.

sets out to deal with the unfinished work of reaching the 2015 Millennium Development Goals' targets, focusing on establishing more robust health systems, equity issues in access to and use of health services, sustainable health financing and the quality of health-care service provision. The fundamental objective of the National Health and Sanitation Policy is the achievement of universal health coverage of essential services, which is part of the government's Road Map to Universal Health Coverage by 2030. The National Health and Sanitation Policy aims to direct a shift in health programming away from disease-focused interventions towards systems focused on life-course stages, acknowledging the strengths of a person-centred approach instead of a disease-centred one. Government-issued health-care policies, strategies and action plans also acknowledge the epidemiological shift in the burden of disease from infectious diseases and maternal, prenatal and nutrition-related conditions towards an increase in non-communicable diseases. This is recognized in the Non-communicable Diseases Strategic Plan 2020–2024 developed by the Ministry of Health and Sanitation (MoHS) (MoHS, 2020c). Other policy documents of note include the 2021 School Health Policy, the Sierra Leone Health Information System Policy (2021), the Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy 2017–2021 and the Occupational Health and Safety Policy. Additionally, the 2006 Sierra Leone Workplace Policy on HIV/AIDS is currently under review. The Child Health Action Plan 2023–2025 (MoHS, n.d.-b) was endorsed in June 2023.

4.2 Progress in meeting SDG 3 by 2030

4.2.1 Under-five mortality rate must be reduced to 25 by 2030 (SDG target 3.2)

SDG target 3.2: By 2030, end preventable deaths of all newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to as low as 25 per 1,000 births.

Key indicators to measure progress towards achieving this target are presented in the box below.

Key indicators

Neonatal mortality rate: Probability of dying during the first 28 days of life expressed per 1,000 live births

Infant mortality rate: Probability of dying between birth and exactly 1 year of age expressed per 1,000 live births

Under-five mortality rate: Probability of dying between birth and 5 years of age expressed per 1,000 live births

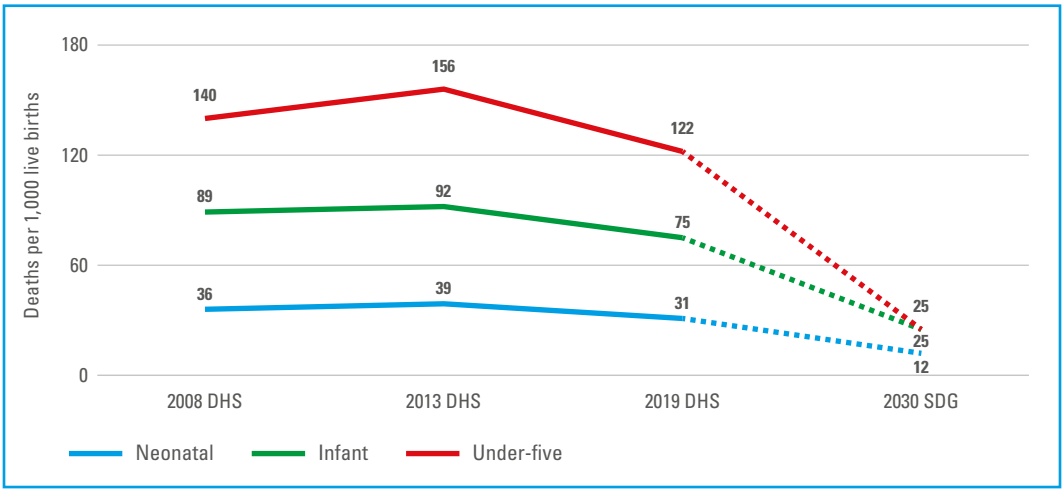
Child mortality rate: Probability of dying between 1 year of age and 5 years of age expressed per 1,000 live births

Sierra Leone has made steady progress in reducing child and infant mortality. According to the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), neonatal, infant and under-five mortality have all reduced significantly in the last 10 years.

The UN IGME usually uses several data sources when compiling child mortality rates. However, because Sierra Leone does not have a well-functioning vital registration system (UNICEF, 2021g, pp. 33–34), household surveys are the primary source of data for understanding mortality rates for children under the age of 5 (ibid., p. 36). The measurement of child mortality was particularly weighted by the 2019 DHS following the exclusion of the 2017 MICS, as the findings in the latter report on mortality rates fell well below the trends reported in other data sources.

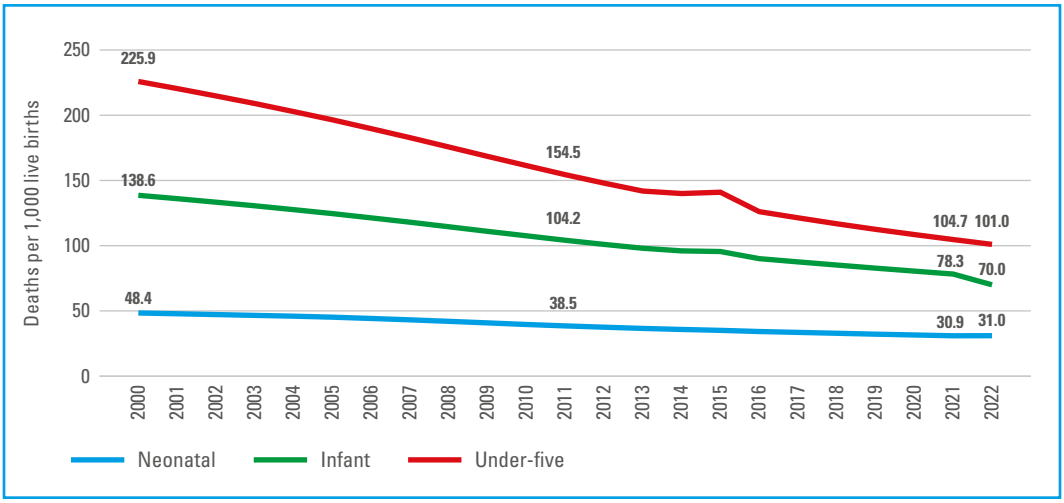
According to the UN IGME, the neonatal mortality rate changed from 38.5 in 2011 to 30.9 in 2021 to 31 in 2022. The rate of annual decline in neonatal deaths slowed slightly in the last decade, but has been broadly consistent since 2017. Significantly, data suggest that the neonatal mortality rate in Sierra Leone has now converged with that of the West African region. Previously, Sierra Leone had a consistently higher rate of neonatal deaths compared to its geographical neighbours.

Figure 23: Trends in mortality rates, 2008–2019, and projected to 2030



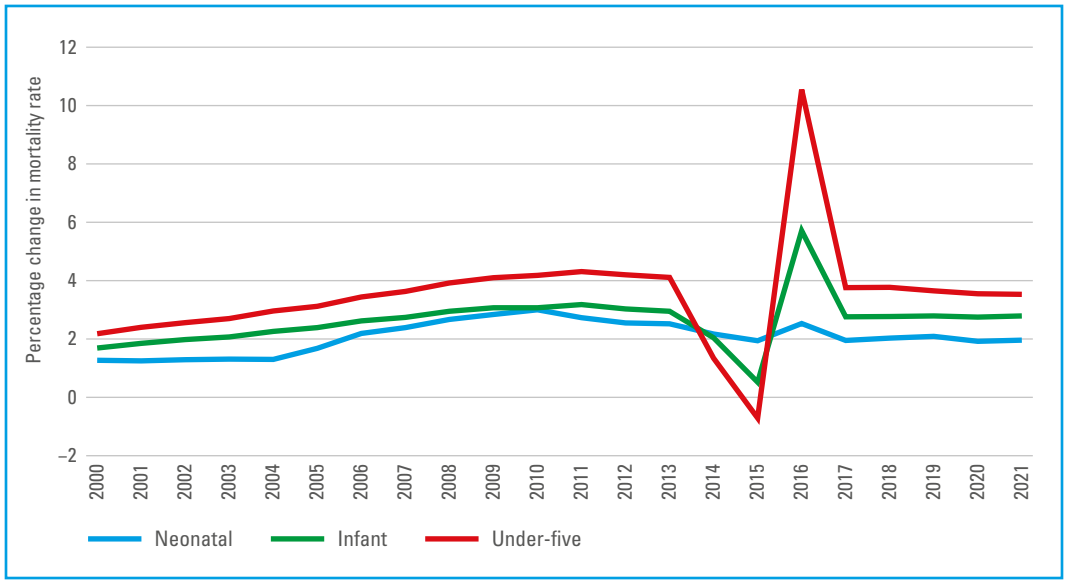
Source: Stats SL and ICF Macro, 2009; Stats SL and ICF, 2014 and 2020

Figure 24: Neonatal, infant and under-five mortality rates, 2000–2022



Source: UN IGME,2023 and 2024

Figure 25: Rate of decline in the neonatal, infant and under-five mortality rates, 2000–2021



Source: Estimates generated by UN IGME in 2023

The infant mortality rate is also falling. Data indicate that the under-one mortality rate was 78.3 in 2021 and 70 in 2022, down from 104.2 in 2011. The rate of decline in infant deaths has also been broadly consistent since 2017.

The decline in the under-five mortality rate has been less consistent. UN IGME data (see Figure 24) show a rise in the under-five mortality rate between 2014 and 2015, most likely attributable to the Ebola epidemic. Nevertheless, the under-five mortality rate has reduced markedly from 154.5 in 2011 to 104.7 in 2021 (UN IGME, 2023) to 101 in 2022 (UN IGME, 2024).

Figure 25 illustrates the percentage change in the mortality rates for each year in the period 2000–2021. Progress in reducing infant and child mortality was likely interrupted by the onset of the Ebola epidemic. However, prior to 2014, improvement to the mortality rates had already begun to slow. Between 2013 and 2015, the rate at which mortality rates were falling slowed and, in the case of the under-five mortality rate, mortality increased. Crucially, in the years since the epidemic ended, the rate of improvement has not slowed further and consistent progress is still being made across all age brackets at the rates seen before the Ebola virus disease epidemic.

Demographic disparities in child mortality

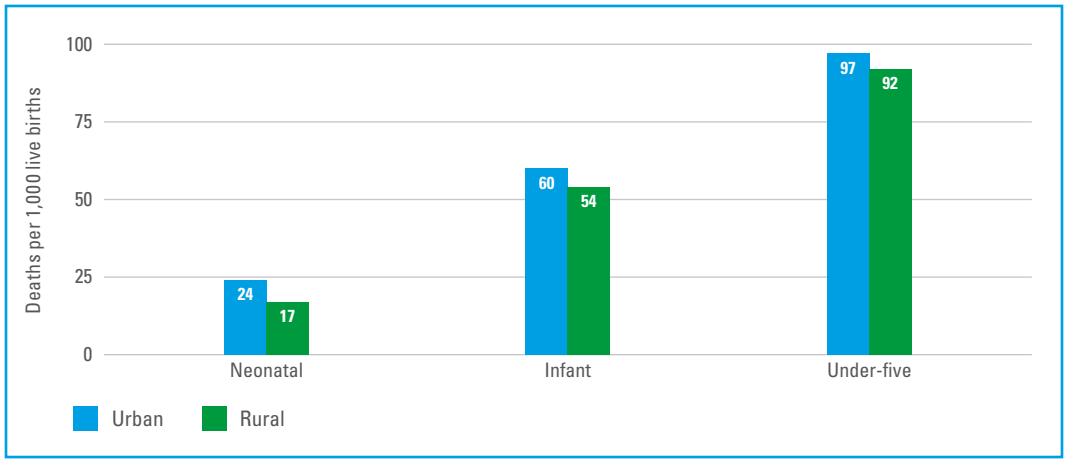
Currently, the most comprehensive data source available for understanding the demographic disparities in mortality rates is the 2017 MICS. The 2017 MICS appears to provide a much more optimistic view of the infant and child mortality rates in Sierra Leone than the UN IGME. Although the MICS is now six years out of date, it still provides useful insight into disparities in the neonatal and child mortality rates according to socioeconomic characteristics. It should be noted that it is important to interpret the following mortality data (Table 14 and Figures 26–29) with some caution. Analysis provided in this section reflects estimates taken from the 2017 MICS and not the raw data itself. Household survey data were also taken pre-COVID. It is suggested that upon the publication of future surveys, follow-up studies and analyses of the statistical significance of the most surprising apparent trends is prioritized.

Table 14: Early childhood mortality rates (deaths per 1,000 live births) according to background characteristics, 2017

Characteristic	Neonatal	Infant	Under-five
Area			
Urban	24	60	97
Rural	17	54	92
Region			
East	26	62	102
North	16	47	89
South	13	47	68
West	28	74	117
Mother's education			
Pre-primary or none	16	51	88
Primary	18	64	106
Junior secondary	27	62	99
Senior secondary or higher	32	65	102
Wealth quintile			
Poorest	14	52	90
Second	21	61	103
Middle	18	45	84
Fourth	24	64	106
Richest	25	60	86
Sex			
Male	24	62	102
Female	16	50	86
Mother's age			
Under 20 years	28	64	111
20–34 years	18	53	87
35–49 years	19	56	101
Birth order			
1	30	64	95
2–3	17	48	86
4–6	16	58	99
7+	17	72	122
Previous birth interval			
First birth	32	68	99
<2 years	17	68	118
2 years	14	58	100
3 years	14	46	79
4+ years	16	42	80

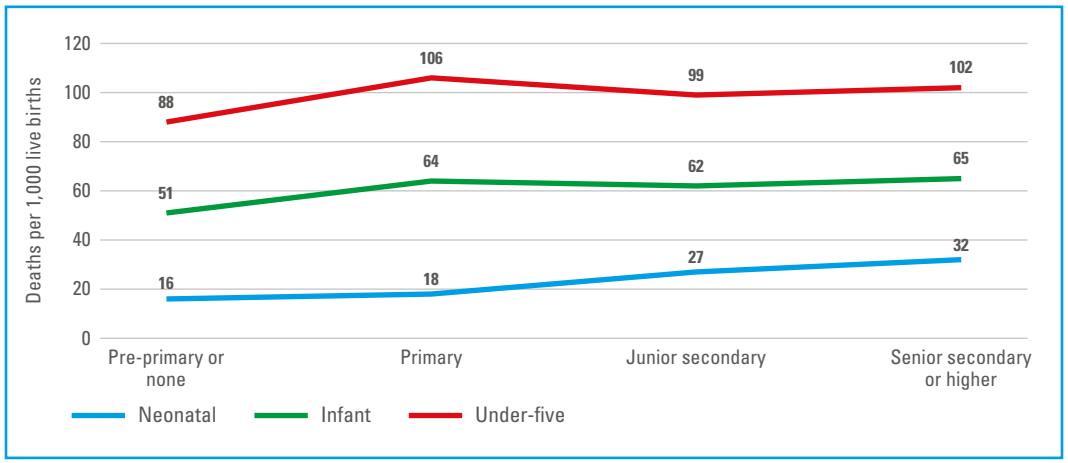
Source: Stats SL, 2018

Figure 26: Urban and rural mortality rates, 2017



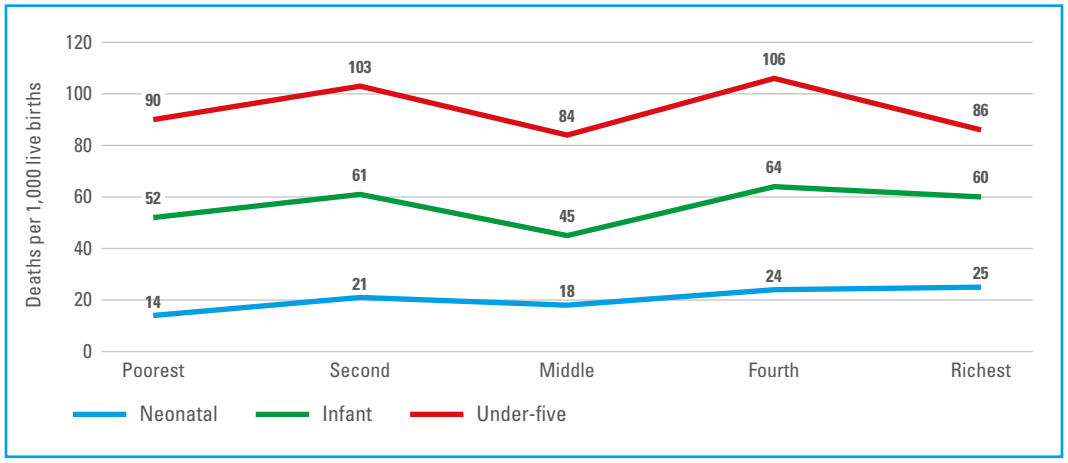
Source: Stats SL, 2018

Figure 27: Mortality rates according to mother's education level, 2017



Source: Stats SL, 2018

Figure 28: Mortality rates according to wealth quintile, 2017



Source: Stats SL, 2018

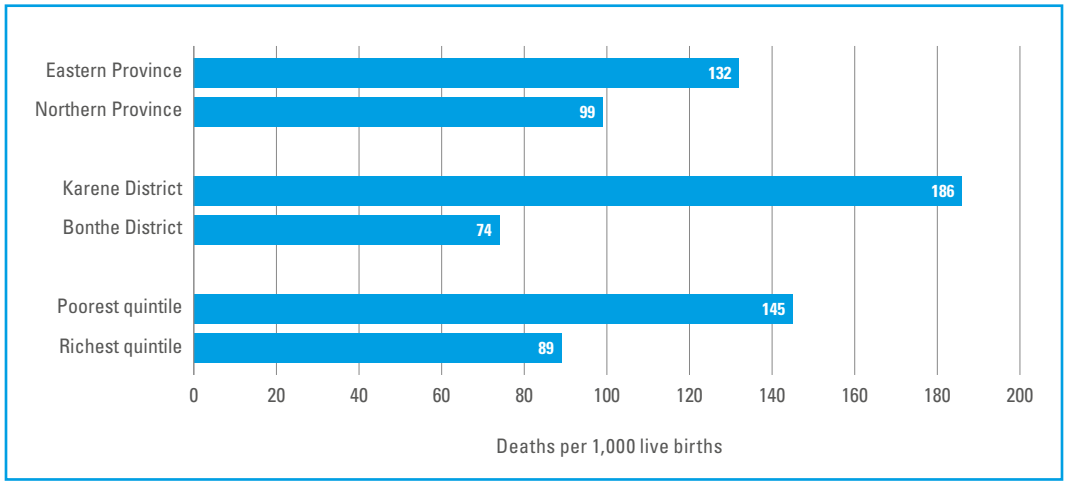
In the five-year period preceding the 2017 MICS, the neonatal mortality rate, infant mortality rate and under-five mortality rate were all higher in urban than rural areas, with the greatest difference being seen in the neonatal mortality rate at 24 deaths per 1,000 live births in urban areas and 17 per 1,000 in areas classified as rural. In sub-Saharan Africa, neonatal mortality rates have historically been higher in rural areas, most likely due to lower health-care provision and utilization (Norris et al., 2022). However, recent research suggests that the neonatal mortality rate may be declining more rapidly in rural than in urban settings (ibid.). This may be because some urban growth is poverty driven; in 2020 over 50 per cent of the urban population still lived in slums (World Bank Data, n.d.-i). With this comes a greater risk that women have less access to clean water, sanitation, good quality of antenatal and intrapartum care, and good air quality, all factors linked to poorer health outcomes for neonates and infectious disease-related mortality (Norris et al., 2022).

There are geographic disparities in risk of death among under-five children. The districts of Kambia, Tonkolili, Bo and Koinadugu experience significantly lower infant and child mortality rates than might be expected. Neonatal mortality rates are at their highest in Kono (37), Bombali (31) and Western Area Urban (30). The infant mortality rate is highest in Pujehun (80) and Western Area Urban (83). The under-five mortality rate is highest in Western Area Rural (128), Port Loko (121), Bombali (119) and Kono (118). It is important to note that these data may be skewed because the five-year period before the 2017 MICS survey includes the Ebola epidemic.

Mortality rates are higher for boys than girls in Sierra Leone. This is in accordance with the global norm, as higher mortality rates for boys are common in most parts of the world. This has been explained as being due to genetic and biological factors (Pongou, 2013) assumed to be universal, but has also been associated with sociocultural factors in a number of West African and developing countries (Fuse, 2010; Gayawan et al., 2016). While no specific studies were identified on gender mortality disparities in Sierra Leone, 2019 DHS data showed female children aged 12–23 months are more likely than their male counterparts to receive all basic and age-appropriate vaccinations.

Wealth and living conditions do not seem to be useful determinant factors for inequality in under-five mortality in Sierra Leone. However, surprisingly, neonatal mortality rates are higher in the richest fourth and fifth quintiles of the population. It is generally expected that with an increase in wealth avoidable mortality will fall. Further work is needed to understand this trend.

Figure 29: Under-five mortality by wealth quintile, region and district in Sierra Leone, 2019



Source: Stats SL and ICF, 2020

It is also surprising that, according to the 2017 MICS findings, the neonatal mortality rate is twice as high for a mother with senior secondary or higher education (32) than it is for a mother with pre-primary or no education at all (16). This trend was also noted with regard to the infant mortality rate and the under-five mortality rates (deaths per 1,000 live births) for mothers with no education compared to those with primary education in the 2015 Mortality Report (Stats SL, 2017b, p.31): mothers with no education had lower childhood mortality rates (infant mortality rate, 95; under-five mortality rate, 155), compared to those with primary education (infant mortality rate, 108; under-five mortality rate, 180). The 2015 Mortality Report also notes that the opposite scenario was expected, given that higher education levels are usually associated with the capacity to conform to best health practices. This was raised at the time of the development of this SitAn with staff at the UNICEF Country Office, who reported that no work has been done to understand this trend or to ensure that the data present an accurate picture.

The demographic disparities in mortality rates as reported in the MICS reports are surprising. They illustrate a need for more in-depth analysis of available data that is outside the scope of this SitAn. It should also be noted that the data available are outdated, the most recent being from the 2017 MICS and 2019 DHS. The publication of the results of future household surveys will present a valuable opportunity to explore the effects of these demographic differences on childhood, infant and neonatal mortality.

Causes of under-five mortality

Immediate causes of under-five mortality in Sierra Leone are not well known, as many deaths occur at home or in other places that are away from medical attention. In order to fill this knowledge gap, the MoHS launched the Sierra Leone Sample Registration System of births and deaths. Data from the first round are now available, which provide information on the main immediate causes of under-five deaths from 2018 to 2020 (Carshon-Marsh et al., 2021, pp. e114–e123).

In the two years for which data are available, over 80 per cent of neonatal deaths arose from birth asphyxia or trauma (combined, representing birth injury), sepsis and other infections, and prematurity or low birthweight (see Table 15). For children under 5 (excluding neonatal deaths), the leading causes of deaths were malaria and other infectious diseases, accounting for more than 60 per cent of total mortality (see Table 16 and Figure 30).

Table 15: Causes of neonatal deaths, 2018–2020

Cause	Percentage
Birth asphyxia and birth trauma	32
Sepsis and other infections	30
Prematurity and low birthweight	20
Other non-communicable causes	7
Pneumonia	3
Ill-defined or cause unknown	8

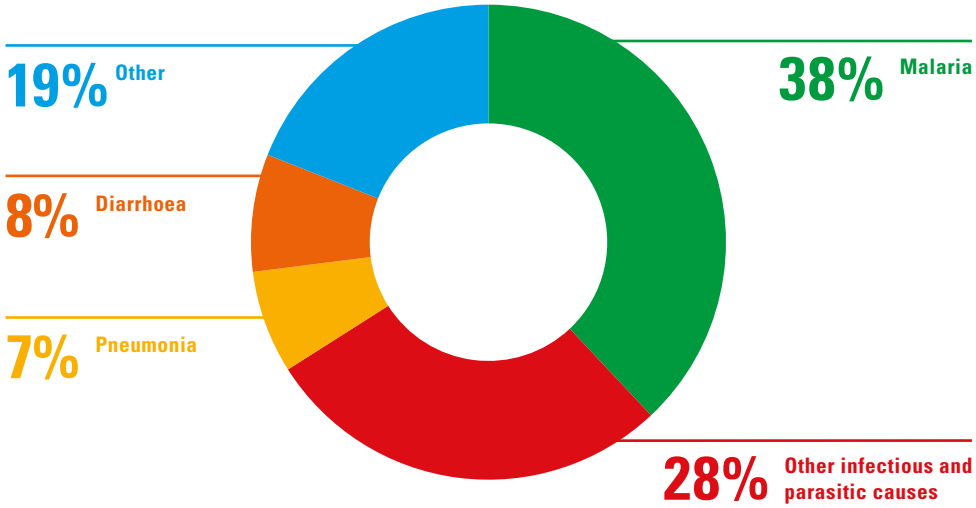
Source: Carshon-Marsh et al., 2021

Table 16: Causes of under-five mortality, 2018–2020

Cause	Percentage
Malaria	38
Other infectious and parasitic causes	28
Pneumonia	7
Diarrhoea	8
Other non-communicable causes	4
Injuries	4
Meningitis or encephalitis	2
Measles	1
Acute bacterial sepsis and severe infections	1
HIV/AIDS	1
Nutritional diseases	1
Congenital anomalies	<1
Sickle-cell disorders	<1
Fever of unknown origin	2
Ill-defined or cause unknown	3

Source: Carshon-Marsh, et al., 2021

Figure 30: Causes of under-five mortality, 2018–2020



Source: Carshon-Marsh et al., 2021

Overall, Sierra Leone is making progress in reducing child and infant mortality rates. Despite the Ebola epidemic interrupting the progress made in 2014–2015, consistent progress has been made since, and neonatal, infant and under-five mortality rates have reduced. However, there are still demographic disparities in mortality rates according to socioeconomic characteristics, such as urban–rural differences, gender, maternal education and wealth.

It is unlikely that Sierra Leone will achieve SDG target 3.2 by 2030. The following recommendations are proposed to accelerate progress towards the achievement of the 2030 Agenda for Sustainable Development's SDGs for child rights and health.

Recommendations

1. Strengthen and integrate the vital registration system to collect more accurate and comprehensive data on mortality rates.
2. Increase efforts to target the most vulnerable populations, such as those in urban slum areas, to reduce demographic disparities in mortality rates.
3. Conduct further research to understand unexpected trends in the mortality data, such as data that suggest wealth and mother's education level are not strong indicators of child and infant mortality in Sierra Leone.

4.2.2 Elimination of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases (SDG target 3.3)

SDG target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.

Sierra Leone has experienced a number of epidemic-level disease occurrences in the past decade: the cholera outbreak in 2012, the Ebola epidemic in 2014–2015, Lassa fever in 2016 and 2019, the global COVID-19 pandemic in 2020–2021 and measles outbreaks in 2022 and 2023. Communicable diseases seriously affect the health of Sierra Leoneans, with malaria, lower respiratory tract infections and diarrhoeal diseases being the most prevalent, especially among children.

Malaria

Malaria remains the leading cause of morbidity and mortality among children under 5 years of age. However, according to the 2021 Malaria Indicator Survey, Sierra Leone had made significant progress in combating the prevalence of malaria since 2016. In 2021, malaria prevalence[32] was 22 per cent among children aged 6–59 months and 25 per cent in children aged 5–9 years. This represents an impressive 45 per cent drop from the 2016 Malaria Indicator Survey (National Malaria Control Programme et al., 2022).

In areas where malaria is highly prevalent, pregnant women are vulnerable to contracting the disease. Infection during pregnancy heightens the risk of low birthweight and increases the risk of neonatal and infant mortality. Insecticide-treated mosquito nets and intermittent preventive treatments are distributed during antenatal check-ups. The 2019 DHS found that the use of insecticide-treated mosquito nets by pregnant women increased from 27 per cent to 64 per cent over the period 2008–2019, while use by children under 5 years of age increased from 26 per cent to 59 per cent. However, use by children under 5 years decreased with increasing age, from 68 per cent among those under 12 months to 53 per cent among those aged 48–59 months.

There is some discrepancy between rural and urban insecticide-treated mosquito net usage. More under-five children in rural areas (63 per cent) slept under a treated net the night preceding the survey than in urban areas (51 per cent). A similar pattern was observed among pregnant women (68 per cent and 56 per cent, respectively). Geographically, there was significant disparity: usage among under-fives and pregnant women was highest in Eastern Province (70 per cent and 76 per cent, respectively) and lowest in Western Area (38 per cent and 37 per cent, respectively).

Tuberculosis

While tuberculosis cases are recorded through the national Health Management Information System (HMIS), information on children is very limited. It is estimated that between 1,400 and 2,600 children aged 0–14 years were suffering from tuberculosis and that 8,500 under-fives had a latent tuberculosis infection in 2021 (WHO, n.d.-b). Rates of tuberculosis have generally been decreasing in Sierra Leone, but the country is still classified having a high burden of tuberculosis (WHO, 2022f) and concerns have been raised with regard to the emergence and spread of multidrug-resistant tuberculosis, which has a successful treatment rate of only 76 per cent (Kamara et al., 2022).

32 Malaria prevalence is measured by microscopy, which detects parasites present in the blood at the time of the survey.

Diarrhoeal diseases

Diarrhoeal diseases remain a leading cause of morbidity and mortality among young children in Sierra Leone (Stats SL and ICF, 2020). According to the 2019 DHS, 7 per cent of children under age 5 were reported to have had diarrhoea in the two-week period prior to data collection.[33] This marks a decrease from 15.5 per cent of children who were reported to have had diarrhoea in the two-week period prior to data collection in 2010.[34] It should be noted that diarrhoeal disease tends to be seasonal and data collection was undertaken at different times of the year in 2019 and 2010. However, 2019 data collection was conducted in the summer months when prevalence is usually at the highest.

In terms of background characteristics, the prevalence of diarrhoea is highest among children aged 6–23 months, corresponding to the time children begin to lose protection from maternal antibodies and breastfeeding (Stats SL and ICF, 2020). Higher prevalence of diarrhoea in this age bracket may also be associated with the type and quality of foods given during weaning, as well as the level of hygiene employed in their preparation, and the increased exposure to unhygienic environments as a result of crawling on the floor. With regard to care-seeking behaviours, overall advice or treatment was sought for 75 per cent of children who had diarrhoea in the two weeks preceding the 2019 DHS.[35] Advice or treatment was more likely to be sought for children in Eastern Province (90 per cent) than for children in the other provinces (68–73 per cent) (Stats SL and ICF, 2020).

Treatment of diarrhoea in children includes increasing fluids, continuing feeding and giving oral rehydration salts and zinc. Prescription of rehydration salts and zinc are part of the integrated childhood illness management system, which, together with integrated management of newborn and childhood illness and integrated community case management, are part of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and Nutrition Strategy 2017–2021 (Sierra Leone, 2022c).

Other childhood illnesses

Together with diarrhoea, acute respiratory infection (ARI) and fever are the most common childhood illnesses in Sierra Leone.

Symptoms of ARI include short, rapid intake of breath and/or difficulty breathing (ibid.). It is a key childhood health indicator in household surveys. Along with fever and diarrhoea, ARI rates are also monitored to provide data on care-seeking behaviour. The 2019 DHS (Stats SL and ICF, 2020) reports that 2 per cent of children presented with symptoms of ARI, and for 85.7 per cent advice or treatment was sought. Treatment was sought for 40.3 per cent of children on the same or next day.

The DHS reports that in the two weeks preceding the survey, 16.5 per cent of children had a fever. Treatment was sought for 75.4 per cent, with 49.7 per cent of parents seeking treatment or advice on the same or next day.

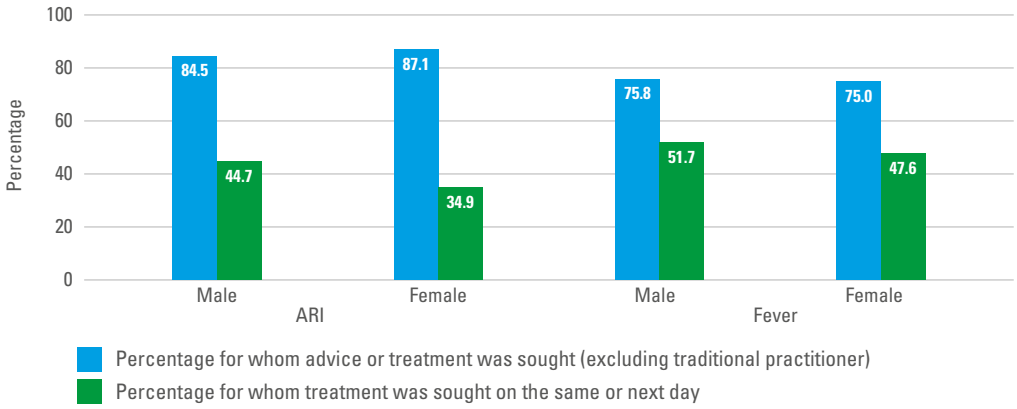
Overall, parents were more likely to seek care for signs of ARI than fever (Figure 31). However, if parents did seek care for fever, they would do so more quickly than for ARI. In the case of fever, care was equally likely to be sought for a boy (75.8 per cent) as a girl (75 per cent), although early treatment was slightly more likely to be sought for boys (51.7 per cent versus 47.6 per cent). Overall, care-seeking was similar for ARI, although slightly higher for girls (87.1 per cent) than boys (84.5 per cent). However, early care for ARI is much more likely to be sought for boys (44.7 per cent) than girls (34.9 per cent).

33 Data collection for the 2019 DHS took place between May and August of 2019.

34 MICS 2010; data collection for the 2010 MICS took place between October and December 2010.

35 Statistics on care-seeking exclude treatment sought from traditional healers.

Figure 31: Care-seeking behaviour for fever and acute respiratory infection (ARI), 2019



Source: Stats SL and ICF, 2020

Fungal diseases are poorly documented in Sierra Leone, but estimates suggest that they are probably very common (Lakoh et al., 2021). They often occur concurrently with other diseases, such as COVID-19 (Centers for Disease Control and Prevention, 2022) and HIV (Lakoh et al., 2021), as these diseases and their treatment can weaken the body's natural defences against fungal diseases (Centers for Disease Control and Prevention, 2022).

Estimates made in 2021 suggest that 60 per cent of all serious fungal diseases are tinea capitis (scalp ringworm) infections, affecting mostly children but with no underlying chronic disorders. For children under the age of 15, the burden is estimated to be around 19 per cent. Untreated tinea capitis can cause permanent scarring and hair loss, while the inflammation it causes can also lead to secondary bacterial skin infections (British Association of Dermatologists, 2023).

There is no mention of measures to prevent, treat or understand the prevalence of fungal infections in either children or adults in the National Health Sector Strategy 2021–2025.

Sierra Leone continues to face numerous communicable diseases, with malaria, respiratory infections and diarrhoeal diseases being the most prevalent among children. Progress has been made in combating malaria, with significant reduction in prevalence rates among children. However, there is still a need for increased mosquito net usage and targeted interventions in high-risk areas. Tuberculosis remains a concern, especially with the emergence of multidrug-resistant tuberculosis. Diarrhoeal diseases and ARI are still prevalent, and care-seeking behaviours need to be improved.

Recommendations

1. Continue to expand malaria prevention and treatment efforts, including increasing the availability and use of insecticide-treated mosquito nets and through targeting interventions in high-risk areas. This includes addressing shortages of antimalarials and ensuring that pregnant women and children have access to treatments and prevention options.
2. Promote improved hygiene practices to prevent the spread of diarrhoeal diseases, including handwashing, and safe water and sanitation practices.
3. Increase community awareness and education on the importance of seeking early care for childhood illnesses including ARI and fever and, furthermore, work towards understanding gender disparities in care-seeking behaviour.

HIV/AIDS

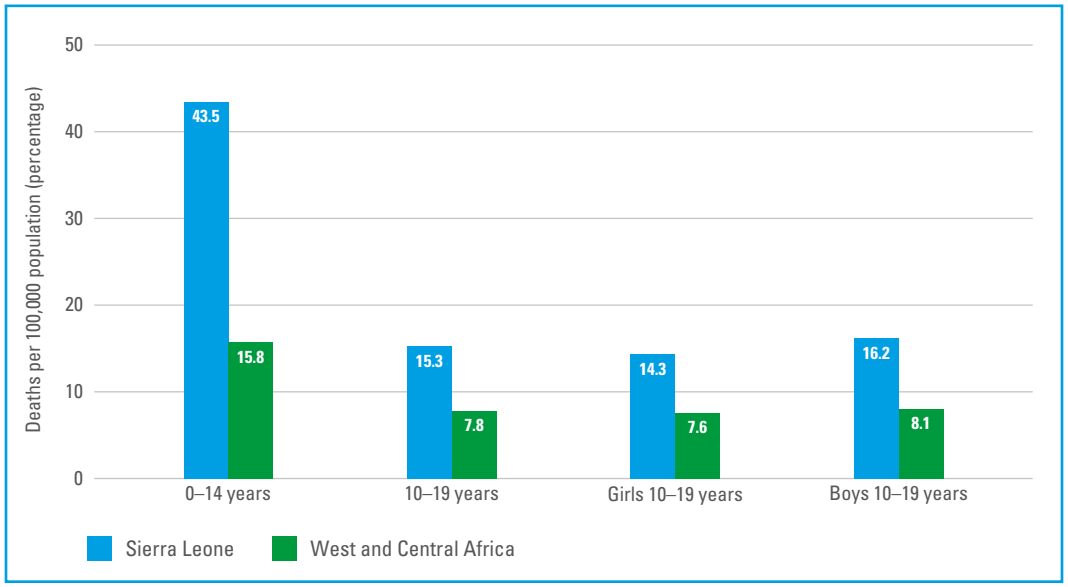
The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that in 2021, 11,000 children aged 0–14 years and 8,700 adolescents aged 10–19 years were living with HIV in Sierra Leone (UNAIDS, 2021). However, fewer than 20 per cent of these children have been identified.[36] The AIDS-related mortality rate is 43.46 per 100,000 for children aged 0–14 years, and 15.26 per 100,000 for adolescents (0–19 years). These rates are significantly higher than the average for the West and Central Africa region, as can be seen in Figure 32.

According to 2019 DHS data, HIV prevalence among young people in Sierra Leone varies depending on their background characteristics. Overall, 1.0 per cent of young women and men aged 15–24 years are HIV-positive, and this rate has remained relatively consistent since 2005 (Stats SL and ICF, 2020). There is marked inequality in HIV prevalence, as indicated by Figure 33.

HIV prevalence is higher among young women than young men (aged 15–24 years), with 1.5 per cent of young women being HIV-positive compared to 0.5 per cent of young men. Young women who are married or living together with a partner also have a higher prevalence of HIV than their never-married counterparts, with rates of 1.9 per cent and 1.3 per cent, respectively. The data also show that HIV prevalence is higher among young women in urban areas, with a rate of 2.0 per cent, than those in rural areas, with a rate of 0.9 per cent. Among young men, HIV prevalence is similar in urban and rural areas, with rates of 0.5 per cent and 0.4 per cent, respectively.

Among young women and men who have ever had sex, HIV prevalence is higher among those who have had two or more sexual partners in the past 12 months, with a rate of 2.2 per cent, than among their counterparts who have had one partner (1.2 per cent) or no partners (1.9 per cent) in the same period. It is interesting to note that the relationship between recent sexual partners and HIV status differs by sex. According to 2019 DHS data, young women with no sexual partners in the past 12 months are most likely to have HIV, whereas young men with no partners in the past 12 months are least likely to have HIV (ibid.). It is not clear why this is the case, and no research has been undertaken to understand these findings.

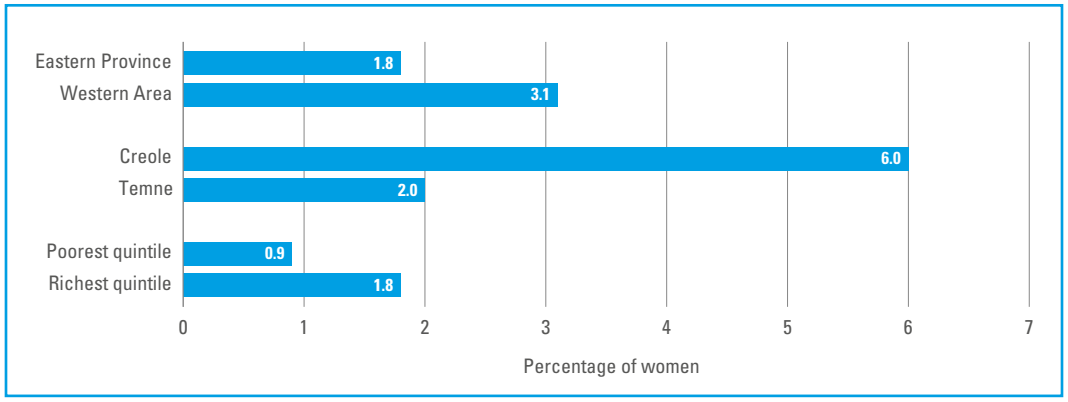
Figure 32: AIDS-related mortality per 100,000 population, 2021



Source: UNAIDS, 2021

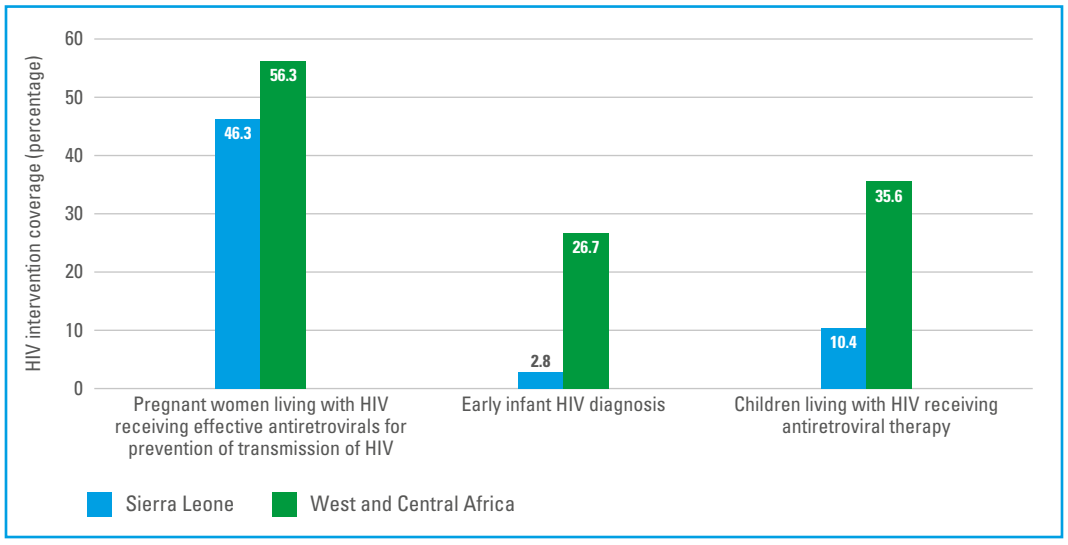
36 KII with HAPPY Kids and Adolescents NGO, 23 November 2022.

Figure 33: Percentage of HIV seroprevalence among women aged 15–49 years by wealth quintile, geographic area and ethnic group in Sierra Leone, 2019



Source: Stats SL and ICF, 2020

Figure 34: Estimates of HIV intervention coverage, 2021



Source: UNICEF, 2021b

In terms of high-impact intervention coverage, Sierra Leone has much lower rates across indicators (see Figure 34). The percentage of women living with HIV receiving antiretroviral medicines for prevention of mother-to-child transmission of HIV is 46.3 per cent in Sierra Leone, compared to the West and Central Africa region average of 56.3 per cent. More problematic, however, are the very low rates of early infant HIV diagnosis (2.8 per cent versus 26.7 per cent) and the estimates on the provision of antiretroviral therapy (10.4 per cent versus 35.6 per cent) (UNAIDS, 2021).

Increasing general knowledge about transmission and using antiretroviral drugs is critical to reducing mother-to-child transmission of HIV. However, recent trends have not been positive. In 2019, only 55 per cent of women and 41 per cent of men knew that mother-to-child transmission can be reduced by timely identification of HIV positivity during the antenatal period and starting antiretroviral medication, a slight decrease from 2013.

Comprehensive knowledge of HIV/AIDS is also crucial to preventing its transmission, especially among young people who may engage in risky behaviour. Unfortunately, only 29 per cent of young women and 28 per cent of young men aged 15–24 years have such comprehensive knowledge, which is defined as knowing that consistent condom use and having one uninfected faithful partner can reduce the chances of getting HIV, understanding that a healthy-looking person can

have HIV and rejecting two common misconceptions about HIV transmission or prevention. Young people in urban areas (34 per cent of young women and 33 per cent of young men) have higher levels of comprehensive knowledge than their rural counterparts (23 per cent each). Continuing efforts are needed to increase knowledge about HIV transmission and prevention among young people if the prevalence of HIV/AIDS in Sierra Leone is to be reduced.

No strategic plan for HIV/AIDS has been published that covers the period after 2020, and the disease is given very limited attention in the National Health and Sanitation Policy and Plan.

HIV was a particular concern for participants during qualitative data collection for this SitAn, particularly among NGO workers and health-care service providers. One member of a specialist HIV NGO, HAPPY Kids and Adolescents, noted the high levels of undiagnosed children with HIV who often present with advanced illness through the tuberculosis units at hospitals. Even when identified, 1 in 10 does not survive because of late detection. Family testing is a major activity of the organization, including early infant diagnosis before 6 weeks of age, with the aim of identifying children with HIV as early as possible to increase their chances of living a healthy life. However, access to HIV tests is a significant issue. When HIV test kits are scarce in hospitals, adults are often prioritized instead of children. Respondents also mentioned the low level of knowledge and expertise among health-care workers in dealing with children, with some mothers and children being treated at separate facilities, leading to their dropping out from treatment. Caregivers often lack the confidence to test children for HIV.

Furthermore, according to qualitative data collection for this SitAn with service providers and specialist NGOs, antiretroviral medication is not distributed effectively according to need, with limited drug combinations available at the right time and place for children. Health-care workers often lacked knowledge about HIV and did not have access to the correct medications, leading to shortages and children having to go without. It was reported that despite the official policy of free health care, in practice free health care for children under 5 years was only free when resources were readily and easily available. It was not clear if local providers are ordering the wrong number of antiretroviral medications because of a lack of knowledge around the HIV needs of their communities. More work needs to be done to understand the reasons for this logistics issue.

Participants in the qualitative study noted repeatedly that although treatment is supposedly free, in reality treatment for HIV is often not available without payment: either a bribe to place the patient first on the list for receiving drugs, or payment to obtain the treatment. This is a significant cause for concern, as it breaks down trust in the formal health-care system and affects use of health-care services.

Sierra Leone continues to face challenges with regard to HIV/AIDS. UNAIDS (2021) estimates suggest that thousands of children and adolescents are living with HIV in Sierra Leone, however only a small proportion have been identified. The AIDS-related mortality rate for children and adolescents in the country is significantly higher than the West and Central African regional average. There are also significant disparities in HIV prevalence among different groups, with young women being particularly vulnerable. Despite efforts to increase knowledge and awareness about HIV/AIDS, comprehensive knowledge among young people remains low. The country also has lower rates of high-impact intervention coverage compared to the West and Central African regional average, with access to HIV testing and antiretroviral medication being particularly challenging because of issues with stocks and logistics. Follow-up discussions with UNICEF revealed other critical issues regarding HIV, including low transition rates to optimized antiretroviral medicines for children and low utilization of legacy regimens; suboptimal viral load monitoring for all patients on antiretroviral therapy, including children; and low retention of patients on antiretroviral therapy.

Recommendations

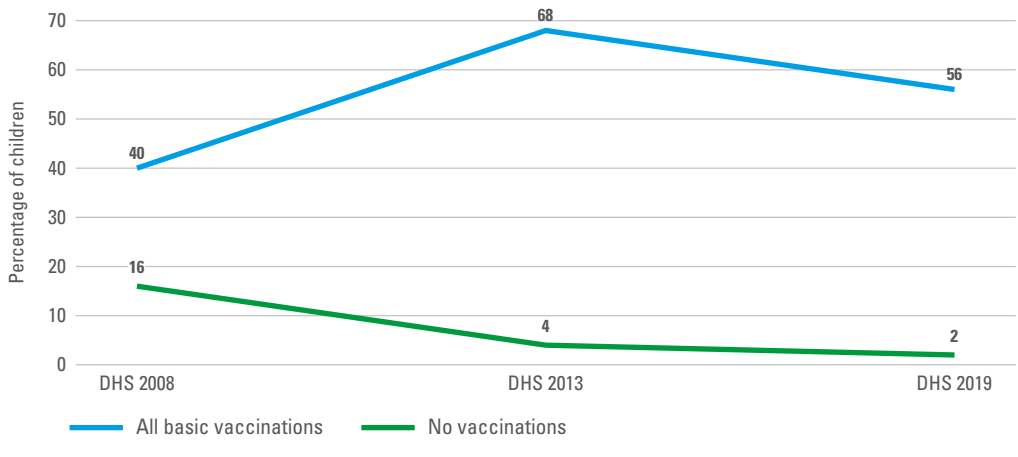
1. Increase efforts to identify children and adolescents living with HIV, particularly in rural areas, through scaling up early infant HIV diagnosis and family testing programmes.
2. Improve access to HIV testing, antiretroviral medication, treatment and viral load monitoring, particularly for children, and enhance the knowledge and expertise of health-care workers in dealing with HIV in children.
3. Increase quality of care of children and adolescents on antiretroviral therapy, ensuring that they receive appropriate optimized antiretroviral medicines, consistent treatment monitoring (of viral load (CD4) count) and access to medicines for managing opportunistic infections responsible for increased mortality of patients who have not been adequately managed on antiretroviral medicines.
4. Prioritize interventions to reduce HIV prevalence among young women, particularly those who are married or living with partners, by addressing social and cultural factors that contribute to their vulnerability, such as gender inequality and stigma.
5. Increase efforts to educate young people about HIV transmission and prevention, particularly in rural areas, by strengthening comprehensive knowledge programmes and using innovative approaches such as social media and peer education programmes.

Immunization

Vaccinations are important tools in protecting children and adolescents in Sierra Leone from several preventable diseases. While, according to WHO and UNICEF (UNICEF, 2023b) estimates, Sierra Leone's vaccination rate is higher than the average in West Africa, the most recent DHS data suggest that vaccination coverage is declining and varies significantly according to geography.

Routine childhood vaccinations in Sierra Leone protect against tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis, pneumonia, meningitis, ear infection, hepatitis B, *Streptococcus pneumoniae*, rotavirus, yellow fever and measles.

Figure 35: Percentage of children aged 12–23 months who received all basic vaccinations, 2008–2019



Source: Stats SL and ICF Marco, 2009; Stats SL and ICF, 2014 and 2020

Two measures of vaccination coverage include the proportion of children receiving all 'basic' vaccinations and the percentage of children receiving all age-appropriate vaccinations. The basic vaccination schedule includes the single-dose bacille Calmette-Guérin (BCG) vaccine; three doses of the combined diphtheria, pertussis (whooping cough) and tetanus (DPT) vaccine; three doses of the polio vaccine; and a single dose of the measles vaccine.

According to the latest data (2019 DHS), 56 per cent of children aged 12–23 months (see Figure 35) and 51 per cent of children aged 24–35 months had received all basic vaccinations, and 49 per cent of those aged 12–23 months and 40 per cent of those aged 24–35 months had received all basic vaccinations by the age of 12 months. Only 49 per cent of children aged 12–23 months and 30 per cent of children aged 24–35 months had received all age-appropriate vaccinations (Stats SL et al., 2019).

Although vaccination coverage has improved in Sierra Leone during the past decade, the country is still falling short of SDG 3, which aims to achieve more than 90 per cent coverage of all basic vaccinations among children aged 12–23 months.

There is no significant difference in vaccination coverage between urban and rural areas, but female children aged 12–23 months are more likely than their male counterparts to receive all basic and age-appropriate vaccinations. Additionally, children whose vaccination cards were seen are more likely to have received all basic and age-appropriate vaccinations, and children whose mothers have more than a secondary education are more likely to have received all basic vaccinations.

It is important to note that vaccination coverage varies significantly by district, with coverage ranging from 70 per cent in Bo to 44 per cent in Port Loko.

In 2019, a study of potential drivers of vaccination confidence and uptake was conducted in four low-vaccination coverage areas: Kambia (48 per cent of 12–23-month-olds had received all basic vaccines), Kono (60 per cent), Moyamba (63 per cent) and Western Area Rural (52 per cent).

According to the study, over half of caregivers (52 per cent) feel that it takes too long to get to vaccination sites, while 36 per cent report that health workers expect payment for services that should be free. Children whose mothers made the decision for vaccination were more likely to be fully vaccinated (80 per cent) than those whose fathers or other relatives made the decision (69 per cent and 56 per cent, respectively). Caregivers with high confidence in vaccination were also more likely to have fully vaccinated children than those with low confidence (78 per cent versus 53 per cent) (Jalloh et al., 2022).

In 2022, Sierra Leone launched a campaign to vaccinate 153,991 10-year-old girls with the human papillomavirus vaccine, which has been added to the country's routine immunization schedule to protect them from cervical cancer. This move was made in an effort to eliminate cervical cancer in the country, as statistics from the Sierra Leone Cancer Registry indicate that cervical cancer is the second most common cancer and the biggest killer out of all cancers among women aged 14–44 years. The initiative is being led by the MoHS with the support of Gavi, the Vaccine Alliance; UNICEF; and WHO. Among women aged 14–44 years, 504 cases of cervical cancer were diagnosed in 2021 (WHO, 2022d).

To support vaccination outreach, the government is working with the United Kingdom Foreign and Commonwealth Development Office and the Bill and Melinda Gates Foundation, which jointly established a programme that supports infrastructure and demographic data modelling. This programme is known as Geo-Referenced Infrastructure and Demographic Data for Development or GRID3 (United Kingdom Foreign, Commonwealth and Development Office, 2021). In Sierra Leone, GRID3 data have previously been used to understand the distribution of school locations

with respect to population estimates and children's schooling access (ibid.). In 2021, the government used GRID3 data as part of the country's COVID-19 vaccination programme, and it has recently been announced that these data could also be used to improve outreach for the upcoming human papillomavirus campaign, as well as for future campaigns geared towards reaching those children missed during previous immunization campaigns (GRID3, 2023).

According to the Sierra Leone National Situation Report on COVID-19 vaccination (MoHS, 2023), as of February 2023, a total of 4,685,605 people (94.1 per cent of the target population) had received at least one dose of COVID-19 vaccine. The total fully vaccinated was 3,837,624 (50.9 per cent of the total population or 77.1 per cent of the target population, i.e., those over 12 years).[37] Successes in vaccination efforts have been attributed to the work of community nurses and mobilizers working across the country. January 2023 data from WHO show that there have been 125 deaths from COVID-19 and 7,760 confirmed cases (WHO, 2023b).

Recommendations

1. Improve accessibility of vaccination sites to reduce travel time for caregivers, and ensure that health workers do not request payment for vaccination services that should be free.
2. Improve awareness among caregivers about the importance of vaccinations for their children's health and well-being, taking into account gender disparities among caregivers.
3. Strengthen the capacity of health workers to deliver vaccinations effectively and efficiently, particularly in districts with low coverage.
4. Develop tailored strategies to reach undervaccinated and unvaccinated children in districts with low coverage.
5. Ensure the availability of vaccines at all vaccination sites and strengthen vaccine supply chains to prevent shortages of stock.

4.2.3 Elimination of premature death by promoting mental health and well-being (SDG target 3.4)

SDG target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being

Non-communicable diseases (NCDs) are diseases that are not caused by an infectious agent and cannot be transmitted from person to person. They include conditions such as diabetes, cancer and chronic respiratory disease, which are covered in the SDG indicators, as well as oral health and illness related to mental health. NCDs are a growing concern in low- and middle-income countries

37 Data provided by UNICEF Sierra Leone Country Office. Alternative data suggest this number may be lower. According to WHO, as of February 2023, 37.9 per cent of Sierra Leone's population have been vaccinated against COVID-19, including over 70 per cent of the adult population (WHO, 2023a).

like Sierra Leone, where they are becoming increasingly common and are often associated with high rates of morbidity and mortality. However, data are limited.

Children and adolescents in Sierra Leone can be affected by NCDs as a result of a number of different factors, which may be genetic, physiological, environmental, behavioural or a combination of these. For example, children may be born with congenital conditions such as birth defects, spina bifida, cleft lip/palate, heart defects or sickle-cell disease, or they may develop NCDs later in life as a result of factors such as poor diet, physical inactivity and exposure to tobacco and alcohol. It is therefore important to consider the broader social and environmental determinates of NCDs, such as poverty, urbanization and globalization. While the diseases and their treatment will be dealt with in this section, risk factors such as alcohol, drug and tobacco consumption will be addressed in section 3.2.4.

In 2017, NCDs only accounted for around 29 per cent of mortality in Sierra Leone (Witter et al., 2020). However, this burden is likely to have changed as the health system recovers from the Ebola epidemic and the population ages (Zembe et al., 2022). The MoHS introduced the Directorate of Non-communicable Diseases and Mental Health in 2017. In 2020, the Non-communicable Diseases Policy and accompanying strategic plan were published in order to provide a comprehensive framework for addressing the growing burden of NCDs in Sierra Leone. The plan aims to reduce the burden of NCDs in Sierra Leone by promoting healthy lifestyles, improving access to quality care for NCDs and strengthening health systems.

Chronic respiratory diseases

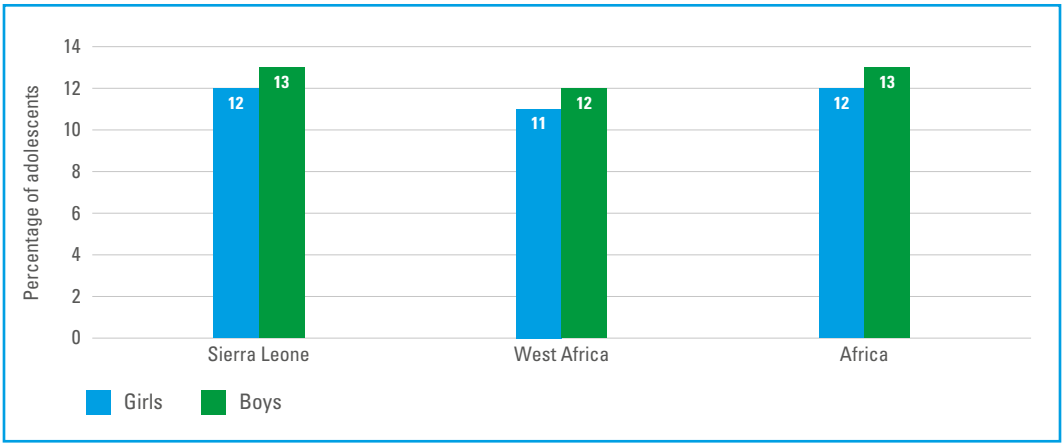
Chronic respiratory diseases are a group of chronic diseases that affect the airways and lungs, causing difficulty in breathing. Globally, asthma is the chronic respiratory disease that most commonly affects children. Tuberculosis is also strongly associated with the presence of chronic respiratory disease (Byrne et al., 2015). Prevention and management of chronic respiratory disease in children includes measures such as avoiding exposure to environmental irritants, early identification and appropriate use of medications. Early childhood environmental exposure may lead to chronic respiratory disease in adulthood in the form of chronic obstructive pulmonary disease (Zar and Ferkol, 2014).

Asthma is often underdiagnosed and undertreated in low-income countries (WHO, 2022a). There are limited data on rates of asthma in children, but recent estimates suggest that roughly 4.6 per cent of adults have asthma in Sierra Leone (Lakoh et al., 2021), and that 2 per cent of deaths among adults aged 30–69 years result from asthma and chronic obstructive pulmonary conditions (Carshon-Marsh et al., 2021). Asthma often manifests in childhood as an allergic reaction to a number of pollutants associated with urbanization (Dharmage et al., 2019), and increasing rates of urbanization in Africa have been linked to the increase in the burden of asthma and other allergic diseases (Adeloye et al., 2013).

Mental health

Sierra Leone faces significant challenges in providing mental health-care services, particularly for children and adolescents. The main legislation currently applicable to mental health remains the outdated Lunacy Act (1902), but the government is currently working with WHO to replace it with a mental health act that will address contemporary mental health issues (WHO, 2022e). Recent studies have highlighted the limited availability of formal mental health-care services, with a treatment gap estimated at 99.8 per cent in 2016 (Yoder et al., 2016). Local explanations for mental health problems in children are often spiritual or supernatural, leading to seeking help from traditional healers or religious institutions.

Figure 36: Percentage of adolescents with mental health issues, psychosocial disabilities and intellectual disabilities, 2019



Note: Figures are based on data on children experiencing depression, anxiety, bipolarity and eating disorders; children with autism, schizophrenia, intellectual disability and attention deficit/hyperactivity disorders; as well as children experiencing a range of mental health conditions affecting personality.
Source: UNICEF analysis based on 2020 data from the Institute for Health Metrics and Evaluation in UNICEF, 2021b

Estimates on the prevalence of mental health issues, and psychosocial and intellectual disabilities among adolescents aged 10–19 years suggests that Sierra Leone has slightly higher rates of mental disorder than other West and Central African nations (UNICEF, 2021c).

Stigma related to mental health issues, and psychosocial and intellectual disabilities is also common in Sierra Leone, affecting children, caregivers and service providers. This stigma may lead to discrimination and abuse, further exacerbating the difficulties faced by those seeking care. However, there have been some efforts to improve child and adolescent mental health care in the country. In 2015, the MoHS began to roll out nurse-led mental health units in every district, and a centralized child and adolescent unit was established in 2016. The Mental Health Policy and Plan 2019–2023 is a comprehensive framework to improve mental health and well-being in Sierra Leone developed by the MoHS with input from WHO, UNICEF and other stakeholders. The first specialist child and adolescent mental health unit was opened at Sierra Leone Psychiatric Teaching Hospital in 2021. It aims to provide full mental health clinical care and is a step towards better access to mental health care for children and adolescents.

The parents refuse to take the children back. (FGD with service providers, Kenema, 16 December 2022)

Service providers in Kenema report that when children with mental health conditions are identified, they are sent to the special mental health unit in the government hospital for treatment. After any medical issues have been resolved, patients are sent to peripheral health units or home. House-to-house visits are sometimes conducted to continue counselling patients after their medical issues have been resolved. Service providers also reported that if no one comes to the peripheral health unit to claim the child, the parents are called, but most do not show up. Some children are currently being cared for by service providers, as arranged by family support units, because their parents refuse to take them back. This is an area of high priority, as the interviews suggest that in some cases the provision of mental health care facilitates abandonment. More work needs to be done to engage families early on in mental health care.

Alongside the roll-out of mental health units in every hospital, the MoSW, with the support of UNICEF, has strengthened capacity for the provision of psychological first aid at community level, especially during emergencies. A national training manual for psychosocial support, developed by the MoSW with UNICEF, is used for training frontline social workers and mental health

nurses in government hospitals. The MoSW, through the child protection and mental health and psychosocial support services pillars, coordinates the provision of psychosocial services at community level, with referrals to mental health nurses for specialized mental health services. At community level, social workers focus on person-to-person non-specialized support, such as psychological first aid; promoting community and family support, especially for addressing stigma (as was the case during the Ebola and COVID-19 epidemics); and advocating for basic services and security. Through the mental health and psychosocial support services pillar, the MoSW and its partners have been able to support victims of fire disasters, flooding and other natural disasters to cope with their loss and grief and recover from their experiences.

Although the MoSW and NGOs provide psychosocial support services at community level, there is a lack of psychosocial support services that are tailored towards the needs of people suffering life-long illness, such as HIV/AIDS.

HAPPY Kids and Adolescents NGO

HAPPY Kids and Adolescents, an NGO founded in 2006 that is based in Freetown, provides resource centres for young children and adolescents who live with HIV/AIDS. It was founded by Mariama Conteh, former national coordinator for HIV testing services in the MoHS. HAPPY Kids and Adolescents has three main aims. These are to:

1. improve identification of children and adolescents living with HIV/AIDS;
2. increase access to appropriate HIV/AIDS care, treatment, prevention and support services for children and adolescents living with HIV/AIDS; and
3. improve knowledge of and skills regarding sexual and reproductive health and rights, including HIV/AIDS, sexuality education for adolescents and menstrual hygiene management for adolescent girls and young women.

Figure 37: Location of HAPPY Kids and Adolescents NGO branches

Source: HAPPY Kids and Adolescents, 2021

The charity works in Kenema, Bo, Western Area Urban, Western Area Rural, Pujehun, Kailahun and Bombali districts.

To improve mental health-care services further, work needs to be done to understand culturally specific expression of distress and mental disorder, which are common among children and adolescents in Sierra Leone. As Sierra Leone is a post-conflict and low-resource setting, children in the country are faced with the challenges of multidimensional poverty and a variety of difficult social and economic environments that contribute to distress, including hunger, unmet material needs (for example, inadequate housing and sanitation), and excessive work and responsibility (Thulin et al., 2020).

Recent research has identified how mental health problems faced by children can manifest according to the specific context of Sierra Leone and are understood using local terms and knowledge. Examples of cultural concepts of distress identified (ibid.) include:

- *gbos gbos* (angry, destructive behaviour)
- *poil at* (sad, disruptive behaviour)
- *diskoraj* (sad, withdrawn)
- *wondri* (excessive worry)
- *fred fred* (abnormal fear).

Traditional healers remain the service providers who are most commonly sought after for treatment of mental health problems (Yoder et al., 2016), possibly due to the way they directly engage with cultural conceptions of distress and mental disorder such as those described above.

It is also important to consider children's understanding of mental health. In participatory FGDs with children and young people, links were made between drug use, stress and mental disorder. Tramadol addiction and 'kush' (an addictive drug) were specifically identified by adolescents as causes of mental illness.[38]

Overall, there is a need to develop programmes that increase awareness of mental health issues and reduce stigma in schools, provide training for teachers to recognize and respond to mental health problems, and to work with NGOs to improve access to mental health-care services, especially for groups at high risk, such as drug users and those who are HIV-positive.

Suicidal ideation and behaviours

Adolescents in post-conflict countries in sub-Saharan Africa, including Sierra Leone, are at increased risk of suicidal behaviours (Asante et al., 2021). However, little is known about the extent of this risk. A study of 2,798 school-going adolescents in Sierra Leone found that 14.6 per cent reported suicidal ideation, and the 12-month prevalence estimate of suicide attempt was 19.6 per cent (ibid.).

Factors associated with suicidal ideation included the degree of parental supervision, worry-induced sleep disturbance, being bullied, being in trouble as a result of alcohol use and leisure-time sedentary behaviour (ibid.). Suicide plans in the past 12 months were associated with being bullied and current cannabis use, while suicide attempts were likely among those with no close friends, or were lonely, being bullied, in trouble from alcohol use and currently using cannabis (see also Peltzer and Pengpid, 2021).

38 Participatory FGD with girls aged 14–17, Bo.

The findings suggest that professional mental health care would be helpful in treating adolescent emotional problems related to suicidal behaviours. However, prevention and intervention programmes targeting adolescent health-risk behaviours and familial and interpersonal problems may yield more favourable outcomes. As the studies show that almost 1 in 5 students had made suicide attempts in the past 12 months, there is an urgent need for interventions to reduce suicide risk in this population.

In summary, Sierra Leone faces significant challenges in providing mental health-care services, particularly for children and adolescents, with limited availability of formal services and widespread stigma. There have been some efforts to improve child and adolescent mental health care in the country, including the roll-out of nurse-led mental health units and the development of the Mental Health Policy and Plan 2019–2023.

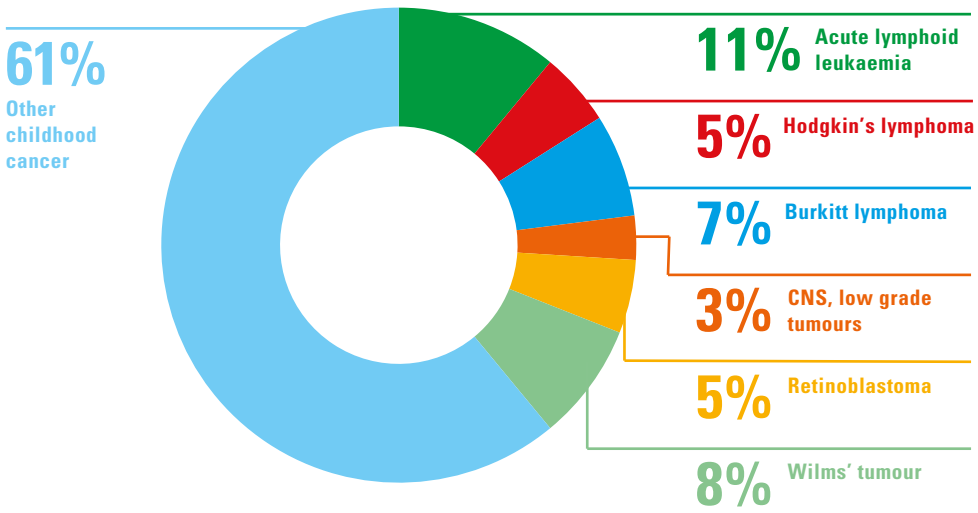
Cancer

While cancers in children are generally rarer than in adults, a significant number of cases of identifiable and often curable tumours are diagnosed, including Burkitt lymphoma, retinoblastoma and Wilms' tumour (nephroblastoma) (MoHS, 2020b).

Estimation data from the International Cancer Control Partnership suggest that around 424 cases of cancer were detected in children aged 0–14 years in 2020. However, incidence estimates have a high degree of uncertainty as they are neither based on national NCD mortality data nor population-based cancer registry data (International Cancer Control Partnership, 2020). Sierra Leone has a cancer registry, but it is unclear how representative the data currently are, and limited information is available with regard to the diagnosis and treatment of children nationwide.

Positive progress has been made in establishing cancer services for children in Sierra Leone. A service established at the Ola During Children's Hospital focuses on providing chemotherapy

Figure 38: Annual childhood cancer cases, 2020



Source: International Cancer Control Partnership, 2020

for Burkitt lymphoma, Wilms' tumour and retinoblastoma. This service also provides effective palliative care for children with other types of cancer. Since its establishment in 2017, the unit has managed over 80 children, of whom about 35 per cent have received chemotherapy.

The hope is that the service will expand to treat children with other types of cancer, such as leukaemia, as it develops. However, there are limitations to the diagnostic facilities available to support this service, with both imaging and pathology severely restricted in Sierra Leone.

Oral health

Oral health is an essential aspect of children's overall health, yet it is often overlooked. WHO defines oral health as the absence of chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal disease, tooth decay, tooth loss and other conditions that affect an individual's ability to bite, chew, smile, speak and enjoy psychosocial well-being. Good oral health is especially important in early childhood and infancy for proper development, language acquisition and disease prevention. In adolescence, oral health can affect self-esteem, school attendance and work productivity. Poor oral health is often linked to behaviours such as poor nutrition, smoking and alcohol consumption (WHO, 2022g).

Dental care is severely limited in Sierra Leone. It is primarily available in Freetown and is offered mainly by the private sector, with no dental education or care available in the majority of rural areas (Ghotane et al., 2022). A national oral health survey of school children aged 6, 12 and 15 years conducted in 2017 reported that over 80 per cent of children had untreated dental caries, and at least 1 in 5 children needed one or more dental extractions. The survey revealed that most 12- and 15-year-olds had never been to a dentist, with only 8 per cent having attended a check-up in both age groups. Attendance among 6-year-olds was even lower, with only 3 per cent having ever visited a dentist, and only when they had a problem. Age and living in rural areas were significant predictors of dental caries (ibid.).

Sierra Leone does not have a specific national oral health strategy. The country relies on dentists and dental personnel trained abroad, as there is no dental training centre in the country. The development of oral health services at national and district level is included in the National Health Sector Strategy 2021–2025, but Sierra Leone only has one hospital with a fully staffed dental clinic and approximately three full-time-equivalent public sector dentists for the entire country (ibid.). Developing oral health services and increasing the number of dental personnel in Sierra Leone is critical for improving oral health outcomes and overall health and well-being. Suggestions have been made to train non-dental personnel to deliver oral health promotion and prevention services, given the scale of dental health providers needed (Ghotane et al., 2021).

Sickle-cell disease

Sickle-cell disease is a genetic blood disorder that affects millions of people worldwide. It arises from a haemoglobin variant that causes healthy red blood cells to take on a sickle shape. The aggregation of these cells can inhibit circulation and lead to many health complications, including acute severe anaemia, vaso-occlusive crises, stroke and severe infections, that can become fatal if left untreated.

Sickle-cell disease is widespread in sub-Saharan Africa, yet there is a lack of national strategies and scarcity of diagnostic tools in resource-limited settings, leading to significant underdiagnosis (Italia and Kirolos, 2019). Some 50–90 per cent of children with sickle-cell disease die before their fifth birthday, while in countries with established newborn screening and treatment programmes

over 90 per cent of affected children survive well into adulthood (ibid.). Five per cent of deaths of 5–14-year-olds in Sierra Leone are attributed to sickle-cell disease (Berghs et al., 2019).

In Sierra Leone, approximately 1.3 per cent of all newborns are affected by sickle-cell disease, and it is estimated that around 1 in 4 people carries a variant of the sickle-cell trait. However, the prevalence rates differ by ethnic group and between rural and urban settings (ibid.). The National Multi-Sectoral Strategy to Prevent and Control Anaemia 2018–2025 recommends further work, including neonatal screening, to understand the prevalence rates, and highlights the need for the development of a sickle-cell policy.

Nigeria, where the prevalence of sickle-cell disease and malaria is comparable to Sierra Leone, recently developed a policy that could provide guidance. The policy should include neonatal screening to ensure identification of babies with sickle-cell disease, along with counselling of caregivers on care and management. At the national level, funding for essential medicines, as well as for community health workers and health-care workers, should be prioritized. Community education and sensitization with links to civil society organizations, parents' groups, schools and school clubs should be emphasized, especially in rural areas (MoHS, 2018).

Recommendations

1. Increase awareness of mental health issues and reduce stigma in schools through educational programmes.
2. Develop training for teachers to recognize and respond to mental health problems in children and adolescents.
3. Work with NGOs to improve access to mental health-care services that are particularly tailored for people suffering from life-long illnesses such as HIV/AIDS.
4. Address cultural understandings of distress and mental illness by developing culturally sensitive mental health-care services.
5. Implement prevention and intervention programmes targeting adolescent health-risk behaviours and familial and interpersonal problems that increase suicide risk.

4.2.4 Prevention and treatment of substance abuse (SDG target 3.5)

SDG target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Alcohol

The MoHS, in partnership with the Sierra Leone Alcohol Policy Alliance, WHO and the Foundation for Rural and Urban Transformation Sierra Leone, has begun the process of developing an alcohol policy in Sierra Leone. The Alcohol Control Technical Working Group was established in May 2019 by the Directorate of Non-communicable Diseases and Mental Health of the MoHS. The working group will lead the development of a new alcohol policy and strategic plan for Sierra Leone.

Interdisciplinary meetings have focused on such alcohol policy solutions as improving rules relating to alcohol availability, increasing alcohol taxation, implementing countermeasures for alcohol-impaired driving, regulating alcohol advertising and promotions and promoting community action to reduce alcohol-related harm. These measures include the WHO's 'Best Buy' alcohol policies and measures recommended through the SAFER initiative (WHO, n.d.-d).

Sierra Leone currently has several laws regarding alcohol control, such as the 1924 Liquor Act, 1927 Palm Wine Act, 1960 Liquor Licensing Act, 1965 Public Order Act and 2007 Road Traffic Act, but these laws are outdated, insufficient and fragmented. According to officials, the new alcohol policy is envisioned as a comprehensive legal framework aligned with the WHO Global Alcohol Strategy to prevent and reduce alcohol-related harm by combining modern alcohol policy solutions in one policy and act (Movendi International, 2021).

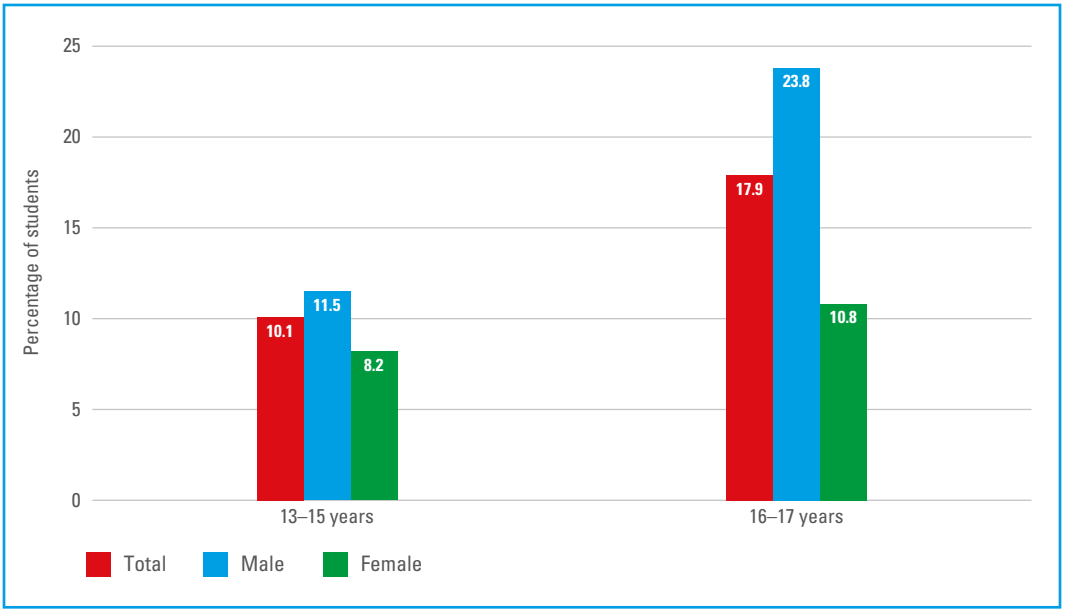
Data provided by the 2017 Sierra Leone Global School-Based Student Health Survey provides some indication of alcohol use among adolescents (MoHS, 2017a).

As shown in Figure 39, boys in both adolescent age categories were more likely to have drunk alcohol than girls in the 30 days preceding the survey. Around 24 per cent of boys aged 16–17 years were drinkers of alcohol, whereas the figure was 11 per cent for girls. There was less variation between younger adolescents: 11.5 per cent of boys admitted to drinking, whereas the figure was 8.2 per cent for girls.

Of those adolescents surveyed who did drink alcohol, more than half had their first drink before the age of 14 (see Figure 40). Responses were roughly the same for girls and boys.

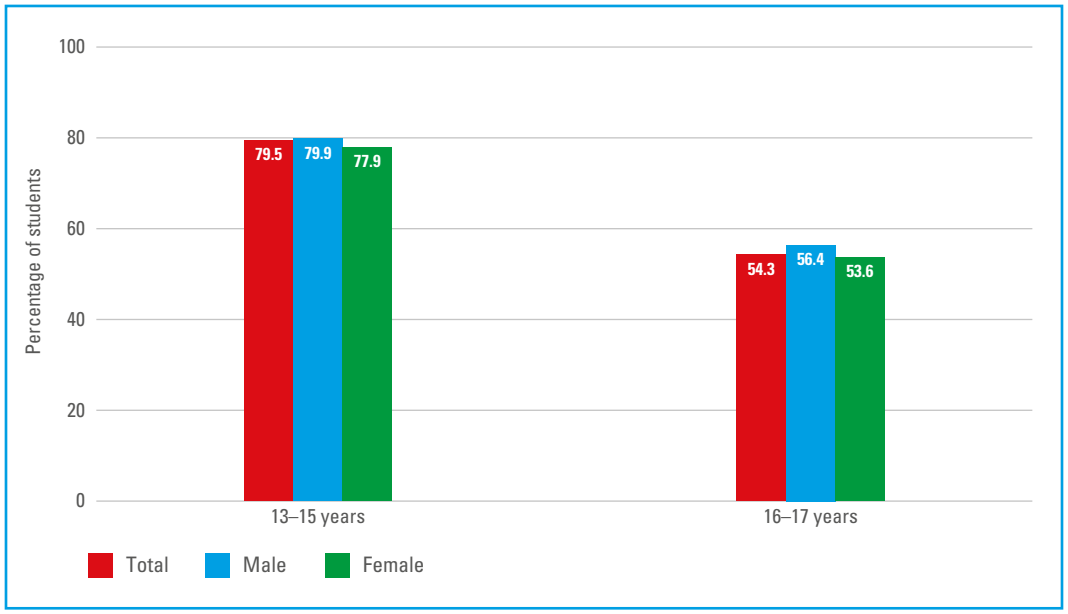
Comparing this with data from the 2017 MICS suggests a strong shift in drinking patterns between generations. The 2017 MICS indicated that only 0.4 per cent of women and 3.1 per cent of men aged 15–49 years had at least one alcoholic drink before the age of 15. The 2017 MICS data also reveal that 95.7 per cent of women and 83.8 per cent of men had never had an alcoholic drink (Stats SL, 2018). While caution should be taken when comparing the two data sets, it does seem to suggest a change in the culture of drinking acceptability.

Figure 39: Percentage of students who currently drink alcohol, 2017



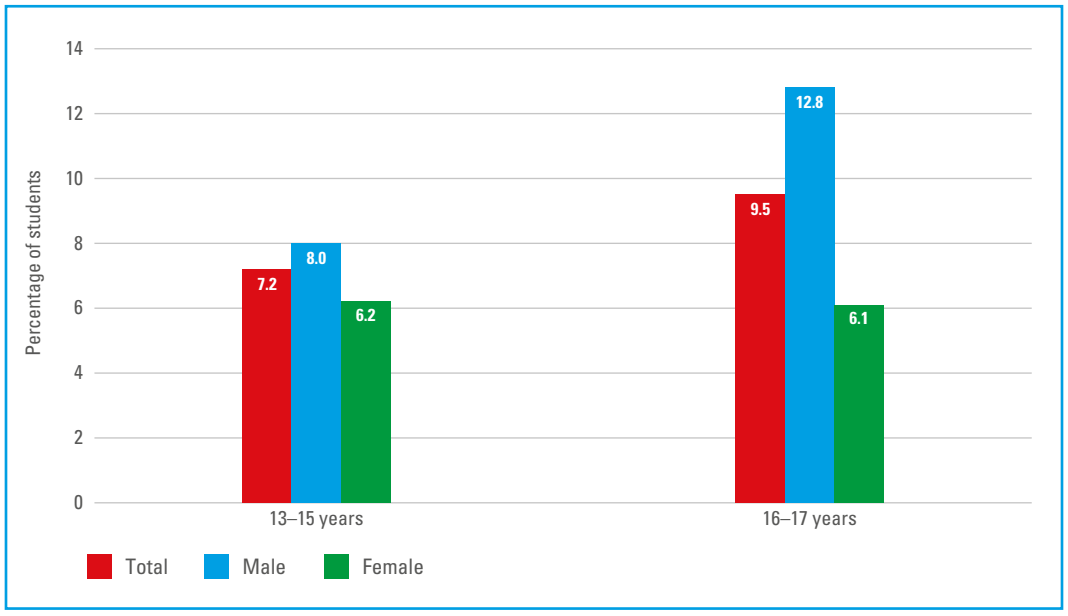
Source: WHO, 2018a

Figure 40: Percentage of students who drank alcohol before age 14, 2017



Source: WHO, 2018a

Figure 41: Percentage of students who had been drunk one or more times during their life, 2017



Source: WHO, 2018a

Reports of heavy drinking were not uncommon (see Figure 41). The 2017 Global School-Based Student Health Survey showed that around 13 per cent of boys and 6 per cent of girls aged 16–17 years had been drunk one or more times in their life, while the rates for 13–15-year-olds were 8 per cent and 6.2 per cent, respectively. Interestingly, more girls aged 13–15 years admitted to being drunk once or more than girls aged 16–17 years. This may be due to a changing drinking culture or different perceived notions of acceptability of the drunkenness of girls at different ages.

It is also worth noting that, according to the WHO Global Status Report on Alcohol and Health (WHO, 2018a), the prevalence of heavy episodic drinking, when controlling for those who do

drink alcohol, is very high, especially for men in Sierra Leone. According to the report, 2016 data show that 54.7 per cent of males and 20.5 per cent of females aged 15–19 years engage in heavy episodic drinking.

The Non-communicable Diseases Strategic Plan 2020 includes a range of initiatives aimed at reducing the harmful effects of alcohol and drugs in Sierra Leone. One key element of the plan is to consider restrictions on alcohol at specific events for children and young people, recognizing the importance of protecting this vulnerable section of the population from the harms associated with alcohol use.

Another important initiative included in the strategic plan is advocacy for a whole-school programme that would include physical education and facilities and programmes to support physical activity. This initiative is designed to help promote healthy lifestyles and reduce the risk of NCDs, including those related to alcohol and drug abuse.

To support these initiatives, the Sierra Leone Alcohol Policy Alliance and the Foundation for Rural and Urban Transformation have been working together since 2015 to promote changes to alcohol and drug policies in Sierra Leone. The Alcohol Policy Alliance focuses on advocating for policy changes, while the Foundation for Rural and Urban Transformation builds multipurpose centres at schools to support recreational activities with the objective of reducing the harm caused by alcohol and drug abuse among school children and youths.

Tobacco

Tobacco and indoor air pollution are identified as significant contributors to NCDs in children (James et al., 2023). While Sierra Leone has ratified the WHO Framework Convention on Tobacco Control, implementation has been weak and slow. In recent years, rates of tobacco use have been on the rise, but this has been addressed recently in the Tobacco and Nicotine Control Act, 2022 (WHO, 2022b). The act regulates the production, manufacturing, importation, packaging, labelling, advertising, promotion and sale of tobacco and nicotine products, including emerging forms like e-cigarettes. The act takes into account all forms of tobacco and nicotine products, and prohibits smoking in public places and all forms of tobacco advertising. WHO worked closely with Sierra Leone's government, civil society and partners to develop the comprehensive tobacco control regulations and will continue to support implementation and compliance efforts.

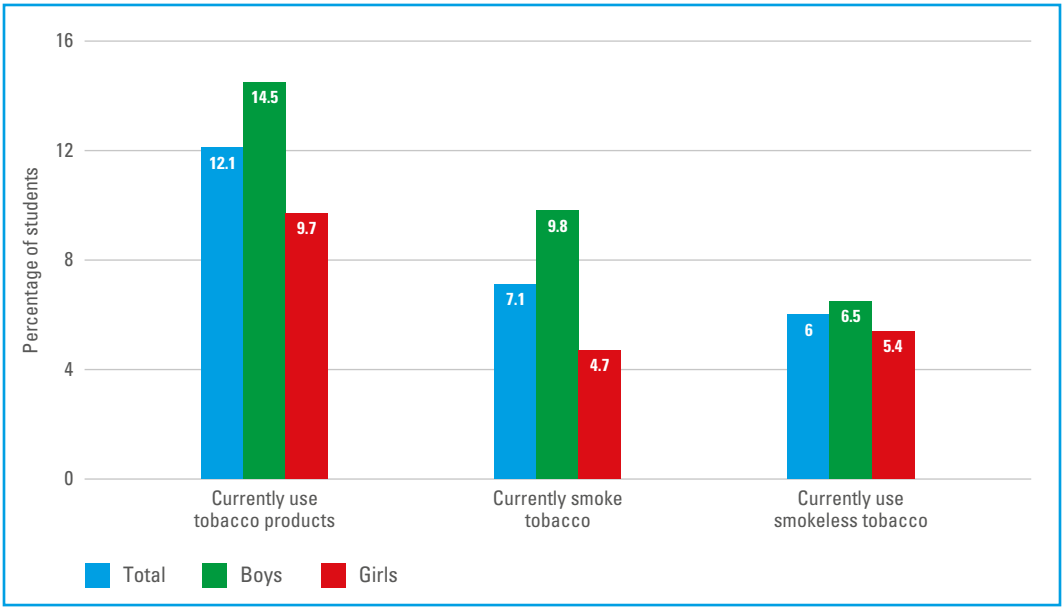
Data on the outcome of this legislation is not yet available, and the best data on youth attitudes and behaviours with regard to tobacco use remain the somewhat out-of-date Global Youth Tobacco Survey conducted in Sierra Leone in 2017 (WHO et al., 2018).

At the time of the survey, 12.1 per cent of students aged 13–15 years used some form of tobacco. As shown in Figure 42, the rate of tobacco use was roughly twice as high for boys (14.5 per cent) as for girls (9.7 per cent). Boys were also much more likely to smoke cigarettes (6.2 per cent) than girls (1.6 per cent).

Of the children who used tobacco products at the time, over 75 per cent reported that they had tried to stop using tobacco in the past 12 months and 73 per cent said they wanted to stop. The majority of children understood the dangers of second-hand smoke (54.4 per cent) and favoured prohibiting smoking in public places (69.7 per cent), but they were often exposed to smoking in enclosed public spaces (41.5 per cent) and at home (26.6 per cent).

Cigarettes were reported to be widely available, with 66 per cent of children who smoked buying them from shops, street vendors or kiosks. Seventy-one per cent of children reported not being prevented from buying cigarettes because of their age.

Figure 42: Tobacco use among students aged 13–15 years in Sierra Leone, 2017



Source: WHO et al., 2018

Insight on drug use from focus groups and key informants

The issue of drug use among children and young people aged 10–14 years was a core topic during qualitative data collection for this SitAn. Several focus groups revealed that drug use was prevalent among children. While drug use was mentioned across focus groups, it was more commonly associated with boys. References were repeatedly made to 'kush', a colloquial term most commonly used to refer to what is understood to be a group of synthetic cannabinoids (BBC Africa Eye, 2022). Whether kush is actually a discrete substance or a term being used to refer to any number of chemically treated herbaceous drugs affecting cannabinoid receptors has been questioned (Weinberg, 2022). Reference to kush in the Sierra Leonean context should not be confused with the synonymous natural cannabis strain, *Cannabis indica*.

One participant from a Kambia participatory FGD with boys aged 10–14 years reported, "The boys smoke kush in my community to escape their problems." Another participant added, "Boys who smoke kush are a big problem here, some go off and become mentally disturbed. Mental health is a big problem here." According to U-Report polling conducted in 2022 as part of the primary data collection for this SitAn, 85.88 per cent of young people identified drug and alcohol abuse as the most significant factor affecting mental health (U-Report Sierra Leone, n.d.).

Drug abuse has resulted in several health issues and is a cause of concern for children's well-being. Service providers from Kenema reported, "The use of kush and tramadol … They take these and just collapse, and we have to treat them."

The discussions also revealed that drugs were considered a significant cause of concern in schools. As one NGO member commented, "We have a serious drug problem in schools – they are selling drugs to children. We have a whole generation who are drug-infested." The use of drugs is also linked to sexual abuse, including drugging of girls (KII with Purposeful NGO, 15 December 2022).

In the 2017 MICS, of women and men aged 15–49 years, 4.1 per cent and 16.6 per cent, respectively, reported using tobacco in the last month. Only 0.3 per cent of women and 1.8 per cent of men reported smoking a whole cigarette before they were 15 years of age (Stats SL, 2018). The schools survey suggested an increase in smoking behaviour in the younger generation, as tobacco use was much more common among adolescents aged 13–15 years, either suggesting underreporting (see Figure 43) or an increase in use due to availability or culture change (WHO et al., 2018).

Comparisons of the MICS and Global Tobacco Youth Survey data should be considered with caution, as the methodology used was different. However, at face value it is worth considering that there may be a shift towards more substance use at a younger age, either due to accessibility or cultural shifts in acceptability. As noted above, the same pattern was seen with regard to alcohol use.

Increases in the use of tobacco over the period discussed can likely be attributed to attempts by multinational tobacco companies to develop tobacco markets in low-income developing countries like Sierra Leone (Boachie et al., 2022). Rising incomes can also contribute to increased intensity and prevalence (Blecher and Ross, 2015). At the individual level, exposure to second-hand smoke at home and peer smoking are reported to be significant determinants of tobacco use (James et al., 2023).

The majority of smokers start the habit in early life, usually before reaching the age of 18 (ibid.), resulting in future smoking prevalence that is driven by experimentation and initiation in adolescence (Boachie et al., 2022). Research also shows that smoking at an early age increases the risk of drug and alcohol use (ibid.). It is therefore imperative from a public health standpoint that implementation of the 2022 Tobacco and Nicotine Control Act and further implementation of the WHO Framework Convention on Tobacco Control focuses on children and adolescents as key targets for intervention. As tobacco use prevalence in males and females is so different, gender considerations should be taken into account when designing and implementing tobacco policies targeting youth in Sierra Leone.

Drugs

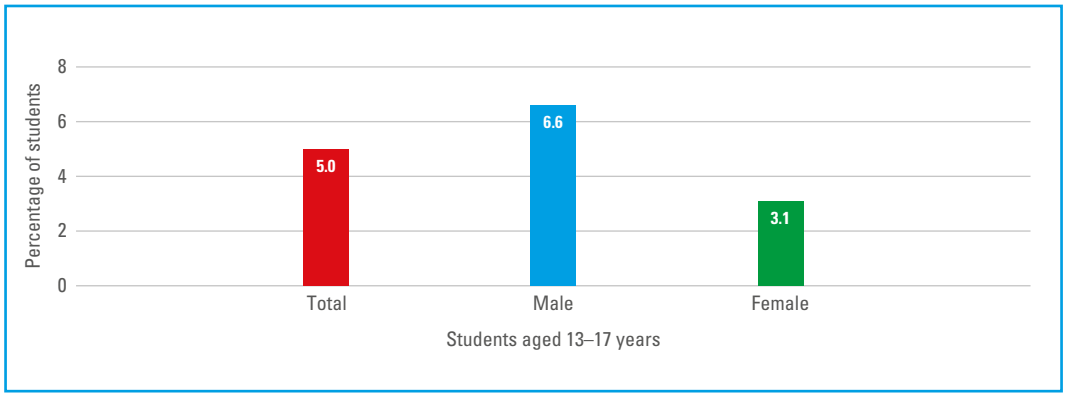
The 2008 National Drugs Control Act takes a punitive approach to drug use and trafficking. It prescribes a minimum term of five years imprisonment for anyone convicted of producing or cultivating drugs, including cannabis, as well as selling or attempting to transport them.

Section 12(2) of the National Drugs Control Act (2008) is more lenient when it comes to children, and provides that where a minor has been convicted, "the court may order as an alternative to the penalty prescribed for that offence, that the minor undergoes treatment, education, aftercare, rehabilitation or social reintegration, as the circumstances may require." However, there are no existing facilities providing specific treatment, education or social reintegration to children and adolescents suffering from substance abuse issues. The Sierra Leone Alcohol Policy Alliance, launched in 2015, advocates for changes to alcohol and drug policies in Sierra Leone to contribute to the reduction of the harmful of effects of alcohol and drugs, but as yet little has been achieved.

The drug reported as being most commonly used in Sierra Leone is cannabis (Evanno, 2021), also referred to as marijuana. According to the Global School-Based Student Health Survey, around 5 per cent of school children aged 13–17 years have used marijuana once or more in their lifetime. The rate for boys is more than twice (6.6 per cent) the rate for girls (3.1 per cent).

It is of concern that, of those that had used any drugs, around 80 per cent had first used them before the age of 14. Adolescent girls were more likely to have initiated drug use before this age (86.6 per cent) than boys (73.7 per cent). However, data from the Global School-Based

Figure 43: Percentage of students who have used marijuana one or more times during their life, 2017



Source: MoHS, 2017a

Student Health Survey also indicate high use of amphetamines, with 7.9 per cent of school-going adolescents having ever used them.

Synthetic cannabinoids are generally considered more potent and more dangerous than natural cannabis and have been considered an international concern for a number of years (United Nations Office of Drugs and Crime, 2017). Kush is of growing concern in Sierra Leone, with reports of addiction, injury and death in a number of news media outlets (Anthony and Kamara, 2023). It is important that the scale and nature of kush use is properly understood, misinformation is challenged and that media sensationalism does not distract from the need for effective interventions that help children and young people beat addiction and make positive choices with regard to their health.

4.2.5 Sexual and reproductive health (SDG target 3.7)

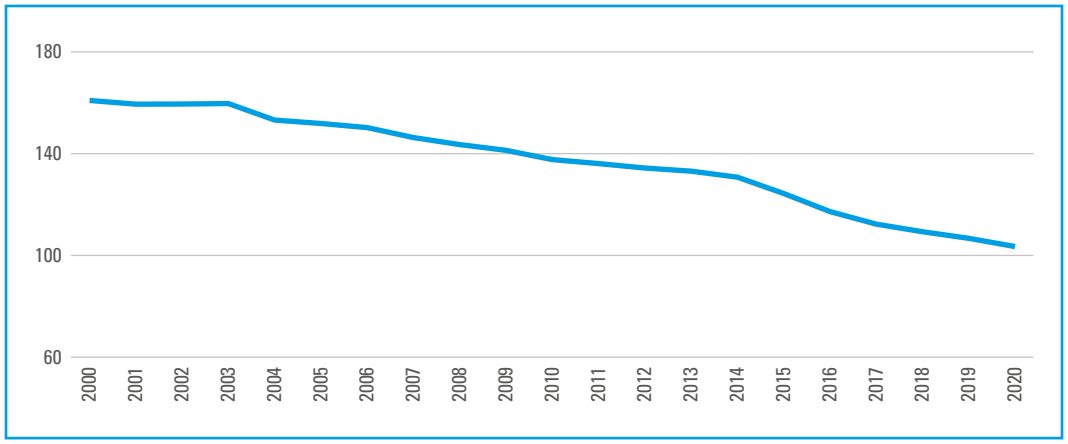
SDG target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Adolescent pregnancy and family planning

In Sierra Leone, 43.7 per cent of pregnancies occur in the adolescent and youth population (16.7 per cent among adolescents under 20 years of age and 27 per cent among youth aged 20–24 years) and 19.8 per cent of adolescent female deaths are pregnancy related (Stats SL and ICF, 2020). Early childbearing by adolescent girls school-age girls leads to school drop-out. In 2018, the government published the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018–2022. One of the overall goals of the strategy was to reduce the adolescent fertility rate, which measures births per 1,000 women aged 15–19 years, to 74 per 1,000.

According to the 2019 DHS, 21.3 per cent of girls aged 15–19 years had given birth or were pregnant with their first child at the time of the survey, with 17.8 per cent having had a live birth and 3.6 per cent being pregnant during the interview. The proportion of teenagers who had begun childbearing rises rapidly with age, from 4.3 per cent at 15 years to 44.9 per cent at 19 years. Rural teenagers tend to start childbearing earlier than urban teenagers, with 29.2 per cent of rural

Figure 44: Adolescent fertility rate, 2000–2020



Source: United Nations Department of Economic and Social Affairs, 2022

teenagers having begun childbearing compared to 14.4 per cent of urban teenagers. Education level and wealth quintile are also associated with adolescent childbearing, with 43.5 per cent of those with pre-primary or no education having begun childbearing, and 32.5 per cent of those in the lowest wealth quintile.

Although estimates suggest that the adolescent birth rate is falling overall, they do not necessarily portray the full picture. World Bank estimates only provide data on the fertility rate of adolescent women aged 15–19 years. Arguments have been made to include early adolescents aged 10–14 years in the reporting of the fertility rate and more generally across the household surveys in order to fill data gaps (Conteh-Khali, 2020). This age group of girls has a much higher unmet need for family planning, and is at greater risk of poor birth outcomes (ibid.).

Furthermore, a study conducted by Save the Children for the United Nations Population Fund (UNFPA) in 2016 suggested that as a result of the Ebola epidemic, the rate of adolescent pregnancy increased significantly (UNFPA, 2018). The report states that during the nine-month school closure, adolescent pregnancy spiked, leading to higher school dropout rates, as well as increases in domestic violence and sexual abuse. UNFPA estimated that 14,000 teenage girls became pregnant during the Ebola epidemic and, in some communities, adolescent pregnancy increased up to 65 per cent (Sengeh and Grob-Zakhary, 2022). When schools reopened, visibly pregnant girls were banned by a government directive from attending school or taking exams, exacerbating the problem (UNFPA, 2018).

The government has since taken steps to strengthen the education system and improve access to vulnerable and marginalized children, including lifting the ban on pregnant girls in 2020 (Hodal, 2020). Nevertheless, discrimination and provocation suffered by pregnant schoolgirls is still being reported, with some fearing to attend school, which may limit the effectiveness of the lifting of the ban (UNICEF and Irish Aid, 2021).

It should also be noted that the impact of the COVID-19 pandemic and resultant school closures on school attendance and adolescent pregnancy is as yet unknown. Save the Children (2020) recently predicted a 25 per cent increase in the rate of adolescent pregnancy during the school closures.

The intersection of schooling and transactional sex, which exploits the vulnerabilities of adolescent girls, contributes to adolescent pregnancy. Without the means to pay for indirect school costs, girls are vulnerable to transactional relationships with working men, such as *okada* (motorcycle taxi) drivers or mine workers. These men give girls money for lunch and school materials, or

provide transport to school in exchange for sex. This abuse increases the risk of adolescent pregnancies, causing girls to drop out of school, potentially perpetuating the cycle of poverty (UNICEF and Irish Aid, 2021).

A recent qualitative study conducted in eastern Freetown suggested that for girls who become pregnant, the most significant risks are stigma and abandonment rather than physical immaturity, which lead to a lack of family-based support and delayed care-seeking for antenatal and delivery care (November and Sandall, 2018). The study found that narratives around teenage pregnancy in Sierra Leone held the assumption that adolescent women had more control over their health-seeking and fertility than they actually did. Strategies discouraging early sex were found to emphasize information and behaviour change at the expense of higher-level interventions like improving water systems, having more female teachers and better enforcing of laws on sexual abuse of children, which would actually empower young women and lead to better health outcomes. According to the research, their lack of decision-making power put adolescent girls at higher risk of death than older women who have more knowledge, social capital and agency.

Community-based mentoring programmes are considered an effective way to tackle the specific challenges faced by pregnant adolescent girls (Turienzo et al., 2022) and are now being trialled. It is hoped that mentoring will encourage early uptake of antenatal care and use of a trained birth attendant; help to maintain or re-establish family support; support moving on to training or returning to school; and support the young woman to start a small income-generation activity (2YoungLives, n.d.).

More work needs to be done in addressing misinformation and supporting family planning. According to the 2019 DHS, the most common misconception about fertility is that the fertile period occurs right after a woman's menstrual period has ended, with 26 per cent of women reporting this belief. Additionally, 3 per cent of women believe that the fertile period is during the menstrual period. Correct knowledge of the fertile period is highest among women aged 25–29 years (42 per cent) and lowest among those aged 15–19 years (28 per cent). The proportion of married women with an unmet need for spacing births is highest among those aged 15–19 years, with 28 per cent reporting an unmet need for contraception to space their births. The 2017 Global School-Based Student Health Survey reports that the majority (60.6 per cent) of 13–17-year-olds that are sexually active had condomless sex with their last sexual partner. Similar findings have been reported for those aged 15–19 years (Ali et al., 2021).

The 2022 National Strategy for Out-of-School Children aims to provide young people with access to confidential health services, including contraception, counselling and free sanitary products, at youth-friendly local community health centres or public health units, in line with the 2021 School Health Policy.

High-risk sexual behaviours

Adolescents in sub-Saharan Africa tend to engage in high-risk sexual behaviours (James et al., 2022), which can be harmful in a number of ways, including the transmission of sexually transmitted infections. Other examples of risky sexual behaviours include unprotected sexual intercourse; having multiple sexual partners over one's lifetime; having intercourse with a casual partner; sexual initiation at a young age; sexual intercourse with commercial sex workers; bartering sex for money, goods or other favours; and engaging in sexual activity while under the influence of alcohol or drugs (ibid.). One study shows that the majority of adolescents in Sierra Leone (85.2 per cent) had engaged in high-risk sexual behaviours (ibid.). Among males, the reasons for high-risk behaviours are often related to alcohol use and psychological distress. Therefore, to address these risky sexual behaviours, promotion of mental health and good education on the risks of substance misuse are key interventions for young men.

Abortion

In 2015, Parliament passed the Safe Abortion Act, which permitted access to abortion during the first 12 weeks of pregnancy, and up to 24 weeks in cases of rape, incest or health risk to the mother or the baby. The act overturned colonial-era legislation that only permitted abortion in cases where the mother's life is at risk. The 2015 act included provisions for maternal health, access to contraceptives, post-abortion care and other reproductive health services. However, it was blocked by the president at that time. A new bill, the Safe Motherhood and Reproductive Health Bill, has been presented to Parliament but has yet to be passed.

Unsafe abortion is a leading cause of maternal mortality in Africa, with the sub-Saharan Africa region having the highest abortion-related fatality rate of any world region, as of 2019. Sierra Leone has one of the highest maternal mortality rates in the world, with about 717 deaths per 100,000 births, and approximately 10 per cent of these are due to unsafe abortion. Most of these deaths can be prevented with better access to sexual and reproductive health services and information, particularly family planning and post-abortion care (African Population and Health Research Center, 2023).

To address this issue, the MoHS should implement existing sexual and reproductive health and rights policies where applicable and develop clear policies that guide health-care providers on managing and handling post-abortion care. Specifically, the ministry should ensure the passing and implementation of the Safe Motherhood and Reproductive Health Bill.

Despite progress made towards reducing adolescent pregnancy rates in Sierra Leone, there is still a long way to go to achieve the target of universal access to sexual and reproductive health-care services by 2030. The high rate of adolescent pregnancy in the country, especially among rural and uneducated girls, presents a significant challenge to achieving this goal. The Ebola epidemic and COVID-19 pandemic, particularly the school closures they caused, have exacerbated the problem, leading to an increase in adolescent pregnancy and school dropout rates. Strategies that empower adolescent girls to make informed decisions about their sexual and reproductive health, increase access to family planning and address the root causes of transactional sex are needed to reduce adolescent pregnancy and improve maternal and child health outcomes.

Recommendations

1. Expand reporting of the fertility rate to include early adolescents aged 10–14 years to fill data gaps and provide a more accurate picture of the current situation.
2. Develop and implement comprehensive sexuality education programmes that empower adolescent girls to make informed decisions about their sexual and reproductive health, promote gender equality and address the root causes of adolescent pregnancy, such as poverty and lack of access to education.
3. Increase access to family planning services and commodities, especially in rural areas and among uneducated girls, through the expansion of community-based health services, training of community health workers and integration of family planning into primary health-care services.
4. Combat stigma and discrimination against pregnant adolescent girls by promoting the reintegration of pregnant girls into the school system, providing psychosocial support and addressing negative social norms that perpetuate discrimination against pregnant girls.

4.2.6 Universal health care (SDG target 3.8)

Table 17: Key SDG target relating to universal health care

SDG	Target	Sierra Leone progress
3: Ensure healthy lives and promote well-being for all at all ages.	3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	

Sierra Leone has made some progress towards achieving universal health care in recent years, but there is still a long way to go to ensure that everyone has access to essential health services without facing financial hardship.

Sierra Leone's health system is still facing significant challenges, including a shortage of skilled health workers and a sustainable and reliable workforce,[39] inadequate and vertical funding, shortages of medicines, inadequate diagnostic equipment and sites, limited community engagement (from planning to implementation) and weak health information systems. These challenges make it difficult to provide high-quality health services to the population, particularly in rural areas where access to health care is limited.

However, there have been some positive developments. Following the end of the Ebola epidemic in 2016, the country became "the first country in the WHO Africa region to fully transform its national disease surveillance system from a paper-based to a web-based electronic platform" (WHO, 2019). It has been using this technology to generate and report on disease surveillance data in all public health facilities since 2019. Before COVID-19, this system had tracked 28 priority diseases in Sierra Leone, including the conditions in which they could emerge and the probability of their occurrence.

Sierra Leone has implemented several initiatives aimed at improving health outcomes and moving towards universal health care. These include the Free Health Care Initiative, launched in 2010, which provides free health care to pregnant and breastfeeding women and children under 5 years of age. The government has also increased its investment in the health sector, with health expenditure increasing from 7.8 per cent of GDP in 2015 to 11 per cent in 2020 (MoHS, 2021b).

Despite these efforts, there are still significant gaps in health coverage and access to services. The 2017 MICS found that health insurance coverage is 1.8 per cent for children aged 5–17 years and 3.9 per cent for children under 5 years, leaving the majority of Sierra Leoneans to fund their own health care, which can be a struggle because of geographical, financial and cultural barriers. The quality of health-care services is also a concern, with many health facilities lacking basic equipment and medications.

One of the key challenges in achieving universal health care in Sierra Leone is the high level of out-of-pocket spending by households. According to the National Health Accounts 2018 (ibid.), out-of-pocket spending was the main source of health financing (64.6 per cent), followed by donor partners (30.6 per cent), the government (4 per cent) and corporations (0.8 per cent). A breakdown of out-of-pocket spending shows that 65.2 per cent was spent on medicines, 21.7 per cent on consultations, 7.2 per cent on inpatient expenses and 5.8 per cent on travel. This high level of out-

39 An increasing proportion of the workforce consists of volunteers.

of-pocket spending creates significant financial barriers to accessing health care for many Sierra Leoneans, particularly children and adolescents from low-income households.

In storytelling activities conducted with children by Coram International, out-of-pocket spending and borrowing were mentioned frequently. Lack of money was reported to be the main challenge, with many families not being able to pay for health-care services, including prescribed medications. Children reported that families were afraid when they are told to go to a hospital for treatment because they worry about not having enough money to pay for it. Data collected suggested this was particularly true for families in rural areas, who may have to travel long distances to access health-care services. Many children and adolescents reported that if they do not have money, they will not receive treatment, or they may receive some treatment but not all they need.

Another significant challenge in providing universal health care to children and adolescents in Sierra Leone is the shortage of skilled health workers. According to the Sierra Leone Public Health Surveillance Strategic Plan 2019–2023, Sierra Leone has just 0.2 physicians and 1.1 nurses and midwives for every 1,000 people in the population. This shortage of skilled health workers has a significant impact on the quality of care, particularly in rural areas. Additionally, there is a need to improve the skills of existing health workers through training and continuing education to improve the quality of care provided to children and adolescents. Currently, it does not seem likely that Sierra Leone will meet the SDG target of universal health care coverage by 2030.

4.3 Barriers and bottlenecks

In order to address the challenges identified above, a number of important barriers and bottlenecks that cut across the whole health system need to be overcome. This analysis of these will use a health system approach to clearly identify key areas in need of development in order to improve the health of children and adolescents in Sierra Leone.

According to WHO, the term 'health system' can be used to refer to a large array of people, institutions and resources, and captures "all the activities whose primary purpose is to promote, restore and/or maintain health" (WHO, 2007).

The health system can be considered in terms of six key areas of concern: leadership and governance, health-care financing, health workforce, medical products and technologies, information and research, and service delivery.

1. *Leadership and governance*: In order for any health-care system to function well, a strategic and policy framework needs to exist that makes effective oversight, provision of appropriate regulations and building of coalitions possible. Health system governance is also concerned with the role of public and private sector actors in provision of health care, and their relationship to one another (ibid.).
2. *Financing*: According to WHO, health financing should provide adequate funds for health in such a way that all people can access the services they need and are protected from having to make catastrophically large health expenditures (ibid.).[40]
3. *Workforce*: According to the World Health Report of 2006 (WHO, 2006), health-care worker performance can be conceptualized in terms of four dimensions: availability, competence, responsiveness and productivity. 'Availability' refers to the availability of providers in terms

40 Available at: www.wpro.who.int/topics/health_financing/en/

of space and time. This encompasses the distribution of health-care workers (for example, between urban and rural areas) and attendance of health-care workers at health-care facilities. 'Competence' refers to the clinical competence of health-care providers (their clinical knowledge and abilities) as well as to their skills and behaviour when in consultation with patients. 'Responsiveness' refers to health-care providers' willingness and ability to treat patients with decency and respect, regardless of who they are. Finally, 'productivity' refers to "producing the maximum effective health services and health outcomes possible given the existing stock of health-care workers" and encompasses behaviours such as reducing waste (ibid.).

4. *Products and technologies*: A well-functioning health system has access to essential medical supplies (vaccines, drugs and equipment), as well as technologies that assure safety, quality, efficiency and cost-effectiveness. Essential drugs can save lives, but in order for them to do so they need to be available, affordable, of sufficiently good quality and properly used by health-care workers and patients (ibid.).
5. *Information and research*: High-quality health information systems are another key building block of a health-care system. Information is an important asset that can be used by policymakers, health-care providers and other stakeholders in the health-care system to support better health policies and make evidence-based decisions (ibid.).
6. *Service delivery*: According to WHO (2007), good health-care services deliver "effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources" (ibid.). For health outcomes of a population to improve, the health-care system must deliver high-quality services.

4.3.1 Leadership and governance

Sierra Leone has made progress in developing comprehensive and overarching health policies and strategies. However, despite the government's efforts, there are still gaps in policy and certain areas of specialist service provision. One such area is mental health, where more work needs to be done in developing and implementing the Mental Health Policy and Plan 2019–2023. The policy is essential to address the country's mental health challenges, which have been exacerbated by the COVID-19 pandemic.

Another gap is the lack of a policy to address sickle-cell disease, a genetic disorder that is not sufficiently understood in the country. In addition, it is crucial to implement the 2022 Tobacco and Nicotine Control Act and further implement the WHO Framework Convention on Tobacco Control, with a focus on children and adolescents as key targets for intervention. As discussed, attention should be directed towards ensuring that the Safe Motherhood and Reproductive Health Bill is passed. Sierra Leone has one of the highest maternal mortality rates in the world, and the bill is critical in improving access to quality reproductive health services and reducing maternal deaths.

Further implementation of Sierra Leone's Community Health Worker Policy (MoHS, 2016) is also essential to improve access to primary health-care services in underserved areas. Community health workers play a vital role in providing basic health-care services and promoting health education, particularly in rural areas where health-care services are scarce.

Overall, while Sierra Leone has made progress in developing health policies, there is still more work to be done to ensure comprehensive coverage of all health-care issues. Addressing these policy gaps and further implementing existing policies will help improve the health outcomes of the population and reduce health inequities in the country.

4.3.2 Financing

As discussed above with reference to universal health care coverage, the government has increased its investment in the health sector, with health expenditure increasing from 7.8 per cent of GDP in 2015 to 11 per cent in 2020 (MoHS, 2021b). Sierra Leone's expenditure has historically been higher than the average across other sub-Saharan African nations, which has varied between 4.94 per cent and 5.3 per cent of GDP over the past 10 years (World Bank Data, n.d.-b).

However, despite efforts to improve health-care coverage and access in Sierra Leone, significant gaps remain according to data from the 2017 MICS. Health insurance coverage for children under 5 years is just 3.9 per cent, while for those aged 5–17 years it is 1.8 per cent, leaving most Sierra Leoneans to fund health care for their children and themselves. This can be a challenge because of geographical, financial or cultural barriers. In addition, many health facilities lack basic equipment and medications, raising concerns about the quality of care.

One of the biggest obstacles to achieving universal health coverage in Sierra Leone is the high level of out-of-pocket spending by households. According to the National Health Accounts 2018, out-of-pocket spending accounts for 64.6 per cent of health financing, followed by donor partners (30.6 per cent), the government (4 per cent) and corporations (0.8 per cent). A breakdown of out-of-pocket spending shows that 65.2 per cent was spent on medicines, 21.7 per cent on consultations, 7.2 per cent on inpatient expenses and 5.8 per cent on travel. This high level of out-of-pocket spending creates significant financial barriers to accessing health care, particularly for low-income households with children and adolescents.

To address out-of-pocket expenditure, plans for the Sierra Leone Social Health Insurance Scheme were launched in 2018 as a means to improve financial accessibility to health care (Vandy, 2021). This is a contributory insurance scheme requiring minimal contribution from members, and is still in the process of being set up. Findings from a study on willingness to pay a premium found that the majority of surveyed household heads said they were prepared to pay a premium to avoid out-of-pocket expenditure on health, but preferred that certain segments of society, including children, be excluded from payment of premiums (Jimmy et al., 2021).

4.3.3 Workforce

> *There are not enough trained and qualified doctors and nurses, they might give the wrong medicine for your illness.* (Participatory FGD with girls aged 14–18, Makeni, 3 December 2022)

Sierra Leone faces significant challenges in terms of human resources. The National Health Sector Strategy 2021–2025 indicates that the current health-care workforce on the government's payroll is only 6.4 workers for every 10,000 population. However, there are estimated to be over 20,000 health-care workers working in various roles in Sierra Leone (MoHS, 2021b) suggesting that the majority of health-care workers are volunteers and not on the payroll. Community health workers are not officially remunerated and have little funding support. Where funding does exist, this is mainly provided by donors. Following an increase in the number of community health workers as part of the 2017 Community Health Worker Policy, there are approximately 18,600 community health workers. Although trained to provide a basic package of services at community level, there is still a lack of consensus about their role and responsibilities with respect to the provision of primary care and about their formal integration into the health-care system. Nevertheless, community health workers are extremely important for the current functioning of the Sierra Leone

health system, as they provide services to hard-to-reach communities and work to prevent easily transmitted diseases like cholera and malaria. Recently, they supported COVID-19 efforts.[41]

Sierra Leone has a very low density of health workers compared to the African average. Physician density is 0.18 per 100,000 of the population (against Africa at 0.24 per 10,000), while nurses and midwives are 5 per 10,000 (against Africa at 11.2). There are notable inequities in the distribution of health-care workers, with health worker density per 10,000 varying from 3.75 per 10,000 in Kailahun District in Eastern Province to 20.28 per 10,000 in Western Area Urban District. In 2017, health facility density was 1.8 per 10,000 of the population, with the target being 2.

Health infrastructure is unequally distributed, with lower access to health services for those in rural areas (MoHS, 2021b). Equipment, when available, is often underused (ibid.). Both basic and comprehensive emergency obstetric and newborn care facilities have been refurbished and renovated (ibid.). This is a positive development in a key area of health infrastructure.

The Sierra Leone Public Health Surveillance Strategic Plan 2019–2023 identifies threats to the quality of surveillance that are mainly related to poor workforce capacity, poorly performing laboratories, poor data quality, lack of funding and inadequate supply chain management. The strategic plan aims to address (i) the heavy dependence of the surveillance system on volunteer staff, who are difficult to supervise and hold accountable and (ii) that laboratories are ill-equipped to provide quality results and lack capacity for key functions such as antimicrobial resistance testing and surveillance for hospital-acquired infections.

Sierra Leone has a large public health-care system, with 94 per cent of registered health-care facilities being government owned. Registered private facilities provide care through user fees and are mainly located in urban areas. However, accessibility to essential products for health is an issue in both private and public facilities, and strong pharmaceutical production and supply chain management are needed at all service delivery levels.

The Human Resources for Health Strategy 2017–2021 (MoHS, 2017c) outlines key intervention areas, defines measurable targets and provides a monitoring and evaluation framework for developing human resources across the health-care sector. A new strategy and further implementation is needed.

4.3.4 Products and technologies

Sierra Leone's national health sector supply chain management body is the National Medical Supplies Agency (formerly the National Pharmaceutical Procurement Unit). One of the primary roles of the National Medical Supplies Agency is to manage the distribution of free health-care commodities. This is largely donor-funded and procurement and distribution are outsourced.

According to the qualitative data collected for this SitAn, insufficient drug stocks, patients being made to pay for free care, and poor supply chain data quality are some of the problems facing the health-care sector in Sierra Leone. In 2022, the value of essential medicines and supplies needed for implementation of the Free Health Care Initiative was estimated to be around US$24 million. However, only around US$5 million was actually available for procurement.[42] In recent years, an assessment to identify data quality challenges and their sources was undertaken by the United

41 KII with the UNICEF Chief of Child Protection.

42 Information provided by UNICEF Sierra Leone Country Office.

States Agency for International Development's Global Health Supply Chain Program – Procurement and Supply Management. It is unclear whether this information has been utilized by the MoHS.

Some of the specific challenges the health sector is facing have been identified in policy documents. The Non-communicable Diseases Strategic Plan 2020–2024 highlights the limited availability of diagnostic facilities for cancer and the need for sustainable provision of chemotherapy and supportive drugs. The Sierra Leone Public Health Surveillance Strategic Plan 2019–2023 has identified challenges related to laboratories, including transportation of samples from the field to higher-level facilities. These challenges include a lack of transport and fuel, difficulties maintaining the cold chain and late or non-receipt of laboratory results at the district level, affecting surveillance.

Qualitative data collection with service providers and specialist NGOs undertaken for this SitAn revealed that medications are not distributed effectively according to need, with limited medication available at the right time and place for children. Health-care workers often lacked knowledge about the correct medications needed for the populations they worked with and, when they did, they did not have access to the correct medications. It was repeatedly highlighted that the policy of free health care for those under 5 years was only free when resources were readily available.

There are no pharmaceutical manufacturing companies in Sierra Leone, and no policies or plans to develop such an industry. Substandard, falsified and illegally imported medicines are common (Conteh et al., 2022).

The Free Health Care Initiative was enacted over a decade ago in 2010 to improve high rates of maternal and under-five mortality. However, the availability of medicines remains inconsistent, resulting in patients paying for them, as well as undermining the quality of care and trust in the health-care system. The gaps between services and medicines promised under the Free Health Care Initiative and actual resources delivered worsened during the 2013–2015 Ebola epidemic, which strained an already weak health-care system.

Interventions aimed at improving availability of pharmaceuticals have been tested, and results have shown that with the right training and decentralization some of the major challenges can be overcome. In 2015, partners in a health NGO supported Koidu Government Hospital in improving drug availability for patients eligible for the Free Health Care Initiative (Bangura et al., 2017). MoHS pharmacy staff were mentored to improve feedback mechanisms between the central and district levels. As a result of this, between November 2015 and August 2016 availability of essential drugs reached nearly 100 per cent, with 80 per cent provided through the strengthened MoHS system. Patients' out-of-pocket expenses were eliminated and trust in the public health-care system improved. Compared to a 2012–2013 pre-Ebola baseline, there was a 47 per cent increase in paediatric and maternity admissions and a 95 per cent increase in hospital-based deliveries at Koidu Government Hospital (ibid.).

4.3.5 Information and research

Sierra Leone's Health Information System Policy, 2021 (MoHS, 2021c) aims to integrate data collection from various health programmes, including those for HIV, tuberculosis, the Child Health Expanded Programme on Immunization, family planning and reproductive health, school and adolescent health, integrated disease surveillance and response, malaria, nutrition, community health workers and the Logistics Management Information System, into the national HMIS platform. Sierra Leone has made significant investments in DHIS2.0 (District Health Information

Software version 2), which was used in 2008 to report into the Integrated Disease Surveillance and Response framework for priority disease monitoring (Kinkade et al., 2011). However, the system still faces constraints in ICT hardware and digitalization, data quality and data use for decision-making (MoHS, 2020c).

The Sierra Leone Public Health Surveillance Strategic Plan 2019–2023 revitalized the implementation of the Integrated Disease Surveillance and Response framework, which included the designation of focal persons at almost all public peripheral health units and some private health facilities. The plan includes training health-care workers on the framework and the field epidemiology and training programme (MoHS, 2021d). The plan also builds upon the success of relationships built with community health workers, traditional birth attendants and community leaders, which have been enabling factors for a more functional surveillance system. The shift from paper-based to electronic reporting has enabled improved data storage and data quality and reporting rates, with all 14 districts submitting weekly integrated disease surveillance and response reports, using the DHIS2 platform, since the fifth week of 2017 (ibid.).

Other challenges are highlighted in the 2021 School Health Policy which notes that data collection for baselines and targets can be difficult because there is a lack of data on some data points and there are differences in age categorization between schools and peripheral health units. There is also no systematic tracking of students with disabilities, although the Annual School Census does record such students.

The most recent household surveys, MICSs and DHSs provide comprehensive information, but the reliability of self-reported data is in question. The surveys have reported a significantly different situation to other data sets such as the 2017 Global School-Based Student Health Survey (MoHS, 2017a) and the WHO estimates discussed above, for example in the reporting of alcohol use and mortality rates. There has been good progress in the development of vital registration systems, which are currently paper based, as evidenced by the launch of the Sierra Leone Sample Registration System of births and deaths. However, only data from the first round of the system, representing deaths in 2018–2020, have been released.

A review of the academic literature available on the health of children in Sierra Leone revealed clear interest from academics in building the knowledge base of child and adolescent health in the country. Multiple case studies have been completed on a number of areas of child health. However, lack of data accessibility may be impeding further research and development that could be utilized by policymakers and other stakeholders in the health-care system to support better health policies and make evidence-based decisions.

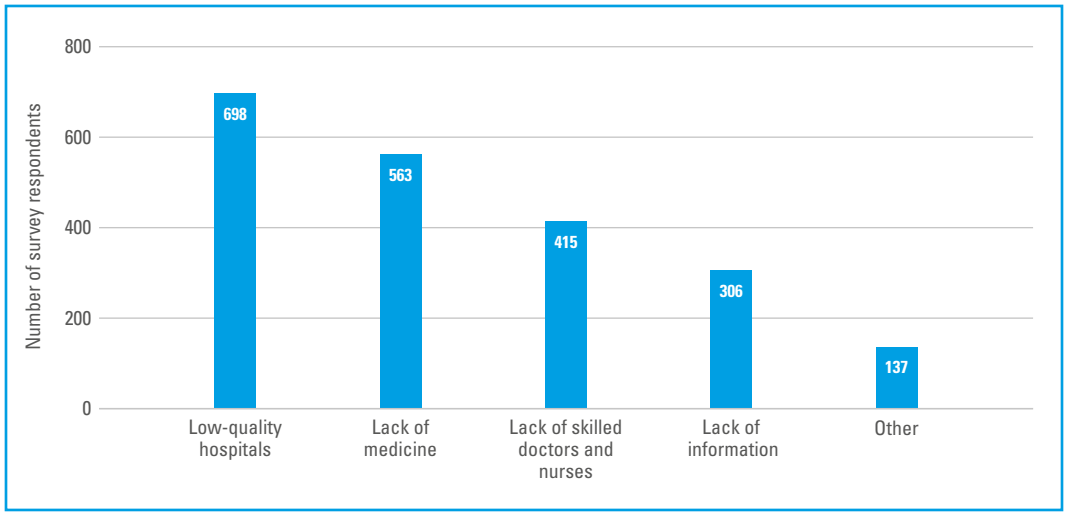
4.3.6 Service delivery

Sierra Leone faces several challenges when it comes to delivering health-care services to children and young people. Service delivery is often hampered by geographical disparities in distribution of infrastructure intersecting with disparities in wealth, ethnic groupings, financing and workforce distribution. Rural families are particularly affected, as they are more likely to live outside an 8-kilometre radius from a health facility than families in urban areas, making it difficult for many people to access the services they need.

Distance is a major challenge, and poor road networks make it even harder for people to access health-care facilities, especially during the rainy season.[43] Some communities are not

43 FGD with service providers, Kenema, 16 December 2022.

Figure 45: Health issues most affecting children and young people, 2022



Source: U-Report polling, 2022

accessible, and health workers cannot monitor them regularly.[44] Some patients have to walk up to 16 kilometres, some live in areas that even motorbikes cannot reach, and some do not have the money for transport to health facilities.[45]

The 2021 School Health Policy recognizes the importance of providing services that are friendly to youth and adolescents. The policy recommends that all students have access to these services, which may be provided in the school or in a local, contiguous, peripheral health unit. However, data collection with children and adolescents suggests there is still much to be done in order to achieve this. FGDs with children and adolescents revealed a number of issues, including lack of confidentiality, particularly for adolescent girls who may not want to go to community health-care centres. Illustrated in Figure 45, U-Report data collected in 2022 via multiple-choice polling suggest that children and young people understand low-quality hospitals (32.94 per cent) to be the most significant issue affecting the health sector, followed by lack of medicine (26.57 per cent) and a lack of skilled doctors and nurses (19.58 per cent). It should be noted that during fieldwork, child and youth FGD participants frequently mentioned unavailability of free health care as a significant barrier to health-care access.

Finally, traditional medicines and products are a significant part of the health experience of people in Sierra Leone. People tend to use traditional methods, especially when the cost of seeking formal medical attention is high. Incorporating evidence-based traditional medicines and products into the formal health-care system will validate culture and beliefs, improve patronage of formal health-care systems and enable their regulation, and provide taxation benefits. The Sierra Leone Public Health Surveillance Strategic Plan 2019–2023 reports that traditional healers and traditional birth attendants contribute substantially to health care, especially maternity care.

44 Ibid.
45 Ibid.

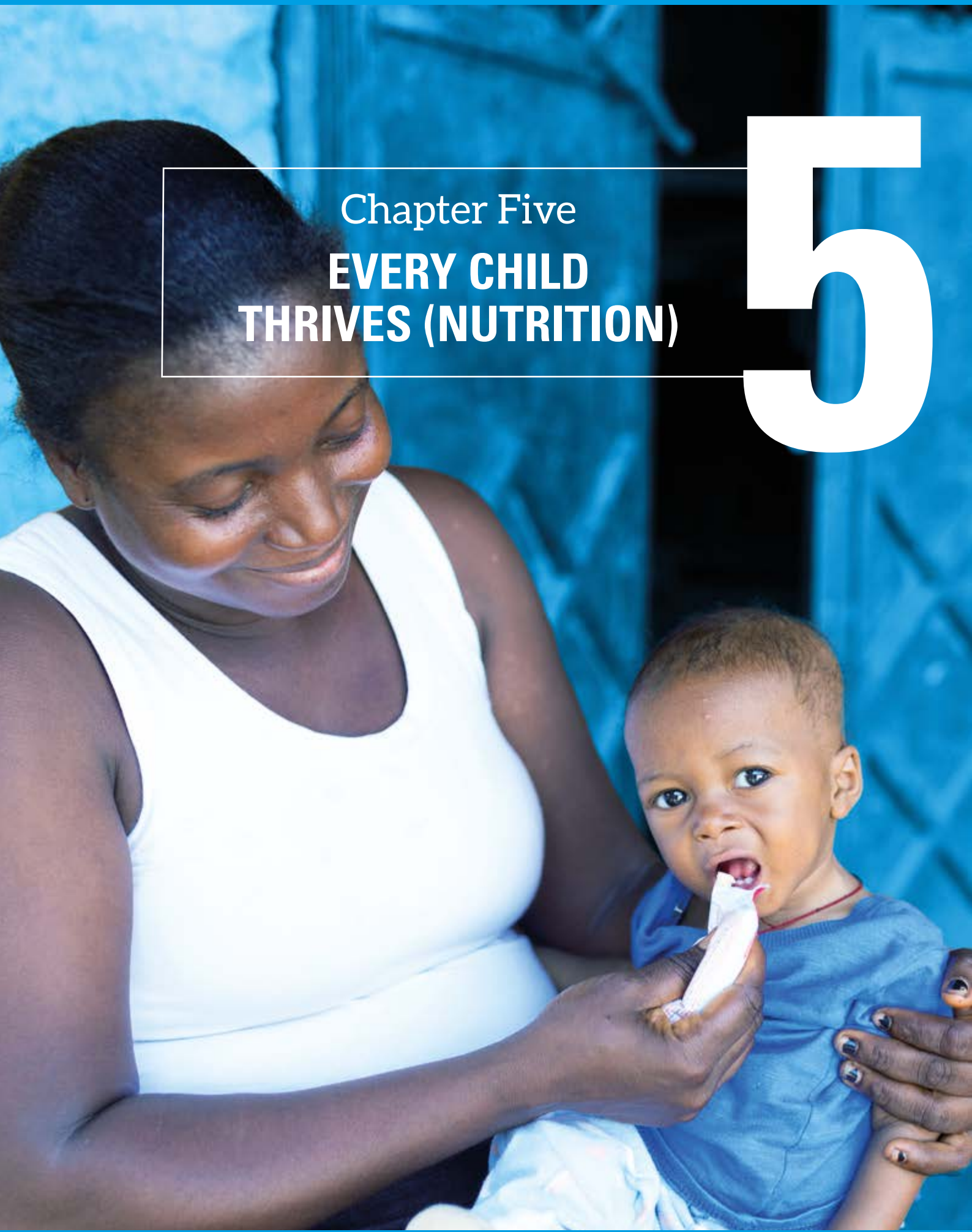
4.4 Recommendations

1. Strengthen vital registration and other health information systems to allow collection of more accurate and comprehensive data on mortality and disease.
2. Conduct further research to understand unexpected trends in mortality data provided by household surveys. At face value, demographic characteristics such as wealth or mother's education level are not showing the expected correlation with better outcomes. Future surveys should investigate these unexpected findings.
3. Continue and expand malaria prevention and treatment efforts as follows:
    - Continue to increase the availability and use of insecticide-treated mosquito nets.
    - Continue cross-sectoral work to eliminate the underlying causes of malaria, including focusing on environmental sanitation and clearing stagnant waters.
    - Develop targeted interventions in high-risk areas for high-risk individuals, such as pregnant women.
    - Continue to develop an understanding of the causes and frequency of stock shortages, and how to address them.
4. Promote improved hygiene practices, including handwashing and safe water and sanitation practices, to prevent the spread of diarrhoeal diseases.
5. Develop strategies to improve care-seeking as follows:
    - Increase community awareness and education on the importance of seeking early care for childhood illnesses, especially for ARI and fever.
    - Increase understanding of gender and other demographic disparities in care-seeking behaviour.
    - Address the effects of stockouts of essential medicines and vaccines affecting care-seeking behaviour and confidence.
6. Increase efforts to identify children and adolescents living with HIV/AIDS, particularly in rural areas, through scaling up early infant HIV diagnosis and family testing programmes.
7. Continue to develop understanding of HIV prevalence and the response to the current situation as follows:
    - Improve access to HIV testing, antiretroviral medication and treatment, and viral load monitoring, particularly for children, and enhance the knowledge and expertise of health-care workers in dealing with HIV in children.
    - Increase the quality of care of children and adolescents on antiretroviral therapy treatment. Ensure they receive appropriate optimized antiretroviral medicines, consistent treatment monitoring (of viral-load/CD4 count) and access to medicines for managing opportunistic infections responsible for increased mortality of patients who are not adequately managed on antiretroviral medicines.
    - Prioritize interventions to reduce HIV prevalence among young women, particularly those who are married or living with partners, by addressing social and cultural factors that contribute to their vulnerability, such as gender inequality and stigma.

- Increase efforts to educate young people about HIV transmission and prevention, particularly in rural areas, by strengthening comprehensive knowledge programmes and using innovative approaches such as social media and peer education programmes.

8. Continue to improve accessibility to all recommended vaccines, as follows:
    - Improve accessibility of vaccination sites to reduce travel time for caregivers.
    - Continue the training of health workers to ensure that payment is not requested for vaccination services that should be free.
    - Improve awareness among caregivers about the importance of vaccinations for their children's health and well-being, taking into account gender disparities among caregivers.
    - Develop tailored strategies to reach undervaccinated and unvaccinated children in districts with low coverage.
    - Ensure the availability of vaccines at all vaccination sites and strengthen vaccine supply chains to prevent stockouts.
9. Further develop mental health care across Sierra Leone, as follows:
    - Develop a mental health act to replace the Lunacy Act.
    - Increase awareness of mental health issues and reduce stigma in schools through educational programmes.
    - Develop training for teachers to recognize and respond to mental health problems in children and adolescents.
    - Work with NGOs to improve access to mental health-care services that are particularly tailored towards people suffering from life-long illnesses such as HIV.
    - Address cultural understandings of distress and mental illness by developing mental health-care services that are culturally sensitive.
    - Implement prevention and intervention programmes targeting adolescent health-risk behaviours and familial and interpersonal problems that increase suicide risk.
10. Continue to develop a response to substance misuse by children and adolescents, as follows:
    - Develop a better understanding of the current prevalence of alcohol and tobacco use among children and adolescents, including how existing laws are being implemented with regard to access and use by children.
    - Implement the 2022 Tobacco and Nicotine Control Act and WHO Framework Convention on Tobacco Control while focusing on children and adolescents as key targets for intervention.
    - Develop a better understanding of the use of emerging drugs, such as kush.
    - Develop training for teachers to recognize and respond to signs of drug use.
    - Scale up communication strategies that aim to promote healthy lifestyles among children and adolescents.

11. Continue to strengthen sexual and reproductive health programmes in schools and communities, and further strengthen knowledge of the current situation in Sierra Leone, as follows:
    - Expand reporting of the fertility rate to include early adolescents aged 10–14 years to fill data gaps and provide a more accurate picture of the current situation.
    - Develop and implement comprehensive sexuality education programmes that empower adolescent girls to make informed decisions about their sexual and reproductive health, promote gender equality and address the root causes of adolescent pregnancy, such as poverty and lack of access to education.
    - Increase access to family planning services and commodities, especially in rural areas and among uneducated girls, through the expansion of community-based health services, training of community health workers and integration of family planning into primary health-care services.
    - Work to combat stigma and discrimination against pregnant adolescent girls by promoting the reintegration of pregnant girls into the school system, providing psychosocial support and addressing negative social norms that perpetuate discrimination against pregnant girls.



Chapter Five

EVERY CHILD THRIVES (NUTRITION)

5

CRC article 27: "Children have the right to food, clothing and a safe place to live so they can develop in the best possible way".

Article 24 of the United Nations CRC enshrines the right to nutrition by requiring States to "combat disease and malnutrition" and ensure that society, parents and teachers are "supported in the use of basic knowledge of child health and nutrition [and] the advantages of breastfeeding". Furthermore, the Committee on the Rights of the Child, in General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health, notes that "adequate nutrition and growth monitoring in early childhood are particularly important" (CRC/C/GC/15).

According to the WHO Global Nutrition Targets, Sierra Leone should, over the period 2012–2030, aim to achieve a 40 per cent reduction in the number of children under 5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birthweight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.

Table 18: Key SDG targets related to nutrition

SDG	Targets	Sierra Leone progress
2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.	2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.	⊗
	2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.	⊗

The UNICEF Global Nutrition Strategy 2020–2030 sets out UNICEF's plans for supporting national governments to uphold children's right to nutrition. The strategy aims to "protect and promote diets, services and practices that support optimal nutrition, growth and development for all children, adolescents and women" (WHO, n.d.-c) by taking a prevention-first and systems-strengthening approach to malnutrition across six key results areas: (i) early childhood nutrition, (ii) nutrition in middle childhood and adolescence, (iii) maternal nutrition, (iv) nutrition and care for children with wasting, (v) maternal and child nutrition in humanitarian action and (v) partnerships and governance for nutrition (Global Nutrition Cluster, n.d.). The strategy is closely aligned with both the SDGs and the CRC.

The Multi-Sector Strategic Plan to Reduce Malnutrition in Sierra Leone 2019–2025[46] has replaced the earlier National Food and Nutrition Strategic Implementation Plan 2013–2017. The goals of the new plan are to contribute to the African Union's Africa Regional Nutrition Strategy 2015–2025, the United Nations SDGs by 2030 and the United Nations Global Strategy for Maternal, Newborn, Child and Adolescent Health 2016–2030 by accelerating and scaling up nutrition action across all sectors in Sierra Leone. It recognizes that the greatest burden of nutrition-related disease falls on the rural populations, particularly women, and on the urban poor, especially children and adolescents. The strategic aims of the new plan are, by 2025, to:

- reduce the prevalence of stunted children under 5 years to 25 per cent from 2017/18 baseline levels;
- reduce the prevalence of wasting in children under 5 years to less than 5 per cent from 2017/18 baseline levels; and
- reduce the prevalence of iodine and vitamin A deficiencies by 20 per cent among children under 5 years of age, adolescents, pregnant and lactating women and women of reproductive age, from 2017/18 baseline levels.

46 See also World Bank and MoHS, Directorate of Food and Nutrition (n.d.).

5.1 Early childhood

5.1.1 Child stunting and wasting

SDG indicator 2.2.1: Prevalence of stunting among children under 5 years of age.

SDG indicator 2.2.2: Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight).

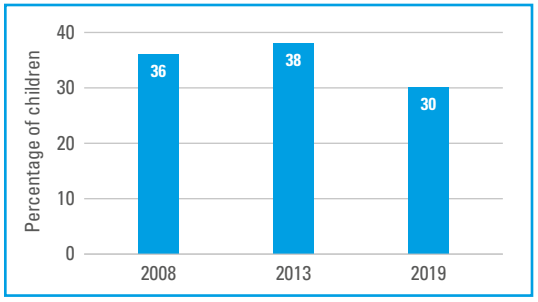
Stunting indicates that a child is too short for her/his age and generally indicates chronic (long-term) malnutrition, while wasting indicates that a child is too thin for her/his height, and is generally an indicator of acute (short-term) malnutrition caused by inadequate food intake, illness or infection (Stats SL and ICF, 2020, p. 188).

Stunting and wasting can be addressed by appropriate programmes that improve the nutritional status of women of reproductive age, ensuring that pregnant women have a good diet and "appropriate infant and young child feeding, as well as an adequate and diverse diet during childhood and adolescence" (WHO, n.d.-f). The SDG requirement that there be a 40 per cent reduction in stunting by 2025 (in line with the WHO goal) has been amended as being too ambitious. WHO has now set 2030 as the date to reach that target. Similarly, with wasting, the target has been amended, and countries are now expected to reach a target of childhood wasting of less than 3 per cent by 2030.

Despite overall improvements in stunting since 2008, the condition remains widespread in Sierra Leone. According to the 2021 National Nutrition Survey (p. 76), the prevalence of stunting in Sierra Leone in children under 5 years is 26.2 per cent. As shown in Figure 46, overall rates of stunting in children under 5 years of age in Sierra Leone have declined, from 36 per cent in 2008 to 30 per cent in 2019, the latest year for which DHS data is available (Stats SL and ICF, 2020, p. 189). However, this decline has not kept pace with the target of a 40 per cent decline in stunting rates between 2012 and 2030. To achieve this target, the stunting rate would need to reduce to 21.8 per cent from the 2012 baseline figure of 35.4 per cent.

According to the WHO (2006) classification, Sierra Leone falls into the 'poor' nutrition status, while under the UNICEF (2008) classifications, the country would meet the definition of 'medium' (MoHS and UNICEF, 2021, p. 61). Trends on the prevalence of severe malnutrition in boy and girl children have altered since 2017, indicating that while in 2017 1.2 per cent of boys were severely malnourished compared to 0.9 per cent of girls, by 2021 this trend was inversed, with 1.2 per cent of girls severely malnourished

Figure 46: Trends of stunting prevalence among children under the age of 5, 2008–2019



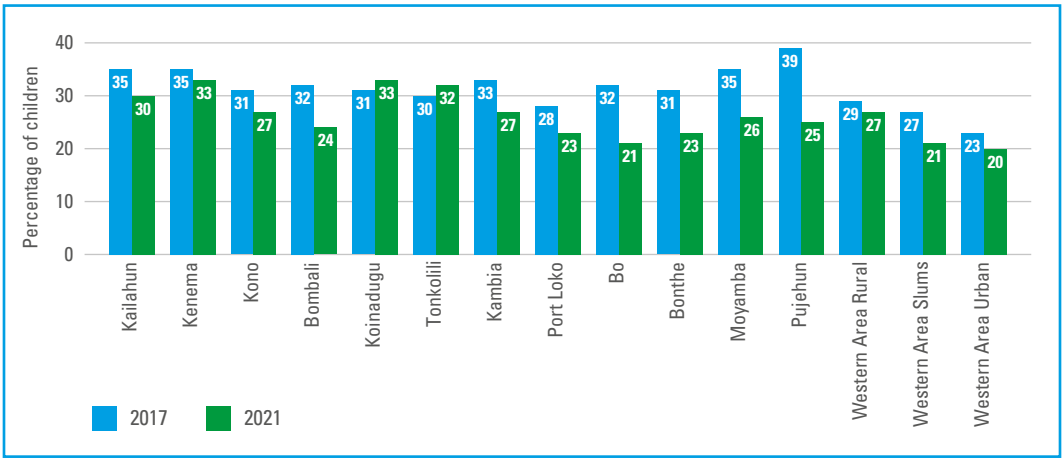
Source: Stats SL and ICF, 2020, p. 189

compared to 0.9 per cent of boys (MoHS and Action Against Hunger, 2018, p. 20; MoHS and UNICEF, 2021, p. 61).

There is geographic inequality in child rights for nutrition in Sierra Leone, as indicated in Figure 47, which reveals significant variation in stunting rates across districts. Children in four districts, Kailahun, Tonkolili, Kenema and Koinadugu, are particularly vulnerable to stunting, with rates above 30 per cent in 2021.[47] These districts are some of the poorest in Sierra Leone, suggesting a correlation between poverty and stunting rates (MoHS and UNICEF, 2021, p. 79). A difference in stunting rates between rural and urban areas is also evident (see Figure 48), again likely to be due to poverty (ibid.). Figure 48 also indicates inequality in child malnutrition per wealth quintile, urban or rural location and province.

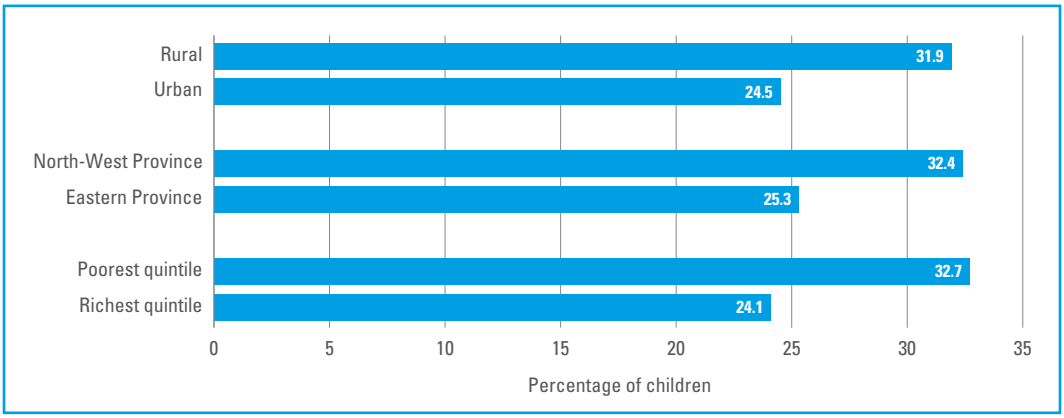
According to the 2017 MICS, the prevalence of stunting in Sierra Leone increases once a child starts complementary feeding at the age of 6–8 months (Stats SL, 2018, p. 201). Additionally, data show that boys are more likely to be stunted than girls (29.2 per cent compared to 23.4 per cent, respectively) (MoHS and UNICEF, 2021). However, the stunting gender gap between boys and girls in Sierra Leone has narrowed by 2 per cent according to the 2017 National Nutrition Survey data (MoHS and Action Against Hunger, 2018).

Figure 47: Prevalence of stunting in children aged 6–59 months, by district, 2017 and 2021



Source: MoHS and UNICEF, 2021, p. 79

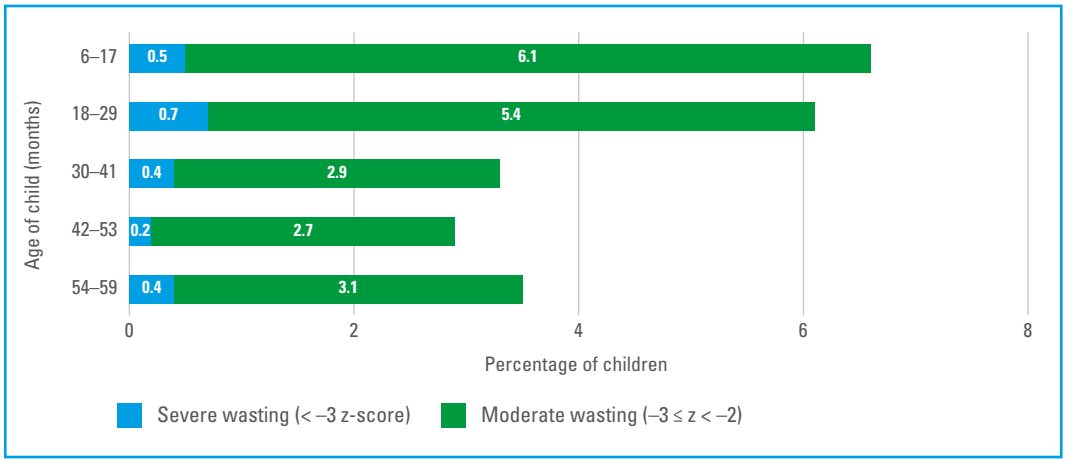
Figure 48: Prevalence of stunting in under-five children by rural or urban location, region and wealth quintile, 2019



Source: Stats SL and ICF, 2020

47 Notably, these districts also are some of the poorest districts in Sierra Leone, suggesting a correlation between poverty and stunting rates (MoHS and UNICEF, 2021, p. 79).

Figure 49: Prevalence of wasting, based on weight-for-height z-scores, 2021



Source: MoHS and UNICEF, 2021, p. 63

In terms of child wasting (acute, short-term malnutrition), the global acute malnutrition rate in children aged 6–59 months in Sierra Leone stands at 5.2 per cent (2019 DHS), representing a slight increase (0.1 per cent) since 2017 (MoHS and Action Against Hunger, 2018, p. 61; MoHS and UNICEF, 2021, p. 20).

Child wasting is particularly common in younger children aged 6–23 months compared to older children aged 24–59 months (6.9 per cent compared to 4.3 per cent) (MoHS and UNICEF, 2021, p. 70).

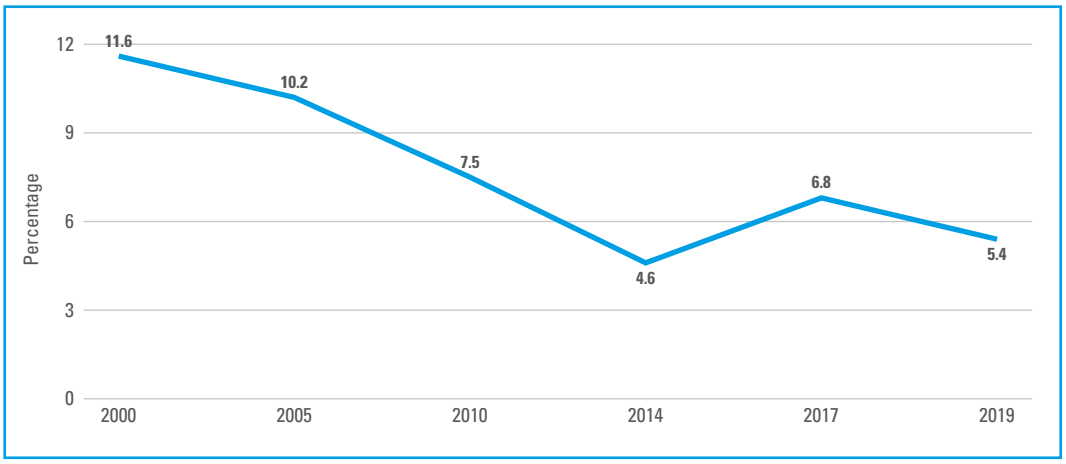
5.1.2 Underweight and overweight

Overall, the prevalence of underweight children (based on weight-for-age z-scores) in Sierra Leone reduced from 21 per cent to 14 per cent between 2008 and 2019, according to the DHS (Stats SL and ICF, 2020, p. 189). As shown in Figure 50, this represents a significant downward trend in underweight children in the country over the last 15 years (from 7.5 per cent in 2010 to 5.4 per cent in 2019) (WHO, n.d.-h).

Children aged 18–29 months are particularly vulnerable to malnutrition. Rates of both obesity and stunting spike at this age, reaching 2.3 per cent (compared to a mean of 2 per cent) and 10.5 per cent (compared to a mean of 6.7 per cent), respectively. This is potentially linked to a marked reduction in breastfeeding by 18 months (MoHS and UNICEF, 2021, pp. 77, 81).

A child being overweight is a measure of overnutrition and "results from an imbalance between energy consumed (too much) and energy expended (too little)" (Stats SL and ICF, 2020). The 2021 National Nutrition Survey provides estimates that 2 per cent of children aged 6–59 months in the country are overweight but that there is a zero rate of children who are severely overweight (MoHS and UNICEF, 2021, pp. 81, 82). This means that Sierra Leone is on track to meet the fourth Global Nutrition Target of no increase in overweight children by 2025 (WHO, 2014b). The downward trend has largely been driven by a decrease in the number of boys considered overweight (from 2.5 per cent to 2 per cent), while the number of overweight girls has remained stable over the same period (MoHS and UNICEF, 2021, pp. 81, 82). Notably, rates of obesity are positively correlated with increased education: the rate of obesity in children of mothers who have secondary school education or higher has increased consistently according to DHS data from 2008, 2013 and 2019 (from 9.0 per cent in 2008 to 11.7 per cent in 2019) (Stats SL and ICF, 2020, p. 202; Stats SL and ICF Macro, 2009, p. 145; Stats SL and ICF, 2014, p. 147).

Figure 50: Prevalence of childhood wasting in Sierra Leone, 2000–2019



Source: Target indicator progress on wasting, taken from DHS data (WHO, n.d.-g)

5.1.3 Micronutrient deficiencies

Globally, micronutrient deficiency is "a major contributor to childhood morbidity and mortality" (Stats SL and ICF, 2020, p. 196). Deficiencies occur when children and their families have limited access to micronutrient-rich foods (i.e., vegetables, fruit, meat, fish and fortified foods) or supplements (WHO et al., 2007). Micronutrient deficiencies during the early stages of a child's development can result in a weakened immune system, leaving children more vulnerable to disease and stunting and with heightened morbidity rates. In Sierra Leone, the ability of young children to eat a micronutrient-rich diet is limited and the proportion of children experiencing illness is high, further increasing their vulnerability to undernutrition. Figure 51 sets out the impact of such deficiencies across a child's lifespan.

Vitamin A is another important micronutrient for children, as it is essential for a healthy immune system. Severe deficiency can cause eye damage and is the leading cause of childhood blindness (United Kingdom National Health Service, 2017). According to the 2019 DHS, 62 per cent of children aged 6–23 months had consumed vitamin A-rich foods in the 24 hours preceding the survey, and 53 per cent had consumed foods rich in iron during the same period. Notably, children's intake of vitamin A-rich foods (i.e., dairy, leafy greens, liver and oily fish) has increased by 16 per cent between 2013 and 2019 (Stats SL and ICF, 2020, pp. 196, 197). The 2013 Micronutrient Survey data, the most recent available on this, showed that 82 per cent of children surveyed had been given a vitamin A tablet in the six months prior to the survey being undertaken (MoHS et al., 2013, p. 39).

Rates of anaemia among children in Sierra Leone remain persistently high at 68 per cent, though there was a 12-point decline in the numbers of anaemic children between 2013 and 2019 (Stats SL and ICF, 2020, pp. 195, 160), and rates of anaemia in Sierra Leone are lower than in neighbouring Liberia (71 per cent) and Guinea (75 per cent) (Liberia Institute of Statistics and Geo-Information Services et al., 2021, p. 205; Guinea Institute of Statistics and ICF, 2019, p. 212). Although iron-deficiency anaemia is the most common type of anaemia internationally, in Sierra Leone, a 2013 study found that only 5 per cent of children surveyed were iron deficient and approximately 4 per cent of children had iron-deficiency anaemia, as shown in Figure 52. This implies that a high number of Sierra Leonean children are deficient in haemoglobin, suggesting that a high number of anaemia cases in Sierra Leone may be linked to disease and deficiencies in key vitamins, such as B12 or folic acid. Estimates also suggest that the carrier rate for sickle-cell anaemia in Sierra Leone is 22 per cent. Although the disease has not been diagnosed in carriers, this suggests that

Figure 51: Impact of micronutrient deficiencies on girls, adolescents and women across their lifespans

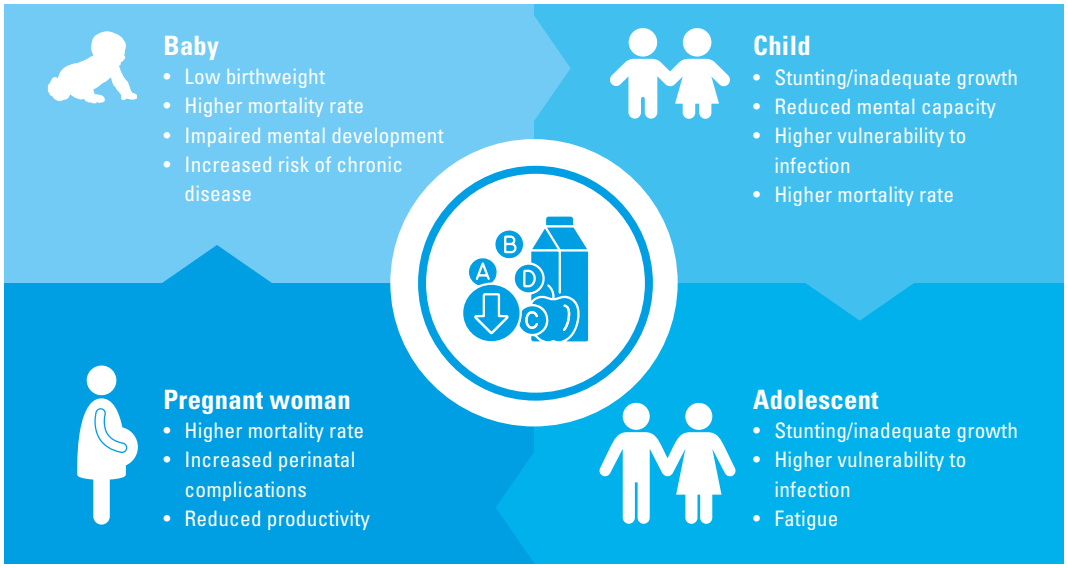
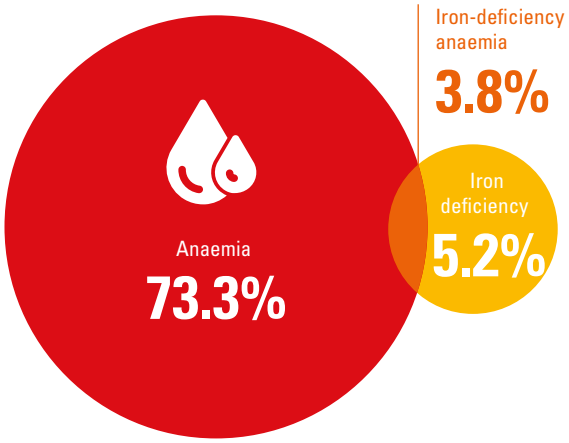


Figure 52: Venn diagram showing overlap between anaemia and iron deficiency in children, 2013

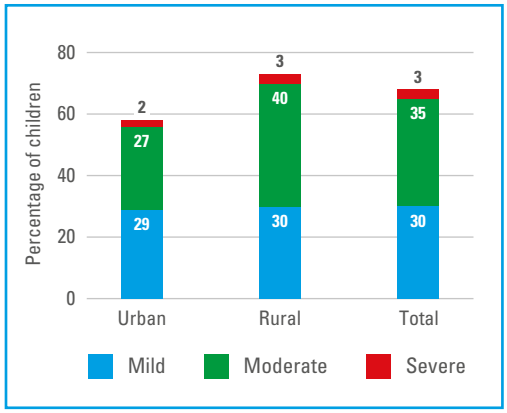


Source: MoHS et al., 2015, p. 40

a high number of Sierra Leonean children are vulnerable to the disease (MoHS, 2018, p. 6). This is discussed in greater detail in Chapter 4.

As Figure 53 demonstrates, a greater percentage of children living in rural areas are anaemic compared to children living in urban areas. For example, 51.5 per cent of children aged 6–59 months in Western Area Urban District tested positive for anaemia in the 2019 DHS compared to 82.9 per cent of children in Falaba District (Stats SL and ICF, 2020, p. 210). There is a notable difference between the rates of anaemia in boy children and girl children (71.1 per cent compared to 64.5 per cent, respectively). The gender gap widens further when examining rates of moderate and severe anaemia in this age group, with a 20 per cent gender gap between boys and girls in cases of moderate anaemia and a 70 per cent gap in cases of severe anaemia (ibid.). In line with international trends, rates of anaemia are highest in children born to mothers with no education and reduce as the mothers' education level and level of income rises (ibid.).

Figure 53: Anaemia in children aged 6–59 months, by residence, 2019



Source: Stats SL and ICF, 2020, p. 210

While drivers of childhood anaemia are complex, the most common drivers in Sierra Leone are infection and inflammation (MoHS, 2018). Data from the 2013 Micronutrient Survey showed that anaemia rates were positively correlated with children who had received a positive result using a malaria rapid test in the prior two weeks (88.2 per cent) or had recently experienced any type of diarrhoea (80.9 per cent) (MoHS et al., 2015, p. 43). Genetic factors, a lack of dietary diversity and poor absorption of micronutrients also contribute to high anaemia rates (MoHS, 2018, p. 4).

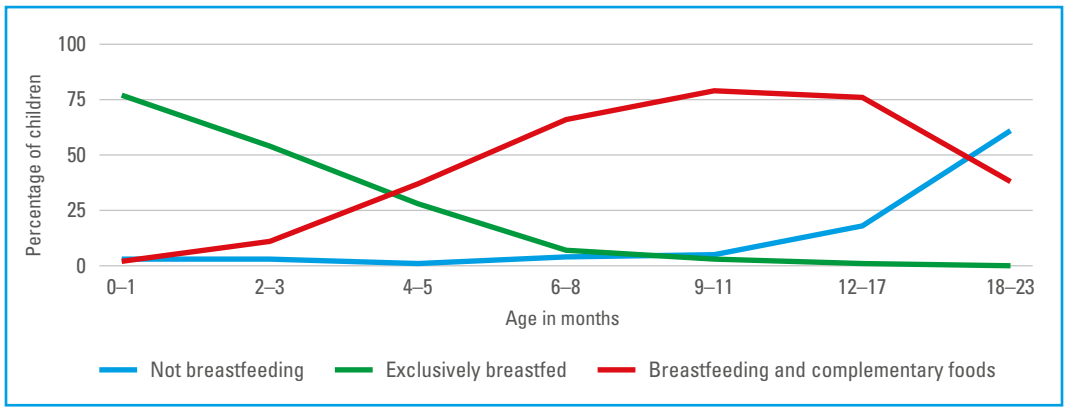
5.1.4 Breastfeeding and complementary feeding

WHO recommends that infants are exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health (WHO, n.d.-a). Breastfeeding appears to be relatively widespread in Sierra Leone, with nearly all children aged 0–23 months (97.9 per cent) being breastfed at some point (MoHS and UNICEF, 2021, p. 116). This is slightly less than the 99.1 per cent of children reported to have ever been breastfed in the 2017 National Nutrition Survey.

Nationally, 89.4 per cent of children are breastfed within the first hour of birth. This represents a marked increase on previous years. According to the DHS data, rates of early-initiated breastfeeding (i.e., breastfeeding within the first hour of a child's birth) have increased sharply, from 48 per cent in 2008 to 54 per cent in 2013, and most recently to 75 per cent in 2019 (Stats SL and ICF, 2020, p. 191). The 2021 National Nutrition Survey suggests rates of early initiation of breastfeeding have continued to rise since 2019.

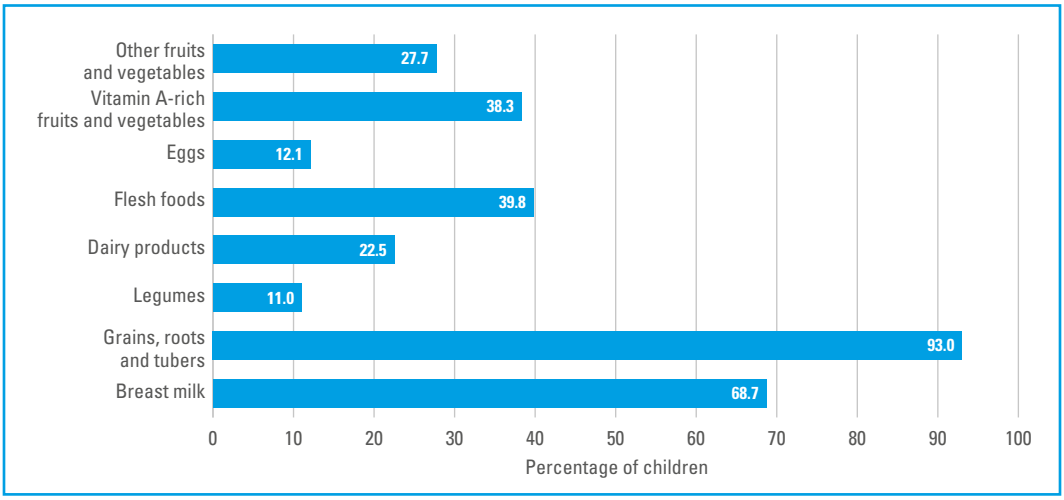
The fifth WHO Global Nutrition Target aims to ensure that 50 per cent of children are exclusively breastfed in the first 6 months of life by 2025 (WHO, n.d.-g, p. 1). Rates of exclusive breastfeeding have also increased sharply: in 2008, 11 per cent of Sierra Leonean children were exclusively breastfed according to the DHS, but by 2019 that figure had increased to 54 per cent of children aged 0–6 months (Stats SL and ICF, 2020, p. 192).

Figure 54: Percentage of breastfeeding practices of children under 2 years, by age group, 2019



Source: Stats SL and ICF, 2020, p. 192

Figure 55: Consumption of different food groups by children aged 6–23 months, 2019



Source: Stats SL and ICF, 2020, p. 192

Prevalence of breastfeeding varies significantly between districts in Sierra Leone, with 68.7 per cent of children aged 0–5 months in Western Area Urban District being exclusively breastfed compared to only 31.7 per cent of children in Tonkolili District (MoHS and UNICEF, 2021, p. 117). According to the 2019 DHS, rates of early-initiated breastfeeding decrease with increasing household wealth (from 82 per cent among children in the lowest wealth quintile to 64 per cent among those in the highest quintile), and rates of prelacteal feeding are higher among children born to mothers in the highest wealth quintile (18 per cent) compared to children born to mothers in the lower quintiles (8 per cent to 10 per cent) (Stats SL and ICF, 2020, p. 191).

The median duration of any breastfeeding in Sierra Leone is 18.6 months, with mothers in rural areas being more likely to have breastfed than mothers in urban areas (ibid., p. 192). This is slightly lower than in neighbouring Liberia, where the median duration of any breastfeeding is 19.6 months, and significantly lower than Guinea, where the median duration of any breastfeeding is 21.6 months (Liberia Institute of Statistics and Geo-Information Services et al., 2021, p. 216; Guinea Institute of Statistics and ICF, 2019, p. 209).

5.1.5 Complementary feeding of infants

WHO recommends that complementary foods should only be introduced alongside breastfeeding after a child has reached 6 months of age, to reduce the risk of malnutrition and meet children's energy and nutrient requirements. According to UNICEF (2020c, p. 11), at global level, 72 per cent of children aged 6–23 months are "not fed even the minimum diverse diet needed to grow healthy". The 2021 National Nutrition Survey estimates that the prevalence of children aged 6–8 months in Sierra Leone being introduced to complementary foods is 60.2 per cent (MoHS and UNICEF, 2021, p. 118). The proportion of children aged 6–23 months surveyed who were meeting the minimum meal frequency for their specific age, as of 2021, was 33 per cent nationally. Only a small percentage of children in this age range (4.9 per cent) met the threshold of a minimum acceptable diet, defined as meeting both the minimum dietary diversity and minimum meal frequency (ibid., p. 119). Data from the 2019 DHS show that in 2013, 42.9 per cent of children aged 6–23 months were fed at the minimum meal frequency during the previous day, but by 2019 that number had declined to 32.6 per cent (Stats SL and ICF, 2020, p. 209; Stats SL and ICF, 2014, p. 158). The number of children receiving a minimum acceptable diet is positively correlated with higher levels of educational attainment by the mother and increased household wealth (Stats SL and ICF, 2020, p. 194).

The WHO Guiding Principles for Complementary Feeding of the Breastfed Child (Pan American Health Organization, 2003) recommend that breastfed children aged 6–23 months should eat from a variety of food groups each day, including a daily intake of meat, poultry, fish, eggs and vitamin A-rich fruits and vegetables.[48] Overall, children in Sierra Leone do not meet recommended dietary diversity levels across each of the eight key food groups, with the vast majority of young children's diets consisting of grains, roots, tubers and supplementary breast milk, as shown in Figure 55 (MoHS and UNICEF, 2021, p. 121).

5.2 Nutrition in middle childhood and adolescence

5.2.1 Malnutrition in middle childhood and adolescence

Notably, little data exist on the nutritional status of children aged 6–9 years in either the DHSs or national nutrition surveys. Furthermore, no data are available before 2021 on the nutritional status of adolescent boys, a situation that does not allow for analysis of trends in data for this group. This is a major data gap, which requires attention.

Overall, 91.85 per cent of adolescents aged 10–19 years in Sierra Leone have a body mass index within a range considered to be 'healthy'. However, the prevalence of adolescent malnutrition in Sierra Leone remains high, and data show that children born to mothers in lower wealth quintiles, with lower levels of education and living in rural areas are at higher risk of stunting (Shibre et al., 2020, p. 2).

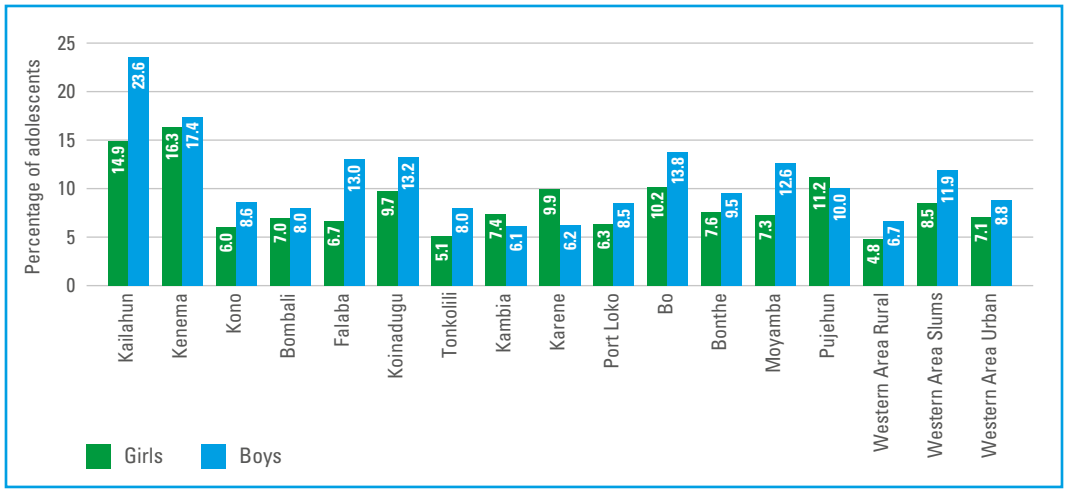
In addition, gender disparities in stunting rates persist in Sierra Leone, with higher rates of stunting among reconstituted groups of male adolescents than female adolescents in the 2019 DHS. For adolescent girls aged 10–19 years, the rate of malnutrition measured using mid-upper arm circumference is 8.5 per cent, and rates of severe wasting stand at 1.4 per cent (MoHS and UNICEF, 2021, p. 84). For adolescent boys aged 10–19 years, malnutrition rates using mid-upper arm circumference are 10.7 per cent (overall) and 1.0 per cent (severe) (ibid., p. 85). This is in line with international trends, where sex-differentiated levels of stunting tend to favour girl children (i.e., globally, boy children experience higher rates of stunting than girl children).

As with younger children, rates of malnutrition vary significantly by district. For adolescent girls, for example, rates of global acute malnutrition using mid-upper arm circumference range from 4.8 per cent in Western Area Urban to 16.3 per cent in Kenema (ibid.). The geographical disparity in stunting rates in Sierra Leone has remained consistent since 2005 among both girls and boys, with no narrowing in rates between rural and urban areas (Shibre et al., 2020, p. 8). Figure 56 details the geographical disparity in stunting rates.

The proportion of overweight and obese adolescents, measured by body mass index, is marginally higher (0.25 per cent) than that for children under 5 years. Statistics on obesity in adolescents follow a similar pattern (0.3 per cent higher in adolescents than in children under 5) (MoHS and UNICEF, 2021, pp. 81–90).

48 A balanced diet is made up of the following food groups: carbohydrates, protein, dairy products, fruit and vegetables, fats and sugars.

Figure 56: Acute malnutrition among reconstituted adolescent groups, by area, 2021

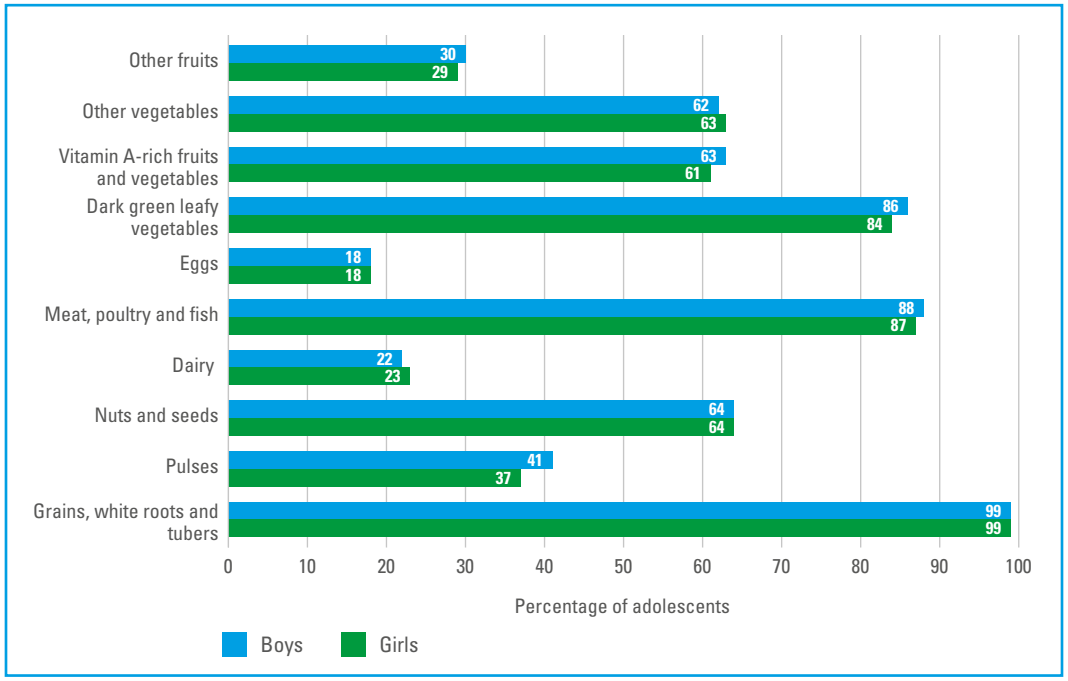


Source: MoHS and UNICEF, 2021, p. 68

5.2.2 Dietary diversity

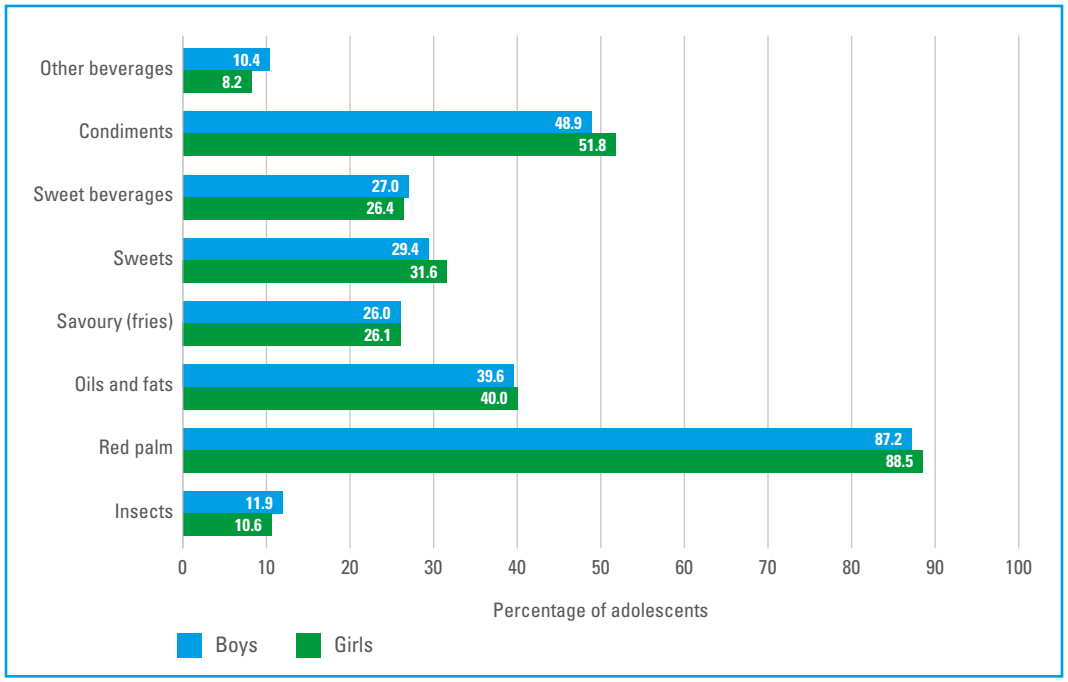
Overall, adolescents in Sierra Leone do not meet recommended dietary diversity levels across each of the 10 key food groups, as shown in Figure 57, with the vast majority of adolescents' diets consisting of grains, white roots and tubers, with 98.9 per cent of girls aged 10–19 years and 99.1 per cent of boys aged 10–19 years having consumed these in the 24 hours prior to the survey (ibid., pp. 93, 94). A 2023 qualitative study on adolescent health and nutrition support systems found that children's awareness of good nutritional practices was "undermined by limited accessibility and/or affordability of food beyond carbohydrates" (Anthrologica, 2023, p. 8).

Figure 57: Consumption of different food groups by boys and girls aged 10–19 years, 2021



Source: MoHS and UNICEF, 2021, pp. 93, 94

Figure 58: Consumption of unhealthy foods by boys and girls aged 10–19 years, 2021



Source: MoHS and UNICEF, 2021, pp. 99, 100

The 2021 National Nutrition Survey shows that boy children are marginally more likely to have a diverse diet than their female counterparts, with the data showing boys have higher consumption rates in 8 of the 10 key food groups studied, exceptions being the consumption of dairy and other vegetables, which girls are fractionally more likely to consume than their male counterparts (MoHS and UNICEF, 2021, pp. 93, 94). Comparable data on adolescent dietary diversity are not available in the 2017 National Nutrition Survey, preventing more extensive analysis of how adolescent nutrition in Sierra Leone has evolved. The national Formative Research on Adolescent Nutrition, Health and Support System 2023 report also reveals that accessibility of food is a key factor influencing diet, with carbohydrates (rice) being the most consumed food (Anthrologica, 2023, pp. 24, 73). The lack of food at home is a leading driver of adolescents electing to live outside of the home.

Consumption of unhealthy foods is also a concern in Sierra Leone, as shown in Figure 58.

The 2019 DHS found that the mean number of food groups being consumed by mothers aged 15–19 years was five (out of a possible 10) in the day or night preceding the survey (Stats SL and ICF, 2020, p. 217). Both higher educational levels and increased wealth were positively correlated with an increase in the mean number of food groups consumed by mothers (across all age groups) (ibid.). The study also found that mothers' consumption of sugary foods decreased with age, and that 18.9 per cent of adolescent girls aged 15–19 years who were mothers had consumed such items in the day and night preceding the survey (ibid.).

National School Feeding Policy

Sierra Leone is currently transitioning from an import-based school feeding model to a home-grown model of school feeding. The new approach, set out in the 2021 National School Feeding Policy, which was developed by the government and supported by the World Food Programme (WFP), is to develop "a decentralized and sustainable programme, based on the global home-grown model, that promotes human capital development through increasing access to education

and learning opportunities and enhanced health and nutrition, and linked to local agricultural productivity and community growth" (MBSSE, 2021e, p. 11). To achieve this, the policy aims to, as one of its four pillars, enhance the nutrition and health of learners through providing balanced and nutritious meals on every school day (ibid., p. 18).

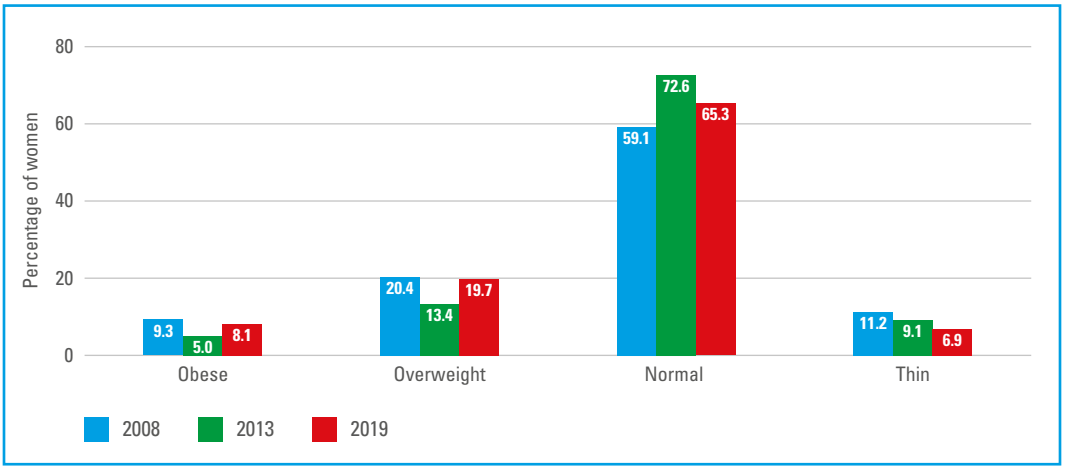
It is envisaged in the policy that the feeding programme will be funded by resources allocated by the School Feeding Secretariat that are clearly outlined in the national budget and will be decentralized to the local council level. This is estimated to cost Le 2,300 (or US$0.23) per child per school day (ibid., p. 16). While no formal strategy for finding this funding was outlined in the National School Feeding Policy, it did suggest that resources from donors, complementary resourcing by local authorities and in-kind support by local communities or the private sector could provide the financial support to roll out such a programme (ibid.).

Currently, the programme, supported by the WFP, is active in 32.8 per cent of schools nationwide and supports 469,190 children (approximately 34.2 per cent of children nationwide). However, it is only operational in five districts (Kambia, Pujehun, Bonthe, Karene and Kenema) (WFP, 2021b, p. 1). In addition to this initiative, under the new policy, the WFP is piloting the Home-Grown School Feeding Programme in 17 schools in Kambia and Pujehun districts, reaching 5,072 primary school pupils (WFP, 2022).

5.3 Maternal nutrition

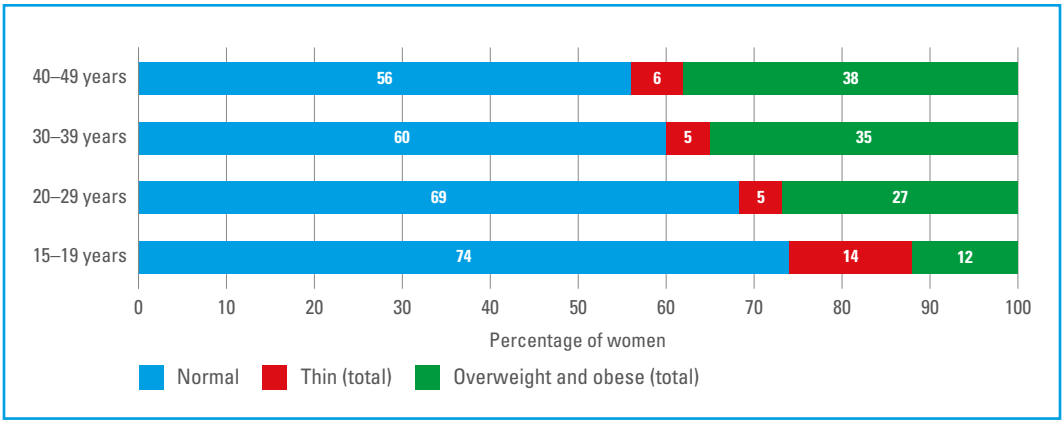
In Sierra Leone, 21 per cent of women aged 15–19 years have begun childbearing and a further 4 per cent are pregnant with their first child (Stats SL and ICF, 2020, p. 79). Given this, it is vital to consider maternal nutrition when discussing the nutrition of adolescents in the country. Data from the 2019 DHS show that 65 per cent of women have a body mass index within the normal range of 18.5–24.9 (Global Nutrition Cluster, 2021, p. 11). The proportion of women aged 15–49 years in Sierra Leone with a body mass index of 18.5 and below, who are considered thin, has decreased over the last decade from 11 per cent in 2008, to 9 per cent in 2013 and further to 7 per cent in 2019 (Stats SL and ICF Macro, 2009, p. 163; Stats SL and ICF, 2014, p. 166; Stats SL and ICF, 2020, p. 197). However, rates of women considered overweight or obese in Sierra Leone have risen sharply in recent years (see Figure 59), with 27.8 per cent of women considered overweight or obese in 2019 compared to 18.4 per cent in 2013 (Stats SL and ICF, 2014, p. 166; Stats SL and

Figure 59: Prevalence of body mass index categories in women aged 15–49 years, 2008–2019



Source: Stats SL and ICF Macro, 2009; Stats SL and ICF, 2014, 2020

Figure 60: Prevalence of body mass index categories in women aged 15–49 years, by age category, 2019



Source: Stats SL and ICF, 2020, p. 214

ICF, 2020, p. 197). The prevalence of obesity and overweight women increases with age (Figure 60), wealth and educational attainment (Stats SL and ICF, 2020, p. 197). Women of reproductive age (15–19 years) are both more likely than their older counterparts to have normal body mass indexes and to be considered thin, as shown in Figure 60.

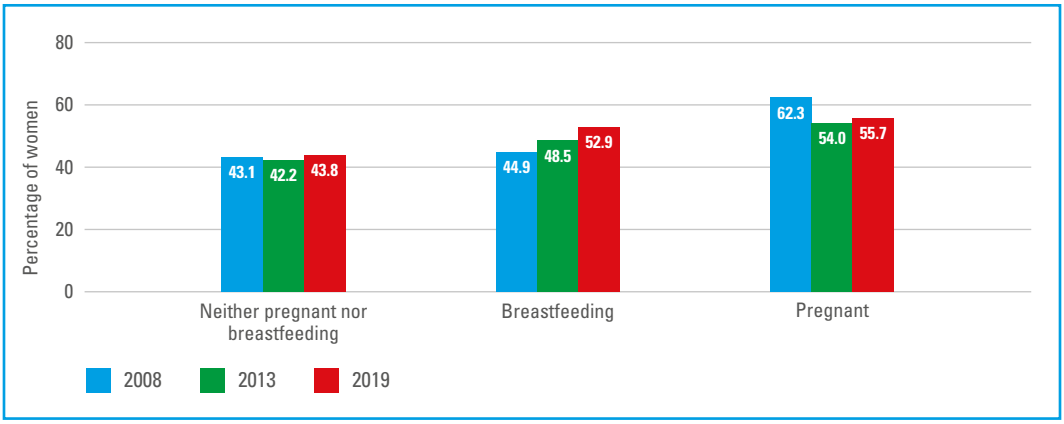
5.4 Maternal anaemia

SDG indicator 2.2.3: Prevalence of anaemia in women aged 15–49 years, by pregnancy status (percentage)

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths (Black et al., 2008), increasing the risk of blood loss at delivery and through postpartum haemorrhage (WHO, 2022i). In Sierra Leone, the leading direct cause of maternal mortality is haemorrhage, with some nationally representative studies suggesting this condition could account for around 25 per cent of maternal deaths (Carshon-Marsh et al., 2021, p. 117). The nutritional status of the mother during pregnancy and lactation can also affect the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birthweight babies who also have an increased risk of death (ibid.).

According to data from the 2019 DHS, the prevalence of anaemia in pregnant women is 55.7 per cent in Sierra Leone (Stats SL and ICF, 2020, p. 215). As Figure 61 highlights, the rates of anaemia increased in 2019 from the 2013 levels, with the percentage of women aged 15–49 years with anaemia who are not pregnant or breastfeeding returning to almost 2008 levels (Stats SL and ICF Macro, 2009, p. 168; Stats SL and ICF, 2014, p. 168; Stats SL and ICF, 2020, p. 215). There was also an 8 per cent increase in the number of breastfeeding women with anaemia between 2008 and 2019 (44.9 per cent to 52.9 per cent). The percentage of pregnant women with anaemia decreased between 2008 and 2013 (from 62.3 per cent to 54 per cent), but in 2019 the percentage of women with anaemia had once again increased to 55.7 per cent. Rates of anaemia in women are consistently higher in rural areas than urban areas (51.6 per cent and 40.4 per cent, respectively) (ibid.). As a result of these trends, Sierra Leone is not currently on track to meet the

Figure 61: Percentage of women aged 15–49 years with anaemia who are pregnant, breastfeeding or neither pregnant nor breastfeeding, 2008–2019



Source: Stats SL and ICF Macro, 2009; Stats SL and ICF, 2014; Stats SL and ICF, 2020

second Global Nutrition Target on maternal anaemia, which aims to decrease anaemia in women of reproductive age by 50 per cent by 2025 (WHO, 2014a, p. 1).

Data from the 2013 Micronutrient Survey show that 43.9 per cent of pregnant women had consumed iron supplements in the six months preceding the study, and 50.9 per cent had consumed folic acid tablets during the same period (MoHS et al., 2013, p. 60). However, the study also shows that the prevalence of anaemia was not statistically different in pregnant women who had taken iron, folic acid or multivitamin supplements in the prior six months than in women who had not taken them (ibid, p. 62). The key factor affecting anaemia levels was testing positive for malaria, with 87.6 per cent of women with positive malaria tests also having anaemia, compared to 64.4 per cent of women who tested negative for malaria (ibid. p. 63).

5.5 Barriers and bottlenecks

5.5.1 Food insecurity and poverty

SDG indicator 2.1.1: Prevalence of undernourishment

Children's access to healthy and diverse food in Sierra Leone is limited. The current economic crisis in the country, driven by the COVID-19 pandemic and the war in Ukraine, has led to widespread poverty (see section 2.10). These factors, coupled with a depreciation of the local currency against the United States dollar, increased fuel costs and a reduction in domestic production, have resulted in an increase in the price of local and imported foodstuffs across the country (WFP, 2021a, p. 6). According to the WFP HungerMap, as of February 2023, 4.3 million people in Sierra Leone (62.4 per cent of the population) had consumed insufficient food (WFP, n.d.). While all districts in the country are considered to be at 'Tier 2: High risk' of insufficient food consumption by the WFP, Kono, Pujehun and Kenema are particularly affected: 58 per cent, 59 per cent and 61 per cent of the population in these areas, respectively, have insufficient food consumption (ibid).

Climate change

The agriculture sector in Sierra Leone has been severely affected by changes in the country's climate. The high dependence on agriculture, both for farmers' livelihoods and in terms of food production, means such changes have a disproportionately large impact on the welfare of children and families. Deforestation, droughts in the dry season, strong winds, sea level changes, heat waves, and floods and mud slides in the rainy season have all had an adverse impact on the country's production of staple crops (World Bank, 2021a). Rice, which accounts for 42 per cent of an average Sierra Leonean's daily calorific intake (Irish Aid, 2017, p. 7), is highly sensitive to increases in humidity and is particularly vulnerable to higher levels of rainfall (Johnson et al., 2013, p. 342). The mean temperature in Sierra Leone increased from 26.26° C in 2000 to 27.19° C in 2021, and this has had a marked impact on the agriculture sector (World Bank, 2021a). Current projections suggest that the temperature in Sierra Leone is expected to increase 1–2.5° C by 2060, resulting in increased crop failures (United States Agency for International Development, 2016). Furthermore, soil fertility has been compromised over the years as a result of excessive rainfall, which affects crop yields and the nutrient content of produce (Irish Aid, 2017, p. 7).

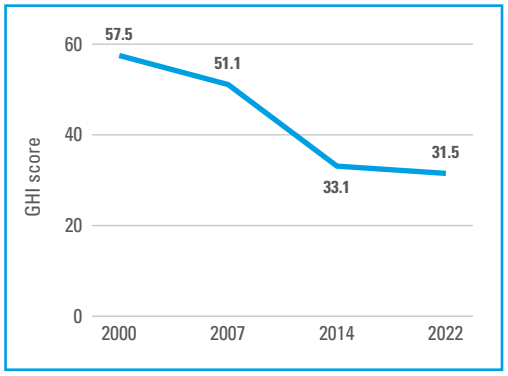
The country's fishing industry is also particularly vulnerable to increased climate shocks (ibid., p. 7). Rising sea level, changes to coastal ecosystems caused by increased sea temperatures (including the loss of fish and aquatic plant species), inundation of major rivers, flash floods, rising salinity of estuaries and reduction in coastal sediments due to climate change are all likely to further increase food insecurity in coastal and riverside populations (ibid., p. 6). According to the World Bank (Lovei, 2017), "globally, it is predicted that climate change will reduce fish catches by 7.7 per cent and revenues from it by 10.4 per cent by 2050 under a high CO_2 emissions scenario. This decrease in the catch may be as much of a drop as 26 per cent in some parts of West Africa." The volume of fish in sub-Saharan African waters is expected to decline at an annual rate of 1 per cent by 2030, further limiting the availability of nutritional and protein-rich food in the country (ibid.). Moreover, drops in fish stocks would have an adverse impact on the livelihoods of workers in the small-scale subsistence fisheries that are predominant in Sierra Leone (FAO, 2019). Such trends are already affecting Sierra Leone, with the Food and Agriculture Organization's (FAO's) statistics (FAO, 2023, p. 138) showing a 3.8 per cent decline in the number of fishers in Sierra Leone between 2015 and 2019[49] (the last year for which data has been published), which can at least in part be attributed to changes in fish stocks.

5.5.2 Inequitable intrahousehold food distribution

Children in Sierra Leone are particularly vulnerable to food insecurity (MoHS and UNICEF, 2021, p. 119). In 2022, Sierra Leone ranked 112 of 121 countries worldwide on the Global Hunger Index with a score of 31.5, indicating a 'serious' level of undernourishment in the population (Concern Worldwide, n.d.). This represents a steep increase in levels of hunger in the country compared to previous years, as shown in Figure 62. Further evidence of the decrease in food security is contained in the results of a February 2023 survey: 21 per cent of Sierra Leonean households have a poor food consumption score, a 6 percentage point deterioration from the 15 per cent reported during the last post-harvest period in January 2022 (WFP, 2023a).

49 Decline in number of fishers from 72,328 in 2015 to 69,572 in 2019.

Figure 62: Sierra Leone's scores on the Global Hunger Index (GHI), 2000–2022



Source: Concern Worldwide, n.d.

While more up-to-date data on the impact of food insecurity on children are limited, qualitative data gathered for this SitAn (as well as overall trends in food insecurity for people of all age groups) suggest the situation for children may have worsened since the National Nutrition Survey was undertaken in 2021. This is supported by the findings of a 2023 Anthrologica study (p. 8), which found that the economic downturn and increased cost of living in Sierra Leone have "compounded the issues of affordability for families" when it comes to purchasing sufficient nutritious food. The same study found that 'affordability' was the main barrier cited by adolescents in accessing a balanced diet (p. 75). Children participating in FGDs held as part of this SitAn suggested that food insecurity was a major challenge for them and their families and that their diets often consisted of carbohydrate and starchy foods such as rice and *garri* (fine to coarse granular cassava flour):

> *Food is available but it's expensive. It is hard to get one meal a day. In some homes the father will leave Le 20 for food for five people [for a day]. There is no way this is enough for the whole family. Children will sleep hungry or eat garri since it is the cheapest [food available] at the market.* (FGD with physically impaired adolescents aged 16–21 years, Freetown, 19 December 2022)

> *Sometimes our parents will say because we are boys we will manage without, and then I don't eat anything. Sometimes I only eat breakfast two or three times a week.* (FGD with adolescent boys aged 14–18 years, Kambia, 7 December 2022)

> *To tell you the truth, I think that none of us eat breakfast seven days a week. We don't eat some days simply because we don't have enough food. Everyone is struggling now. I sometimes have garri for breakfast, sometimes I also have boiled potatoes, but often it's just rice.* (FGD with adolescent boys aged 14 –18 years, Kambia, 7 December 2022)

5.5.3 Lack of enabling environments for food consumption

Inequitable intrahousehold food allocation presents a further barrier to some children in middle childhood and adolescence accessing healthy and nutritious food (UNICEF, 2018b). A complex interplay of age, gender, family structure and household responsibilities (for example, food preparation) affects the distribution of food at the household level. A 2019 study on knowledge, attitudes and barriers to children's nutrition in Sierra Leone found that there is preferential treatment of fathers' food consumption due to gendered understanding of men as 'breadwinners' within families, and that younger children often eat less than their older counterparts because of the practice of sharing food from a common food bowl (given that younger children consume food at a slower pace, they will get a comparatively smaller share of the available food) (UNICEF, 2019b, p. 57, 58). Similarly, gender roles affect the distribution of food between siblings, with male children often given preferential treatment over their female siblings (ibid., p. 57).

While quantitative data are limited on food consumption in Sierra Leone, qualitative data from FGDs suggest that among children in middle childhood and adolescence, girl children and children who are not biologically related to their caregiver have less access to food overall, and notably

less access to protein (i.e., fish, chicken) compared to other children within their households.[50] The same gendered trend of intrahousehold food distribution does not appear to hold for children under 23 months of age, as the 2019 DHS shows that girl children are more likely than boy children to have a minimum acceptable diet, minimum dietary diversity and minimum meal frequency (Stats SL and ICF, 2020, p. 208).

Qualitative data also suggest that foster children (including those who are being cared for by relatives informally) receive a smaller share of available food. This is consistent with a 2023 study on adolescent health and nutrition support systems, which found that foster children were more likely to be discriminated against in food allocation and domestic workload and were highly vulnerable to undernutrition (Anthrologica, 2023, pp. 78, 79).

5.5.4 Barriers to feeding infants and young children

Evidence shows that breastfeeding a child up to the age of 2 years, as recommended by WHO, can have significant benefits for a child's development (WHO, n.d.-a). However, a lack of information on the benefits of breastfeeding and stigma towards the practice remain significant barriers to exclusive breastfeeding in Sierra Leone, as one national-level health stakeholder explained:

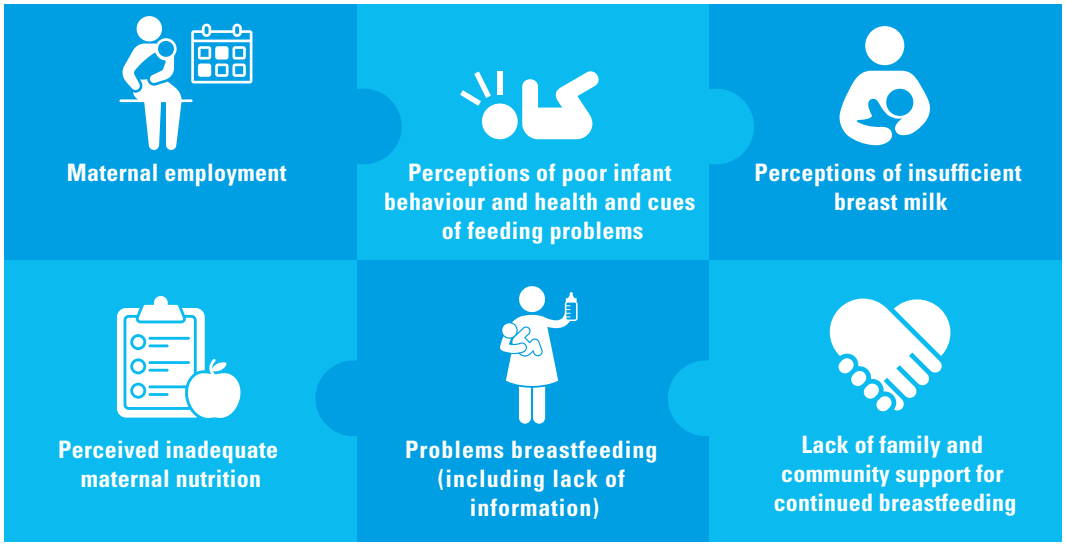
> *Educating people and ensuring that science lives alongside traditional beliefs is important. We are now pushing for families to give breast milk only for the first 6 months of a baby's life. But people here still give their child water when a baby is hiccupy. Men, leaders and religious people need to discuss these issues too. People [in Sierra Leone] think if you are breastfeeding you should not have intimacy with your husband. So people refuse to breastfeed because they say it is a choice between my marriage and my baby. You have food for this baby, which is breast milk … people should be educated on its benefits and the reality of it.* (National thematic FGD on health (child survival), 30 November 2022)

While only limited research has been conducted on the determinants of breastfeeding in Sierra Leone, one 2021 study, which examined breastfeeding practices in Pujehun District in Southern Province, found that a supportive environment (including in the home, in the community and in health-care settings) was a key enabler of early and continued breastfeeding. The study also revealed that husbands' negative opinions of the practice and women feeling unsupported by their spouses when breastfeeding were significant barriers to breastfeeding (78 per cent of women studied who 'felt supported' by their husbands practised primary breastfeeding). Some participants suggested that "having sex during breastfeeding would contaminate a woman's breast milk and lead to malnutrition in her infant" (van Breevoort et al., 2021, pp. 7, 8) This was supported by the findings of a 2019 study on breastfeeding practices in Sierra Leone, which found that women in Sierra Leone believed that they needed to make a choice between breastfeeding their child safely and having sexual intercourse with their husbands (UNICEF, 2019b, pp. 38, 39). The same study found that a father's opinions on breastfeeding practices had a significant impact – both positive and negative – on a mother's decision to breastfeed, and were more influential than the opinions of a mother's other relatives or friends (ibid., p. 45).

Another barrier to breastfeeding was insufficient information on breastfeeding practices, difficulties in breastfeeding and a perception among mothers that their children were not receiving enough milk (31 per cent cited this as the reason they stopped breastfeeding) and continued to be hungry (van Breevoort et al., 2021, p. 10). A study on knowledge, attitudes and barriers to breastfeeding conducted in 2019 also found that while the belief that breastfeeding is

50 Participatory FGD with girls aged 10–14 years, Kambia, 8 December 2022.

Figure 63: Barriers to breastfeeding in low- and middle-income countries



Source: Kavle et al., 2017

'dirty' is becoming less prevalent, it remains a reason individuals choose not to breastfeed their children (UNICEF, 2019b, p. 37). The practical challenge of maintaining breastfeeding practices for employed mothers was cited as a further barrier to breastfeeding (ibid, p. 38). This is broadly in line with other global literature on the issue, which have identified a range of barriers to breastfeeding. These are detailed in Figure 63.

5.5.5 Inadequate infrastructure for nutrition services

Low numbers of health workers, coupled with inadequate health infrastructure and access challenges, mean that most Sierra Leoneans' access to knowledge about nutrition issues and access to services to prevent and respond to malnutrition is limited. Chapter 4 discusses in greater detail the complex interplay of barriers that prevent children, adolescents and parents from accessing health-care facilities in Sierra Leone. These problems also have an impact on response to nutrition challenges, including the provision of equipment, facilities, essential medicines, health-care workers and adequate sanitation facilities.

The difficulties faced in responding to undernutrition in Sierra Leone are also multisectoral, with significant challenges in ensuring children's access to food within the education system and in providing drinking water and other essential services, such as handwashing facilities at schools. Work is required to further strengthen coordination and communication among the various ministries, departments and agencies in response to nutrition-related concerns at the national and district levels.

5.5.6 Low public financing for nutrition

Funding for nutrition interventions in Sierra Leone is limited. According to the RMNCAH and Nutrition Strategy 2017–2025 (Sierra Leone, 2022c, p. 26), "nutrition programmes are heavily underfunded. Even where funding is available, weak integration, fragmentation and duplication result in high levels of inefficiency." Indeed, significant public and private sector investment is needed for resources if the National Nutrition Policy 2022–2030 is to be implemented. At present, the policy

does not set out an estimate of the level of funds needed to achieve this. Further work is needed to prepare a costed policy implementation plan to build the case for investment in the nutrition sector.

5.6 Recommendations

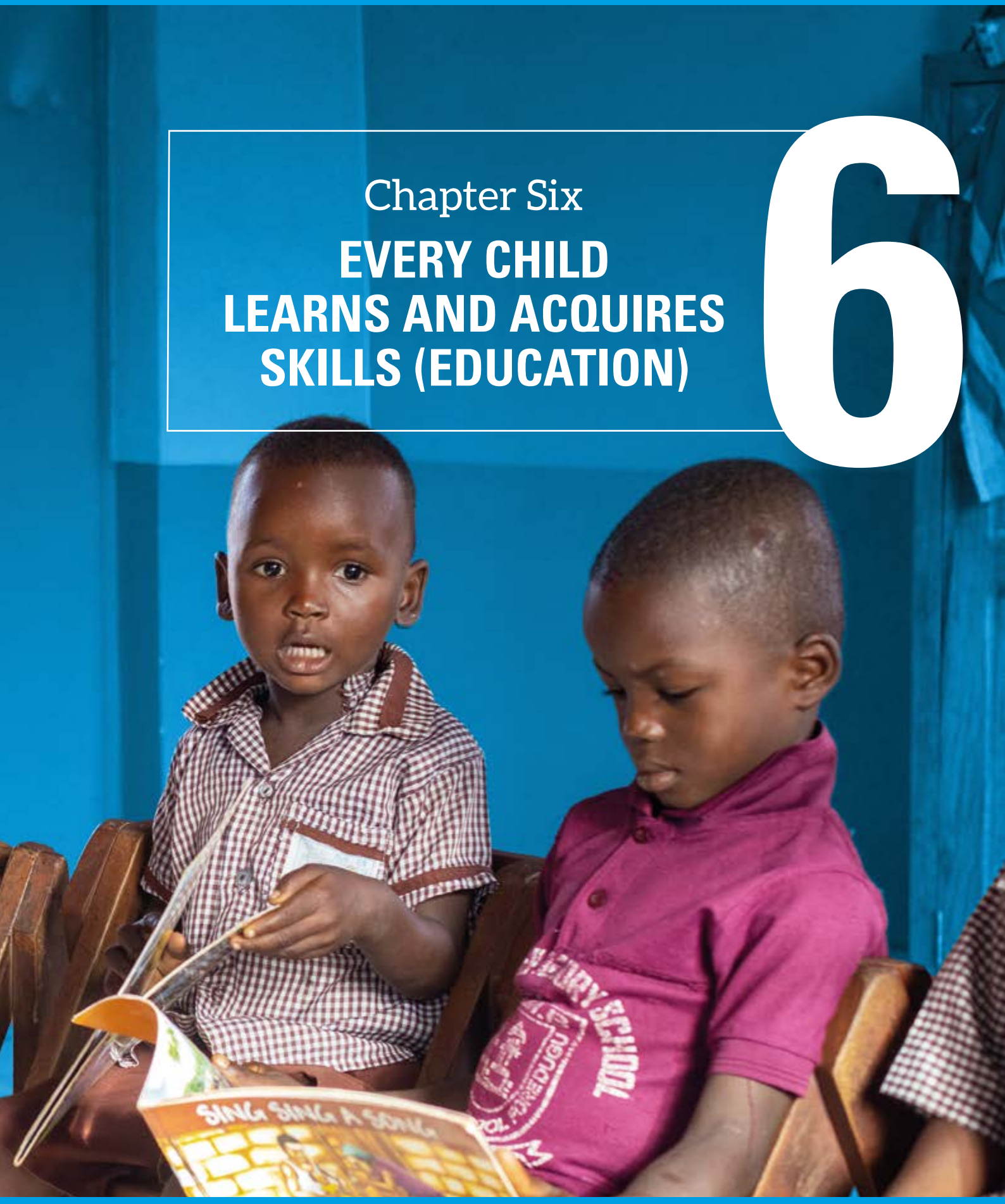
1. Implement good development practices to reduce stunting in Africa, as set out in the Multi-Sector Strategic Plan to Reduce Malnutrition in Sierra Leone 2019–2025 (Sierra Leone, 2019, p. 24).[51]
2. In light of the findings on breastfeeding, increased sensitization programming is needed to promote exclusive breastfeeding in the first 6 months of a child's life. Awareness-raising should be targeted at fathers particularly, given that husbands' negative opinions on breastfeeding are currently a key barrier to the practice.
3. Further work should be done by all partner agencies, cross-sectorally, to strengthen health and food systems for the prevention and control of micronutrient deficiencies among women and children. As a part of this, the MoHS and Ministry of Agriculture, Forestry and Food Security should consider piloting an iron supplementation programme, particularly among pregnant and lactating mothers. This should be accompanied with educational initiatives to increase awareness of the importance of balanced and iron-rich diets for children and pregnant and lactating mothers.
4. Further work should be done by the MoHS to develop and implement a national adolescent nutrition strategy for Sierra Leone that focuses specifically on the needs of this group of children.
5. Implement Strategic Direction 4 of the Multi-Sector Strategic Plan to Reduce Malnutrition in Sierra Leone: expand and intensify school feeding for all children and adolescents, including in pre-primary schools, through to the end of junior secondary school (Sierra Leone, 2018a, p. 31).
6. Continue to implement existing laws and strategies on nutrition, including operationalizing the 2021 Breast Milk Substitutes Act, the National Nutrition Policy 2022–2030, the Sierra Leone Food-Based Dietary Guidelines for Healthy Eating 2016 (Sierra Leone, n.d.-b), existing provision of school feeding and the National Multi-Sectoral Strategy to Prevent and Control Anaemia 2018–2025 (MoHS, 2018), including specific emphasis on the implementation of nutrition programmes as per the National Reproductive, Maternal, Neonatal, Child and Adolescent Health Strategy (Sierra Leone, 2022c).
7. Given the findings on the financing of nutrition services, the MoHS should work alongside donors and partners to increase budget allocation for nutrition-specific programming.
8. Work should be done to further scale up the provision of quality maternal, infant, child and adolescent nutrition services, especially in evidence-based promotion of optimal nutrition and care practices.
9. Further research should be undertaken on the nutritional situation of children aged 6–9 years. Future national nutrition surveys and demographic and health surveys should seek to capture data on this group of children to better understand their nutritional status.

51 Based on African Union (2016). See Sierra Leone, 2018a, p. 24.

Chapter Six

EVERY CHILD LEARNS AND ACQUIRES SKILLS (EDUCATION)

6



CRC article 28: "Every child has the right to an education. Primary education should be free. Secondary and higher education should be available to every child. Children should be encouraged to go to school to the highest level possible. Discipline in schools should respect children's rights and never use violence".

6.1 Legal and policy framework for children's development rights

A child's right to education is enshrined in articles 28 and 29 of the CRC and article 13 of the International Covenant on Economic, Social and Cultural Rights. In order to ensure implementation of the right to education, the government must make education available, accessible, acceptable and adaptable. The right to education is also contained in the SDGs, where it is recognized that "quality education is the foundation to improving people's lives and sustainable development." SDG 4 requires States to "ensure inclusive and quality education for all and promote lifelong learning." Other goals relevant to education in Sierra Leone are SDG 1 to "end poverty in all its forms everywhere" and SDG 5 to "achieve gender equality and empower all women and girls".

Although the first university in West Africa was established in Sierra Leone, and schools were founded in the country in the mid-19th century, at the time of independence in 1961, less than 15 per cent of the nation's children were attending primary school and only 5 per cent of 12–16-year-olds attended school. Much has changed in the last 60 years, with Sierra Leone now spending a greater proportion of their budget on education than other West African countries. The education system has, however, faced challenges. Ten years of conflict (1991–2001), the Ebola outbreak (2014–2015), which resulted in schools being closed for eight months, followed by the COVID-19 pandemic (2019–2021), which closed schools for a further eight months, affecting nearly 2.6 million children, have all taken their toll.

Table 19: Key SDG targets related to education

SDG	Targets	Sierra Leone progress
4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.	4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.	
	4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.	
	4.4: By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.	
	4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.	
	4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent and effective learning environments for all.	
	4.c: By 2030, substantially increase the supply of qualified teachers.	

6.1.1 Legal and policy framework

Sierra Leone has a vision to be a nation with educated, empowered and healthy citizens capable of realizing their fullest potential by 2035. To this end, the Government of Sierra Leone prioritizes inclusive rights-based education for all: "rights to, rights in and rights through education" (Sierra Leone, 2022b).

Article 9 of the Constitution of Sierra Leone provides that the government shall direct its policy towards ensuring there are equal rights and adequate educational opportunities for all citizens at all levels by:

- ensuring that every citizen is given the opportunity to be educated to the best of her/his ability, aptitude and inclination, by providing educational facilities at all levels and aspects of education such as primary, secondary, vocational, technical, college and university;
- safeguarding the rights of vulnerable groups, such as children, women and persons with disabilities in secure educational facilities (see also the Child Rights Act (2007), section 30); and
- providing the necessary structures, finance and supportive facilities for education, as and when practicable.

To eradicate illiteracy, the Constitution requires that the government shall direct its educational policy towards achieving free compulsory education at primary and junior secondary school (article 9(2)).

The Basic and Senior Secondary Education Act (2023), replacing the Education Act (2004), was passed in June 2023. It is now the major legal instrument governing the provision of education in Sierra Leone. The introductory paragraph states that the purpose of the act is to "reform the basic and senior secondary education system to make it free, accessible, compulsory, relevant, all-inclusive and rights based." Section 18 of the act splits the system of education into four progressive levels: three years of preschool education; six years of primary school education; three years of junior secondary schooling; and three years of senior secondary school education or three years of technical or vocational education. Sections 24–27 also provide that basic education shall consist of 12 years of basic education rather than the previous nine years, stretching from pre-primary to the end of junior secondary school. It does not, however, indicate clearly whether all 12 years are to be compulsory, and the government is only legally bound to provide one year of free compulsory preschool education when a child reaches the age of 5 years (section 22(2)).

Furthermore, while the Education Act (2004) provided that basic education should be free to the extent specified in statutory instruments, there is no explicit mention of whether fees can be charged in the 2023 act and it does not state that each child has a right to free quality education.

Section 15 of the Persons with Disability Act (2011), under review at the time of writing, provides that a person with a disability shall not be denied admission to, nor be expelled from, an educational institution by reason only of his or her disability, and requires educational institutions to take into account the special needs of persons with disabilities with respect to the use of school facilities, class schedules, physical education requirements and other similar considerations. In addition, the Basic and Senior Secondary Education Act (2023) provides that all schools, including private schools, "shall be inclusive and disability friendly, by making sure that all classrooms and facilities are accessible to all categories of learners" (section 19).

Higher education institutions are regulated by the Universities Act (2021), the 2001 Tertiary Education Commission Act (2001), the Polytechnics Act (2014) and the National Council for Technical Vocational and other Academic Awards Act (2001) (MoPED, 2019, p. iv; MTHE 2022, p. viii).

Human capital development, especially through the provision of free quality education, is seen by the government as the foundation stone for national development (MTHE, 2022, p. vii). Since the Ebola outbreak, which had a devastating impact on education, the government has issued a number of important policy and research papers to help it determine the direction for the national education system. These include the Education Sector Plan 2018–2020, the 2019 National Technical and Vocational Education and Training (TVET) Policy for Sierra Leone; the 2019 Comprehensive Situation Analysis of Teachers and the Teaching Profession in Sierra Leone; the 2020 publication, *Education Sector Analysis* (Sierra Leone, 2020a); the 2021 publication, *Education Coverage in Sierra Leone* (MBSSE, 2021b); the Education Sector Plan 2022–2026; the 2021 National Integrated Early Childhood Policy; the Annual School Census (every year); and the 2022 Sierra Leone National Consultation Report and National Statement, which were published for the 2022 Transforming Education Summit (MBSSE and MTHE, 2022b).

In addition to these policies, the government launched the new Medium-Term National Development Plan 2019–2023 in 2019, which contains its 'flagship' programme: the Free Quality School Education (FQSE) programme. The purpose of the FQSE programme is to ensure free, quality basic and senior secondary education for all children (MoPED, 2019; MBSSE, 2021d, p. 11). The programme provides for free admission and tuition to all children in government and government-assisted schools, free basic school materials (including textbooks), increased access to the school feeding programme, the introduction of a national school bus system and an increase in the number of trained and qualified teachers (MBSSE, 2021d, p. 14). In addition, the FQSE programme intends to phase out the two-shift system in schools, particularly in urban areas, to allow pupils to spend more hours of the day being taught at school (MBSSE, 2020). The FQSE programme has resulted both in a large increase in enrolment of children in schools and an increase in the number of schools.

The most recent policy, the National Policy on Radical Inclusion in Schools, published in March 2021 by the MBSSE, has as its aim the inclusion in education of historically marginalized groups, such as pregnant girls, parent learners, children with disabilities, children from rural and underserved areas and children from low-income families.[52] It is complemented by the 2022 National Strategy for Out-of-School Children. Other policies, including the Assistive Technology Policy and Strategic Plan 2021–2025, the 2020 School Health Policy, the National Referral Protocol on Gender-Based Violence and the Comprehensive School Safety Policy (submitted for parliamentary approval), are also relevant.

6.1.2 Public financing of education

SDG 4 recommends that countries spend 4–6 per cent of their GDP on education. Data from World Bank shows that Sierra Leone has the highest expenditure on education in the sub-Saharan African region, both as a share of government expenditure (34.2 per cent) and as a share of GDP (8.8 per cent) (World Bank Data, n.d.-h).[53] In November 2022, the President of Sierra Leone announced that the government would spend 22 per cent of the budget on education (Collins,

52 The MBSSE's National Policy on Radical Inclusion in Schools, 2021, aligns with a number of international and regional human-rights agreements and obligations to which Sierra Leone is a signatory, including: United Nations Convention on the Rights of the Child, 1989; Salamanca Statement, 1994; African Charter on the Rights and Welfare of the Child, 1999; United Nations Convention on the Rights of Persons with Disabilities, 2006; Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2003 (the Maputo Protocol) (MBSSE, 2021d, p. 15).

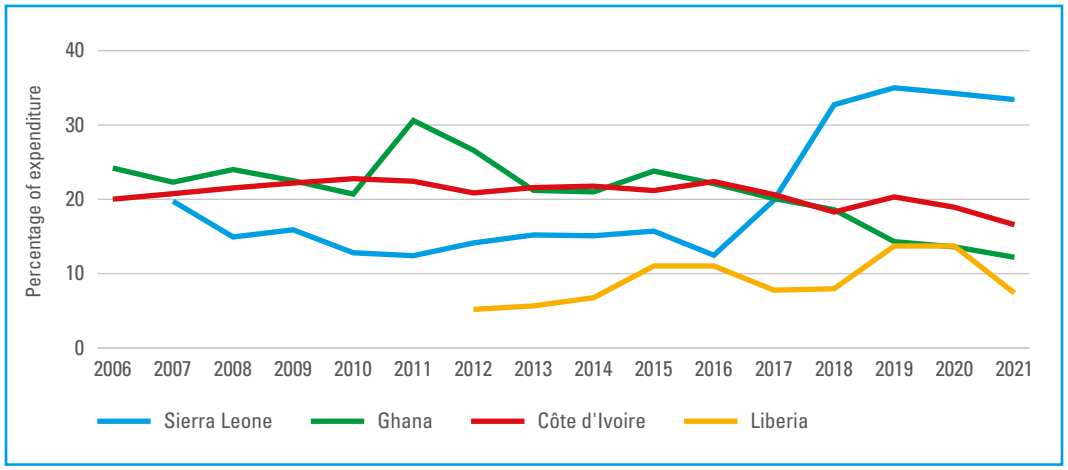
53 However, much of the budget is donor funded.

2022),[54] an estimated Le 1,381,735 billion (approximately US$70 million), with the support of external donors, including the European Union, World Bank and the Arab Bank for Economic Development in Africa. As can be seen from Figure 64, Sierra Leone's intended expenditure on education far outweighs that of other West and Central African countries and represents one of the largest percentages committed in the world (ibid.).

Under the Education Sector Plan 2022–2026, 35 per cent of the education budget will go to primary schools, while secondary education will receive nearly 28 per cent and higher education 28 per cent. Pre-primary schooling is only allocated 2 per cent of the budget. The Education Sector Plan 2022–2026 notes that spending on pre-primary and primary education will not meet the international benchmark of 50 per cent of the education budget spent on primary education (MTHE, 2022, p. 13). Neither is it likely that Sierra Leone will reach SDG target 4.2 by 2030 of all girls and boys having access to quality early childhood development, care and pre-primary education.[55]

One of the principal aspects of the FQSE programme is the payment of students' school fees through subsidies to schools. As can be seen from Table 20, the numbers of children falling under the FQSE programme has risen considerably in the four years since its introduction.

Figure 64: Percentage share of government expenditure on education



Source: World Bank Data, n.d.-h

Table 20: Numbers of students receiving fee payments in government and government-assisted schools, 2018–2021

Level	2018	2019	2020	2021
Pre-primary	2,843	30,626	37,035	45,313
Primary	982,075	1,370,581	1,330,763	1,497,758
Junior secondary	233,947	364,018	381,104	456,097
Senior secondary	148,545	232,673	235,039	298,452
Total	**1,367,410**	**1,997,898**	**1,983,941**	**2,297,620**

Source: MBSSE, FQSE Midterm Presentation, December 2021

54 But see MTHE (2022, pp. 12–13), which stipulates that only 2.8 per cent of the GDP was spent on education. No account is given for this variation.

55 For more on early childhood education see the MBSSE National Policy on Integrated Early Childhood Development (2021c).

6.1.3 Organization of education

The MBSSE is responsible for the delivery of basic education (primary and junior secondary school) and senior secondary education at the central level, while the Ministry of Technical and Higher Education (MTHE) holds responsibility for higher and technical education. At the district level, basic education has been devolved, and is the responsibility of the local councils (MBSSE, 2021d).

As shown in Table 21, basic education consists of pre-primary education, primary education (six years, starting at age 6) and junior secondary education (three years, starting at age 12). Senior secondary education, which lasts for three years, is the gateway to higher education. A variety of schools offer both basic and senior secondary education in Sierra Leone. These include government schools (constructed and owned by central government or local government); government-assisted schools (public schools owned by faith-based organizations, communities or other institutions or organizations supported by the government); and private (fee-paying) schools (MBSSE, 2023, p. 12).[56] The majority of government and government-assisted schools have been 'approved' by the MBSSE, but a sizeable minority are still awaiting approval or have not yet applied for approval. During 2018–2021, the number of approved schools increased from 4,872 to 8,676, but, as can be seen from Table 22, many schools remain without approval. Children attending unapproved schools do not qualify for support under the FQSE programme. The Education Act addresses this issue by giving private schools that have not applied for approval six months (i.e., until 19 December 2023) to meet the policy guidelines on school approvals (section 60).

The number of schools has been rising steadily (see Figure 65), despite a dip in 2020, which is likely to be due to closure or failure to provide data during the COVID-19 pandemic (MBSSE, 2023, p. 10). The increase in the number of schools has been part of the government's plan to increase access to education under the FQSE programme.

Teachers in schools are employed by the MBSSE. However, only 46 per cent of teachers in approved government and government-assisted schools are paid by the government. The non-payroll teachers are compensated by families and communities or from tuition grants sent to schools (MTHE, 2022, p. 18), placing the concept of 'free education' in jeopardy.

Table 21: Structure of the formal education sector

Level	Starting age	Duration
Pre-primary	3	3 years (one year compulsory pre-primary)
Primary	6	6 years
Junior secondary	12	3 years
Senior secondary, technical or vocational	15	3 years
University or tertiary	18	4 years

Source: Basic and Senior Secondary Education Act (2023), sections 18 and 22(2)

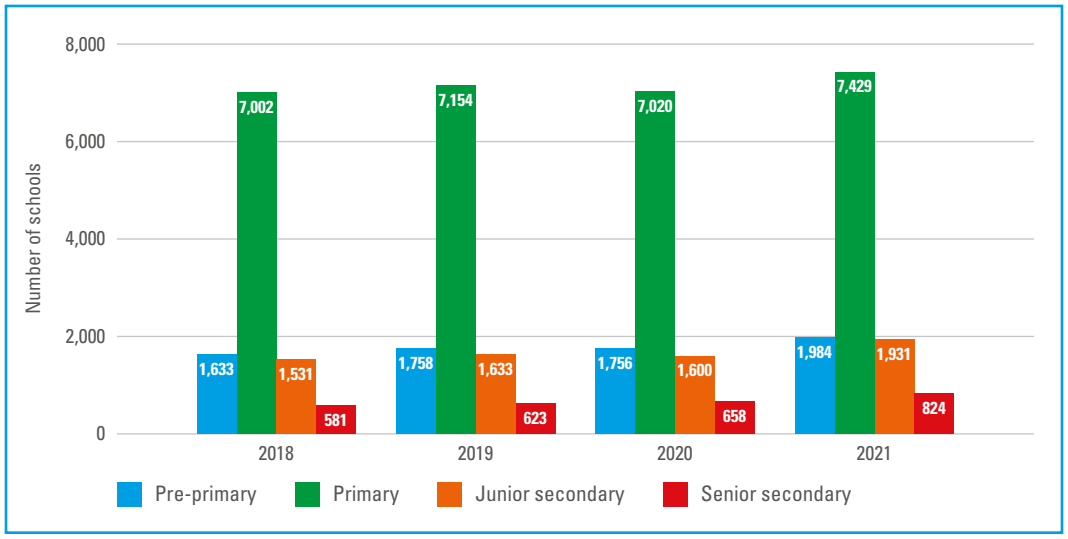
56 There was a 56 per cent overall increase in the number of schools receiving support from the government over the four-year period 2018–2021. Support from the government increased for pre-primary schools (116 per cent), junior secondary school (149 per cent) and senior secondary school (164 per cent). This resulted in the budgetary allocation for education increasing significantly over the period 2018–2021 (see Figure 64).

Table 22: Number of approved and non-approved schools, 2022

Region	Pre-primary			Primary			Junior secondary			Senior secondary		
	Approved	Applied, await approval	Not approved	Approved	Applied, await approval	Not approved	Approved	Applied, await approval	Not approved	Approved	Applied, await approval	Not approved
Eastern Province	108	54	176	1,278	89	253	260	27	59	119	10	19
North-West Province	82	231	108	986	54	199	297	13	37	101	9	10
Northern Province	123	38	116	1,059	105	344	299	18	40	92	10	24
Southern Province	124	33	115	1,291	127	255	230	19	37	88	4	8
Western Area	458	146	280	1,002	172	215	427	74	94	252	38	31
Total	**895**	**502**	**795**	**5,616**	**547**	**1,266**	**1,513**	**151**	**267**	**652**	**71**	**92**

Source: MBSSE, 2023

Figure 65: Change in number of schools by level, 2018–2021



Source: MBSSE, 2022a

6.2 Access to basic education (enrolment of children in schools)

Since the launch of the FQSE programme in 2018, enrolment in schools has increased by 58 per cent across all levels of education (MBSSE, 2022a, p. 13). The percentage increase is most marked in senior secondary (98 per cent); junior secondary (87 per cent); and pre-primary (86 per cent) schools. The increase in primary school enrolment was lower at 43 per cent during the period 2018–2021 (ibid. p. 15). However, the lower level of increase is likely to be due to primary schools

previously having the highest level of enrolment. The enrolment of girls has continued to increase at all levels, including at senior secondary level. In 2021, girls' enrolment in this level had almost reached parity with that of boys (203,108 girls compared to 206,040 boys) (MBSSE, 2022a, p. 13).

Gross and net enrolment ratios

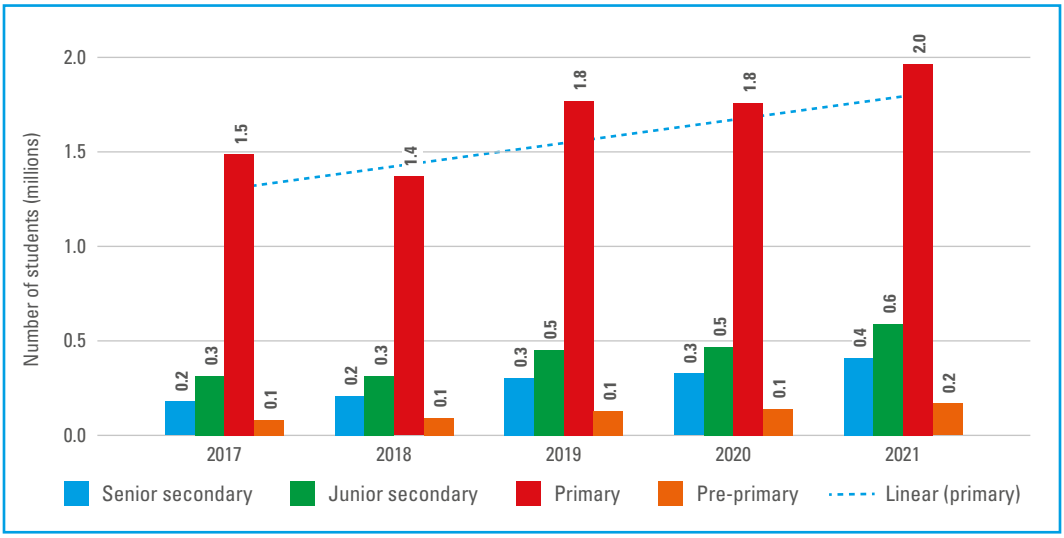
The *gross enrolment ratio* is the total number of pupils in a stage or year of education, regardless of age, expressed as a percentage of the population of the official pre-primary, primary or secondary school-aged children. In countries where children are enrolled early or late, both of which are common in Sierra Leone, the gross enrolment ratio can exceed 100 per cent.

The *net enrolment ratio* is defined as the enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population (United Nations Development Group, 2003). The net enrolment ratio is a useful indicator to monitor progress in education participation, because it excludes students who are over (or under) the age of official enrolment in a particular level or year of school.

As can be seen from Figure 67, the gross enrolment ratio in Sierra Leonean schools has been rising over the last four years. There is, however, considerable disparity in the ratio from one district to another.

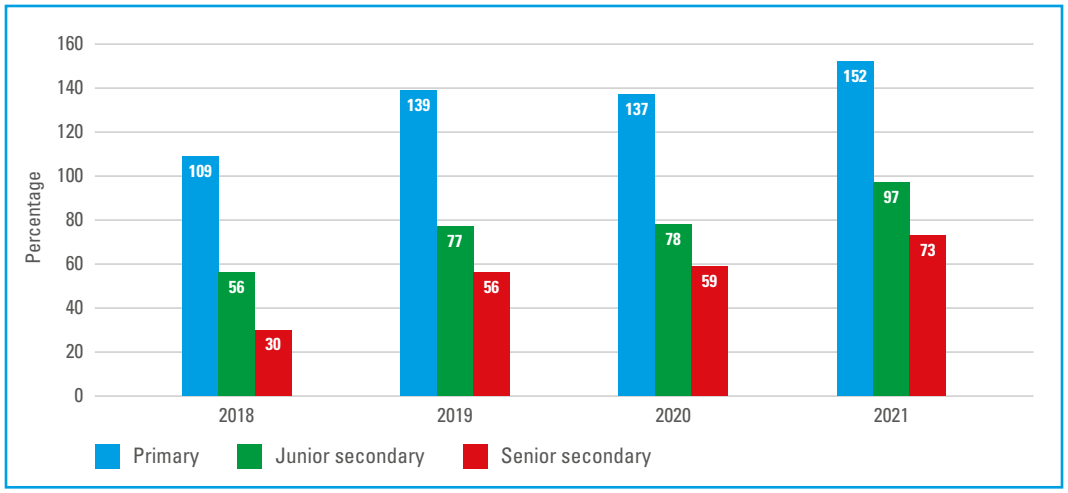
The rate of enrolment in pre-primary schools (MBSSE, 2022a, p. 15) is low overall, ranging from 6 per cent to 35 per cent (Sierra Leone, 2020a, p. 41). Koinadugu, Moyamba and Pujehun districts have a worrying gross enrolment ratio of under 10 per cent, making it very unlikely that these districts will reach SDG target 4.2. In contrast, the primary gross enrolment ratio for 2021 in Sierra Leone was 152 per cent, meaning that 52 per cent of the children in the class were either too young for the class, or too old (MBSSE, 2022a, p. 15). This is far higher than the average for sub-Saharan Africa, where the gross enrolment ratio is 99 per cent. Again, there is variation between districts, from 102 per cent to 180 per cent (Sierra Leone, 2020a, p. 41). The Annual School Census 2021 (MBSSE, 2022a) suggests that the primary gross enrolment figures include children who are too young for the class (i.e., under the age of 6), often due to the lack of provision of pre-primary schooling in the area.

Figure 66: School enrolment (number of students), 2017–2021



Source: MBSSE, 2018b and 2022c

Figure 67: Gross enrolment rate, 2018–2021



Source: MBSSE, 2022a

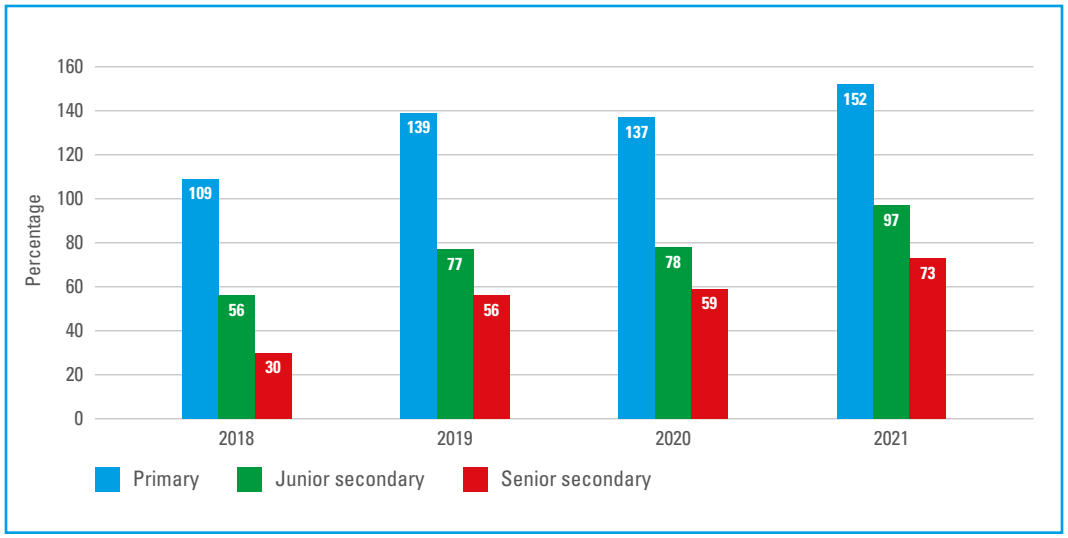
The gross enrolment ratio ranges from 32 per cent to 120 per cent at junior secondary level and from 8 per cent to 93 per cent at senior secondary level (Sierra Leone, 2020a, p. 40). There are two districts with a gross enrolment ratio below 50 per cent for junior secondary school: Kailahun at 49 per cent and Pujehun at 32 per cent (ibid.). At the senior secondary level, Moyamba and Pujehun have a gross enrolment ratio of 18 per cent and 8 per cent, respectively.

The reasons for the fluctuating gross enrolment ratio are complex. While some children, particularly those in primary schools, are too young for their year, others are older than the expected age, either due to the child repeating the year or enrolling late, after the compulsory school age. On the one hand, such a large gross enrolment ratio may reflect the growing desire of parents to send their child to school but, on the other hand, it can present educational and social difficulties for the children in the grade, as the teacher tries to address the learning needs of children whose ages might differ by three or more years. The growth in late enrolment at all levels is likely to be linked to the introduction of the FQSE programme, with more parents now able to afford to send their children to school. If this is the case, late enrolment should reduce with time. A large gross enrolment ratio may also be a result of children being required to repeat a year because of poor performance. The number of 'repeaters' has been decreasing, from 12 per cent in 2011 to only 2 per cent in 2018 at primary level, and from 8 per cent to 1 per cent in junior secondary, respectively. Overall, repeaters attending the first grade of primary school appear to be much younger than non-repeaters: 76 per cent were 5 years of age or younger (MBSSE, 2022a). This again is likely to be linked to the lack of preschool facilities available to meet the needs of younger children, which means that families enrol young children in the first grade of primary school despite the child not being ready. Overall, in comparison to other members of the Economic Community of West African States, Sierra Leone has a relatively low level of repetition (MTHE, 2022, p. 23).

While dropout remains a problem, completion rates have been improving. As can be seen from Figure 68, the completion rate has risen: the percentage of children who enter and complete the last grade at each level of school rose significantly from 49 per cent in 2018 to 90 per cent in 2021. There are no clear data on the reasons for such a significant rise, but at least some part is most likely to be due to the FQSE programme and the investment at the senior secondary level.[57]

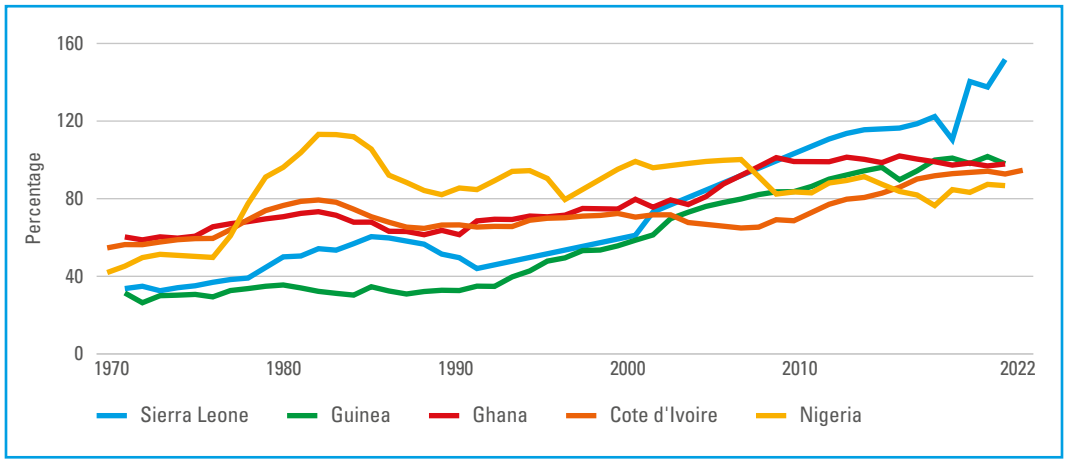
57 It is not possible to determine the extent to which this compares with the world standard of 83 per cent in 2020, as it does not include those who dropped out in previous years before reaching the final grade.

Figure 68: Completion rate of last grade at school, 2018–2021



Source: MBSSE, 2022a

Figure 69: Gross enrolment rate in the last grade of primary education, 1970–2022



Source: UNESCO via World Bank from Our World in Data, n.d.

Sierra Leone is also doing well in terms of school completion rates compared to other countries in the region.

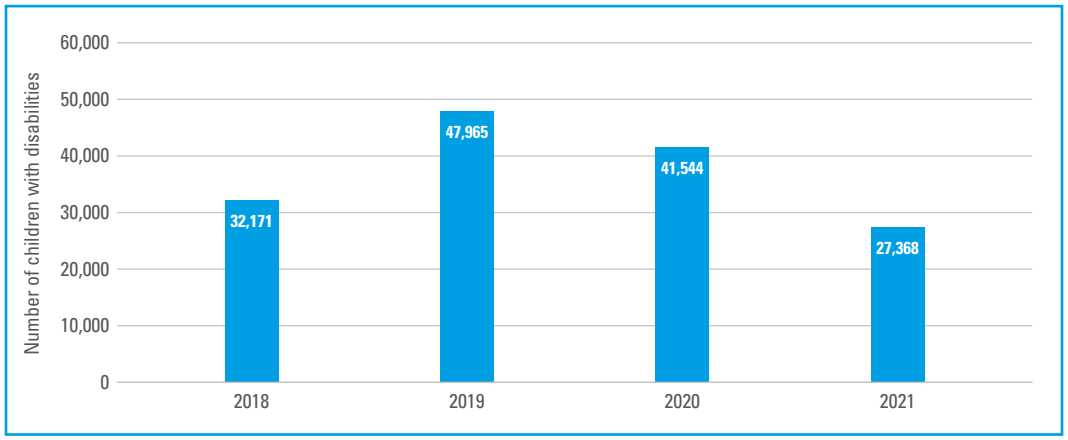
The 2021 Annual School Census does not provide the net enrolment ratio. The 2019 DHS put the net school attendance rate at 89 per cent for girls and 85 per cent for boys at primary level, but only 44 per cent for girls and 46 per cent for boys at junior secondary level. The difference between urban and rural net attendance at primary level is narrow, with 90 per cent attendance in urban areas and 85 per cent in rural areas. However, this divide grows significantly once children reach secondary school, with 61 per cent net attendance in urban areas but only 31 per cent in rural areas. There is also a difference in the net attendance rate at primary schools between districts, with the DHS recording the highest in Kailahun (92 per cent) and the lowest in Falaba (75 per cent). For secondary schools, the net attendance rate in 2019 was highest in Western Area Urban (67 per cent) and lowest in Pujehun (27 per cent).

A total of 27,368 pupils with disabilities were enrolled in 2021 (MBSSE, 2022a, p. ix), 4 per cent in pre-primary, 60 per cent in primary, 26 per cent in junior secondary and 10 per cent in senior secondary school (see Table 23).

As can be seen from Figure 70, the number of children with disabilities enrolled was uneven over the years 2018–2021. No explanation is given in the 2021 Annual School Census for the recent decline in numbers.

While Sierra Leone has improved its primary completion rate, almost 30 per cent of students still fail to complete junior secondary school, which forms part of compulsory basic education. The reasons for failure to enrol in or complete secondary school are complex, being partly due to poverty, with a huge disparity in enrolment and completion between children in the lowest and highest wealth quintiles, and partly due to cultural norms. While there are more girls enrolled in junior secondary school than boys, retention, completion and transition rates from primary to junior secondary and senior secondary are still persistently lower for girls, meaning that as girls progress through the education system, they are more likely to drop out than boys. The probability of completing secondary education is estimated at 44 per cent for boys but only 29 per cent for girls, a difference of 15 percentage points. As can be seen from Figure 71, poverty is a major factor in school dropout, with children being withdrawn to help with household chores or earn money.

Figure 70: Numbers of children with disabilities enrolled in school, 2018–2021



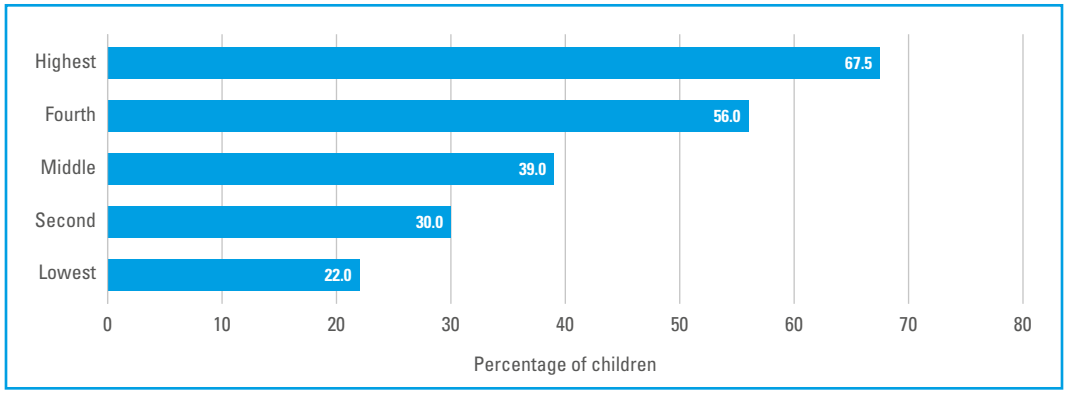
Source: MBSSE, 2022a

Table 23: Numbers of children with disabilities enrolled in schools, by nature of disability, 2021

Level	Visual		Hearing		Speech		Physical		Learning		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Number	%
Pre-primary	87	89	75	75	191	201	58	59	119	101	1,055	4
Primary	1,949	1,859	1,769	1,762	1,739	1,577	840	784	2,018	2,200	16,497	60
Junior secondary	1,181	1,141	768	645	470	362	339	277	842	1,061	7,086	26
Senior Secondary	592	586	242	154	63	112	188	202	383	208	2,730	10
Total	**3,809**	**3,675**	**2,854**	**2,636**	**2,463**	**2,252**	**1,425**	**1,322**	**3,362**	**3,570**	**27,368**	
Percentage		**27**		**20**		**17**		**10**		**25**		

Source: MBSSE, 2022a

Figure 71: Net attendance ratio for secondary school among children aged 12–17 years, by wealth quintile, 2021



Source: MBSSE, 2022a

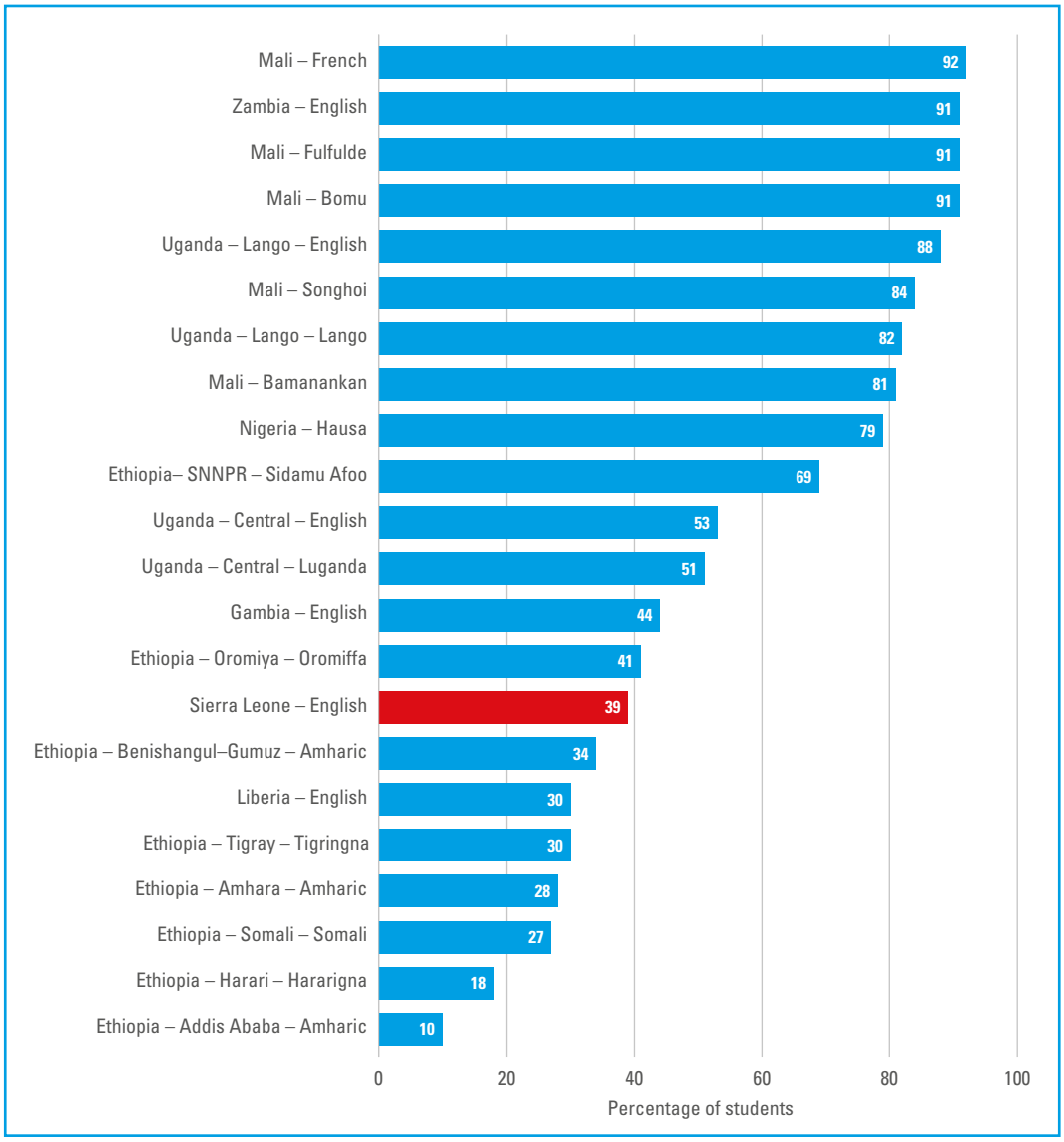
Another common reason for dropout is early pregnancy, which accounts for almost one third of dropouts in girls (ibid., p. 222). The proportion of teenage girls who are pregnant and have a child rises rapidly with age, from 4 per cent at the age of 15 to 45 per cent at age of 19. The high prevalence of adolescent pregnancy in Sierra Leone is intrinsically linked to child marriage, as girls who become pregnant out of wedlock are often forced by their families into marrying the men who made them pregnant, and girls who are subjected to early or forced marriage are likely to fall pregnant quickly (Sierra Leone, 2020a, p.203). Other factors also play a role, such as lack of secondary schools, the risk of sexual exploitation and perceptions of physical safety, both when travelling to school and in school. The proposal in the FQSE programme to introduce school transport could make a significant difference to girls' level of attendance, particularly in rural areas.

6.3 Quality of learning (student performance)

A baseline assessment of early grade reading and mathematics among pupils in primary school Grades 2 and 4 was conducted in 2014, at which time it was concluded that very few primary school learners were acquiring the basic reading and mathematics skills necessary for their future academic success. Interventions were introduced to improve literacy and numeracy, and a further assessment took place in 2021. Both mathematical skills and reading fluency improved between 2014 and 2021, with fewer children achieving zero in the literacy assessment. However, the inability of children to comprehend what they had read was still high (64–73 per cent). Literacy results were affected by the language of the school. Where English was the language of instruction the children did better than those in schools where Krio was the language most frequently used (MBSSE et al., 2021). Equally, children who spoke English at home, at least some of the time, did better than those who did not. Boys did better than girls on foundational and conceptual skills in both English and mathematics.

Students take two national exams during their time in basic education: the National Primary School Examination and the Basic Education Certificate Examination. Pass rates in both of these exams are low, indicating that children have not reached the required level after six years of primary school.

Figure 72: Proportion of students scoring zero on oral passage reading across countries



Source: MBSSE et al., 2021

The number of children taking the National Primary School Examination at the end of primary school has grown over the years. During 2013–2019, the number taking the exam rose from 93,767 (2013) to 136,526 (2019) (Sierra Leone, 2020a, p. 84),[58] but the pass rate remained around 76 per cent, with a considerable degree of variation among the districts. Bombali, Falaba, Kono and Kailahun districts came top with 80–89 per cent passing, while the lowest pass rates were in Kambia, Moyamba and Tonkolili, with only 60–69 per cent of children passing. There is virtually gender parity in the pass rates.

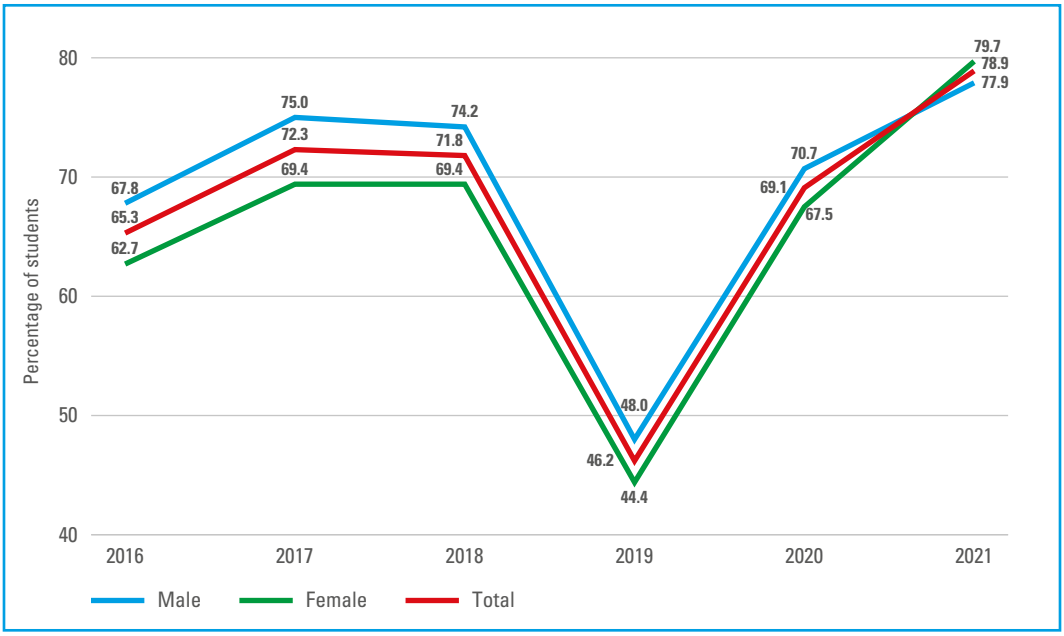
The Basic Education Certificate Examination indicates the completion of junior secondary school and the basic education cycle, and a pass is needed to transition from junior secondary to senior secondary. Students sit a minimum of eight subjects, with scores ranging from 1 (excellent) to 7 (fail). The pass rates in 2013–2019 were lower than for the National Primary School Examination,

58 2019 is the last year for which figures are publicly available.

with a 46.2 per cent pass rate in 2019 (ibid., p. 87). More worryingly, 69 per cent of candidates failed mathematics, 58 per cent failed science and 51 per cent language arts. Furthermore, of those who passed in language arts (i.e., English) in 2019, 35 per cent only achieved the lowest pass grade. The Sierra Leone Education Sector Plan 2022–2026 notes that pass rates have vastly improved since 2019 and that in 2021, the Basic Education Certificate Examination pass rate was 78.9 per cent, a five-year high, and for the first time, pass rates for girls were slightly higher than for boys. Pass rates were higher still in 2022, rising to 84.4 per cent (The Patriotic Vanguard, 2022), with more girls than boys receiving top marks. It is not clear what has caused the rise in the pass rate, and any indication that standards have risen dramatically must be regarded with some caution.

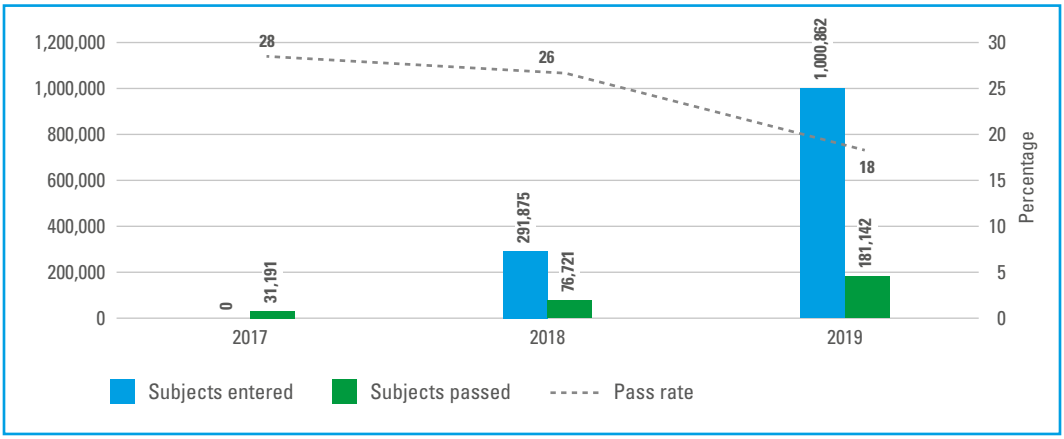
To transition from senior secondary school to tertiary institutions, students sit the West Africa Secondary School Certificate Examination, which is a regional exam taken by students in Ghana,

Figure 73: Basic Education Certificate Examination pass rates by gender, 2016–2021



Source: MTHE, 2022

Figure 74: West Africa Secondary School Certificate Examination entries and passes, 2017–2019



Source: Education Commission, 2020
Note: No data available for 'subjects entered' in 2017.

Nigeria, Sierra Leone, Liberia and the Gambia. Scores range from 1 (excellent) to 9 (fail). In Sierra Leone, pass rates for this exam are very low. Only about 5 per cent of students achieve scores that are high enough to make them eligible for degree programmes in universities, with 6 per cent eligible to enter diploma or teacher training programmes, and 12 per cent eligible to enter certificate programmes. Performance in the two core subjects, English language and mathematics, is low, with failure rates of 64 per cent and 68 per cent, respectively (MTHE, 2022, p. 16).

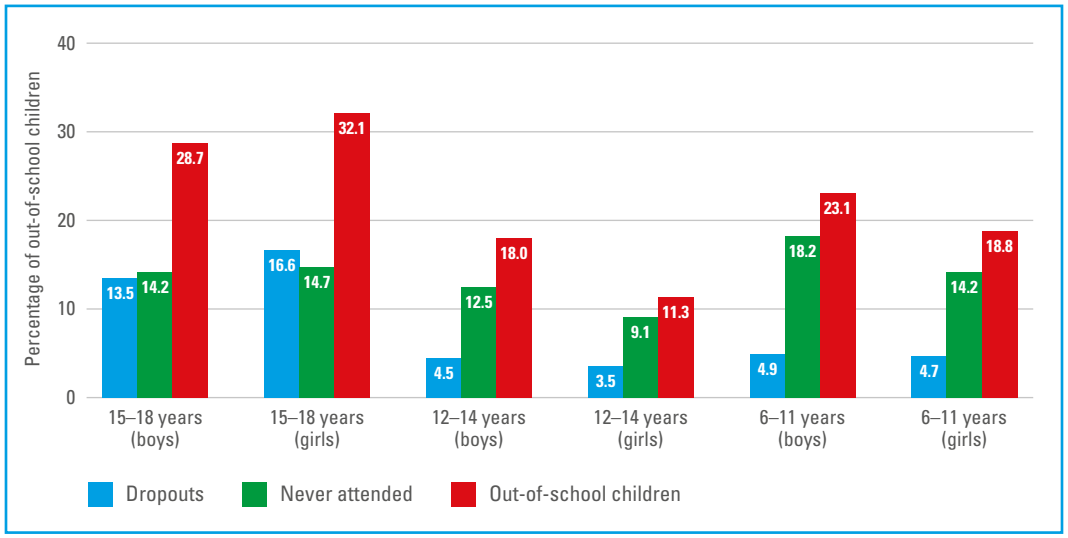
Pass rates for the Basic Education Certificate and West Africa Secondary School Certificate exams decreased between 2017 and 2019 but, at the same time, many more children took the exams because of the FQSE programme.

The Education Commission's report (2020) on education workforce supply and needs in Sierra Leone, using experiences from the Ebola outbreak and COVID-19 pandemic, makes a number of suggestions for improving learning in core subjects. These include the use of technology to bring expert teaching into rural classrooms through audio recordings and boosting learning outcomes through intensive remedial study camps for teachers. A digital 'learning passport' has been piloted by the MBSSE in five districts. This learning passport – a tool that students rate as 'very useful'– includes practice questions for the Basic Education Certificate and West Africa Secondary School Certificate exams.

6.4 Out-of-school children

One of the major objectives of the government is to reduce the number of out-of-school children to zero (MBSSE, 2022b). At the present time, this target has not been achieved. While the growth rates in enrolment are a significant achievement, there are still many children who are not attending school (MTHE, 2022, p. 9). In 2018, an estimated 524,000 children were out of school, a number that represented 22 per cent of all children aged 6–18 years (ibid.). According to the 2019 DHS, two thirds of out-of-school children had never attended school, while one third had dropped out prematurely. Some of the children who were counted as never having attended school may have entered late, as overage enrolment is common.

Figure 75: Out-of-school children who have never attended or dropped out, by age group and gender, 2019



Source: Stats SL and ICF, 2020

The DHS figures also show that there were more boys than girls in the 6–14-year-old age group who had never attended school, but virtually no gender difference among the 15–19-year-olds who had never attended school (Stats SL and ICF, 2020, p. 13). The significant number of children out of school is likely to be due to structural factors such as poverty, lack of access, gender, disability, social norms and stigma (UNICEF and Irish Aid, 2021). The two main factors influencing non-attendance in schools at primary and junior secondary levels are rurality and socioeconomic background (MTHE, 2022, p. 11). Children from the poorest households are 14 per cent less likely to finish primary school than children from the richest quintile. Furthermore, 14 per cent more children in urban areas access primary education, a figure that rises to 33 per cent by the end of primary school (ibid., p. 10). In districts where secondary schools are in short supply, access is also an issue: girls are less likely to enrol given the distance of travel to school, which also puts them at greater risk of sexual violence and GBV (ibid., p. 12).

> *While the enrolment rate has risen significantly for girls, and the gender gap on attendance has been closed, there are still gender disparities in terms of both access to schooling and retention and completion rates. … Enrolment has gone up a lot but there are issues in the retention levels. If you look at the Education Sector Review you will see we have achieved gender parity in primary school, and way more girls are now attending junior secondary schools. The problem is in transition from junior secondary to senior secondary. Circling back to the point on adolescents, it's a critical time for girls because they experience physical and social changes. Those changes start in junior secondary. If the right support information and knowledge is not in place then they suffer. Adolescents suffer the most in Sierra Leone from an education perspective but also from other perspectives. If you put yourself in the shoes of an adolescent girl, then the way she perceives things and feels emotions is changing: peer networks have a bigger and bigger influence as she goes outside the household into society. So many changes happen to adolescents. Girls are exposed to heightened levels of risk and violence at that time of life also.* (National-level FGD for education, 28 November 2022)

Non-formal education is available to those who are out of school and is offered through community learning centres which offer programmes in functional literacy and numeracy, accelerated learning and skills training. Some programmes offer accelerated learning,[59] mostly to children aged 10–15 years, but also to adolescent mothers or girls who have dropped out of school because of pregnancy or for other reasons (Sierra Leone, 2020a, p.20). If a student completes the accelerated programme and passes the National Primary School Examination, they have the opportunity to go to junior secondary school and rejoin mainstream education, though they may be considerably older than the other children in the class.

6.5 Technical and vocational education

The Education Act (2004) makes provision for the function of local community education centres, with "a view to providing a place of learning and skills acquisition for child and adult learners". The act also establishes the National Council for Technical and Vocation Education as a body to run and coordinate technical and vocational education. Ministerial responsibility for TVET lies with the MTHE.

The Education Sector Plan 2018–2020 noted that despite the legislative provisions, participation in TVET was low. This appeared to be due to the cost of TVET institutions. The majority of

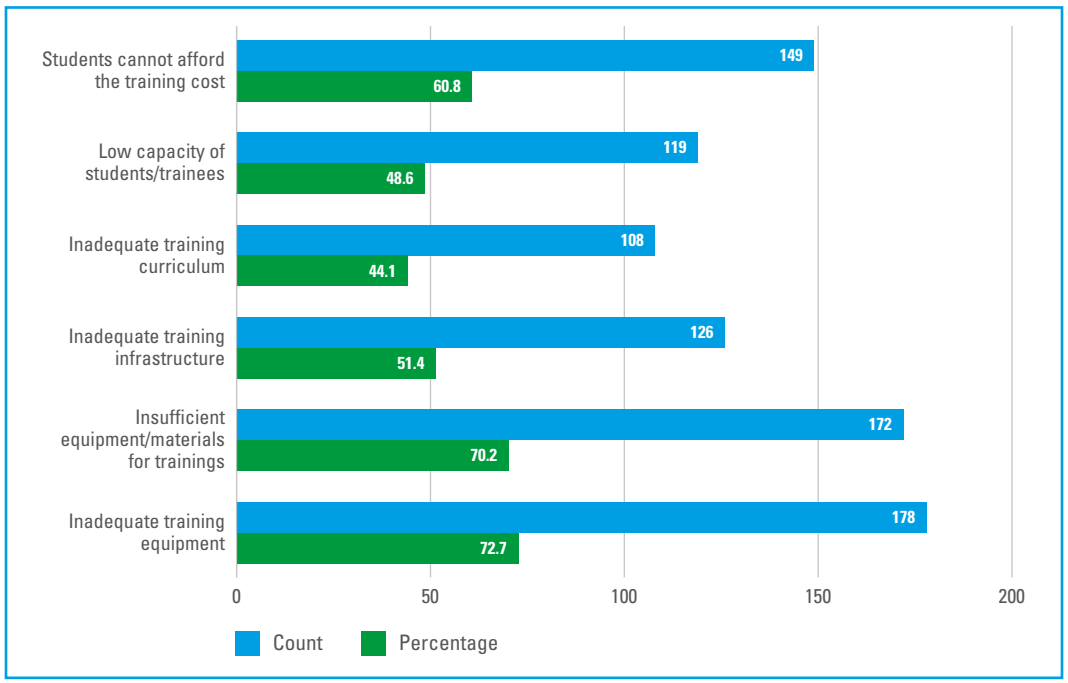
59 Accelerated learning is also referred to as compressed learning.

TVET institutions are private and profit-making (National Council for Technical and Academic Awards, 2022), but even if they are government-run, they charge fees. The Education Sector Plan recognized that, overall, technical and vocational institutions were not meeting the needs of Sierra Leone's growing economy, which is gearing up for industrialization and middle-income status, and saw a need to expand access to TVET through improving existing capacity and expanding where necessary (MTHE, 2022, p. 37). Furthermore, it found that there was considerable disparity in the provision of TVET institutions, with urban areas (particularly in Western Area) having far more institutions than other geographical areas.

The Medium-Term National Development Plan 2019–2023 expressed concern at the performance of TVET institutions, including their outdated curricula that were not aligned to labour market needs and insufficient capacity (financial, organizational and infrastructural); limited links with industry; poor quality of instruction and instructors and limited responsiveness to training and skill development needs in the informal sector (MoPED, 2019, p. 25). Two of its key policy action plans concern reform of the TVET sector: (i) review and standardization of the curriculum and certification for TVET and (ii) development of a national apprenticeship scheme through public–private partnerships in TVET. Both of these have been taken forward. A TVET Working Group was established and a TVET Policy introduced in 2019 (MTHE, 2019) to implement key action points and implement SDG targets 4.4 and 4.5.

The TVET Policy recognizes that improving access to TVET programmes is a major challenge and that, at present, TVET does not provide adequate opportunities to girls or to those with disabilities. The government established additional training institutions in 10 districts in 2019, with plans to construct six more in the remaining districts. There are, however, ongoing challenges. These include access to basic materials, tools and equipment (MTHE, 2022, p. 22), and a serious shortage of qualified TVET instructors. According to the MTHE, there are 1,142 full-time TVET instructors in Sierra Leone, of which only 31 per cent are women, and only 40 per cent of whom are employed by government-assisted institutions. In addition, less than a third of TVET instructors are adequately

Figure 76: Existing barriers that hinder the training of trainees, 2021



Source: National Council for Technical and Academic Awards, 2022

trained in their technical disciplines (ibid.). The 2021 Survey of TVET Institutions reveals that existing TVET programmes do not necessarily respond to industry needs and are heavily focused on the hospitality and construction industries (National Council for Technical and Academic Awards 2022, p. 3). The challenges, as summarized in the survey report, are set out in Figure 76.

Encouragingly, the survey report indicates that 83 per cent of those enrolled are (or were) early school leavers. Unfortunately, the survey does not provide the actual number of children or youth enrolled and does not disaggregate the data by age. As a result, it is not possible to determine whether early school leavers enrolled as soon as they left school or at a later date. It is clear, however, that TVET is seen as a route to gaining further skills in the absence of academic certification, but that significant barriers remain to the government's plans to upskill its population, especially unemployed youth.

6.6 Barriers and bottlenecks

A report presented to the Teaching Service Commission in 2018 (MBSSE and Teaching Service Commission, 2018) found that the rapid expansion in the number of children attending schools and an increase in the number of schools had been achieved "at the expense of the quality and integrity of the education system. Performance of learners had declined, school standards have been eroded, allegations of malpractice are rampant, resources for learning are scarce, funds for teacher salaries are in crisis, too many teachers remain unqualified/untrained, the professional status of teachers is being undermined, and public confidence in education has plummeted."

The MBSSE, in its Sierra Leone Out-of-School Study 2021, summarizes the key barriers to education. These relate to the demand and supply of education. The study found the most obstructive barriers to accessing education were social and cultural norms, in particular gender norms on the demand side, and interventions that are unlikely to address these norms on the supply side.

The demand side of the challenges to accessing education described in Table 24 are dealt with in other sections of this SitAn. The barriers and bottlenecks addressed here are related to the supply side of education.

6.6.1 Availability and accessibility of schools

Although not mentioned as a specific barrier to accessing education, cost remains a factor leading to the high number of out-of-school children. Free education only applies to government-approved schools, which represent only 40 per cent of schools in Sierra Leone (Stats SL and ICF, 2020). Unapproved schools vary widely in their ownership: some are faith-based, others are community-owned or private institutions. These schools charge fees and have the fewest qualified teachers (Samonova et al., 2022, p. 3). The number of unapproved schools varies across the country, but represents 50 per cent of the schools in Western Area and 65 per cent in Northern Province. As a result, in many areas, the only option for schooling is an unapproved school (ibid.). Even in areas with free government-approved schools, other costs for education remain, hindering access to education. These include costs of transportation, uniforms and personal learning materials, which can be prohibitive for families within a socioeconomic context of extreme poverty and gender inequality.

Table 24: Key barriers to education

Demand side	Supply side
Protection barriers	**Protection barriers**
Child marriage: 35 per cent of 15–19-year-olds have pre-primary or no education, and only 5 per cent of children educated to senior secondary or higher	*Widespread use of corporal punishment:* Corporal punishment is banned in schools, but children reported regular incidents of flogging.
Female genital mutilation/cutting: 56 per cent of girls have had FGM/C, taking them out of school for up to two months. Some drop out completely.	*Sexual violence in and around school:* Children reported multiple instances of sexual violence and GBV in schools, including harassment if they rejected advances.
Physical violence and abuse in the community: 87 per cent of 1–14-year-olds have experienced violent discipline; 70 per cent of Rainbo Initiative referrals were aged 15 or younger.[60]	*Bullying:* Bullying by children (and at times, teachers) is pervasive, targeting children with disabilities, pregnant and poorer pupils in particular.
Orphanhood and vulnerable children: Guardians put less emphasis on the education of orphans they support than on that of their own biological children.	
Economic barriers	**Education service barriers**
Poverty: 57 per cent of the population live on less than US$1.22 per day, leaving them struggling to meet the indirect costs of education.	*Availability of secondary schools:* Across all areas, children have to move to district towns to access secondary schools.
Payment to educational institutions: Of 11,168 schools in Sierra Leone, only 6,965 are financially supported by the government under the FQSE programme.	*Illegitimate charging of fees:* Consultations revealed widespread instances of schools and teachers charging fees illegitimately.
Opportunity costs of child labour: 49 per cent of children aged 12–14 years are engaged in child labour, classified as working more than 28 hours a week.	*Lack of qualified teachers:* Only 58.7 per cent of the entire teaching force have the required minimum qualification for the level they teach.
Indirect costs related to school food and materials: 85 per cent of those consulted ranked money within their top four barriers, closely followed by 75 per cent for materials and 71 per cent for food.	*Schools are inaccessible to children with disabilities:* Only 10 per cent of schools have a ramp and 11 per cent have a disability-friendly toilet.
	Lack of special needs teachers and schools: There are just 16 special needs schools across the country and many reported a lack of specially trained teachers.
Social and cultural barriers	
Stigma and discrimination: Children with disabilities are viewed as less capable of contributing to society and their parents often choose not to send them to school.	
Perceived lack of benefits of education: Some out-of-school children expressed a preference to start earning money rather than return to school.	
Adolescent pregnancy: 21 per cent of girls aged 15–19 years have started childbearing, taking them out of school for up to two years while they breastfeed.	

60 The Rainbo Initiative is an NGO that offers support to survivors of sexual violence in Sierra Leone.

Although a considerable number of children with disabilities attend school, a far greater number do not, and continue to face immense challenges in accessing education. School buildings and infrastructure are ill adapted and do not address the needs and priorities of children with disabilities (only 10 per cent of schools have ramps); there are few adapted learning materials, and teachers are not trained to support children with special educational needs (Lamin, 2022).

Poor infrastructure, mainly related to sanitation facilities and hygiene products, contribute to limit the access of girls, particularly during menstruation. Article 19 of the CRC requires States to take all appropriate measures to "protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child".

6.6.2 Safety of children in schools

Children complain of numerous problems in schools, including corruption, physical violence and gender-based sexual violence, as well as illegitimate demands for money, threats if poor behaviour by teachers is reported, and sometimes all combined. Violence, especially GBV, is acknowledged to be a problem in Sierra Leone (MTHE, 2022, p. 3). The 2021 Out-of-School Study noted that sexual violence in and around schools was one of the main barriers to attending school, especially for girls.

The 2021 Annual School Census records 101 schools reporting incidences of sexual violence and GBV, a drop from 141 schools in 2020. The low level of reporting could be due to awareness-raising campaigns, though this would normally increase, rather than reduce, the number of reports. It is more likely that there is significant underreporting of the number of actual incidences, both by pupils to authorities, and by schools themselves. Interestingly, schools in 5 of the 22 districts did not report any incidences of sexual violence and GBV in 2021.

Much of the sexual violence is reported to be committed by teachers, with sexual favours demanded in return for good grades or exam passes (Concern Worldwide, 2010).

> *If you are being taught maths and you don't understand and fail, the teacher will say meet me in the house, or some will ask for money and if you don't have it they ask for sex for grades. … When you have sex with teachers you will not have respect from the teacher. They will beat you every day. The teacher will mock you and tell colleagues you are not serious. They will send their colleagues to you and tell them you are cheap so they too can talk about you and try to sleep with you.* (Participatory FGD with girls aged 14–17, Bo, 14 December 2022)

> *Sometimes, if you are a good customer, they will add marks to your tests.* (Participatory FGD with boys aged 14–18, Kambia, 9 December 2022)

> *Teachers beat the students at school. The ministry says that there is no more corporal punishment in the school. But it still happens. … Sometimes the teacher flogs a student for no reason. If the student tells the parents or the principal, the teacher gets angry and starts talking about what you did, and says that you are lying. So, they flog you for no reason and won't give you a report card if you report them. They will also not give you the correct mark because they are angry at you – they threaten you.* (Participatory FGD with boys aged 14–18, Kambia, 9 December 2022)

Despite being forbidden, corporal punishment in school continues to be practised, adding to the number of factors leading to drop-out by pupils, especially at the higher school levels.

Illegitimate requests for money also appear to be widespread. The extent to which this is, and whether it is by unqualified teachers who are not on government salaries or by qualified teachers who are, is not known.

> *In our school, the teacher made us pay Le 5 to sit our exams.* (Participatory FGD with boys aged 14–18, Kambia, 9 December 2022)

> *They tell our parents to give money to build the school fence. My older sister started paying this money for my other sisters, but the fence does not exist. We asked why and they said we are lying. … Our teachers sell items in class and force us to buy them. Some, they sell pencils and pens. They ask us to pay Le 5 for this. Sometimes they will not give you marks if you don't buy from them.* (Participatory FGD with boys aged 14–18, Kambia, 9 December 2022)

6.6.3 Quality of education

Learning outcomes are poor in Sierra Leone, with most students performing below grade-level expectations in reading and mathematics. In the National Early Grade Reading and Mathematics Assessment in 2021, 81 per cent of Grade 2 students scored zero on reading comprehension (MTHE, 2022). The Sierra Leone Secondary Grade Assessment, which measures English language and mathematics skills at secondary level, showed similarly weak levels of performance in 2018.

A number of causes for the poor level of performance are laid out in the Partnership Compact 2022–2026 (MBSSE and MTHE, 2022a, p. 9). They include the following:

- Many children, especially those identified in the National Policy on Radical Inclusion in Schools, start school without being 'ready to learn', in part because they have not benefited from the one year of pre-primary education mandated in the Integrated Early Childhood Development Policy.
- The National Early Grade Reading and Mathematics curriculum does not describe pedagogies for different components of skills development or for learners with different backgrounds.
- The content in the syllabus and textbooks is not laid out for teaching at the right level and the reading syllabus is not aligned with the emerging 'science of reading'.
- The National Early Grade Reading curriculum is not adequately aligned with the government-approved textbooks in content or in sequence.
- Learning outcome expectations in the early grades are not adequately articulated or communicated.
- Not all teachers align their teaching with the aim of systematically achieving foundation-level learning outcomes. For example, two out of three Grade 2 (Primary Grade 2) teachers do not prepare lesson plans, and less than half refer to a lesson plan during the first 10 minutes of teaching.
- The teacher training manual is not aligned with government-approved textbooks.
- Learning assessments are still project-based and not integrated into government systems. They cannot be used to systematically measure learning outcome progress over time or across different target groups in Sierra Leone.
- Teacher expectations of student learning are low, and most early grade teachers do not expect students to be ready to learn when they begin primary school.
- Pre-service training and curricula in teacher training institutions are not aligned with the updated curricula, although the MBSSE, MTHE and Teaching Service Commission, in collaboration with UNICEF, have been working on this alignment.

- Most households in Sierra Leone are food-insecure and as a result of hunger, many learners miss school or do not learn well while at school.

Additional reasons given for poor performance include that there is a large number of teachers at the primary level who are untrained and unqualified; reading is not a separate subject, but part of the language arts curricula; the majority of teachers are still using the traditional teacher-centric instruction methods, where the teacher speaks and the pupils repeat after them; and the majority of teachers are dissatisfied with their monthly salaries, and/or not committed to their work (Thulla et al., 2022).[61] A further, significant reason, however, appears to be poor attendance at school by teachers, who are often unpaid or very poorly paid, and by children themselves who feel that attendance is not worthwhile.

> *We have challenges when a school does not report poor teaching and they cover up non-attendance. That should not be the case. Parents send their children to school to learn and they are not learning. Classes in Years 1–3 of senior secondary school are still sometimes doing foundational learning because the teaching is so behind – how will that help anyone? Sometimes, even, the teacher goes to school, signs in and then sits somewhere but does not teach. We are working a lot on pupil and teacher attendance. If you ask the children, they will say that the teacher did not come to school yesterday, "so I didn't come today". As I said, some teachers come to school but do not honour their classes – those are teachers who do not finish the curriculum by the end of the year. Kids will sit exams based on the national syllabus, but if you miss school for several days in the month or a teacher does not attend, there are topics you were not taught. That's why there are so many extra classes going on. Sometimes we see it as a deliberate act to force kids to go to these extra classes [for which they have to pay].* (MBSSE Inspectorate)

Other reasons include the difficulty of attracting teachers to rural schools: some rural schools only have one teacher per school. The prevailing view appears to be that this problem could be solved by paying a rural teacher an allowance to take a post for a period of time. It is possible, however, that not even an allowance would encourage teachers who have lived or trained in urban areas to move to rural areas, especially as such areas and schools often have very few facilities. Encouraging local residents to apply for teacher training courses and boosting their education level and skills through intensive coaching in district centres, as suggested by the Education Commission (2020), might have a more successful outcome.

The aim of the MBSSE and MTHE Partnership Compact, Foundations of Learning for All 2022–2026, which builds on the Sierra Leone Education Sector Plan 2022–2026, is to reduce the low levels of achievement. The compact envisages that this will involve ensuring that children are ready to learn when they enter primary school (as a result of one year of compulsory preschool education) and that teachers are properly trained. The compact also sees the need to increase the use of data and technology to support foundational learning.

To buttress the reforms, and with funding support from partners, the compact also envisages a number of complementary investments. These include school meals for pre-primary and primary students in vulnerable communities; increased recruitment of women teachers; retention of teachers in rural areas; preparing out-of-school children to enter or resume education; new school infrastructure, including WASH facilities; welfare and hygiene packages for vulnerable girls in government-assisted schools; annual screening to identify children with special needs at pre-primary and primary level, and provision of assistive devices to support them; and relocation of

61 See also the Partnership Compact 2022–2026 (MBSSE and MTHE, 2022b).

students and teachers away from disaster-prone locations. Some of these initiatives are already being implemented by donors, including the identification of out-of-school children; better WASH facilities in schools, construction of new classrooms and expansion of feeding programmes in schools. There is no indication in the compact of the cost of these initiatives, nor is there targeted budget support at the present time. Ensuring domestic financing remains a high priority (MBSSE and MTHE, 2022a, pp. 20, 24–25).

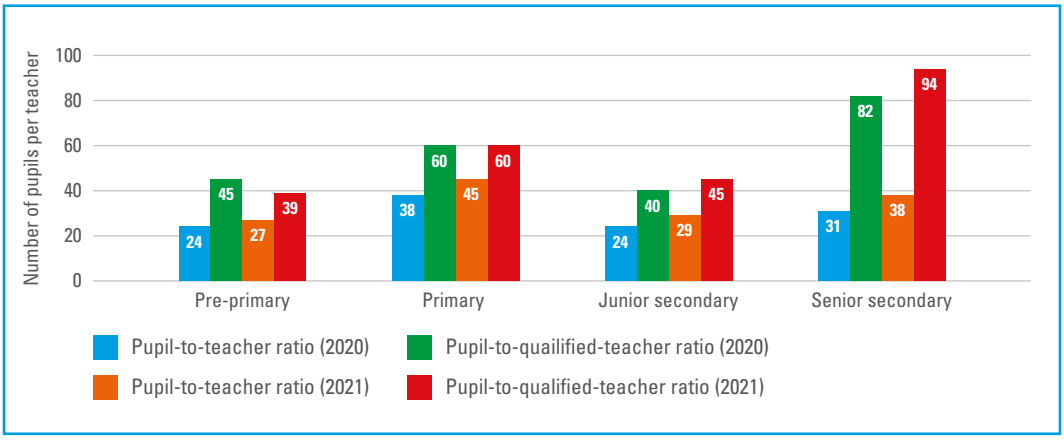
6.6.4 Teaching staff

Only 58.7 per cent of the entire teaching force have the required minimum qualification for the level they teach. The FQSE programme has increased children's access to education, but increasing the number of qualified teaching staff to educate these children has been slower. While the education sector asserts that there is a sufficient number of teachers, and that the pupil-to-teacher ratio nationally is less than 40:1 – much lower than many other countries in sub-Saharan Africa – the majority of these teachers are unqualified and not on the government payroll (and thus their salaries are not paid by the government) (Education Commission, 2020). Furthermore, the pupil-to-teacher ratio fluctuates across the country. At the primary level, the average pupil-to-teacher ratio across local councils ranges from 50:1 in Koidu-New Sembehun City to 28:1 in Bonthe Municipality, and at junior secondary level, from 36:1 in Kailahun District to 13:1 in Bonthe Municipality. At the senior secondary level, the highest pupil-to-teacher ratio is observed in Kailahun District (52:1), whereas Bonthe Municipality once again has the lowest average (MHTE, 2022; MBSSE, 2022a).

A very different picture emerges with respect to pupil-to-teacher ratio when only qualified teachers are counted, as demonstrated by Figure 77. As can be seen, the pupil-to-qualified-teacher is 60:1 at primary level. The Partnership Compact 2022–2026 sets the target for 2026 as a 45:1 pupil-to-qualified-teacher ratio (MBSSE and MTHE, 2022a, p. 29).

The 2021 Annual School Census indicates that the total number of teachers fell during 2008–2021 from 87,625 teachers in 2018 to 80,744 in 2021, but that the number of qualified teachers in classrooms rose by 11 per cent, with the pre-primary level seeing the highest increase in qualified teachers (22 per cent). The decrease in the number of teachers has not been equal across all schools, with pre-primary and primary schools losing the most. Neither has the decrease been equal across all areas. There are several reasons for the reduction in teacher numbers. One reason relates to the removal of 5,000 'ghost' teachers from the payroll: teachers who were registered by

Figure 77: Pupil-to-teacher and pupil-to-qualified-teacher ratios, by school level, 2020 and 2021



Source: MTHE, 2022; MBSSE, 2022a

MBSSE but were not attending school.[62] Another suggested reason for the decline in numbers is the inability of teachers to secure formal employment and be included in the government payroll (MTHE, 2022, p. 18). A further 1,200 teachers were recruited in 2022, taking the total number of teachers on the government payroll to 35,249.[63]

Only half of the pre-primary teachers are qualified to teach at the pre-primary level. The highest share of qualified teachers is to be found at primary level, with 64 per cent of teachers holding at least a teachers' certificate. At the secondary level, the lowest share of qualified teachers is in senior secondary schools with 40 per cent holding the minimum qualification required for teaching at that level, compared to almost 60 per cent of qualified junior secondary school teachers (ibid.).[64] There are disparities in the number of qualified teachers between regions, with the highest number of qualified teachers in Makeni (Bombali District) and the lowest – less than 50 per cent – in Moyamba, Kailahun, Kono and Bonthe districts.

While the pre-primary pupil-to-teacher ratio is the smallest, it should be remembered that small children require a greater level of attention and a lower pupil-to-teacher ratio than at other levels. The pupil-to-teacher ratio at primary school of 45:1 remains high, compared with the sub-Saharan Africa ratio of 37:1 in 2020 (World Bank Data, n.d.-j).

6.6.5 Training more teachers

The Education Sector Plan 2018–2020 focused on improving the quality and integrity of education and increasing the number of qualified teachers, setting a target of 75 per cent of teachers trained and qualified by 2020. This target was not reached and is unlikely to be reached for some time.[65] While the number of qualified teachers needs to grow in order to meet the demand of students, the quality of teaching also needs to improve. According to the plan, even teachers with the required qualifications lack the necessary content knowledge and pedagogical skills to deliver the curriculum effectively. The Partnership Compact 2022–2026 plans to address this through strengthening pre-service teacher training and providing in-service training for Grades 1–3 teachers (MBSSE and MTHE, 2022a, p. 35).

Currently, there are six teacher training institutions, with the vast majority of the students, up to 91 per cent in one college, enrolled in distance learning. The pass rates for students at teacher training colleges is around 66 per cent, with more than a quarter failing to pass the exams, and even more failing in science, technology, engineering and mathematics. Only 49 per cent of candidates were able to pass the mathematics component of the exams, despite the 'pass' mark being set at 35 per cent. The setting of such a low pass rate means that teachers may be going into classrooms without having fully mastered the content they need to teach.

At present, teacher training colleges admit students into their colleges without quotas for subject choice. While there are many students taking language arts as their speciality, there is low enrolment of students wishing to teach science, technology, engineering and mathematics,

62 Teaching Service Commission interview, April 2023.

63 Details provided by the Teaching Service Commission.

64 A primary grade learning assessment administered in Grades 4 and 5 found that many of the country's teachers have difficulties in completing a test designed for children in the grades they teach.

65 The Education Commission, in their *Paper on Education Workforce Supply and Needs in Sierra Leone* (2020) estimated that it was likely to take 12 years to train enough teachers to ensure that maximum class size did not exceed 40, and 16 years for a maximum class size of 30.

leading in turn to an insufficient number of teachers of mathematics and science in schools (Education Commission, 2020, p. 21).

The teacher training colleges do not consult with the MBSSE on school subject needs. The Education Service Commission Workforce Supply and Needs study made a number of recommendations, including (i) closer working and coordination between the MBSSE, Teaching Service Commission and teacher training colleges to ensure better professional standards for teachers, (ii) that recruitment addresses the need for more teachers in mathematics and science subjects and (iii) that there is a sufficient number of teachers to cover specialist areas. It also recommended raising the quality of entrants to teacher training, especially through the use of scholarships in certain subject areas, and encouraging high-quality untrained teachers to gain a teaching qualification with subsidized tuition fees. In addition, it recommended an urgent review of the quality and content of teaching in teacher training colleges and incorporating classroom teaching experience in the training (Education Commission, 2019).

6.6.6 Gender imbalance in the teacher workforce

In 2019, only 28 per cent of the total teaching workforce in Sierra Leone were women, in comparison to 61 per cent of health professionals and 53 per cent of the overall employed population. In terms of gender, Sierra Leone has the sixth lowest share of female teachers in the world (Education Commission, 2020, p. 29), and stands well below the 45 per cent average for women teachers at the primary level in sub-Saharan Africa. Women have gender parity with men when it comes to taking and passing the West Africa Secondary School Certificate Examination, so failure to meet the entry criteria for teacher training is not a reason for low enrolment in teacher training. To address this gender imbalance, the Education Commission study recommends once more that girls could be given a 'nudge', and be offered a limited number of scholarships to train as teachers.

As can be seen in Table 25, the majority of women teachers work in the pre-primary sector. Women comprise 31 per cent of the workforce in primary school but only 16 per cent at junior secondary school and 9 per cent in senior secondary school (MBSSE, 2022a). This imbalance has negative repercussions throughout the education system, as low female participation in the teacher workforce reinforces negative gender norms and is also linked to a higher incidence of sexual violence and GBV. Furthermore, there is evidence that having access to female teachers can lead to an improvement in the attendance, participation and learning of adolescent girls (Education Commission, 2020, p. 29).

Education leadership and management positions continue to be dominated by men, with very few head teachers or senior staff being women. Systemic constraints for women wishing to develop their careers within the education sector include negative attitudes towards their ability to manage and lead schools, lack of female role models, long hours and commitments that are difficult to reconcile with family and childcare responsibilities (MTHE, 2022, p. 20).

Table 25: Number of teachers by gender, 2021

Teachers	Pre-primary		Primary		Junior secondary		Senior secondary	
	Female	Male	Female	Male	Female	Male	Female	Male
Total	5,408	879	13,692	30,055	3,398	16, 637	1,002	9,722

Source: MBSSE, 2022a

6.7 Recommendations

The last part of this chapter focused on the barriers and bottlenecks of the education system. While the increase in the number of children enrolled in education is a significant achievement, as is the budgetary allocation for the provision of education, there is still much to do to ensure that the FQSE programme achieves maximum impact. It is recognized that change takes time, that the programme was only introduced in 2018 and that it is not possible to address all barriers at once. Bearing these factors in mind, it is recommended that Ministry of Education, Science and Technology (MoEST) and MBSSE focus on three priorities: increasing access to education; improving the quality of education; and assuring the safety of children in education.

1. *Accessibility:* There should be a continuing focus on increasing the number of children enrolling in education, especially at primary and junior secondary schools. This will require further investment in infrastructure in terms of an increase in the number of government schools available and improvements to existing schools, as well as awareness-raising and support for deprived communities to encourage enrolment.
2. *The quality of education* needs to be improved. In the short to medium term MoEST should focus on increasing the number and quality of teaching staff. To this end, it is recommended that MoEST:
    a. Develops a 10-year plan to increase:
        i. the number of teachers qualifying over the next 10 years;
        ii. the number of teachers employed by the government; and
        iii. the number of female teachers.
    b. Reviews the mode of delivery and curriculum for teacher training to raise standards (as contained in the Partnership Compact 2022–2026).
    c. Continues to offer intensive courses for existing qualified and unqualified teachers to raise standards and ensure teachers are available in the rural areas.
    d. Introduces a mechanism to enable teachers to qualify through 'on-the-job' training.
    e. Evaluates and expands the digital learning passport.
3. *Safety of children:* Children interviewed for this SitAn raised concerns about their physical safety and fear of sexual abuse from other students, staff and community members while travelling to and from school. Teacher abuse should never be tolerated by schools. It is recommended that:
    a. MBSSE should introduce safeguarding policies in each school that cover the safety of children both in school and when travelling to school.
    b. MBSSE should reinforce the ban on the use of corporal punishment and rigorously enforce codes of conduct for teachers. Teachers found to have used corporal punishment or sexually abused a pupil should be prevented from taking another teaching post.
    c. Every school should be required to develop a code of conduct for students in cooperation with student councils.

Chapter Seven
CHILD PROTECTION

7

CRC article 36: "Children have the right to be protected from all other kinds of exploitation (being taken advantage of), even if these are not specifically mentioned in this Convention".

Table 26: Key SDG targets and indicators related to child protection

SDGs	Targets	Indicators	Sierra Leone progress
5: Achieve gender equality and empower all girls.	5.1: End all forms of discrimination against all women and girls everywhere.		
	5.2: End all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	
		Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	
	5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.	Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	
		Proportion of girls and women aged 15–49 years who have undergone FGM/C, by age	
8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.	8.7: Take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour, eradicate forced labour, and by 2025 end child labour in all its forms, including recruitment and use of child soldiers.	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	
16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.	16.2: End abuse, exploitation, trafficking and all forms of violence and torture against children.	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	
		Number of victims of human trafficking per 100,000 of the population, by sex, age and form of exploitation	
		Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18	
	16.9: By 2030, provide legal identity for all, including birth registration.	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	

Article 19 of the CRC requires States to take all appropriate measures to "protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child".

A wide range of potential protection risks face children in Sierra Leone. These include widespread poverty leading to child labour, child trafficking and commercial sexual exploitation; disease and chronic illness, including Ebola and HIV/AIDS; recent conflict, urban migration and economic

globalization, which have weakened traditional protection mechanisms; discrimination, particularly in relation to age, gender and disability; child marriage and forced, transactional and consensual sex, which leave many teenagers caring for children; and GBV. Institutional weaknesses and a weak child protection infrastructure, particularly in rural areas, present challenges in translating the rights contained in article 19 of the CRC into practice.

7.1 Violence against children and adolescents

7.1.1 Physical violence against children and adolescents

Definition

> Physical violence "involves hurting or trying to hurt a partner by hitting, kicking, burning, grabbing, pinching, shoving, slapping, hair-pulling, biting, denying medical care or forcing alcohol and/or drug use, or using other physical force" (UN Women, n.d.-c).

There are no comprehensive data on any form of violence against children in Sierra Leone. There are, however, data on women and girls of 15 and over, which are contained in the 2019 DHS. Despite the lack of information, the level of violence against children in the home is believed to be high, and includes physical and emotional violence, sexual abuse and neglect (Maestral International, 2019). A 2019 study on violence against children in the home found deeply abiding authoritarian cultural attitudes towards children, with 40 per cent of caregivers seeing punishment as a normal part of childhood that fosters long-term positive behaviour (Zuilkowski et al., 2019). An earlier UNICEF report found that violence in the home was the most common form of violence and that 23 per cent of children were subject to repeated beatings (UNICEF and Economic Policy Research Institute, 2018).

Interviewees for the 2019 study found that in the south of the country, types of physical violence meted out to children included

> *burning, excessive flogging/beating, using pepper mixed with water in children's eyes and girls' private parts, tying hands and hanging, locking children in a room and beating them and driving children out of the house". The research noted that "communities also described a practice of sending their children to secondary schools away from home with little or no financial assistance or parental supervision. The parents expressed their expectation of receiving gift items, such as clothes and mobile phones, and food supplies from the children. As a result, the children were forced to engage in harmful practices for survival such as hard and hazardous work, joining gangs, engagement in drugs, stealing and girls resorting to transactional sex resulting in teenage pregnancies.* (Maestral International, 2019, p. 10).

Children in the south and east who were subject to harsh punishment or treatment were more likely to be *menpikin* children and not to be living with their biological parents, or were children with disabilities.[66] Children in the north were not subject to harsh physical discipline, but were subject to forced and arranged marriages by their parents or caregivers and were expected to

66 *Menpikin* is a form of child fostering in Sierra Leone.

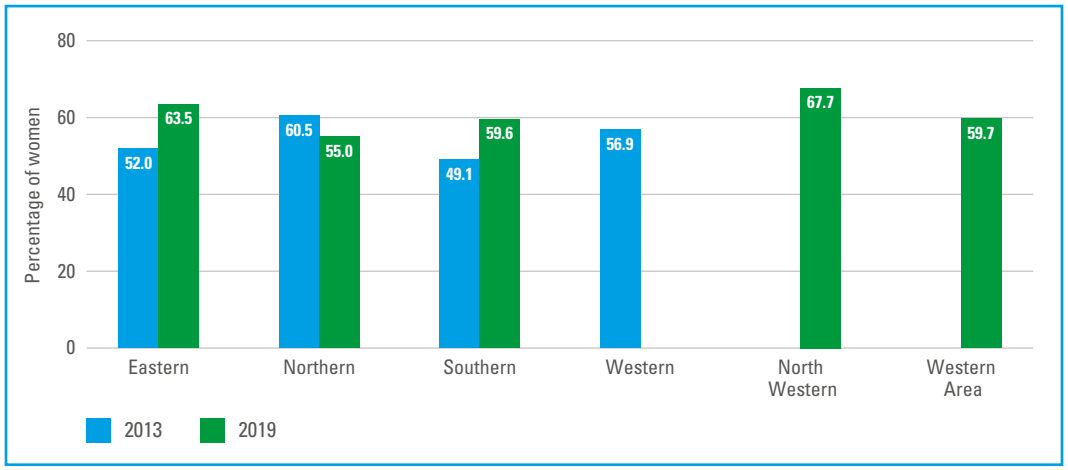
contribute to their own welfare, education and well-being by working: either in farming, selling on the street or engaging in mining of gold or sand (ibid.).

Additional evidence on the levels of violence against children (and women) can be found in the 2019 DHS. The survey found that of women aged 15–49 years, 61 per cent had experienced physical violence in their lifetime, and 43 per cent had experienced violence in the 12 months preceding the survey. While the survey does not indicate the proportion who suffered violence while children, it gives an indication of the high rates of violence, a figure that has increased from 2013 in three of the four regions in which the DHS was carried out (Stats SL and ICF, 2020, p. 298).

Women aged 15–49 years with a primary level of education are more likely to have experienced physical violence at some point in their lifetime than those who have received no education at all (see Figure 79). This correlation is contrary to that which is normally found, i.e., the lower the level of education, the greater the level of violence. No reason is given for this non-conforming finding in the DHS.

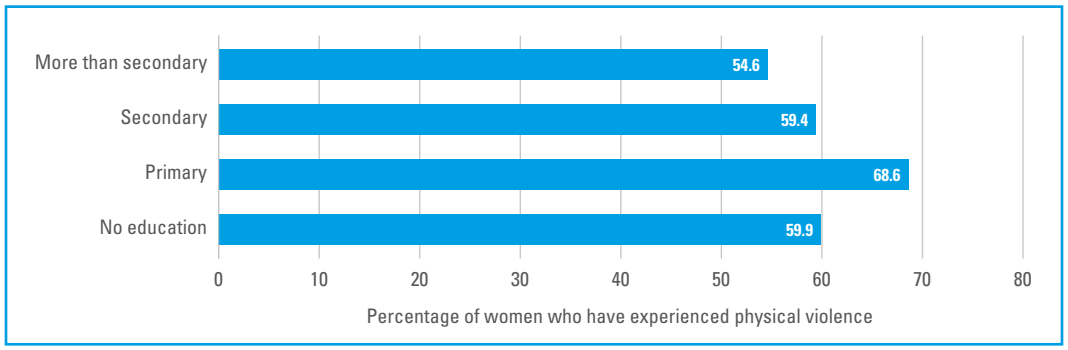
While there are no official statistics in Sierra Leone on levels of violence based on family structure, qualitative data suggest that children living with someone who is not their biological parent are more likely to experience violence. One United Nations agency representative highlighted that children who are not living with relatives are often particularly at risk of violence.

Figure 78: Percentage of women aged 15–49 years who have ever experienced physical violence, by province, 2013 and 2019



Source: Stats SL and ICF, 2020, p. 307; Stats SL and ICF, 2014, p. 269

Figure 79: Prevalence of physical violence experienced by women aged 15–49 years, by educational level, 2019



Source: Stats SL and ICF, 2020, p. 307

> *It's also the family structures people find themselves in. A large number of children are not living with their family of birth, but often with extended family. It can be unclear how they are related. They are incredibly vulnerable [to violence], removed from their family mostly for economic reasons. … It happens quite a lot with Ebola survivors, particularly in Kamara [chiefdom] and Kambia [and Kono district] and the responsibility to look after the children as if they were their own isn't there.* (KII with United Nations agency, 22 November 2022)

While women and girls are the most at risk of and most affected by violence, men and boys can also experience it (Stats SL and ICF, 2014, p. 265). While the 2019 DHS did not examine rates of physical violence against men, the data from the 2013 DHS (the last year for which data were available) suggest that the prevalence of lifetime experiences of physical violence suffered by younger men (particularly those under 24 years of age) is marginally higher than their female counterparts (ibid, p. 269).

7.1.2 Sexual violence against children and adolescents

During the country's Civil War (1991–2001), sexual violence against women and girls was highly prevalent, and human rights organizations termed the systematic nature of rape during the war "Sierra Leone's silent war crime" (Human Rights Watch, 2003). United Nations agencies have estimated that approximately 60,000 women and girls were raped during the course of the war (United Nations, 2013, p. 1). This has had a lasting effect on Sierra Leonean society. Now, more than 20 years from the end of the war, sexual violence against children is widely regarded as a persistent problem in Sierra Leone, though there are very limited data available on the prevalence of sexual violence against children, and none at all relating to sexual violence against boys.

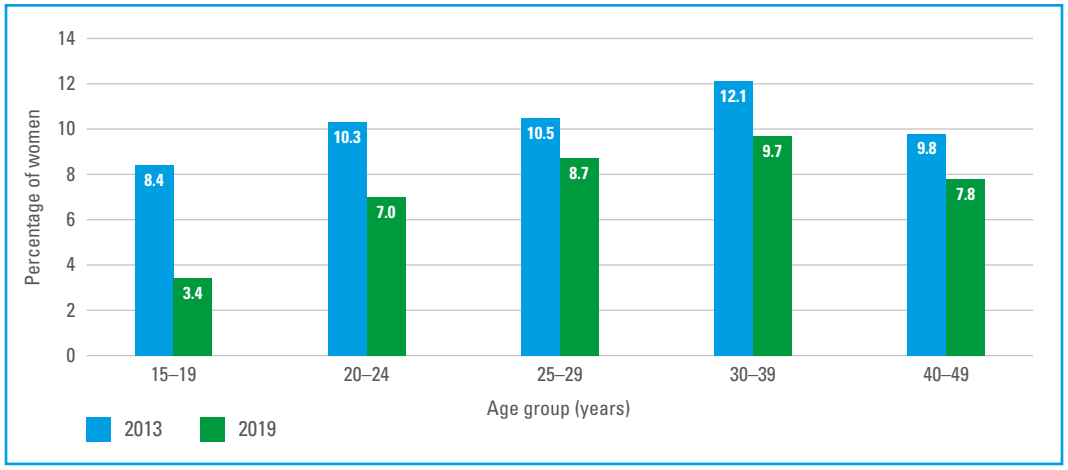
The 2019 DHS found that the most commonly identified perpetrators of sexual abuse were members of the family or persons living close to the family, such as neighbours. The reasons for sexual abuse are seen as parental neglect and lack of supervision; hunger and poverty; and lack of parental support, including collusion or condonation by mothers and other members of the family when fathers, stepfathers, relatives or the boyfriend of a relative are abusing the child (Stats SL and ICF, 2020, p. 311).

There are more data relating to sexual violence against women and girls over the age of 15. According to the latest DHS (2019), 7.4 per cent of Sierra Leonean women had experienced sexual violence, and 4.5 per cent of women had experienced this form of violence in the 12 months before the survey. However, unlike rates of physical violence, the prevalence of sexual violence has decreased markedly since 2013 (from 10.5 per cent in 2013 to 7.4 per cent in 2019) (Stats SL and ICF, 2014, p. 273; Stats SL and ICF, 2020, p. 299). Figure 80 shows the declining rates of violence by age group. Notably, the sharpest decrease in rates of sexual violence is among adolescents aged 15–19 years.

Despite the downward trend in lifetime experiences of sexual violence in Sierra Leone, the prevalence of sexual violence in the 12 months preceding the studies remained almost constant (differing by only 0.4 per cent) between 2013 and 2019, indicating that women and girls still remain vulnerable to this form of violence (Stats SL and ICF, 2014, p. 273; Stats SL and ICF, 2020, p. 299).[67]

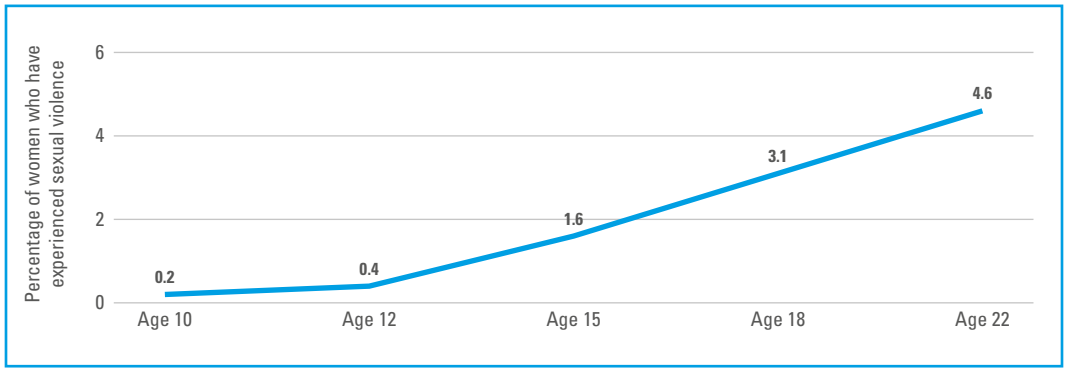
67 In 2013, 4.9 per cent of women in Sierra Leone aged 15–19 had experienced sexual violence in the 12 months preceding the DHS, compared to 4.5 per cent of women in the same study conducted in 2019.

Figure 80: Percentage of women who have ever experienced sexual violence since age 15, by age group, 2013 and 2019



Source: Stats SL and ICF, 2014, p. 273; Stats SL and ICF, 2020, p. 299

Figure 81: Percentage of women aged 15–49 years who experienced sexual violence by a specific age, 2019



Source: Stats SL and ICF, 2020, p. 311

Although no data are available on the prevalence of sexual violence perpetrated against children as a whole, data from the 2019 DHS suggest that approximately 3.1 per cent of girls experienced sexual violence while under the age of 18 years (Stats SL and ICF, 2020, p. 311).

In line with global trends and despite the declining rates of sexual violence recorded in the DHS, rates of reporting cases of rape against children[68] in Sierra Leone are increasing steadily. The Sierra Leone National Police General Annual Crime Statistics suggest that reported cases of rape against a child increased during 2018–2019, with 2,726 cases reported in 2018 compared to 3,252 cases in 2019 (Human Rights Commission of Sierra Leone, 2020, p. 35). However, the number fell in 2020, with 3,091 cases of rape of a minor recorded by police (ibid.), and even further in the 2022 statistics, with 2,001 cases rape cases recorded.

68 Rape is defined in the Sexual Offences Act (2012) (as amended) in section 6 as the intentional committing of an act of sexual penetration by a person "on another person without the consent of that other person". It should be noted that the age of consent under the act is 18 years of age (section 4). Sexual penetration is defined in section 1 of the act.

In their concluding observations on the combined third to fifth periodic reports of Sierra Leone, the Committee on the Rights of the Child expressed its grave concerns about the:

- high incidence of sexual violence, including rape and defilement in all settings, including in the family and schools;
- low rate of reporting of sexual abuse and exploitation, especially owing to the reluctance of families and the general public to report such cases and the practice of parents accepting payment instead of reporting cases;
- lack of medical treatment, free examination and compensation for child victims of sexual violence, as guaranteed by the Sexual Offences Act and the National Referral Protocol; and
- low rate of convictions for reported incidents of rape and defilement.

7.1.3 Laws protecting children from violence

Section 4 of the Prevention of Cruelty to Children Ordinance (1926) (as amended) 4 provides that:

> *[I]f any person over the age of 18 who has custody, charge or care of any child, wilfully assaults, ill-treats, neglects, abandons, or exposes the child or causes the child to be assaulted, ill-treated, neglected, abandoned, or exposed, in a manner likely to cause such child unnecessary suffering or injury to his health (including injury to or loss of sight, or hearing, or limb or organ of the body and any mental derangement), that person shall be guilty of a misdemeanour. … And a parent or other person legally liable to maintain a child shall be deemed to have neglected him in a manner likely to cause injury to his health if he fails to provide adequate food, clothing, medical aid, or lodging for the child.*

The Sexual Offences Act (2012, amended in 2019), makes various forms of sexual assault, including abuse, incest, harassment, indecent exposure, offences against children (including the production and possession of child pornography) and spousal rape, an offence. Section 4 of the act also makes explicit in law that children under the age of 18 are not able to consent to sexual acts. The act was amended in 2019 to increase sentences for the rape of a child from 15 years imprisonment to life imprisonment (section 2), and added a new offence of aggravated sexual assault punishable by a minimum of 15 years imprisonment, and a maximum of life imprisonment (section 4(b)). The act provides for support for survivors of sexual offences, including the right to free medical treatment (section 6(i) and 6(ii)) and strengthens prosecutorial powers.

Gender laws

The Domestic Violence Act (2007) classifies violence against women as a public crime allowing women to secure a full or interim protection order from the courts to protect them from a person with whom they are in a domestic relationship from committing or threatening to commit an act of domestic violence (section 10(1), section 12(1) and section 13(1)). The sanctions for breach of a protection orders, includes a fine of Le 5 or a term of imprisonment up to three years (section 19(2)).

The Domestic Violence Act (2007), Registration of Customary Marriage Divorce Act (2007) and Devolution of Estates Act (2007) are referred to as the 'gender laws' of Sierra Leone (UN Women, n.d.-b).

7.1.4 Barriers and bottlenecks

Lack of reporting

Ingrained community and individual attitudes around gender roles act as major barriers to the reporting of sexual violence, and historical impunity and a lack of resources and institutional capacity in the police and other key government services further deter victims of violence from reporting their experiences.

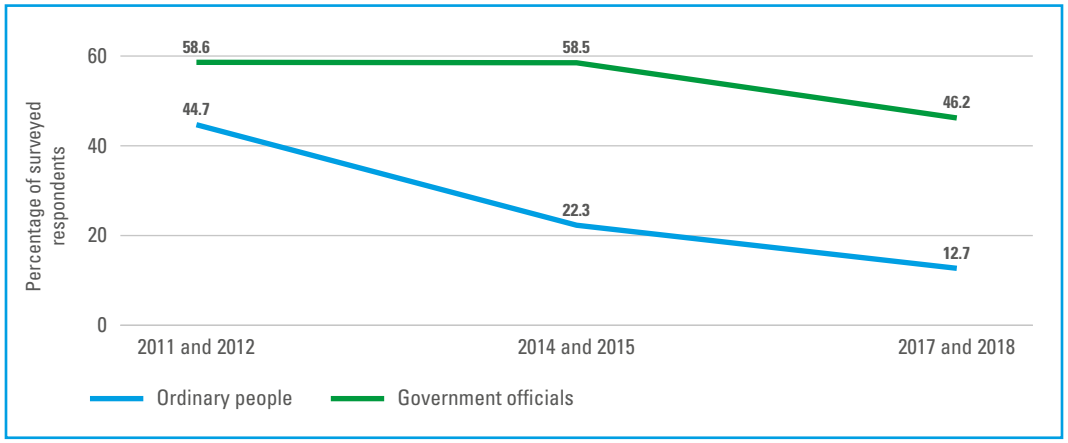
While there are many intersecting factors for non-reporting of sexual violence, a 2021 study by UNDP showed that traditional attitudes are the most significant barrier to reporting violence (Afrobarometer, 2022, p. 4). The perpetrators of sexual violence against girls are often husbands or boyfriends. The majority (57 per cent) of Sierra Leoneans consider sexual violence a private matter to be resolved within the family rather than a criminal matter requiring the involvement of law enforcement (ibid.). As a result, they are less likely to report it to the authorities.

Inadequate responses and a lack of trust in the police and courts in relation to all forms of violence (including GBV) against children further deters victims from reporting their experiences. Only 36.8 per cent of people surveyed trust the police and 56.3 per cent the courts (UNDP, 2022a, p. 58). As one NGO participant remarked, attitudes towards sexual violence and particularly GBV are evolving in Sierra Leone but institutional responses have not kept pace with the increased number of cases reported:

> *The rhetoric on gender has changed … on girl's rights and women's rights [there have] been changes in policy… but attitudes towards women and girls and investment in services to support them has not matched those attitude changes. Sexual harassment is rampant, sex for grades is rampant in school and universities. … Sexual violence and harassment from the highest levels exists throughout Sierra Leone from top to bottom … even with new law the situation has actually got worse. Now people know more [about sexual violence] but only 1 per cent of rape cases make it to the court. We work so hard on this and now people come out and say they are victims, but justice is still politicized.* (KII with Purposeful NGO, 15 December 2022)

One of the reasons for this is a perception that decision makers are also perpetrators of crimes of sexual violence, as shown in Figure 82.

Figure 82: Perception that ordinary people and government officials go unpunished after having perpetrated sexual violence, 2011/12–2017/18



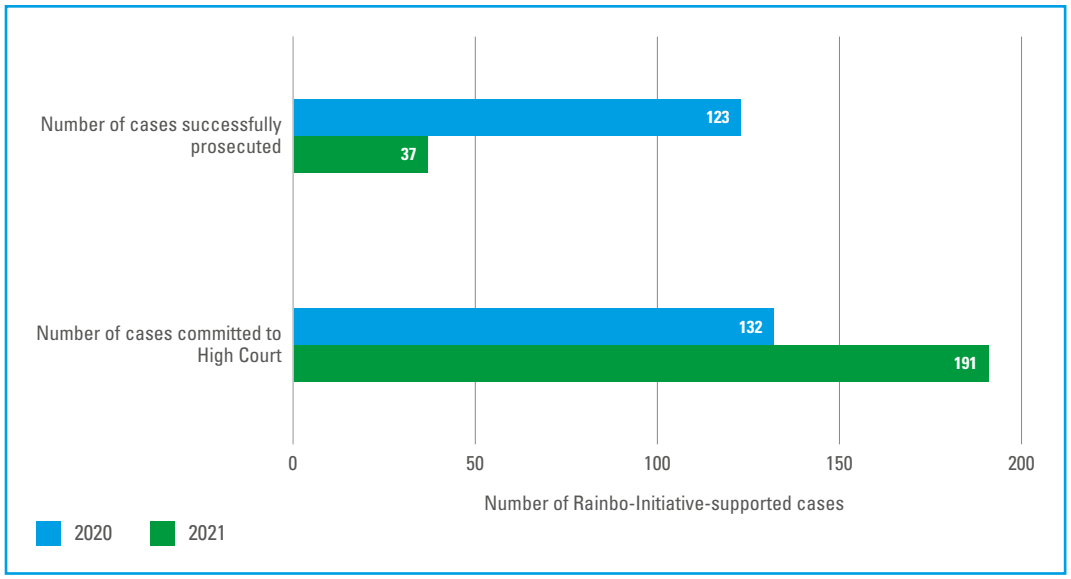
Source: UNDP, 2022a, p. 57

Challenges in the prosecution of sexual offences

Another reason for a lack of trust in the police and courts is the comparatively low numbers of cases of sexual perpetrators being arrested and prosecuted in Sierra Leone. The prevalence of reported rapes in Sierra Leone more than doubled from 2017 to 2018, from 4,000 cases to over 8,500 (BBC News, 2019), although the actual number of cases likely exceeds this, as sexual violence remains underreported. The Rainbo Initiative, an NGO that offers support to survivors of sexual violence across the country, supported 3,292 survivors in 2021 (an increase from 2,800 in 2018), the vast majority of whom were female (99.3 per cent). It is not known what percentage were under 18 at the time of the offence. Of the cases the Rainbo Initiative supported, only 37 resulted in successful prosecutions in 2021 (the last year for which data are available). This represents prosecutions in 1.1 per cent of all cases (a decrease on 2020 when prosecution levels stood at 3.5 per cent) (Rainbo Initiative, 2021, p. 6). The main reasons for high levels of impunity in cases of sexual violence include underresourced police and judiciary, a lack of forensic equipment to strengthen investigations and a culture of compromise that means cases of sexual violence are often resolved informally (M'Cormack-Hale et al., 2021).

Some efforts to relieve the pressure on the judiciary of the large number of sexual violence cases have been made in recent years. These include the introduction of specialized Saturday courts in 2011 to handle the backlog of cases (UNDP, 2012). In addition, on 24 July 2020, the President launched the first sexual offences model court in Sierra Leone, based in Freetown. The court, headed by two Supreme Court justices and a judge from the country's Court of Appeal, is tasked with fast-tracking sexual offence cases that have gone through preliminary investigations at a magistrate's court (Murray, 2020).

Figure 83: Survivors whose cases were successfully prosecuted and committed to the High Court, 2021



Source: Rainbo Initiative, 2021, p. 6

7.2 Harmful traditional practices

7.2.1 Child marriage and teenage pregnancy

The most recent data on child marriage are contained in the 2017 MICS and 2019 DHS. Both of these surveys record a high rate of marriage, with almost 30 per cent of girls married by the age of 18. It should be noted, however, that the rate of child marriage for girls under the age of 15 declined significantly between 2017 and 2019 (see Table 27).

With regard to child marriage, Sierra Leone ranks in the middle among the 24 countries in West and Central Africa (see Figure 84).

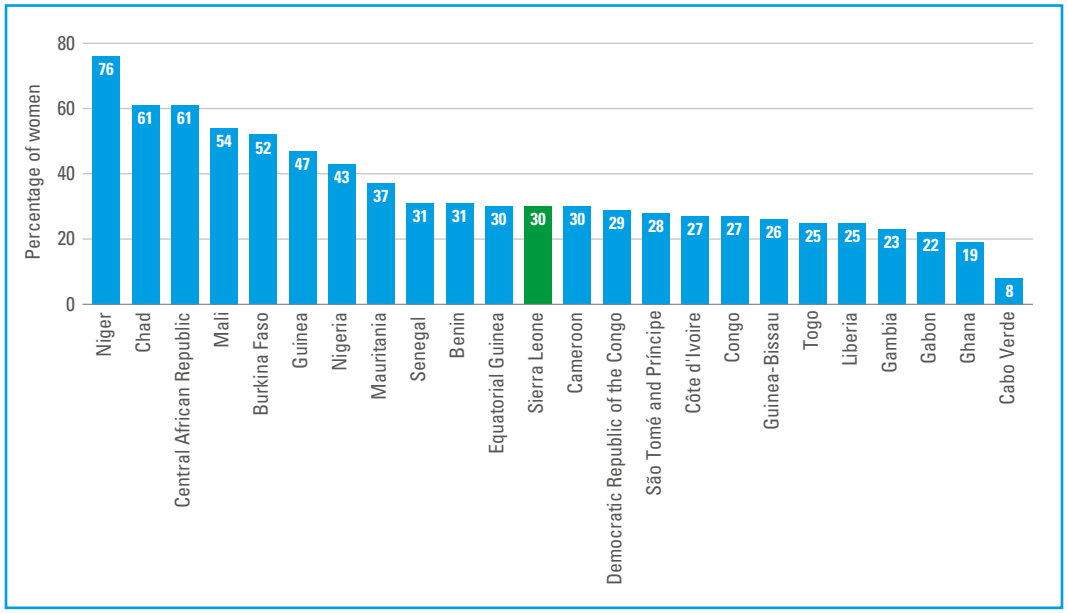
As demonstrated in Figure 85, the 2019 DHS, echoing the 2017 MICS, shows that girls from poor, rural families are most likely to be married before the age of 18, due to greater adherence to tradition, a narrower range of life options and lower educational opportunities (Sierra Leone, 2018c, p. 11). Also, transactional sex is common, as it is one of the few means whereby poor adolescent girls can pay for goods and services, given the societal expectation for adolescent girls to provide for their own needs. At the same time, 14 per cent of girls from the richest quintile were recorded as married before the age of 18, showing an enduring social acceptability of early

Table 27: Percentage of 15–24-year-old women who were married by 15 and 18 years of age

Age	2017		2019	
	Married by 15	Married by 18	Married by 15	Married by 18
15–19	5.4		3.4	
20–24	12.9	29.9	8.6	29.6

Source: Stats SL, 2018; Stats SI and ICF, 2020

Figure 84: Percentage of women aged 20–24 years who were first married or in union before they were 18



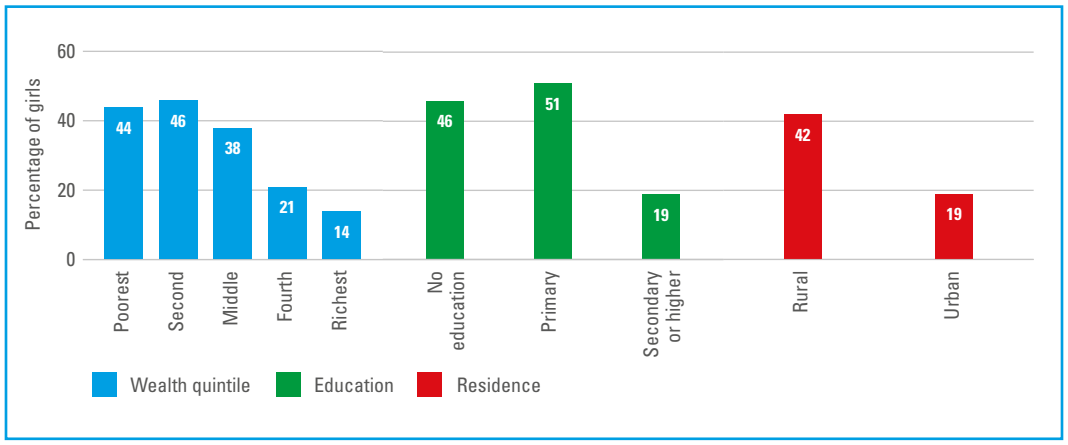
Source: UNICEF global databases, 2002, based on MICS, DHS and other nationally representative sources, 2010–2021

marriage in Sierra Leone, even among those who are well off financially and even among girls who have secondary or higher education. Child marriage rates vary between districts with Koinadugu and Moyamba districts, followed by Kenema, Pujehun and Port Loko having the highest rates of child marriage.

Figure 86 demonstrates the impact of early marriage on access to education for girls who marry aged 15–17 years and those who do not. Although pregnant girls are permitted to attend school, the vast majority do not.

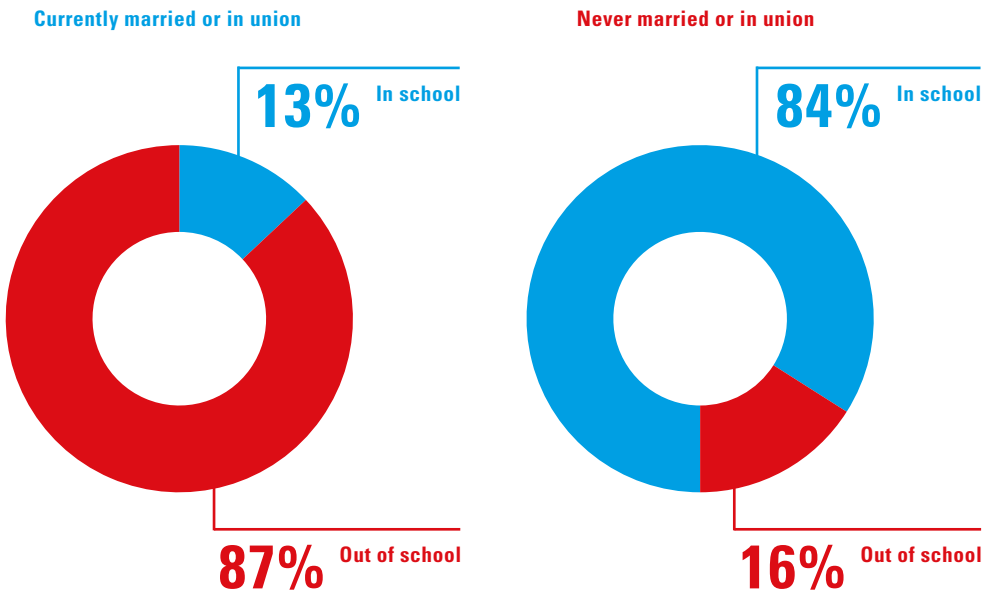
A major driver of child marriage in Sierra Leone is teenage pregnancy. Data from the 2019 DHS indicate that teenage pregnancy rates are high in Sierra Leone, with 21 per cent of women aged 15–19 years having begun childbearing. However, the percentage of 15–19-year-olds who have given birth or are pregnant with their first child has decreased from 28 per cent in 2013. According

Figure 85: Rate of marriage of girls under the age of 18 by wealth quintile, education and rural or urban residence



Source: UNICEF, 2022a

Figure 86: Percentage distribution of girls aged 15–17 years and married or not, by schooling status



Source: UNICEF, 2022a

to data from *State of World Population* (UNFPA, 2023a), only 22 per cent of women aged 15–49 years make informed decisions regarding sexual relations, contraceptive use and reproductive health care. This is linked to limited bodily autonomy as one of the underlying causes of adolescent pregnancies.

Legal framework

International instruments, including the Convention on the Elimination of All Forms of Discrimination against Women,[69] the African Charter on the Rights and Welfare of the Child[70] and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa[71] set the age of 18 as the minimum age of marriage.

The Convention on the Elimination of All Forms of Discrimination against Women, article 16(2), and the provisions of the CRC preclude States parties from permitting or giving validity to a marriage between persons who have not attained their majority. In the context of the CRC, "a child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier." Notwithstanding this definition, and bearing in mind the provisions of the Vienna Declaration, the Committee on the Rights of the Child considers that the minimum age for marriage should be 18 years for both men and women.

Sierra Leone has committed to reducing child marriage with its commitment to the SDGs and has joined the African Union's Campaign to End Child Marriage.

Sierra Leone's Child Rights Act (2007) sets the minimum age of marriage at 18 for both girls and boys. The Registration of Customary Marriage and Divorce Act (2009) also states that a person can only legally marry if they are over the age of 18 years. However, it has a critical loophole that permits marriage of 16-year-old boys and girls with parental consent. The Convention on the Elimination of All Forms of Discrimination against Women Committee has recommended that this loophole be closed, to ensure consistency between the two acts (CRC/C/GC/18, para. 19(d)). An amendment to this effect is contained in the current revision of the Child Rights Act.

In addition to the legislation on the age of marriage, section 4 of the Sexual Offences Act (2012) sets the age of sexual consent at 18, with no exception for factual consent or for sexual intercourse taking place within marriage before the age of 18. The sentence for persons committing an act of sexual penetration or rape on a child under 18 is not less than five years if the perpetrator is another child, and 15 years with a maximum of life imprisonment if the person is older than 'a youth'.[72]

Barriers and bottlenecks

The major drivers of early marriage are teenage pregnancy, poverty, a lack of access to sexual and reproductive health services, pervasive gender inequality, discriminatory social norms that support early marriage, failure to enforce the law against marriage under the age of 18 and a lack

69 Article 16(2) states, "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory."

70 Article 21(2) provides that "Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years and make registration of all marriages in an official registry compulsory."

71 Article 6(b) states, "the minimum age of marriage for women shall be 18 years".

72 The term 'youth' is not defined in the Sexual Offences Act (2012) or the Sexual Offences (Amendment) Act 2019.

of economic opportunities (Save the Children, 2022). A girl who becomes pregnant (38 per cent according to the latest figures) (Stats SL, 2018) is traditionally sent to live with or marry the person who made her pregnant, placing the economic burden on the father of the child, who must also pay a dowry to the girl's family (Sierra Leone, 2018c).

Sierra Leone is one of the focus countries for the joint UNFPA and UNICEF Global Programme to End Child Marriage, targeting 12 countries with the highest prevalence or highest burden of child marriage (Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia). The first phase was implemented in 2016–2019 (UNICEF, 2020d).[73] This focused on sustained adolescent empowerment and engagement; community mobilization for social norm change; and fostering policy development, multisectoral coordination, advocacy and legal reform. The second phase of the programme (2020–2023) is intended to accelerate actions to end child marriage by enhancing investments in and support for adolescent girls; catalysing shifts towards positive gender norms; increasing respect for laws; and improving data and evidence on what works.

Despite high levels of government commitment and ongoing programme efforts by United Nations agencies and other organizations, major challenges remain, including failure to enforce the age of marriage as set out in the Child Rights Act and underinvestment by the government in adolescent sexual and reproductive health and other services to address teenage pregnancy and child marriage (Save the Children, 2022).

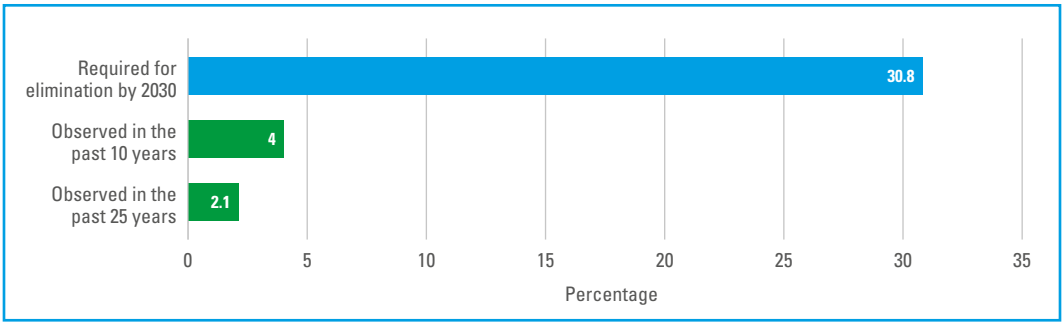
While there has been a long tradition and culture of early marriage in Sierra Leone, it appears that social attitudes are not as entrenched as they are with respect to FGM/C. A 2021 study by UNICEF showed that many in the community understand that early marriage can have negative consequences for children. When asked the average age at which they hoped their girls and boys would marry, the answer was 25 and 29, respectively. Only 12 per cent of respondents agreed that they would consider marrying their girls at an earlier age if a good opportunity arose, and only 17 per cent would agree to marrying their boys under the age of 29 (UNICEF, 2021b). The responses to the study were, however, mixed, with nearly 40 per cent of respondents indicating that unmarried girls over the age of 18 are a financial burden and 26 per cent believing that marrying a girl under 18 was the best guarantee of chastity and purity. The extent to which social attitudes towards the best age for marriage have resulted in a change of practice and a reduction in early marriage of girls will only be tested by the next MICS or DHS.

A further bottleneck is the failure to enforce the minimum age of marriage, set at 18 years by the Child Rights Act (2007) (Sierra Leone, 2018c). There is no evidence as to whether those who conduct such marriages or the parents of the child are successfully prosecuted. The policy attributes this to low reporting by families, inadequate training of law enforcement officials and limited resources for agencies responsible for implementing the law.

Figure 87 illustrates the rate of progress made by Sierra Leone in reducing child marriage. While child marriage before the age of 18 declined from 51 per cent in 1994 to 30 per cent in 2019, this downward trend only began in 2004. Child marriage before the age of age 15 declined from 21 per cent in 1994 to 9 per cent in 2019. The adolescent birth rate decreased in tandem with the child marriage rates. While these trends are encouraging, the changes are not occurring fast enough to end child marriage by 2030.

73 The Global Programme to End Child Marriage is designed as a 15-year programme to run during 2016–2030.

Figure 87: Average annual rate of reduction in the percentage of women aged 20–24 years who were first married or in union before age 18, observed and required for elimination



Source: UNICEF, 2022a

Recommendations

The following recommendations are proposed to address the issue of adolescent pregnancy and child marriage in Sierra Leone. They are informed by (i) preliminary findings of an independent evaluation of the second phase of the Global Programme to End Child Marriage presented in September 2023, (ii) an internal paper commissioned for this SitAn, (iii) an assessment of UNICEF and UNFPA programme interventions in Sierra Leone and (iv) the 2016 CRC Concluding Observations.

1. Take concrete and consistent measures, including the harmonization of laws, to prevent and eliminate child marriage and undertake comprehensive awareness-raising campaigns on the negative consequences of child marriage for girls.
2. Address child marriage prevention and response research, policy and programme interventions from the perspective of tackling teenage pregnancy as one of the main problems, rather than solely focusing on child marriage, because arranged/forced marriage forms the basis of the global theory of change to address child marriage.
3. Poverty and lack of economic opportunity are central drivers of child marriage, sexual exploitation and transactional sex, which lead to teenage pregnancy. Map and identify social protection programmes and mechanisms being implemented by the government and partners and integrate an intentional focus on and linkages with these schemes to increasingly leverage economic opportunities and vocational education and training opportunities to target most at-risk girls and their families.
4. Invest in the expansion of gender-responsive health, education and protection services for adolescent girls at risk of child marriage or who are already married, pregnant or are mothers, with a focus on the most disadvantaged, while concentrating social and behaviour change interventions on creating a supportive, enabling and empowering environment for adolescent girls to exercise their agency.
5. Engage with key stakeholders to identify entry points for institutionalizing life skills education and empowerment programmes within government interventions and services. The models of institutionalization for programme sustainability should be tested and replicated with strong referral to services.
6. Engage men and boys at all levels and strengthen and enhance strategic partnerships and advocacy with the youth and feminist or women-led networks to contribute to the agenda of ending child marriage.

7.2.2 Female genital mutilation/cutting

Article 24(3) of the CRC requires that "States shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children."

Treaties ratified by Sierra Leone that forbid female genital mutitlation/cutting

Article 21 of the African Charter on the Rights and Welfare of the Child defines "harmful cultural practices as those which affect the welfare, dignity, normal growth and development of the child, particularly those customs and practices prejudicial to the health or life of the child".[74]

Article 5(b) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) provides that States must "prohibit through legislative measures, backed by sanctions … all forms of female genital mutilation …. in order to eradicate them".[75]

FGM/C, sometimes referred as female genital cutting or female circumcision, refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons" (WHO, 2008). The Committee on the Rights of the Child, in General Comment No. 14, noted that "[t]he practice may lead to a variety of immediate and long-term health consequences, including severe pain, shock, infections and complications during childbirth affecting both the mother and child, long-term gynaecological problems such as fistula as well as psychological consequences and death" (CRC/C/GC/18, para. 18). Similarly, a review of African studies on FGM/C found that the practice causes numerous health complications, including infection, extended bleeding, the formation of scarring and keloids, menstrual difficulties, urinary symptoms, infertility, obstetric complications during pregnancy and labour, depression, anxiety and post-traumatic stress disorder (Shakirat et al., 2020).

SDG target 5.3 requires States to eliminate FGM/C. So, too, does the African Union Agenda 2063, which in Aspiration 6, Goal 17 has a target to end all harmful social practices (especially FGM/C).

FGM/C is particularly widespread in Sierra Leone. It forms part of the initiation rites into the Bondo secret societies for women, to which a majority of women in Sierra Leone belong. Girls are taken into the bush where they are taught local customs, sex education, feminine hygiene, housekeeping and childcare skills. As part of this rite of passage, girls are subjected to genital cutting, which generally includes removing all or part of the clitoris.

Prevalence of FGM/C

The 2019 DHS shows that while the prevalence of FGM/C has decreased in the last decade, from 91 per cent of women aged 15–49 years in 2008, to 90 per cent in 2013 to 83 per cent in 2019, the change is not significant, and not sufficient to meet SDG target 5.3 (Stats SL and ICF, 2020).

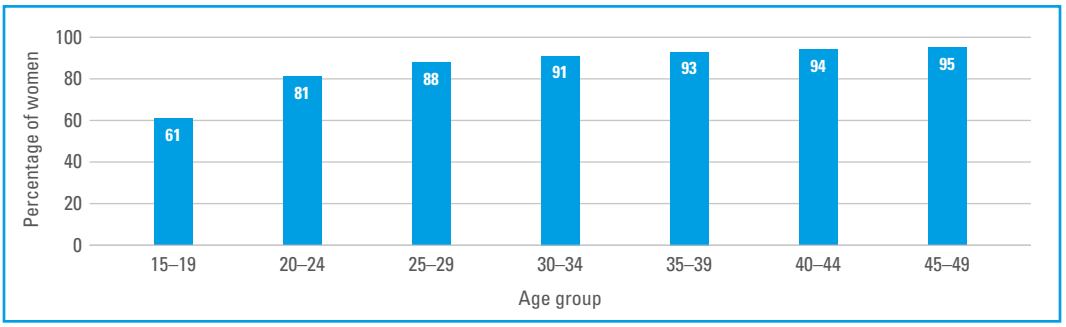
74 Sierra Leone became a party to the African Charter on the Rights and Welfare of the Child in 2002.

75 Sierra Leone became a party to the Maputo Protocol in October 2015.

The 2019 DHS made a number of findings:

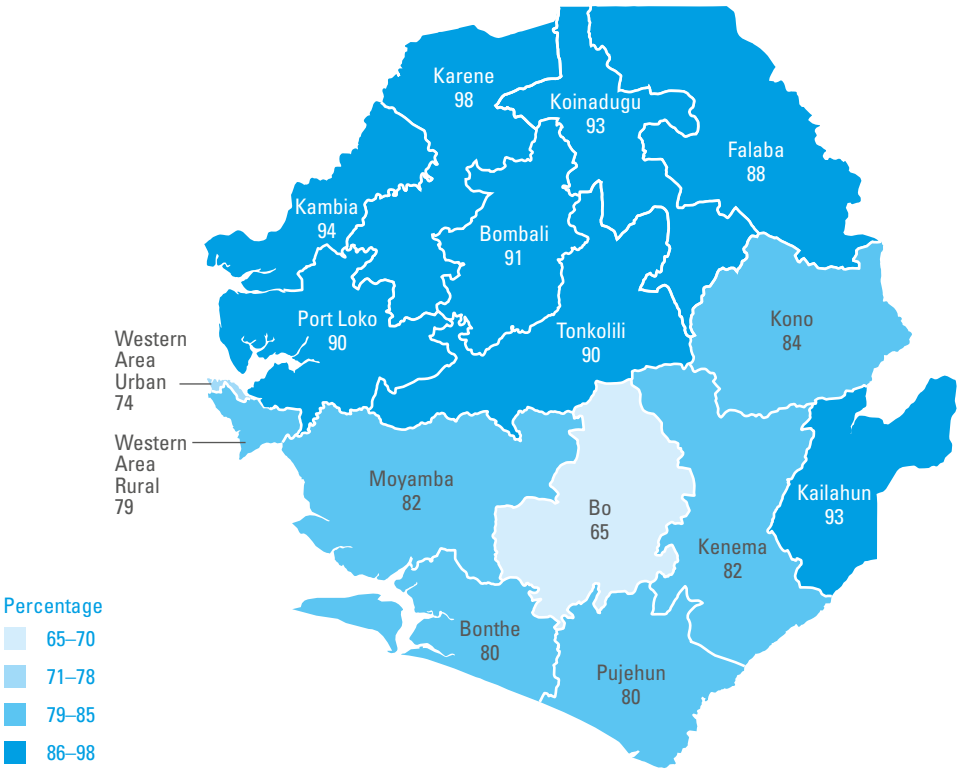
- The prevalence of FGM/C in Sierra Leone increases with age, with 61 per cent of women aged 15–19 years having been subjected to FGM/C, compared to 95 per cent of women aged 45–49 years (see Figure 88).
- Muslim women (95 per cent) are more likely to be subjected to FGM/C than Christian women (69 per cent).
- The percentage of women who have been subjected to FGM/C in rural areas is higher than in urban areas (89 per cent and 76 per cent, respectively).
- The prevalence of FGM/C is highest in North-West Province, particularly in the district of Karene (97.6 per cent), and lowest in Southern Province, with the district of Bo having a rate of 65.1 per cent (see Figure 89).

Figure 88: Percentage of women aged 15–49 years who have been subjected to FGM/C



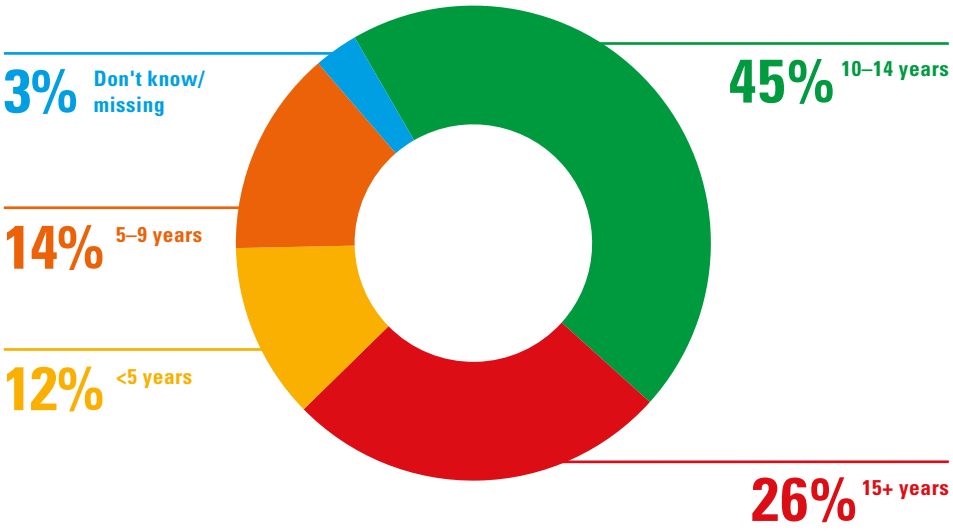
Source: Stats SL and ICF, 2020

Figure 89: Percentage of women 15–49 who have experienced FGM/C by district, 2019



Source: Stats SL and ICF, 2020

Figure 90: Age at FGM/C: percentage distribution of women who are subjected to FGM/C, 2019



Source: Stats SL and ICF, 2020

As can be seen in Figure 90, the majority of women who had been subjected to FGM/C were children aged 10–14 years at the time. Again, there is variation between the provinces, with the highest rate in Eastern Province (56 per cent) and lowest in Southern Province. In terms of districts, Kailahun reported the highest percentage at 63 per cent and Bo the lowest, at 65 per cent.

Legal and policy framework on FGM/C

At the time the Child Rights Bill, which later became the Child Rights Act (2007), was drafted, it contained a clause specifically prohibiting and criminalizing FGM/C. However, this was removed from the bill before it was passed by the legislature. The only remaining reference to FGM/C in the act is to be found in section 11(e), which provides that one of the functions of the National Commission for Children is "to undertake the wide dissemination of the Convention and the Charter generally and through professional training, adult education and child rights promotional activities aimed especially at … female genital mutilation …". Other than this provision, there is nothing in the Child Rights Act (2007) or any other legislation forbidding the practice of FGM/C.

The Committee on the Rights of the Child called for the government to legislate the prohibition of FGM/C in its concluding observations to Sierra Leone's initial report in 2000 (CRC/C/15/Add.116). This was reiterated in the 2014 concluding observations of the Committee on the Elimination of All Forms of Discrimination against Women, which noted:

> *The continued prevalence of female genital mutilation and the lack of legal prohibition of this harmful practice and the rejection of a provision criminalizing child female genital mutilation during the adoption of the Child Rights Act, despite the memorandum of understanding signed between the* soweis,[76] *local chiefs and civil society organizations on the banning of child female genital mutilation throughout the country.* (CEDAW/C/SLE/CO/6, para. 18(b))

76 *Soweis* are Bondo members who perform the cutting.

In its Concluding Observations on the Combined Third to Fifth Periodic Report in 2016 (CRC/C/SLE/CO/3–5, paras. 22 and 23), the Committee on the Rights of the Child noted that FGM/C was still being practised and continued not to be prohibited by law, but did not, on this occasion, recommend legislation. Rather, it recommended that the government continue to fight to eradicate the practice of FGM/C and accelerate efforts and programmes to sensitize and assist practitioners of FGM/C to find alternative sources of income to encourage them to abandon the practice. However, in August 2022, following the death of a 21-year-old who underwent FGM/C, three United Nations rapporteurs urged the Government of Sierra Leone to establish a comprehensive set of legal prohibitions, including through strengthening the memoranda of understanding with local practitioners and amending the Child Rights Act to explicitly prohibit FGM/C for all age groups.

The government drafted the National Strategy for the Reduction of Female Genital Mutilation in 2014 to cover the period 2016–2020, the foreword of which noted, "In this strategy we consider measures which, whilst celebrating and upholding the wholesome aspects of the Bondo institution, seek to remove the harm from the initiation ceremony and create alternative new spaces where adolescent girls can be publicly recognized as women and identified with their ethnic groups" (Sierra Leone and UNICEF, 2014).

During the Ebola crisis, FGM/C was banned to reduce the risk of Ebola transmission and enforced with fines and arrests. The restriction was largely complied with. In November 2015, the President announced that "a new beginning warrants that traditional practices that have a negative impact on health, and which were discontinued during the outbreak, should not be returned to." It was assumed that this was intended to cover FGM/C, and that with the gap in initiations as a result of Ebola, enthusiasm for FGM/C might reduce. This has not proved to be the case. Despite initial political support for the National Strategy for the Reduction of Female Genital Mutilation, the draft was never finalized because of the political sensitivity of the matter and lack of agreement between stakeholders.

Barriers and bottlenecks

The key barriers and bottlenecks to the elimination to FGM/C are social and cultural attitudes and beliefs, and the lack of a legal and policy framework prohibiting FGM/C.

Social attitudes to FGM/C

Overall, FGM/C continues to have widespread support. In 2008, the DHS showed that 69.2 per cent of women aged 15–49 years agreed with the continuation of FGM/C. However, there was variation with age: only 58.6 per cent of those aged 15–19 years supported the practice, whereas 80.8 per cent of those aged 45–49 years did. The 2019 DHS did not address support for continuing FGM/C, but the 2017 MICS recorded that 68 per cent of women believed that the practice should continue, demonstrating that there was little attitudinal change in almost 10 years.

The 2017 MICS also illustrated a difference in support for FGM/C between rural and urban areas (80 per cent in rural and 56 per cent in urban) and according to wealth quintile (83 per cent by the poorest, 47 per cent by the richest), education (81 per cent among those with no education, 45 per cent among those with secondary or higher education) and age (77 per cent of 45–49-year-olds and 62 per cent of 15–19-year-olds), leading to the conclusion that FGM/C finds its highest level of support in older rural women with little or no education.

The justifications for FGM/C and its continued use in Sierra Leone are varied, and include social, cultural, economic and political reasons. It is generally regarded as a vital part of cultural identity and an important part of Bondo rituals. Many in the community, and particularly women, see it

as a necessary step for a girl to be socially acceptable within the community, and that without cutting, a girl or woman will be stigmatized or rejected by her commuy. Yet other justifications relate to aesthetic acceptability: that women will not find a husband if they are not cut and a belief that FGM/C prevents infection. Furthermore, half of the adult population believes that cutting is a religious requirement (Stats SL and ICF, 2020, p. 232).

Defence of their culture is a reason given by Bondo members for their support of cutting, but it has also been suggested that this support is linked to status and means of livelihood for village chiefs and the *soweis*, the Bondo members who carry out the cutting (Ibrahim, 2019). Bondo membership remains essential for certain jobs, including positions in local government and careers in nursing, medicine and the police (UNICEF, 2020a).

Lack of legal prohibition

The Committee on the Elimination of All Forms of Discrimination against Women, in its 2014 concluding observations, recommended that Sierra Leone "explicitly prohibit female genital mutilation and other harmful practices. To this end, it should intensify its efforts in holding consultations with civil society and women's organizations and traditional leaders, at the provincial and local levels, with a view to fostering a dialogue on eliminating female genital mutilation and other harmful practices, and changing stereotypes, discriminatory attitudes and practices" (CEDAW/C/SLE/CO6, para. 19(c)).

No attempt has been made since the passing of the Child Rights Act (2007) to legislate banning and criminalizing the performance of FGM/C. The general view appears to be that legislation may not be the best approach in Sierra Leone, given the level of support in the community for Bondo with its associated FGM/C practices and the difficulty of enforcing the law. Nevertheless, some steps have been taken to limiting Bondo initiation rites. For instance, there is a a government mandate that the Bondo initiation may only take place in school holidays. Some NGOs and local authorities have also sought to enforce an age of consent policy, requiring that girls should give consent to FGM/C, and that they are only competent to do so once they reach the age of 18. The reasoning behind this is that girls are more likely to refuse FGM/C when asked to consent at 18. Ensuring compliance with the policy has been problematic, however, as it relies on the cooperation of chiefs for enforcement, who are mostly reluctant to act against their community members (UNICEF, 2020a).

Recommendations

The draft National Strategy for Reduction of Female Genital Mutlilation proposed three possible approaches:

1. Explore ways of supporting alternative initiation ceremonies without FGM/C to address the harmful practice, i.e., Bondo without cutting.
2. Support open discussions and dialogues on FGM/C involving a number of stakeholders, at national and local levels.
3. Identify national champions to work with communities to publicly declare abandonment of the custom and monitor adherence.

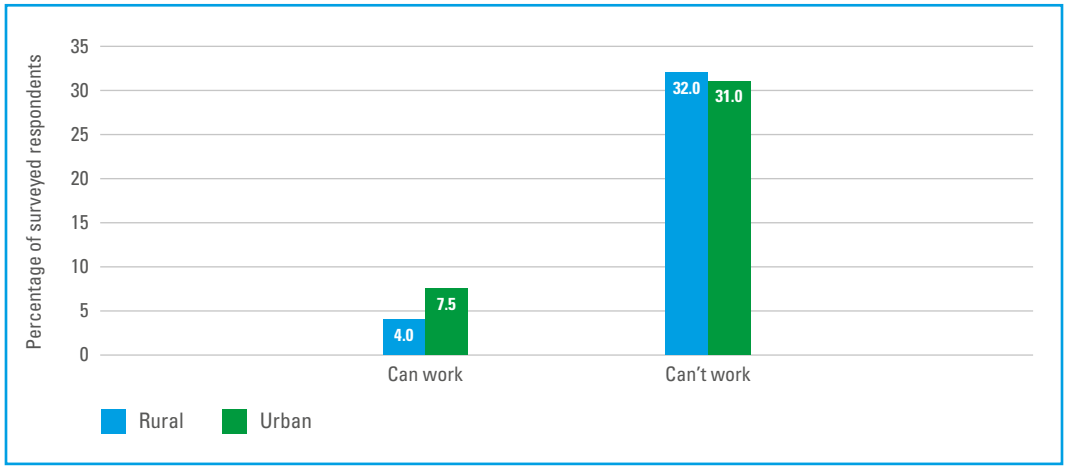
Maintaining Bondo, but without cutting, is the most favoured approach. This would recognize the value placed by the majority of the community on Bondo while at the same time eliminating a harmful practice. A study undertaken by UNICEF in 2020 (UNICEF, 2020a) shows that this approach did not have great support, especially in rural areas. *Soweis* saw it as an unchanging and integral part of the initiation ceremony.

A number of pilot projects to support Bondo without cutting have been tried, including the Masanga Project in Tonkolili (ibid.).[77] Girls who participate in the project are provided with educational support up to university level, and families are given money to help them buy the materials and food needed for the girls while they are in the bush undergoing initiation. The project, which started in 2009, appears to have been successful, but has not been replicated, largely because of the cost (ibid.).[78] An approach favoured by NGOs is to boost the education of girls, who are now supported by the FQSE programme, and to include FGM/C topics in the school curriculum. Neither approach has been evaluated as yet to determine the level of effectiveness.

Even though these approaches have not reduced the rate of FGM/C significantly or sufficiently to meet SDG target 5.3, there are signs of a possible downward trend, which is viewed as likely to continue. While Bondo is still supported, the focus on girls acquiring valued skills and knowledge is fading as the initiation period spent in the bush becomes shorter and because many of the aspects once taught in the bush are now included in the school curriculum. Furthermore, while Bondo and its rites were once secret, social media, sensitization campaigns and a better understanding of the experiences and rites that accompany Bondo are believed to have reduced its appeal. Girls can now discuss the rites with their friends and are more informed, allowing them to make a choice on whether or not to join and undergo cutting (ibid.).

Continual engagement with the districts, especially with *soweis* and village chiefs, who have influence in the community, is essential and is thought more likely to produce results than more judgmental and coercive approaches from central government. Approaches that support Bondo but without cutting or delaying cutting until the child reaches the age of 18 are seen as the way forward.

Figure 91: Indication of whether Bondo without cutting initiatives is considered viable



Note: The responses were from FGDs and semi-structured interviews.
Source: UNICEF, 2020a

77 This project took place in Magburaka town and in Yele, a rural area. The project is funded by a Swiss non-profit organization called Masanga.

78 See also the Amazonian Initiative Movement (https://aimsierraleone.org/).

The UNICEF study on Bondo (2020a) made a number of recommendations on the approaches to be taken:

- *Engage in meaningful dialogue* with key stakeholders, such as chiefs, *soweis* and religious leaders, in ways that allow them to take the lead in identifying opportunities for change and driving processes forward.
- *Strengthen the legal framework*, particularly with respect to further implementation and monitoring of the age of consent policy.
- *Undertake research* to understand how open different communities would be to Bondo without cutting and under what circumstances it would be considered acceptable. Promote dialogue between communities that have introduced this approach and those that have not, and explore opportunities for scaling up.
- *Increase access to reliable information* about Bondo, as well as sexual and reproductive health, relationships and consequences of FGM/C, so that girls can make informed choices.
- *Encourage religious leaders to clarify teachings on the role of FGM/C* to ensure that communities are clear that cutting is not required as part of religious practices.
- *Review and revise awareness-raising and communication packages and approaches* (these activities have not, so far, had an significant impact).
- *Develop a long-term strategy* that recognizes that people believe strongly in the importance of initiation and membership to Bondo societies. It is important for the positive aspects to be respected and supported in the process of reducing FGM/C.
- *Increase access to quality education and livelihood opportunities*, for communities in general, and particularly for young women, based on a solid understanding of the contextual realities and challenges of Sierra Leone.
- *Reduce social isolation* by increasing options for girls and women to participate in social groups, clubs and societies.
- *Explore whether cultural values, social mores and skills* traditionally learned in the bush are being offered elsewhere, the successes and failures of these efforts, and how the exchange of these important features of community life can be revived.

7.3 Child trafficking

SDG indicator 16.2.2: Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation

Trafficking of children can take place both nationally (taking children from one area to another within the country) and internationally (taking children across borders). In Sierra Leone, trafficking takes a number of forms, most commonly for sexual exploitation and labour (domestic work, fishing, mining, trading, vending and agriculture) and to a lesser extent for begging, petty crime and adoption. Most trafficking is from poor rural areas to urban areas (Surtees, 2005). The United States Department of State's *2022 Trafficking in Persons Report* (United States Department of State, Office to Monitor and Combat Trafficking in Persons, 2022) identifies sex trafficking as a serious problem in Sierra Leone, particularly at beaches and nightclubs, and by both locals and foreign tourists. In addition, there are reports of parents selling children for commercial sexual exploitation. Traffickers also exploit traditional foster-care practices (*menpikin*) to convince parents to hand over their children by promising to provide the child with education or a better life but

instead, exploit the child in various forms of forced labour, including domestic servitude, street vending, mining, agriculture, scavenging for scrap metal, *okada* (motorbike taxi) driving, and sometimes, commercial sex. Economic vulnerability caused by the COVID-19 pandemic increased children's susceptibility to exploitation, including in commercial sex and forced marriage (ibid.).

A 2023 report on child trafficking and the worst forms of child labour in Sierra Leone (Okech et al., 2023), which involved field research in the east of Sierra Leone, concluded that much of the trafficking of children is from poor rural areas to urban areas, and identified children aged 12–17 years, children who have lost one or both parents and children who are not in school as those most vulnerable to trafficking. The report suggested that COVID-19 made children more vulnerable to trafficking and had an influence on effective responses to the problem.

The Family Support Unit database records the numbers of children identified as trafficked (see Table 28). The low numbers do not necessarily reflect the prevalence of trafficking, but rather the lack of identification of victims. The United States Department of State report (United States Department of State, Office to Monitor and Combat Trafficking in Persons, 2022) identified a greater number of cases for 2022: 26 child victims of sex trafficking and 23 child victims of unspecified exploitation.

Table 28: Numbers of child victims of trafficking offences, disaggregated by year of report

Year	2019		2020		2021		2022		Total
	Female	Male	Female	Male	Female	Male	Female	Male	
Child trafficking	13	7	11	9	27	21	14	10	112

Source: Family Support Unit, Sierra Leone

The United States report rates Sierra Leone as a Tier 2 country, as it does not fully meet the minimum standards for the elimination of trafficking, but is making significant efforts to do so (ibid.). According to the report, the government demonstrated increased efforts overall compared with the previous reporting period in 2021. These efforts included signing a memorandum of understanding with Guinea on coordinating anti-trafficking activities, convicting more traffickers, launching a nationwide trafficking hotline and ratifying the Economic Community of West African States Convention on Mutual Assistance in Criminal Matters, which is intended to facilitate cross-border law enforcement and anti-trafficking efforts. The report found that the Government of Sierra Leone did not meet the minimum standards in several key areas: the government investigated fewer cases; shelter and services remained inadequate and limited to Freetown; and the government did not report providing any funding to support NGOs, which provide the majority of victim shelters and services (ibid.).

7.3.1 Legal framework

The governing act is the very recent Anti-Human Trafficking and Smuggling Act (2022), which replaces the Anti-Human Trafficking Act (2005). It was developed with the intention of addressing stakeholder criticisms of the previous act by introducing stronger penalties for trafficking, reducing delays in judicial investigations and proceedings and increasing protection of survivors through the establishment of the Trafficking Victims Trust Fund. The fund will provide interim care facilities or rehabilitation shelters for trafficking victims, medical and related services, witness protection as part of legal aid, family tracing and reunification and reintegration.

Trafficking is defined in section 12(3) of the Anti-Human Trafficking and Migrant Smuggling Act (2022) (in alignment with the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons).

> *A person engages in human trafficking … if for the purpose of exploitation, he undertakes the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, the abuse of power or of a position of vulnerability or of the giving or receiving of payments to obtain the consent of a person having control over another person for the purpose of exploitation.*

According to the section 12(3) of the 2022 act, a person who engages in human trafficking is liable on conviction to a term of imprisonment of not less than 25 years.

The 2005 act established the Inter-ministerial Committee on Human Trafficking and the National Task Force on Human Trafficking. The functions of these two bodies have been combined in the 2022 Act, with the National Task Force on Human Trafficking appointed as the body responsible. It has wide duties, including receiving and investigating reports of human trafficking; monitoring the immigration and emigration patterns for evidence of human trafficking and securing the prompt intervention of law enforcement agencies; awareness-raising, data collection and storage; advising government; and assisting victims of trafficking.

As part of the implementation of the new Anti-Human Trafficking and Smuggling and Migrant Act (2022), a memorandum of understanding has been signed with World Hope International to provide logistical support to the family support units. In addition, in 2022, an anti-trafficking project was initiated by the Center on Human Trafficking Research and Outreach with the United Nations Office on Drugs and Crime. Its aims were to:

- increase investigations and prosecutions of human trafficking cases, resulting in an increase in the number of cases detected and victims protected;
- develop an in-depth assessment of the criminal justice response to trafficking in persons in Sierra Leone; and
- organize training workshops and activities to enhance the capacity of law enforcement officers and judicial authorities and provide them with all the necessary tools and information to identify cases of trafficking in persons, refer victims to appropriate service providers and prosecute traffickers.

At the end of February 2022, the government held the first national conference on human trafficking, the purpose of which was to bring stakeholders together to initiate a dedicated data platform on trafficking in persons and to develop a framework for a strategy against human trafficking for implementation over the period 2023–2028.

7.3.2 Barriers and bottlenecks

The United States Department of State's *2022 Trafficking in Persons Report* (United States Department of State, Office to Monitor and Combat Trafficking in Persons, 2022) refers to judicial inefficiencies, general corruption and procedural delays, all of which hindered courts from holding traffickers accountable and diminished confidence in the judicial system. As a result, victims' families often accepted payments from traffickers rather than pursue cases in court, and families sometimes exerted pressure on victims to not participate in investigations and prosecutions against their alleged traffickers because of security concerns, community ties to alleged traffickers and the high cost and travel required to participate in such cases. In many cases, victims either did

not agree to testify against their traffickers and prosecutors dropped the charges, or victims could not meet the travel requirements for court appearances and judges dismissed their cases.

It was also noted that, under the 2005 act, it could take up to three years before the case came to trial because of the need for a case to go through committal before an indictment is lodged at the High Court, where trafficking cases are tried.

The 2022 act seeks to address some of these issues by amending legal procedure and providing for accused persons to be indicted in the High Court without the need for committal proceedings before a magistrate's court (where the magistrate will decide whether there is a case to answer). Cutting out the committal stage will not only reduce delay, but will also, hopefully, reduce the level of corruption and bribing of judges, as only High Court judges will now hear such cases. However, the problems remain of limited victim assistance, lack of legal representation and fear of retaliation, resulting in a low number of cases being reported.

The 2005 act was previously criticized for not imposing sufficient penalties on those convicted of trafficking. The 2022 act, in response to the criticism, provides that on conviction the defendant is liable to a term of imprisonment of not less than 25 years. This is a very heavy sentence and may, itself, turn out to be a barrier to prosecution and conviction as there is a possibility that such a high sentence may lead to even greater pressure on victims not to report crimes.

7.4 Children in street situations

7.4.1 Children in street situations

> According to a survey by Street Child of Sierra Leone, "any child who spends the majority of his or her time on the street, regardless of whether he or she has a home to return to at night, is considered a street child" (2012, p. 9).

The Committee on the Rights of the Child, in General Comment No. 21 on children in street situations, provides a comprehensive child rights framework to protect children. It recommends that to comply with obligations under the CRC, States adopt holistic and long-term strategies and make the necessary budget allocations for children in street situations (CRC/C/GC/21). The Sierra Leonean Ministry of Gender and Children's Affairs (MoGCA) recently published the National Strategy for Addressing Issues of Children in Street Situations 2022–2024. The forecasted budget for the strategy is US$820,000 (Sierra Leone, 2021b, p. 26).

The strategy aims to "prevent and protect children living and working on the street through accessible integrated and coordinated services, focusing on [the] best environment for childhood survival and development" (ibid., p. 16) through three key strategies: (i) prevention through awareness-raising, (ii) enforcement of existing laws and policies and (iii) cooperation to strengthen institutions. First, as part of awareness-raising, the government plans to conduct sensitization campaigns on parental responsibility; conduct media engagements; support drop-in centres and outreach programmes; establish community discussions in select districts; and support child-led organizations to campaign (ibid., p. 21). Second, the government plans to enforce existing laws and policies, and revise the Alternative Care Policy and roll it out; support families at risk; train law enforcement staff; provide technical support to local councils to empower them to develop by-laws on children in street situations; and advocate for increased funding on this issue at the

local level (ibid., pp. 21, 22). Finally, the strategy describes plans to support the coordination of institutions working with children in street situations (through the provision of recruitment and training), support existing case management systems, develop information management systems, explore opportunities for private partnership and monitor and evaluate progress (ibid., pp. 24, 25).

The National Strategy for Addressing Issues of Children in Street Situations 2022–2024 has been coupled with the 2022 National Strategy for Out-of-School Children in Sierra Leone (MBSSE, 2022b) and the 2021 National Policy on Radical Inclusion in Schools, which are both discussed further in section 6.1 of this report.

While there are no current data on the numbers of children in street situations, partially due to the dynamic and mobile nature of the street-child population, estimates suggest that in 2015, 49,696 children worked and lived on the streets (Kamara, 2016). The same study estimated that of these children, 2,700 children lived permanently on the streets in Sierra Leone. The figures suggest that the number of street children had remained stable since 2012, when a previous study was done, which found 49,698 children in street situations of which 24,615 lived in Freetown (Street Child of Sierra Leone, 2012, p. 10). There is no reason to suppose that there has been a significant decrease in the number of street children since 2015. The vast majority of the street-child population is in urban areas, particularly in Freetown, as well as in district urban centres.

High poverty rates, coupled with low rates of children living with one or both biological parents, mean Sierra Leonean children are particularly vulnerable to being forced into living in street situations. In addition, other complex factors lead to children working and living on the streets, as shown in Figure 92.

Children in street situations are a particularly at-risk group. Living on the streets limits their access to food, shelter and medical treatment; increases their risk of physical injury and infectious disease (including HIV/AIDS and sexually transmitted diseases); limits their access to education; increases their risk of mental health conditions; increases their likelihood of being in conflict with the law; increases their vulnerability to violence, sexual abuse and discrimination; and increases their tendency to use and abuse drugs, alcohol and other harmful substances (Sierra Leone, 2021b, p. 6; Horton, n.d.).

Figure 92: Causes of children living in street situations

Source: Sierra Leone, 2021b, p. 5

In addition, status offences built into the legal framework in Sierra Leone often criminalize children and adolescents living in street situations. Discriminatory laws on begging, curfews, vagrancy and loitering often affect these children disproportionately, contrary to the Committee on the Rights of the Child's General Comment No. 10 on juvenile justice (CRC/C/GC/10, paras. 6–9).

7.5 Child protection system

7.5.1 Structure of the child protection system

The MoGCA is the line ministry with responsibility for the protection of children. In 2019, the Ministry of Social Welfare, Gender and Children's Affairs (MoSWGCA) was split into the MoSW and MoGCA. Although the MoGCA has the mandate for child protection, the social services workforce at national and decentralized levels is situated in the MoSW. Both ministries work closely at national and subnational levels for prevention of and response to violence, abuse, exploitation and neglect of children. The MoGCA has set up the National Child Welfare Committee, the main coordination forum, at national and district level, of government and civil society for joint planning, strategy development, review of laws and policies, and monitoring. The MoGCA has also created strategic partnerships with and is part of other coordination forums, such as the National Secretariat for the Reduction of Teenage Pregnancy and the School-Related Gender-Based Violence Coordination Forum.

The MoSW, under the Child Rights Act (2007), has statutory responsibility for monitoring, supervising and coordinating the activities of the village, ward and chiefdom child welfare committees (section 51(2)); providing administrative and logical support, training, expert advice and guidance to them; receiving and reviewing reports from child welfare committees (at all levels); and preparing and submitting quarterly reports on the status and welfare of children in Sierra Leone to the National Commission for Children (section 51(4)). A new bill has been introduced to Parliament, the Child Rights Bill (2022) which will, if passed by Parliament, replace the Child Rights Act (2007). The child protection functions in the new bill, however, remain virtually identical, except that the role of the MoSW would be expanded to include monitoring and supervising the activities and programmes of child welfare committees, NGOs and civil society organizations involved in child protection. Furthermore, rather than report quarterly to the National Commission for Children, there is a duty placed on the ministry responsible for children "in collaboration with other ministries and relevant stakeholders" to prepare and submit an annual report on the status and welfare of children in Sierra Leone to the minister, which must be laid before Parliament (section 43(1)(g)).

The National Commission for Children was established in 2007 through the Child Rights Act, but it has only been functional since 2015, owing to a lack of resources. The role of the commission is to monitor, report on and advise government on the implementation of the rights of children. The commission also promotes child participation in decision-making at all levels and supports the decentralization process. Although the commission is subvented from central government through the MoGCA and submits its reports to Parliament through the MoGCA, it operates independently of the ministry. The commission, which has wide membership (section 6),[79] does not have direct

79 Membership includes a paramount chief, two parents, two children, two representatives of religious communities, a representative of UNICEF, a representative of the Bar Association, a representative of the MoSW and the Commissioner and Deputy Commissioner of the National Commission.

operational responsibility for child functions. Its role is essentially one of review, advocacy, research, dissemination and advising (section 11).

The commission also operates at subnational level. Section 16 of the Child Rights Act (2007) gives the commissioner power to establish provincial or district offices or both, as considered necessary for the efficient performance of its functions. Section 14 of the Child Rights Bill (2022) amends the Child Rights Act to make the establishment of regional and district offices of the commission mandatory, and gives power to the commissioner to determine their functions.

Both the Child Rights Act and Child Rights Bill place on district councils (which, in turn, delegate this function to their social services departments) the duty to promote the welfare and protect the rights of children. In addition to the role of the district councils, section 57 of the Child Rights Act (2007) provides that family support units shall be established at each police station. While every unit should include a social worker, only around 25 actually have one. The statutory role of the family support units is to deal with alleged juvenile offenders and child victims of domestic violence and to monitor proven child abusers. They do not have a specific mandate to work on child protection cases where a child is being abused, neglected or exploited, other than within a domestic violence context. However, it would appear that, in practice, the family support units play a major role in child abuse cases, prosecuting perpetrators and mediating to find a solution that will protect the child. Although the Child Rights Bill (2022) has an amendment to include this function, there is no requirement under the bill that there be a family support unit at each police station.

In addition to these structures, the MoGCA, with the support of UNICEF and UNFPA through the establishment of the Enough Abuse Campaign, set up a hotline in five pilot regions in 2019 for children suffering sexual abuse. Members of the public are encouraged to report any failure to protect the rights and welfare of children by any institution or individual. Sigical is a private company contracted by the MoGCA to manage the 116 Helpline on behalf of the government. UNICEF and UNFPA fund the operations of the 116 Helpline.

7.5.2 Legal and policy framework

The CRC and African Charter on the Rights and Welfare of the Child emphasize the importance of prioritizing the best interests of the child and adopting a rights-based approach to child protection. However, while article 19 of the CRC provides that parents "must protect children from neglect, discrimination, violence, abuse, and exposure to physical and moral hazards and oppression", it does not specifically spell out the duty of the government to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, or maltreatment or exploitation, including sexual abuse.

The main legislation relating to the protection of children from violence, abuse, neglect and exploitation is found in the Prevention of Cruelty to Children Ordinance (1926) and the Child Rights Act (2007). Section 59 of the Child Rights Act provides that any person with information on child abuse or a child in need of care and protection shall report the matter to the district council. If the district council has reasonable grounds to suspect child abuse or a need for care and protection of a child within the meaning of section 60 of the act, it may order a probation officer or social welfare officer, accompanied by the police, to enter and search the premises where the child is kept (section 62). If, after investigation, it is determined that the child has been abused or is in need of immediate care, the child may be removed to a place of safety for a maximum of seven days.

The district council must take the child before a court within seven days if they want to remove the child from the parents for a longer time. The court may issue a supervision order or care order if the child is suffering or likely to suffer significant harm, in which case parental rights will be transferred to the council. The Child Rights Bill (2022) continues the provisions relating to removal of a child.

Once the child is the subject of a care order, he or she may be placed in an approved residential home, with an approved fit person, or at the home of a parent, guardian or relative (Child Rights Act, 2007, section 63(3)). All residential care homes are run by NGOs; there is no government residential care available. If a supervision order is made, the child will remain at home with the parent or guardian, but will be under the supervision of a social welfare officer. Both orders end on the child's 18th birthday or, in the case of a care order, after three years, and a supervision order, after one year.

Two policy documents add more detail on child protection: (i) the 2013 Child Welfare Policy, which gives the local social services department responsibility for the oversight of the welfare strategy for children and families and coordination of services relating to them and (ii) the 2014 Alternative Care Policy, which seeks to address the findings of a mapping exercise of residential care institutions in Sierra Leone that was undertaken by Lamin in 2008. Both documents have needed revision since the MoSWGCA was split. The establishment and ongoing expansion of child protection and GBV case management and information management protocols are also necessary.

7.5.3 Case and information management

The MoSW, with the support of UNICEF, has rolled out a national child protection case management system that harmonizes the process of caring for child victims of abuse, violence, exploitation and neglect. The Child Protection Information Management System Plus (CPIMS+) module of Primero is the major mechanism for data collection in the child protection system. However, it is clear that not all cases are included in the CPMIS+ and the ability to use Primero at the village and chiefdom level is limited by structural issues, such as a lack of electricity and internet. In addition, social workers who can input data into Primero are limited in both number and time.

> *Yes, we invested in Primero, but we need more expertise to help us. I want, with the click of a button in my office, to know when a child is identified, taken here, etc. Case management is very, very key.* (KII with MoSW, 23 November 2022)

It is not possible, for instance, to obtain data on the number of children who are subject to care and supervision orders; the number of children referred to the district council falling under the Child Rights Act (2007), section 60; or the number of children in residential care.

A national standard operating procedure requires a framework for the provision of case management with clear guidelines on the roles and responsibilities of government ministries and local councils and civil society organizations.

In 2022, the MoGCA, with the support of UNICEF and UNFPA, rolled out a national GBV case management system and the Gender-Based Violence Information Management System Plus (GBVIMS+) module of Primero. The case management system harmonizes the response to sexual violence and GBV in the country, and the GBVIMS+ will improve data collection, storage, analysis, sharing and reporting on GBV in the country. GBVIMS+ was piloted in three districts (Freetown, Bo and Kailahun) by the MoGCA, MoSW, Rainbo Initiative and Commit and Act Foundation in Sierra Leone, and will be scaled up to all 16 districts by the end of 2024.

7.5.4 Prevention

One fundamental element of strengthening child protection systems is enhancing prevention mechanisms for the protection of children. The MoGCA, with the support of UNICEF and civil society organizations, has supported programmes to strengthen communities to take requisite action for the prevention of violence, abuse, exploitation and neglect. Through a parenting programme piloted by the MoSW in collaboration with civil society partners in three districts, 2,798 caregivers now have knowledge on how to prevent violence against children in the home and community. The parenting programme will be scaled up to additional districts. Safe space programming at community level has raised awareness of adolescents on sexual and reproductive health, which will increase their agency and help them make better decisions about their sexuality. Adolescents have also been trained in life skills.

Many of the interviewees spoken to for this SitAn see lack of good parenting as the prime reason for child protection issues.

> *For many parents, money is more important than taking care of the children … The issue of neglect is a major challenge [for] parents. The parent does not know the strategies of good parenting; if this is practised, children will not face difficulty. Parents will not be hunted to find provision for their children. Some of us are not aware of section 26 of the Child Rights Act to provide and care for the child. In the area of good parenting, the community, even educated people, don't know the difference between punishment and discipline.* (FGD with service providers, Kambia, 8 December 2022)

The MoSW, with the support of UNICEF and a range of other bodies, runs positive parenting courses that reached 2,798 caregivers (1,996 male and 802 female) in 2022. The programme is continuing, but as yet, there has been no evaluation of its impact.

7.5.5 Social services workforce

Like many other developing countries, Sierra Leone has found it difficult to fund, recruit, manage and retain a social welfare workforce adequate in size and capacity to meet the country's needs. In 2019, the MoSWGCA noted that "[t]he absence of a trained and skilled social service work force makes it difficult if not impossible to develop and implement programmes for the prevention of and response to violence, abuse, exploitation and neglect" (p. 4).

In 2018, the ministry received just 0.8 per cent of the national budget. The ministry reported (MoSWGCA, 2019) that limited allocation funds resulted in the following:

- *Inability to reach communities*: There was a lack of resources for transportation, which affected community engagement, service delivery, monitoring of services and attending meetings.
- *Staff numbers and remuneration*: The system relied on volunteers to fill vacant positions and paid low salaries to employed staff, causing retention problems.
- *Lack of funds for service delivery*: There were insufficient budget allocations to provide for children's immediate needs, as well as interim and alternative care and remand homes, and delays in funds being disbursed from the Ministry of Finance.
- *Inadequate office supplies*: Offices were not equipped with essential equipment, including computers, internet connectivity, mobile phone time, filing cabinets and stationery, which made documentation of and communication about cases difficult.

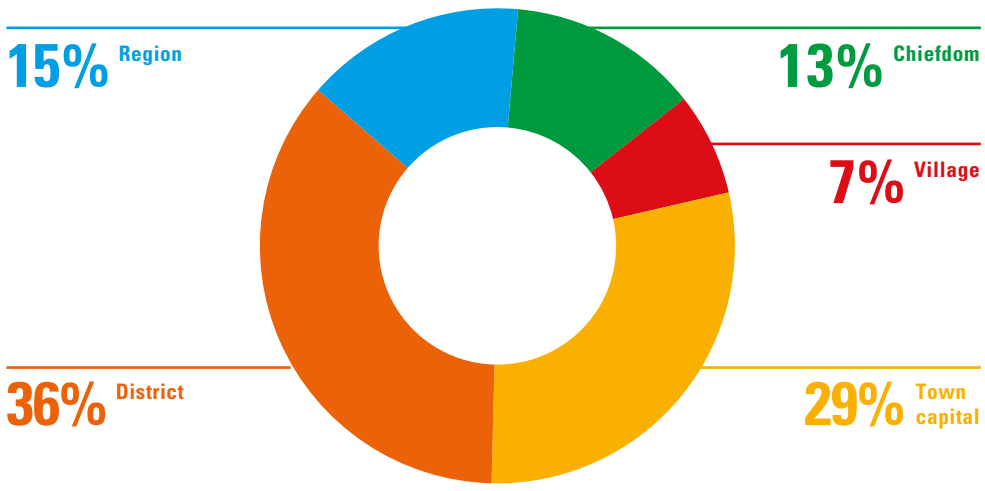
The overall impact of such a low level of budgetary allocation was that the MoSWGCA, as it was in 2018, was unable to fulfil its statutory duties.

A capacity gap analysis carried out for the ministry's Human Resources Strategy 2019–2023 also identified significant gaps in knowledge about the legal and policy framework among the social services workforce, and a lack of coordination with other child welfare actors, due, again, to lack of resources to attend meetings and implement joint initiatives. While most social workers felt confident in their work with families, some did not know how to apply for court orders under the Child Rights Act (2007). Social workers demonstrated a lower-than-reasonably-expected capacity when it came to supporting the child welfare committees at community level.

Social workers in Sierra Leone manage cases of (i) children suffering or at risk of suffering significant harm as a result of abuse, violence, neglect and exploitation, (ii) rehabilitation and reintegration of children in contact with the law and (iii) alternative and interim care. They also collaborate across the formal and informal child welfare system (MoSWGCA, 2019, p. 18). In 2018, there were 104 child-welfare workers, comprising 48 social workers, 4 social development workers, 2 probation officers, 22 social services officers, 25 senior social services officers and 3 regional assistant directors. Twenty-five of the social workers were allocated to family support units, 50 per cent had a degree and 25 per cent a higher degree (though not necessarily in social work). As can be seen in Figure 93, the majority of social workers were concentrated either in headquarters or the districts, with far fewer social workers at community level.

The Human Resources Strategy 2019–2023 regards strengthening the social welfare workforce as an essential element of a national child protection system. The intention of the strategy is to assign social workers to local councils according to population density,[80] allocating one social worker per 20,000 people, who will be deployed to wards.[81] In order to meet this target, it will be necessary to employ 407 social workers. The plan was to appoint 400 social workers in 2019. As

Figure 93: Place of work for social workers



Source: MoSWGCA, 2019

80 Using figures from the 2015 Population and Housing Census (Stats SL, 2016).

81 Local councils will determine the allocation of wards to community-based social workers based on the ward population data. As essential professionals within the system, these social workers should be recruited at entry Grade 7.

of March 2023, there were 163 social workers in total, with recruitment completed for 138 social work staff, who were deployed at district and chiefdom levels.

In order to fund these posts, the ministry undertook to create a budget for human resources. This was not only to pay the staff, but also to enable them to carry out their work effectively, with provision of funds for items like transport and communications.

Before the war, social welfare officers were trained in Bo at the Social Welfare Training Institute, which offered a basic six-month training course. As the institute was destroyed during the conflict and many of its graduates have now retired, the National Training Institute in Freetown was established to take its place. There are six universities in Sierra Leone – Fourah Bay College, Njala University, UNIMAK, Milton Margai College of Education and Technology, Ernest Bai Koroma University of Science and Technology and the Eastern Technical University – all of which teach social work at the certificate, diploma and bachelor levels. As part of the initiative to strengthen the social welfare workforce, the MoSW collaborated with these universities and the Civil Service Training College to review the social work curricula. This collaboration aimed to align the curricula with international social work learning standards while ensuring context specificity. With a big focus on practice, the new curricula are competency-based, ensuring that social workers should now be better equipped to practice. In-service training for academic staff teaching social work ensures that there is capacity to teach the revised and harmonized curricula. The Civil Service Training College now teaches the revised diploma-level curriculum to previously employed ministry staff as a way to help them formalize their training in social work: 25 MoSW staff are in the first cohort of diploma-level training at the college.

7.6 Prevention of family separation, and alternative care

The 2017 MICS shows that in that year, 53.8 per cent of children were not living with both of their parents; in 12.8 per cent of these cases children were orphans (either one or both parents were dead); 23.2 per cent were living with their mothers (and not their fathers); 6.3 per cent with their fathers (and not their mothers); and in 24.9 per cent of these cases children were not living with either biological parent. Where children were not living with either of their biological parents, both parents were alive in 18.3 per cent of cases, and in only 1.8 per cent of cases were both parents dead.

The main reason for the high rate of children not living with both their parents is migration, usually by the parents and sometimes by the children. Migration is predominantly internal but also includes migration to another country. When children are left behind following the migration of their parents, they are usually left with kinship carers, in particular with grandparents (Stats SL, 2018, Table 11.3),[82] but also in informal fostering care. The highest rate of migration for fathers is in Western Area Rural, followed by Moyamba, Kailahun, Tonkolili and Kambia. The lowest is in Bonthe, followed by Pujehun and Kenema. More parents migrate as children get older, with 53.6 per cent of 15–17-year-olds having at least one parent living elsewhere in comparison to 36.9 per cent of 0–4-year-olds with a parent living elsewhere. The rate of mothers living elsewhere is higher the older the child, while the inverse is true for fathers; more fathers of children aged 0–4 years are living elsewhere.

82 Of children not living with either parent, 40.5 per cent were living with grandparents and a further 39.3 per cent with other relatives.

Table 29: Percentage of children with parents living elsewhere

	Only mother is living elsewhere	Only father is living elsewhere	Both mother and father are living elsewhere	At least one parent living elsewhere
Age				
0–4 years	2.8	25.0	9.0	36.9
5–9 years	7.8	16.9	20.4	45.1
10–14 years	11.0	15.6	23.4	49.9
15–17 years	14.6	14.5	24.4	53.6
Wealth index quintile				
Poorest	6.1	19.9	15.4	41.4
Second	7.2	15.3	16.1	28.6
Middle	8.6	18.3	18.6	45.6
Fourth	8.6	21.1	19.9	49.7
Richest	9.2	19.6	21.1	49.8

Source: Stats SL, 2018

In terms of wealth, more mothers in the richest quintile are living elsewhere than in the poorest, and overall, more children have at least one parent living elsewhere, probably because of the opportunities for those in the richest quintiles to earn money (see Table 29).

Older children also live away from their parents because of a lack of educational facilities in their villages and the smaller towns. They move to the larger towns and cities to access secondary education, rent a room and live alone, without supervision by an adult (MoSWGCA, 2014).

The 2019 DHS records a small decrease in the number of children classified as orphans, which was found to be down to 12 per cent while the number of children not living with either parent had risen from 24.9 per cent to 28 per cent. The figures need to be treated with some caution as the two survey samples (DHS and MICS) are not identical. More girls were found to be not living with their parents (30 per cent), compared with 26 per cent of boys.

7.6.1 Residential care

Children's homes were virtually unknown in Sierra Leone before the outbreak of the war in 1991, with only four institutions in the whole country. Since 1991, however, and despite massive resettlement of separated children, the number of homes has grown from 48 in 2008, to 58 in 2011, to 80 in 2021. So too, has the number of children accommodated in these homes grown. The majority of homes are small-scale but in 2021, seven were accommodating more than 50 children each. SOS Children's Villages accommodated 292 children in three homes in Bo, Bombali and Western Area Urban; Raining Season accommodated 88 children in Western Area Urban; the African Muslim Agency accommodated 71 in Kenema; Nation accommodated 66 in Moyamba; and Bilal Ibn Rabal accommodated 58 in Western Area Urban.

Data from an unpublished monitoring exercise by MoSWGCA in 2017 show that at that time there were 1,596 children in residential homes (UNICEF, 2018b), a decrease from 2009. However, data provided by the MoGCA in 2021 show a worrying increase, not only in the number of children, but also in the number of residential homes: 2,249 children were recorded as being placed in 80 children's homes.

The mapping of children's homes carried out 15 years ago in 2008 revealed the poor quality of care offered in the homes; minimal documentation; lack of care plans or plans for tracing family or extended family; and no exit strategies for children, especially those over 18 years. The research found that such homes received very little government oversight and were rarely inspected. Most children were in institutions for reasons of poverty or educational opportunity, and not for reasons of protection (Lamin, 2008). The Alternative Care Policy came to the same conclusion in 2014 and noted that parents or carers were, on occasion, actively persuaded by staff of homes to relinquish care of their children to the institution (MoSWGCA, 2014, p. 8).

The preamble to the CRC makes it clear that children have a right to be brought up in a family. This is echoed in the United Nations Guidelines on the Alternative Care of Children, which provides that the use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in her/his best interests (A/RES/64/142, para. 21). The United Nations Guidelines, acting on the advice of experts, recommend that no child under 3 should be placed in residential care, except in the rare instances where this is necessary to prevent separation of siblings, and then only where this is an emergency measure (ibid., para. 22). The age range of children in residential homes at the present time is unknown. So too, is the length of time that children are spending in residential care, and the extent to which residential homes are operating in accordance with the guidelines contained in the Alternative Care Policy.

The inspection of so many homes places a high burden on the district councils, which have limited resources to spare. The National Commission for Children is also able to inspect a residential home if there is a complaint about a particular home. In 2021, the National Commission went to Koidu School for the Blind in response to allegations that the rights of children were being violated. Key findings included failure to meet the children's physical and emotional needs; inadequate staff (one matron to supervise 22 girls and nobody to supervise 39 boys); school premises that were isolated, not secured and not monitored, the result of which was thefts, and sexual assaults on girls; and a general lack of safeguarding. The commission also noted that children did not feel free to speak about their protection concerns for fear of reprisals (National Commission for Children, 2021).

7.6.2 Other forms of formal and informal care

Kinship care is the most popular form of alternative care, with arrangements reached informally or with community involvement. There are a small number of non-relative foster care placements, mostly arranged by NGOs, but the placement of children in foster care remains largely uncoordinated and unregulated. The Alternative Care Policy (MoSWGCA, 2014) notes that there is limited oversight of children placed in foster care: "In most cases they are not properly documented, there's limited oversight and worse of all follow up plans and exit strategies barely exist. There are no reliable data on the number and placement of children in foster care by the MoSW, MoGCA, family support units and NGOs."

The Alternative Care Policy was published in 2014, and it does not appear that foster care has evolved or become any more regulated since that time. Furthermore, it would appear from interviewees that the formal foster care system, based on the order of a family court, is not being used at all.

The lack of foster care means that where a child is in a crisis situation and there are no relatives who are willing or able to take immediate responsibility for the child, the options are limited to residential care in a children's home run by an NGO, as there are no government children's homes.

According to the Alternative Care Policy, in 2014 an estimated 500,000 children were living in informal fostering (*menpiken*) arrangements. There is, however, no indication of the data relied upon for reaching this figure, and the extent to which it is accurate is unknown. *Menpiken* is an informal arrangement made between parents and another family, frequently relatives, that the child will go and live with them. The usual reasons for the practice of *menpikin* appear to be lack of infrastructure in the rural areas and a desire to provide children with increased educational opportunities.

> Menpiken *is children given to aunties to be taken care of. This is where child labour comes in. They serve as money-making machines. They take them from villages and say they will give them a good life and give them good schooling, but when they come to the city, they start working – either doing domestic work at home or making money for them. Many children decide to leave that home and go to the streets.* (Thematic FGD on child protection, Freetown, 28 November 2022)

The Alternative Care Policy notes that *menpikin* affects the lives not only of the children involved, but also of their siblings and of children in the receiving families. Discrimination, rivalry, child abuse, excessive labour and punishment are all features of *menpikin*. While *menpikin* children can gain advantages of education, improved health care and nutrition, they also suffer discrimination, abuse and exploitation. Most of the children do not participate in the decisions to place them with relatives. Furthermore, some children are being placed with strangers or parents' business associates. The view of those who were consulted for the Alternative Care Policy was that the practice of *menpikin* should be monitored and regulated, but at the same time families should not be prevented from placing children with relatives.

The Alternative Care Policy recommended that chiefs, child welfare committees and social workers promote messages regarding *menpikin*, including the following:

- Children should not be taken to live with non-relatives, except where the arrangement has been validated by the paramount chiefs or village chiefs where both families live.
- Children capable of forming a view should take part in the decision for them to be *menpikin*.
- There should be contact between a child and her/his parents and siblings on a regular basis.
- The child must be informed of where she/he can go if she/he wishes to discuss any problems surrounding the *menpikin*.
- A formal agreement should be drawn up between the families, and the chiefs should be informed
- Girls should not be sent to live with single males even if they are related.

No action has been taken to formalize these recommendations and absorb them into practice at community or district level.

7.6.3 Barriers and bottlenecks

Sierra Leone's formal social welfare, gender and children's protection systems to prevent and respond to violence, abuse, exploitation and neglect against children, women and persons with disabilities are weak and inaccessible to the majority of beneficiaries and their families. This is mainly because of the absence or non-implementation of laws for the protection of children, the absence of services at community level, inadequate resource allocation to the social welfare sector and an inadequate and inappropriately trained cadre of social workers at community and district levels. The Ministry of Social Welfare, Gender and Children's Affairs has been unable to fulfil much of its mandate on protection of children, women and their families because of its limited capacity for policy development, planning,

> *budgeting, programming, coordination, monitoring and reporting at both the national and subnational levels.* (Comment by the then Minister of Social Welfare, Gender and Children's Affairs in the foreword to the Human Resources Strategic Plan 2019–2023)

> *The system is not strong enough to respond to child protection issues. If the system was strong enough and we had collaboration between the different bodies, cases should be referred but that is not happening enough … it is happening, but it has to be improved. We need to strengthen the structures that we have.* (Interviewee, MoSW)

The legal framework, as elaborated in the Child Rights Act (2007), sets out a largely CRC-compliant child protection system. At the same time, the framework is confusing in terms of defining who has responsibility for what when a child is in need of care and protection. It also contains two thresholds: (i) the objective threshold set out in section 60 and (ii) the subjective threshold for a care order: "suffering or is at risk of suffering significant harm" contained in sections 25 and 63(2). There are also gaps in the framework, with a lack of secondary legislation for implementation of the act.

The major problem with the legal framework, however, is the lack of implementation. For instance, the National Commission for Children was only established in 2015 (Maestral International, 2019, p. 32). As noted above, district councils have the power to remove a child from the family to a place of safety for a time-limited period when the child is being abused, but such orders are rarely applied for. Similarly, court-ordered care or supervision orders are not widely used. The reasons for this are various, including court delay, a backlog of cases in the court, lack of family courts (there is only one in Sierra Leone) and failure to prioritize children's cases. Poor court management also results in numerous adjournments of a case, contributing further to delay. In addition, many cases do not reach the formal child protection system.

Child welfare committees can play an important role at the local level where there are no social workers. However, there is significant variation in terms of their functioning. In some communities, the child welfare committees have a limited presence and in others they are not operating and, even where they are, they are not always effective in responding to child protection issues.[83] Under the Child Rights Bill (2022), the committee structure is to be reformed and a social worker embedded within the committees (section 16).

Recommendations

- In order to monitor and assess all the children currently in residential care, and to ensure that all are placed in accordance with the provisions of the Child Rights Act (2007), the MoGCA should consider imposing a moratorium on the opening of any further homes. While the moratorium is in place, MoGCA should work with the homes to think about how their homes can be engaged to a greater extent with the community and with the development and support of foster care.
- MoGCA should undertake a full mapping and assessment of all residential care homes for children, covering registration, the standard of facilities, admission and discharge processes, case management of children placed in residential care and provision for children leaving residential care.

83 KII with MoGCA.

7.7 Birth registration

Article 7 of the CRC requires that every child shall be registered immediately after birth. Birth registration is a first step towards safeguarding individual rights and providing every person with access to justice and social services. Birth registration is not only a fundamental human right, but also key to ensuring the fulfilment of other rights, such as obtaining a passport or driving licence or registering as a voter, and is a mechanism for preventing harmful practices, such as child marriage. A birth certificate is not a formal requirement when enrolling in a school or accessing health care, as is the case in many other countries.

The Committee on the Rights of the Child, in its concluding observations on the combined third to fifth periodic reports on Sierra Leone in 2016, recommended that the government should continue its efforts to register all children, especially those in rural areas, and to ensure the integration of birth registration into the general civil registration reform programme.

According to the 2019 DHS, birth registration of children under the age of 1 increased from 77 per cent in 2013 to 90 per cent in 2017. The figure was 78 per cent in 2020, 80 per cent in 2021 and 85 per cent in 2022 (UNICEF Sierra Leone, 2023). The possible effect of the COVID-19 pandemic on these figures should be borne in mind.

Regarding figures on the registration of children under the age of 5, the 2019 DHS found that 90 per cent of children were registered with the civil authorities (93 per cent of children under the age of 2 and 89 per cent of children aged 2–4 years). This figure dipped to 81.1 per cent in 2020 and 2021,[84] but rose to 90 per cent once more in 2022. In practice, most registration appears to take place after births in hospitals, with children born at home less likely to be registered (Apland et al., 2014).

7.7.1 Legal framework

In 2016, Parliament passed the Civil Registration Act. The act established the National Civil Registration Authority, which has taken over the registration of births from the National Office of Births and Deaths under the authority of the MoHS, which previously had responsibility for registration under the Births and Deaths Registration Act 1983. The National Telecommunications Commission is responsible for the recording of vital events, including births, deaths, marriages, divorces, annulments, adoptions, legitimization and recognition of citizens and non-citizens. A further duty of the National Telecommunications Commission is to generate and assign a unique national identification number to each citizen and resident.[85] The administrative hierarchy for civil registration is national, regional, district and chiefdom/community level.

Section 37 of the Civil Registration Act provides that the Civil Registration Authority shall "establish and maintain an electronic registration system to be known as the Integrated National Civil Registration System" to function at national, regional, district, chiefdom and ward levels. The data to be held include data from manual civil registers as well as biometric data. Section 38(5) places a duty on local registration centres to send data to districts for transmission to regional or national level.

84 It is unlikely that two years had exactly the same rate of birth registration, so the figure for 2021 must be treated with some caution.

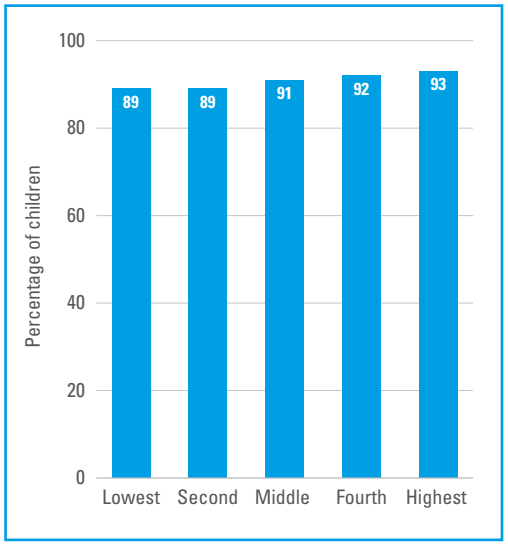
85 Unique identifier numbers can assist professionals working with children to share information more easily, and are particularly useful in the provision of health care. It can also be useful for other professionals who come into contact with the child: including education, child protection, social care and justice.

The Civil Registration Act places a duty on parents to register a child within three months of his or her birth (section 45).[86] A child who is born outside Sierra Leone to a Sierra Leonean citizen may also be registered if there was no registration system in place where the birth occurred or a system that applied to the child, or it is not possible to obtain copies of the birth registration in the foreign country (ibid., section 51). There is no fee for registration of a birth within the first three months. A fee is charged for late registration, though this is minimal.

7.7.2 Barriers and bottlenecks

Although the birth registration rate is relatively high, the percentage of children under 5 who have a birth certificate is low. The 2019 DHS reported that 31 per cent of children under 5 years of age had a birth certificate. Knowledge among mothers and caretakers on how to register a birth has been increasing: data from MICS show that while only 29.9 per cent knew how to register a birth in 2013, this figure had risen to 48 per cent in 2017. By sex, birth registration is slightly higher among girls than boys. It is also higher in urban areas than in rural areas, highest in Southern Province and lowest in Eastern Province, and , as shown in Figure 94, higher among the richest than the poorest quintile (Stats SL, 2018).

Figure 94: Percentage of under-five children whose births are registered with the civil authorities, by household wealth, 2019



Source: Stats SL and ICF, 2020

The government's National Strategic Plan for Civil Registration-Based Identity Management and Vital Statistics Systems in Sierra Leone (2019–2024) identified a number of overall challenges relating to civil registration:

1. The civil registration and vital statistics system and identity management system in Sierra Leone are underdeveloped and fragmented, leading to incomplete registration coverage.
2. Many of the laws are outdated, with gaps and overlaps, or are not enforced, resulting in an incoherent legal and policy environment for operationalizing civil registration.
3. Registration of vital events, including births and adoptions, is carried out by different institutions, poorly coordinated and largely manual.
4. The ICT infrastructure and systems and processes for civil registration services are inadequate.
5. A large segment of the population has generally low awareness of and lack of education about their rights and obligations and the benefits of civil registration.
6. The civil registration system is yet to be given the adequate attention it deserves and is constrained by the limited availability of trained, qualified and competent staff.

86 Where a birth is not registered in the first 12 months, the consent of the Director-General is needed for registration.

Recommendations

The aim of the National Strategic Plan is to move from the fragmented civil registration system to a more efficient and integrated one. Under the plan, the National Telecommunications Commission will coordinate stakeholders to operate an updated civil register and database that can be used by public institutions and partners for various purposes, which include social services and generation of population statistics. To achieve this, the government is planning a number of actions. The most important of these is the amendment of laws to rectify overlaps and bridge existing gaps within the current legislation. An amending law was finalized and validated in 2022 but has yet to be passed by Parliament.

In 2017, a five-year strategic plan was developed to implement the Civil Registration Act, and particularly to develop an electronic database to record all births. This involved setting up a civil registration portal and data collection system. However, progress has been slow, despite external funding support, and most births continue to be recorded manually. One of the barriers under the 2017 five-year plan was the need to train local district registrars, who in turn needed to train community health workers on birth notification and registration.[87] Under the new National Strategic Plan, further work is to be carried out on the electronic birth registration system, which will be part-funded by the European Union.

7.8 Justice for children

Access to justice for children is central to UNICEF's mandate and the implementation of the CRC, and is key to achieving all the SDGs, particularly SDG 16 on just, peaceful and inclusive societies, and its targets 16.3 (access to justice for all), 16.2 (end violence against children) and 16.9 (legal identity for all). UNICEF's renewed agenda on justice for children lays out the lessons learned in this area, including from COVID-era constraints. It also gives recommendations for ensuring children's access to justice in interactions with formal and informal justice and administrative systems as victims/survivors or witnesses of a crime, when accused of an offence, or because an intervention is needed for their care, custody and protection (UNICEF, 2021a).

7.8.1 Children in conflict with the law (juvenile justice)

Article 40(3) of the CRC requires States to promote the establishment of laws, procedures, authorities and institutions that are specifically applicable to children alleged as, accused of or recognized as having infringed the criminal law and, particularly whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected. The CRC further requires that a juvenile justice system should take into account the child's age, the desirability of promoting their reintegration into society and their ability to assume a constructive role in it. In addition to these requirements, article 40(2) of the CRC sets out a range of procedural guarantees for children in conflict with the law, including the right to have the matter determined without delay

87 National Civil Registration Authority district registrars trained by UNICEF have in turn trained 4,691 newly recruited community health workers on birth and death notification and registration in eight districts to strengthen the capacity of the authority.

by a competent, independent and impartial body in a fair hearing, in the presence of legal or other appropriate assistance.

Data supplied by the family support units in 2023 for the years 2019–2022 show that the number of reported cases of juvenile offending declined in that period, from 1,367 children (1,170 males and 197 females) in 2019 to 884 children (719 males and 165 females) in 2022. As a result of increased poverty, economic abuse cases (312 cases for the period) are among the most commonly reported offences by children in conflict with the law.

Administration of the juvenile justice system is split across a number a ministries and bodies. The Sierra Leone Police, under the jurisdiction of the Ministry of Internal Affairs, are responsible for law enforcement (under the Police Act 1964), while the Director of Public Prosecutions is responsible for initiating prosecutions. Administration of the courts is under the Ministry of Justice, while the Chief Justice is responsible for the judiciary. Probation services, remand homes and the Sierra Leone Approved School fall under the MoSW.

A number of other bodies also play a role in juvenile justice. Section 57 of the Child Rights Act provides that the "Sierra Leone Police shall maintain at each police station a family support unit that shall have responsibility to deal with alleged juvenile offenders, child victims of domestic violence and to monitor proven child abusers." There are currently 80 family support units (not all police stations have a unit). The intention is to staff family support units with both police officers and social workers, but as of 2018 only 16 social workers were situated in family support units (Sierra Leone, 2018b). In 2022, this figure rose to 25.[88] Some of these units are staffed by just one or two police officers, the units rarely have their own office within the police station and they are not always separate from other station units. This is seen as creating challenges of space, capacity and confidentiality (Macgona, n.d.). A facility assessment was being conducted in 2023 to understand the reality of the situation, and to consider designs for construction of new premises for family support units.[89]

7.8.2 The legal framework

The current provisions relating to juvenile justice can be found in the colonial-era Children and Young Persons Act (1945), the Criminal Procedure Act (1965), the Child Rights Act (2007) and in terms of sentencing, the Sexual Offences Act (2012) (as amended by the Sexual Offences Act (2019)). The Children and Young Persons Act (as amended by the Child Rights Act (2007)) remains the major legislative instrument governing the juvenile justice system. The legal framework is only partially compliant with the CRC and the United Nations Minimum Standards and Norms of Juvenile Justice. Children who commit offences other than homicide or offences that, if committed by an adult, would carry a possible sentence of imprisonment exceeding seven years, are tried in a juvenile court. However, contrary to the recommendations of the CRC, children indicted for more serious offences are tried as adults in the High Court.

There are ongoing efforts to revise the Child Rights Act and consolidate all provisions related to child justice, harmonize them and align them with international standards and procedures.

Section 24 of the Children and Young Persons Act provides for closed hearings in cases of children in conflict with the law and prohibits the identification of the child other than with the permission of the court. It also provides for non-custodial sentences and prohibits the use of imprisonment for a child, except in limited circumstances where no other measure is available to the court.

88 MoSW information.

89 Information provided by the Legal Aid Board, Sierra Leone.

In principle, traditional and informal courts do not deal with children in conflict with the law. In practice, however, it seems that they do deal with such cases, particularly in rural areas. There is a concern that hearings before these bodies do not always conform with human rights standards and that the necessary safeguards for children are not in place (Defence for Children International, 2018).[90]

7.8.3 Legal aid

The Committee on the Rights of the Child, in their 2016 concluding observations on the combined third to fifth periodic reports of Sierra Leone, reiterating the previous recommendation from the concluding observations on the second periodic report in 2008, required the government to "ensure the provision of qualified and independent legal aid to children in conflict with the law at an early stage of the procedure and throughout the legal proceedings" (CRC/C/SLE/CO/3–5, para. 38).

In Sierra Leone, legal aid is provided through the Legal Aid Board, an independent non-profit organization that came into existence in 2015 and is regulated by the Legal Aid Act (2012). The act provides that an indigent person who is arrested, detained or accused of a crime shall have access to legal advice and assistance, and to legal representation from the moment of arrest until the final determination of the matter. According to the government in their 2021 Voluntary National Review, all children in conflict with the law are treated by the Legal Aid Board as falling within the 'indigent' category and automatically qualify for legal aid without being subject to a means test, unlike adults (MoPED, 2021). Parental income is not taken into account. The Legal Aid Board cooperates with a range of NGOs to provide legal aid across the country. In 2020, the board deployed 59 paralegals in 23 towns and cities (including the 16 district headquarter towns), and in drop-in centres run by partner organizations (ibid.).

While the Legal Aid Board represented 1,788 juveniles between 2015 and 2020 (ibid.), in the first six months of 2022, 1,136 children (976 boys and 160 girls) were represented, a significant increase.[91]

7.8.4 Diversion

Although the Child Rights Act (2007) does not explicitly state that, where appropriate, children should be dealt with without recourse to formal judicial proceedings, diversion is envisaged in section 75.[92] Child panels, which are yet to be established, have the power to mediate in criminal matters. They have a duty to caution the child on the implications of her/his actions and explain that similar behaviour may result in the child being charged with an offence. They are also given the power by the Child Rights Act to impose a community guidance order on the child with the consent of the parties concerned in the matter, placing a child under the guidance of a person with good standing in the community for a period of six months. During the course of the mediation, the child panel may propose that the child make an apology and/or restitution of a service to the offended person.

90 Anecdotally, it was reported that children and their families are not always well served by these informal justice mechanisms, which do not comply with international standards. For instance, cases are openly discussed and children exposed in the full glare of the communities, detained and, in some cases, beaten and fined.

91 Data provided by the Legal Aid Board, March 2023.

92 The amendments to the Child Rights Act (2007) currently awaiting submission to Parliament provide explicitly for pretrial diversion.

In 2019, the National Framework for the Diversion of Children in Conflict with the Law in Sierra Leone (Sierra Leone, 2018b) was piloted in 10 police stations in five regions (Kenema, Boajibu, Bo East, Bo West, Mena, Port Loko, Central, New England, Waterloo and Eastern), and further revised in 2022. It proposed that children should be eligible for diversion where the offence is a misdemeanour (rather than an indictable offence). The framework envisages diversion at various points in the criminal justice system: pre-arrest, pre-adjudication (after a decision to arrest has been made but before the child is charged in court) and post-adjudication (after a finding of guilt). Work is ongoing to incorporate the diversion framework in the Child Rights Bill.

7.8.5 Barriers and bottlenecks

There is some evidence that police arrest, detain and charge children who are under the age of 14 and that some children who claim to be under the age of 18 are treated as adults. Few children are able to produce documents showing their age. Despite the development of age assessment guidelines, police often rely on their own assessment of the age of a child when the parents are absent or the child does not possess a birth certificate.

A shortage of social workers attached to family support units, failure to inform parents before questioning the child and the absence of a lawyer/paralegal during the taking of statements from children or prior to appearance in court means that children do not have the legal procedural rights guaranteed to them under article 40(2)(b)(ii) of the CRC. Furthermore, there is evidence that some children are held for periods of time exceeding 72 hours at the police station, often until the investigation has been completed (Sierra Leone, 2018b).

While a child is detained in a police station, she/he should be kept separately from adults (CRC, article 37(c)). Apart from the Central Police Station in Freetown, where there is a designated detention cell for the custody of children in conflict with the law, police stations do not have separate facilities for children as required by the United Nations Standard Minimum Rules for the Administration of Juvenile Justice. Children are either held in the lobby of the police station, in view of all those who enter the police station[93] or, more commonly, are held in police cells together with adults (Human Rights Commission of Sierra Leone, 2020),[94] in contravention of the CRC and international standards and norms of juvenile justice. The Human Rights Commission of Sierra Leone noted, in 2020, that the detention of children with adults was a matter of concern (Human Rights Commission of Sierra Leone, 2021).

Diversion from criminal justice proceedings is not widely applied, despite efforts of the government, supported by UNICEF, to develop and implement the National Framework for the Diversion of Children in Conflict with the Law and alternatives to detention. There is a shortage of social workers attached to the family support units, and although the Legal Aid Board has scaled up services and developed child-friendly legal aid guidelines, more effort needs to be invested to ensure that the rights of the children in conflict with the law are fully respected. Detention facilities for children include remand homes in Bo and Freetown districts, and an approved school in Freetown. The lack of detention facilities in other districts necessitates the transportation of children to existing institutions, which in turn are heavily overcrowded and lack essential medical, education and recreational facilities and services.

93 The Human Rights Commission of Sierra Leone noted in its 2018 Annual Report that during a monitoring visit, a juvenile was held in full view of the public in Calaba Town Police Station.

94 In November 2020, the Human Rights Commission of Sierra Leone found a juvenile (13 years of age) in detention with adult suspects in Kabala Police Station.

The lack of disaggregated data on the number of children arrested, diverted, charged, tried and convicted, and on the measures imposed, seriously hampers planning in the judicial system. Data on the number of hearings per case, the length of time from charge to completion of trial, the number of children detained pretrial, the number of cases dismissed for want of prosecution, and the length of time from completion of trial to judgment and sentence are all essential for an effective justice system. It is likely that these data exist but are only to be found in police stations, prosecutors' offices and courts.

The way forward

As noted in Sierra Leone's Medium-Term National Development Plan (MoPED, 2019, p. 125), despite the fundamental role of the justice sector, it is still marred by limited resources; shortage of staff and limited capacity; lack of public trust in the judiciary and police; inadequate funding to support justice sector reform; and poor data and records management systems. The plan notes that the government is in the process of overhauling the judiciary and the justice delivery system in the country, with a view to restoring public confidence in its independence and impartiality, and making justice accessible and available to all, and treats this as a matter of urgency. Steps need to be taken to bring the goals of the plan to fruition.

In terms of juvenile justice, there is a need to find alternatives to the use of detention, particularly with respect to pretrial detention. This may involve expanding and professionalizing the use of fit persons where a child is detained because her/his parents cannot be located, live far away from the court where the child will be tried or refuse to take the child. A children's residential care home could perform this function. The National Framework for the Diversion of Children in Conflict with the Law may also alleviate this problem, but it only covers misdemeanours and not indictable offences.

Few steps have been taken to make the courts and the procedure applied to juveniles child friendly. This is likely to require the Chief Justice to develop court rules or to issue a circular detailing how children's cases are to be handled.

The Human Rights Commission of Sierra Leone has noted the need to construct modern and decent remand homes for children in conflict with the law, with facilities that meet international standards. It has also called for a greater number of remand homes and approved schools so that children are not separated from their families when on remand, and do not have to travel long distances to attend court hearings. The risk in increasing the number of detention centres is, of course, that they may be used more than strictly necessary and the requirement under article 37(b) of the CRC – to use detention only as a last resort and for the shortest appropriate period of time – may not be fully implemented. New remand homes or approved schools would need to be small units, to ensure that placing a child in such a facility remains a last resort, and that the need to provide services that make rehabilitation and reintegration a priority is not forgotten.

7.8.6 Child victims of crime

Family support units are responsible for child victims of offences and the collection of disaggregated data. According to 2023 data supplied by the family support units, the number of children who are classified as child victims showed a declining trend in the period 2019–2022, with 5,343 children (815 males and 4,528 females) recorded in 2019 and 3,949 (835 males and

3,114 females) in 2022. The data also reveal that in the same period, the most prevalent category of crimes against children was sexual violence (10,822 cases; 196 males and 10,626 females) followed by physical abuse (4,141 cases; 1,747 males and 2,394 females).

The age of victims of reported sexual offences has been a matter of concern, with an estimated 70 per cent of victims under the age of 18. Child victims have found it hard to access justice. Rainbo, a national NGO, reported that only 1.2 per cent of cases recorded by them in 2019 were successfully prosecuted (Rainbo Initiative, 2021).

In 2020, Sierra Leone judiciary presented a contribution to the United Nations Human Rights Council at its 47th Session (A/HRC/47/38). It summed up the challenges faced by the legal system in addressing sexual crimes (Sierra Leone Chief Justice, 2020). These included the following:

- Undue delay in trials caused by witnesses, usually parents of victims and on some occasions the victims themselves, who refuse to testify in such cases. This was seen as being due to out-of-court settlements and compromise by family members.
- The absence of a forensic laboratory to assist in providing the necessary evidence or link between the perpetrator and the crime through DNA testing of specimens and other items found at the scene of the crime or connected with the crime.
- Insufficient prosecutors, doctors to provide medical reports and courts throughout the country for the effective prosecution of such offences. This problem is more acute in rural areas and among the poor and vulnerable.
- Insufficient funding allocated to the investigation and prosecution of sexual violence and GBV.
- The absence of a dedicated fund to provide reparation for victims of sexual violence, who are mainly children.
- Insufficient coordination among all stakeholders in the justice delivery system in respect of sexual offences.
- Inadequate data collection in respect of sexual offences.
- The absence of a register of perpetrators of sexual and gender-based crimes.

The challenges had been the subject of public debate and advocacy for change for a number of years. In 2019, the President declared that ensuring access to justice for rape victims was a national priority. The first step was making amendments to the Sexual Offences Act (2012). The Sexual Offences Act (2019) set the age of sexual consent for boys and girls at 18 and provides that any act of sexual intercourse with a child constitutes statutory rape, as children under 18 are incapable of giving consent in law.[95] Another amendment introduced a minimum sentence for sexual penetration. The act now provides that "a child who engages in an act of sexual penetration on another child … commits an offence and is liable on conviction to a term of imprisonment of not less than 5 years".

Unlike other crimes, it is illegal to seek to settle or compromise a sexual offence, and anyone seeking to do so will themselves commit a criminal offence.[96] While the provision was originally intended to protect girls (Schneider, 2019), the insistence on a minimum sentence and the lack of a 'Romeo and Juliet' clause to exempt criminalization of children who engage in consensual sexual intercourse when both are under 18 years means that boys (usually) who are under 18 face a long sentence if convicted.

The Sexual Offences Act (2019) also introduced new procedures for prosecuting sexual offences that aimed to increase prosecutions and speed up proceedings to prevent delays. Committal

95 Sexual Offences Act (2012), section 19, as amended by the Sexual Offences Act (2019).

96 Sexual Offences Act (2012), section 43, as amended by the Sexual Offences Act (2019).

proceedings in the magistrates courts have been dispensed with and cases are sent straight to the High Court for trial. The documentation necessary for an indictment is reduced, and cases under the act are to be given priority over other indictments (section 24). In addition, the government has established the Sexual Offences Model Court, which has witness protection facilities so that victims can testify in safety in the presence of social workers with their identities protected. Furthermore, the amending act provides for the establishment, maintenance and annual publication of a sexual offenders' database.

7.9 Overarching recommendations for child protection

In addition to specific points accompanying thematic areas captured in this chapter on child protection, the following are overarching recommendations aimed predominantly at the government to be progressively carried out with support from development partners and all stakeholders:

1. Strengthen coordination across mandated ministries, institutions and agencies at the national and decentralized levels with clear leadership and roles aligned with the national legal framework, policies and priorities, including SDG monitoring and reporting.
2. Fully harmonize the national legal framework with child rights commitments of the government under international and regional obligations, and ratify and implement key instruments pending ratification, including the Optional Protocol to the CRC on a Communications Procedure, enabling children to appeal to an international mechanism when national mechanisms fail to address violations effectively.
3. Continuously strengthen data and evidence on child protection, including scaling up and making sustainable child protection and GBV case management systems, mobile birth registration and other administrative data across various sectors, while at the same time investing in increased interoperability and usage of such data for informing policy and programming.
4. Continue and scale up public sector investments in strengthening the social service workforce and child protection specialized police, legal aid and prosecution and judicial services, and integrate child protection in other key social sectors, including health, education and social protection.
5. Establish regular coordination with, oversight of and collaboration with civil society organizations engaged in providing child protection services, and develop and systematically endorse relevant standards.
6. Strengthen prevention and community protection efforts through scaling up targeted, persuasive, transformative social behaviour change and community mobilization with regard to gender in parenting and child and adolescent empowerment programmes.

Chapter Eight

WATER, SANITATION AND HYGIENE

8

CRC article 24: "Children have the right to the best health care possible, clean water to drink, healthy food and a clean and safe environment to live in".

Ensuring that all children have access to safe and affordable drinking water and adequate sanitation and hygiene is crucial for achieving a whole range of development goals related to health, nutrition and education. Sierra Leone has taken important steps to improve the quality of and access to water, sanitation and hygiene (WASH), including through the development of its legal, policy and governance framework. However, quality and access to services remains poor.

This chapter assesses and analyses the situation in Sierra Leone regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using data from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), as well as United Nations Water's (UN-Water's) Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) data (WHO, 2022j). The JMP tracks progress towards SDG WASH targets (particularly SDG targets 6.1 and 6.2, see Table 30) through the use of a 'service ladder' system to benchmark progress on WASH access in households, schools and health-care facilities. The GLAAS data are used to analyse the institutional, policy and implementation dimensions of the WASH sector, which are key for understanding barriers and bottlenecks to progress towards the SDGs and align with SDG indicator 6.b.1 (Table 30). The chapter also incorporates national official data from 2022, where available, obtained from the 2022 WASH National Outcome Routine Mapping (WASH-NORM) Survey (MoHS et al., 2023).[97] The WASH-NORM Survey is a household and facility-based (public and private institutions) survey covering 12,510 households, 2,304 schools and 1,418 health facilities (ibid.). The chapter makes this analysis using SDG 6 targets and indicators, as set out in Table 30.

Table 30: Key SDG targets and indicators related to WASH

SDG	Targets	Indicators	Sierra Leone progress
SDG 6: Ensure availability and sustainable management of water and sanitation for all.	6.b: Support and strengthen the participation of local communities in improving water and sanitation management.	6.b.1: Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management	
	6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.	6.1.1: Proportion of population using safely managed drinking water services	
	6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	6.2.1: Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water	

97 At the time of writing, the raw data were not available for review. The data referred to were accessed through a summary of findings. Several data sets have been used in this chapter (including JMP, the 2022 WASH-NORM Survey and the DHS) which are not fully comparable. This is especially the case with the WASH-NORM Survey, the raw data of which were not reviewed. The measurement of progress is therefore to be taken as an estimate.

8.1 Legal, governance and institutional WASH framework

Sierra Leone has been reforming its legal and policy framework for the WASH sector since 2011, resulting in the passing of several laws, including the National Water Resources Management Agency (NWRMA) Act (2017), which includes the introduction of provisions to improve and promote sustainable use of Sierra Leone's water environment.

WASH is a key priority area in Sierra Leone and is part of the Medium-Term National Development Plan (2019–2023) (MoPED, 2019) and the new Medium-Term National Development Plan 2024–2030 (Sierra Leone, 2024).

The delivery of WASH is currently fragmented across authorities, with a number of government ministries and bodies leading different programme components of the sector and overlapping in their roles and mandates (see Table 31). The Ministry of Water Resources and Sanitation, in partnership with the Ministry of Health, leads on WASH in communities. WASH in schools is led by the MBSSE, alongside the Ministry of Health, while WASH in health-care facilities is led by the Ministry of Health.

Governance is considered an accelerator for progress under the SDG 6 Global Acceleration Framework, which encourages collaboration and coordination between actors (UN-Water, 2020).[98]

Table 31: Stakeholders involved in the WASH sector

Body	Responsibility in relation to WASH
Ministry of Water Resources and Sanitation	Policy development; WASH sector coordination; WASH in communities
Ministry of Health	Development of policies, strategies, guidelines and standard operating procedures related to sanitation and hygiene; sanitation coordination; WASH in communities, the health sector and schools
National Water Resources Management Agency (NWRMA)	Water resource management; regulation
Ministry of Local Government and Rural Development	Local community coordination; rural community development of WASH
Ministry of Basic and Senior Secondary Education (MBSSE)	WASH in schools; WASH education
Ministry of Planning and Economic Development (MoPED)	Coordination and policy development
Ministry of Labour and Social Services	Occupational safety and health inspection
Sierra Leone Standards Bureau	Setting national standards and specifications for water quality and recommended hygiene practices for collecting and processing potable water
Guma Valley Water Company	Supply and use of water in Western Area
Sierra Leone Water Company	Supply and use of water
Sierra Leone Electricity and Water Regulation Commission	Monitor quality and compliance; provide tariff guidelines; licensing; implementing regulatory frameworks*

* Sierra Leone Electricity and Water Regulation Commission Act (2011)

98 The SDG 6 Global Acceleration Framework was launched in 2020, mobilizing United Nations agencies, governments, civil society, private sector and other stakeholders around five cross-cutting and interdependent 'accelerators': financing; data and information; capacity development; innovation; and governance (UN-Water, 2020).

Effective collaboration is needed between the different government departments, as well as beyond their sectors, to ensure that WASH remains a priority in policy, planning, financing and implementation. According to the GLAAS report, the majority of government stakeholders invited to participate in the 2019 Annual Water, Sanitation and Hygiene Conference[99] attended, with a rate of 0.75 recorded, which the GLAAS report uses as an indication of attendance between 75 and 94 per cent of stakeholders (WHO and UN-Water, 2022). However, a lower proportion of donors and developmental partners participated (ibid.).

Sierra Leone has a commitment to support and strengthen the participation of local communities in improving water and sanitation management under SDG indicator 6.b.1.

SDG indicator 6.b.1: Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management.

Sierra Leone has clearly defined procedures and policies for implementing strategies that include community ownership and cooperation, including procedures enshrined in legislation. The NWRMA Act (2017), part 2(4), sets out implementation principles to ensure coordination and community engagement, including:

- consultation among and participation of relevant state institutions, local communities, women and other relevant stakeholders;
- management of water resources at the lowest possible level;
- administrative efficiency, transparency and accountability; and
- promotion of integrated water resources management.

These principles are partially in line with SDG indicator 6.b.1, which requires localizing WASH through administrative units with established and operational policies and procedures for participation of local communities. Sierra Leone's 2021 National Adaptation Plan prioritizes setting up interministerial committees and consultative committees with members of the private sector, local councils, committees and civil society (Sierra Leone, 2021a, pp. 8, 62), to facilitate institutional coordination, improve rule compliance and move towards a systematic and strategic approach to climate change adaptation (ibid., pp. 8, 10). While Sierra Leone is classified as having clearly defined procedures for participation,[100] progress on the operational component of SDG indicator 6.b.1 remains slow, as participation continues to be a challenge in practice.[101] The process of decentralizing WASH functions is also accompanied by implementation challenges relating to financing and organization.[102] WHO classifies Sierra Leone's implementation of its procedures for participation as moderate.[103]

99 The Annual Water, Sanitation and Hygiene Conference is Sierra Leone's name for the WASH sector's joint sector review. A joint sector review is a government-led, periodic process that brings different stakeholders in a particular sector together to engage in dialogue, review status, progress and performance, and take decisions on priority actions.

100 WHO classifies the existence of procedures in law or policy for participation by users/communities on a scale of 10, with 10 denoting the existence of clearly defined procedures (UN-Water, 2021).

101 Thematic FGD on WASH, 24 November 2022.

102 KII with MoPED, 24 November 2022.

103 WHO rates Sierra Leone as being on Level 2 for community participation. WHO classifies levels of community participation on a scale of 3, 1 being low, 2 being moderate, 3 being high (UN-Water, 2021).

Water is provided by state-owned utility companies, which are regulated and licensed by the NWRMA (section 13(1), (2)). Through the act, the Sierra Leone Water Company is mandated to provide potable water supply services to the Northern, North-West, Eastern and Southern provinces, providing piped water supply services to 12 towns: Bo, Kenema, Makeni, Lungi, Kambia, Lunsar, Magburaka, Mile 91 and Yonibana, Port Loko, Kabala, Pujehun and Kailahun.[104] The Guma Valley Water Company provides water to Freetown.[105] The company is mandated to ensure that the water it supplies is in accordance with quality standards as prescribed by law or by the Sierra Leone Standards Bureau (Guma Valley Company Act 2017, section 12(d)).

8.2 Situation of WASH in Sierra Leone

8.2.1 Access to water

SDG indicator 6.1.1: Proportion of the population using safely managed drinking water sources

The JMP drinking water ladder sets out the criteria in Table 32 for achieving different levels of access to water (JMP, 2021).

Under SDG target 6.1, Sierra Leone has a commitment to achieve universal and equitable access to safe and affordable drinking water for all by 2030. This requires the country to ensure that its population, including the most vulnerable, have access to at least basic drinking water. 'Basic drinking water' is defined as "drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing" (JMP, 2021).

Table 32: Levels of access to water

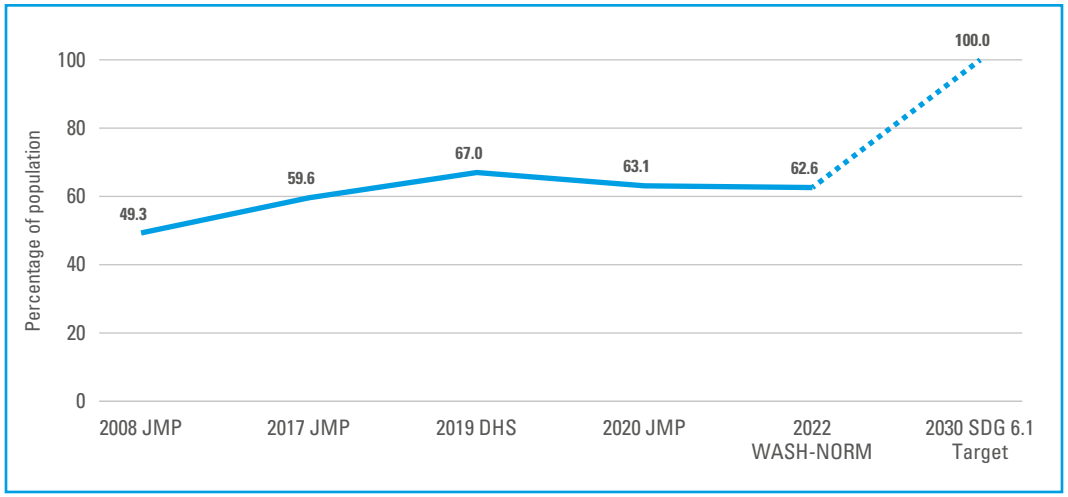
Service level	Definition
Safely managed	Drinking water from an improved source that is accessible on premises, available when needed and free from faecal and priority chemical contamination
Basic	Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing
Limited	Drinking water from an improved source, for which collection time exceeds 30 minutes for a round trip, including queuing
Unimproved	Drinking water from an unprotected dug well or unprotected spring
Surface water	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal

Source: JMP, 2021

104 The Sierra Leone Water Company was established by the Sierra Leone Water Company Act (2001). Its mandate was extended under the Sierra Leone Water Company Act (2017).

105 The Guma Valley Water Company was established by the Guma Valley Water Company Ordinance (1961), later repealed by the Guma Valley Company Act (2017).

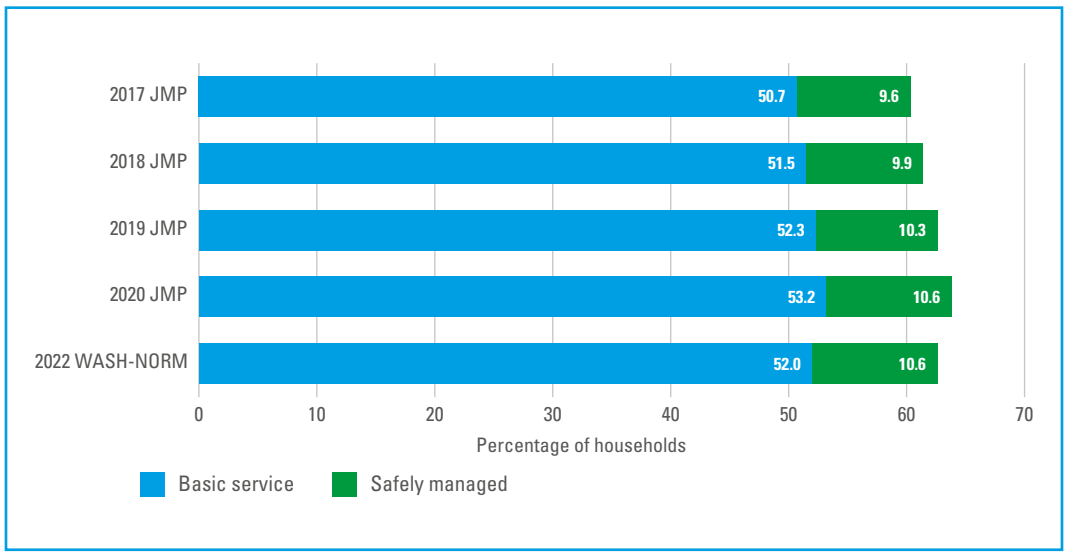
Figure 95: Proportion of population with access to at least basic drinking water services, 2008–2022 and extrapolation to 2030 SDG target



Source: JMP WASH data for 2008,* 2017 and 2020 (JMP, n.d.); Stats SL and ICF, 2020;** MoHS et al., 2023

Note: *JMP is relied on for comparative purposes as the 2008 DHS sets out data for each component of the safely managed services criteria separately. The figure using DHS data may be roughly estimated by combining the components of safely managed water. According to the 2008 DHS, 50.5 per cent of households had access to an improved source of water, 13.1 per cent had access to water on premises, 50.1 per cent were able to collect water (round trip) in less than 30 minutes and 8.2 per cent of households treated their water prior to drinking. ** The 2019 DHS does not provide separate data points for basic and safely managed water services.

Figure 96: Access to basic drinking water, 2017–2022



Source: JMP WASH data for 2017–2020 (JMP, n.d.); MoHS et al., 2023

As shown in Figure 96, access to at least basic water services in Sierra Leone has been progressing slowly, from 60.3 per cent of households having access in 2017 to 63.7 per cent in 2020 (JMP, n.d.), then regressing to 62.6 per cent in 2022 (MoHS et al., 2023), which is a rate of approximately 1.1 per cent per year.[106] If progress continues at this rate, Sierra Leone will not be able to meet its commitment by 2030, reaching only 74.7 per cent of its population by that date, and leaving approximately a quarter of its people without access to at least basic water services. The country

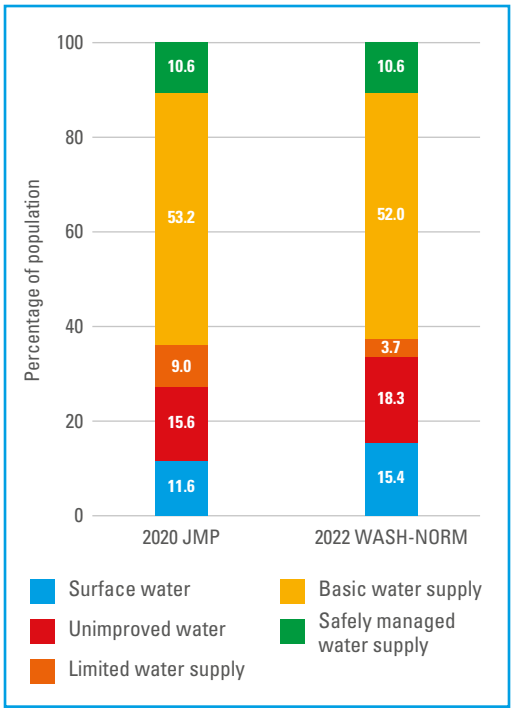
106 Estimate based on JMP WASH data for households in Sierra Leone in 2020 (JMP, 2021).

has been recommended for acceleration (UN-Water, 2020).

While Sierra Leone has made progress in access to basic drinking water, it is still significantly short of the SDG 6.1 target of universal access to safely managed water services by 2030.

Sierra Leone has also made only slow progress towards increasing the numbers of its population who have access to safely managed water. For water to be considered safely managed, it must be accessible on the premises, available when needed and free from faecal and priority chemical contamination (JMP, 2021).

Figure 97: Access to water supply, 2020–2022



Source: JMP WASH data for 2017–2020 (JMP, n.d.); 2022 WASH-NORM data MoHS et al., 2023

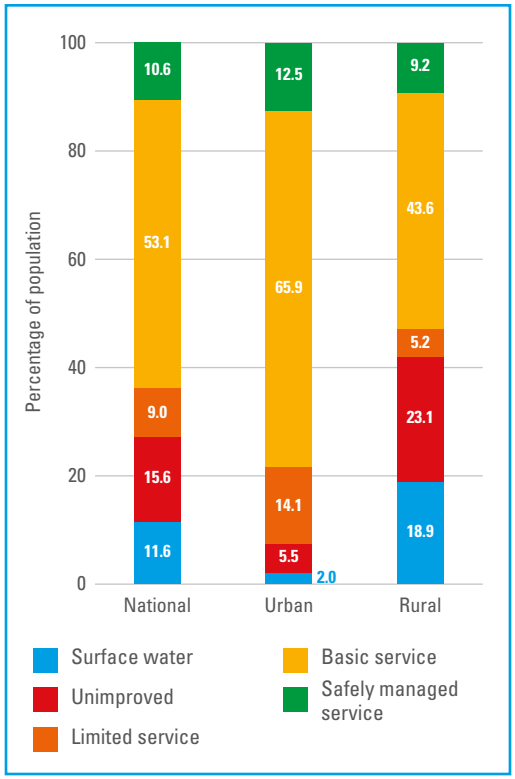
The 2022 WASH-NORM Survey data show that fewer people have access to limited water supply services than the 2020 JMP data show, but more people have access to unimproved water services and surface water (see Figure 97) (MoHS et al., 2023). There was a 1 per cent increase in access to basic water from an improved source that has less than a 30-minute collection time, but the proportion of the population with access to safely managed water supply has not increased (ibid.). The 2022 WASH-NORM Survey therefore shows that access to sub-basic water services is concentrated in surface water and unimproved water, rather than limited water supply. The 2020 JMP data show that 9 per cent of the population had access to an improved water source but with a collection time that exceeds 30 minutes. The 2022 WASH-NORM Survey shows that only 3.7 per cent of the population have access to a limited water supply. The focus has been in access to unimproved water sources, such as unprotected dug wells and springs, or surface water sources, such as rivers, lakes, ponds and streams.

The progress towards access to safely managed water has increased only marginally over the years, from 9.56 per cent in 2017, to 9.91 per cent in 2018, to 10.26 per cent in 2019, and to 10.62 per cent in 2022 (see Figure 96) (JMP, n.d.). This is progress of less than 0.5 per cent per year, which though slow, is in line with the sub-Saharan Africa region (ibid).

As Figure 98 shows, while 10.6 per cent of the total population have access to safely managed water services, there is a disparity of 3.3 per cent between urban and rural populations with 12.5 per cent of the urban population and 9.2 per cent for the rural population having access to safely managed water services (ibid.). Furthermore, about half of the rural population does not have access to improved drinking water, placing almost half the rural population of children at an increased risk of waterborne illnesses.

According to the 2017 MICS, when each component of the criteria for safely managed water was assessed separately, only 1.5 per cent of the 8,873 household members surveyed had access to an improved drinking water source, located on the premises, free of *E. coli* and available when needed (Stats SL, 2018, p. 277).

Figure 98: Proportion of population using safely managed drinking water, 2020

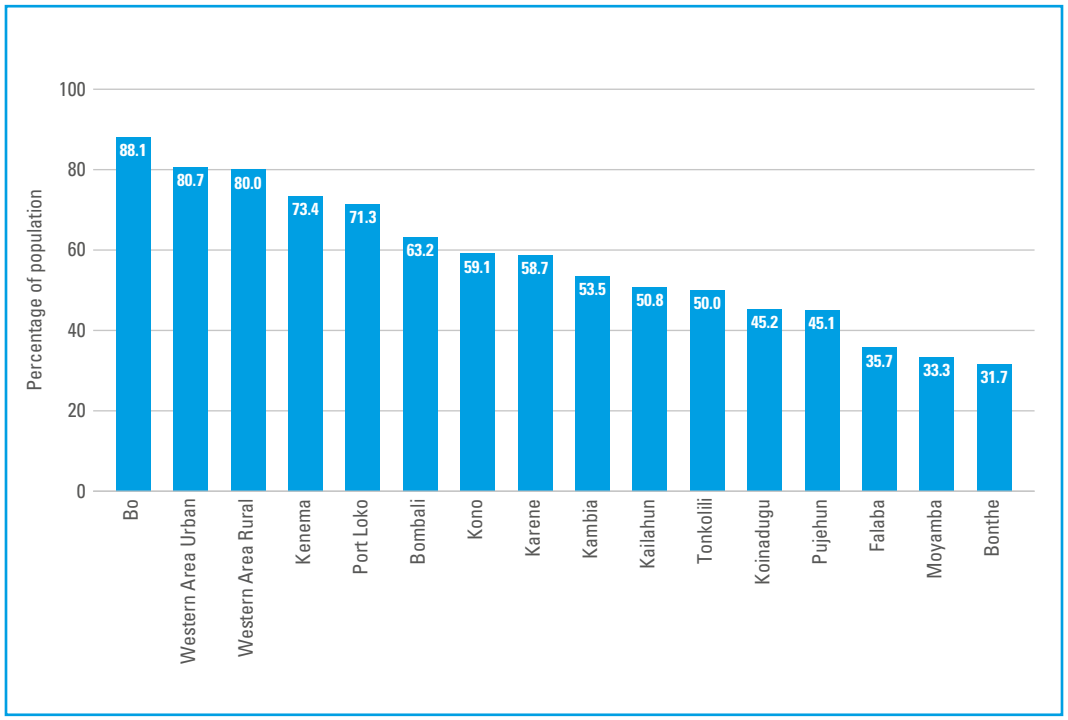


Source: JMP, n.d.

According to data from the 2022 WASH-NORM Survey, there is a disparity of 24.9 per cent between urban and rural areas (MoHS et al., 2023). While 79.4 per cent of the urban population has access to at least basic water supply services, the figure drops to 54.5 per cent of the rural population (ibid.). The data also showed disparities between districts (see Figure 99). Bo had the highest access to at least basic services, with 88.1 per cent of surveyed households with access to an improved water source with a collection time of less than 30 minutes, while Bonthe had the lowest at just 31.7 per cent of surveyed households with such access (ibid.).

The majority of the population does not have access to improved water sources on the premises, requiring time to collect water. Approximately 52 per cent of the population spent less than 30 minutes collecting water, while 3.7 per cent had a collection time exceeding 30 minutes (ibid.). The 2022 WASH-NORM Survey found dissatisfaction with the location and time spent to fetch

Figure 99: Proportion of population with at least basic water supply services, by district, 2022



Source of population: MoHS et al., 2023

water, with more than half (58.2 per cent) of households expressing they were not satisfied with the level of water supply service (ibid.).

Children and adolescents have water collection responsibilities. The majority of adolescents spoken to during FGDs described starting their day collecting water for themselves and their household. Girls and boys incorporate water collection into their day before going to school, and describe it as a chore.[107]

> *I wake up early to pray and do domestic work. I collect drinking and washing water. I have to go far away to collect the water.* (Participatory FGD with adolescent girls aged 14–18, Kambia, 9 December 2022)

> *[I collect water from] a river near my house, about a 30-minute walk from my house.* (Participatory FGD with adolescent boys aged 10–14, Kambia, 9 December 2022)

Water was found to be available when needed for only 53.2 per cent of the population, while only 15.8 per cent access water on their premises. This number increased in 2022 according to the WASH-NORM Survey, with 26.9 per cent of the population using an improved drinking water source that is accessible on the premises (MoHS et al., 2023). The percentage of people with access to water that is free from contamination is also low, at only 10.7 per cent, while 97 per cent of tested households had drinking water that was contaminated with *E. coli*.[108] Of the urban population, 12.5 per cent had access to water that was free from contamination compared to 9.3 per cent of the rural population (JMP, n.d.). Some households, 24.4 per cent, treat their own water (MoHS et al., 2023).

The risk of faecal contamination is high in Sierra Leone, with more than half of the total population considered to be at very high risk (Stats SL, 2018, p. 277). A barrier to the 'free from contamination' component of safely managed water is cost: the more contaminated the water is, the more expensive it is for NWRMA to treat it.[109] Protection at source is therefore important if costs are to be kept down.

Another challenge to improving the quality of water is lack of data collection on contamination levels of water due to the limited availability of trained staff[110] and limited financing.[111] At the time of writing, there was an ongoing 'citizen-scientist' pilot programme, where trained community volunteers test the quality of water and report monthly to NWRMA (EarthWatch Europe, 2022).[112] This programme aims to involve the community in ensuring enhanced water quality management.

107 Participatory FGD with adolescent girls aged 10–16, Freetown, 28 November 2022; participatory FGD with adolescent boys aged 14–18, Makeni, 3 December 2022; participatory FGD with adolescent girls aged 10–14, Kambia, 8 December 2022; participatory FGD with adolescent boys aged 14–18, Kenema, 15 December 2022.

108 This is based on a sample of 9,042 households (Stats SL, 2018, pp. 15, 275).

109 KII with NWRMA, 24 November 2022.

110 Thematic FGD on WASH, 24 November 2022.

111 Ibid.

112 KII with NWRMA, 24 November 2022.

8.2.2 Access to sanitation

SDG indicator 6.2.1a: Proportion of the population using safely managed sanitation services

SDG target 6.2 has a number of indicators, as do other SDG targets. Indicator 6.2.1a tracks the proportion of the population that is using an improved sanitation facility that is not shared with other households. Improved sanitation facilities include flush or pour flush to piped sewer systems; septic tanks or pit latrines; ventilated, improved pit latrines; composting toilets; or pit latrines with slabs.

The JMP sanitation ladder sets criteria for achieving different levels of access to sanitation facilities (see Table 33) (JMP, 2021).

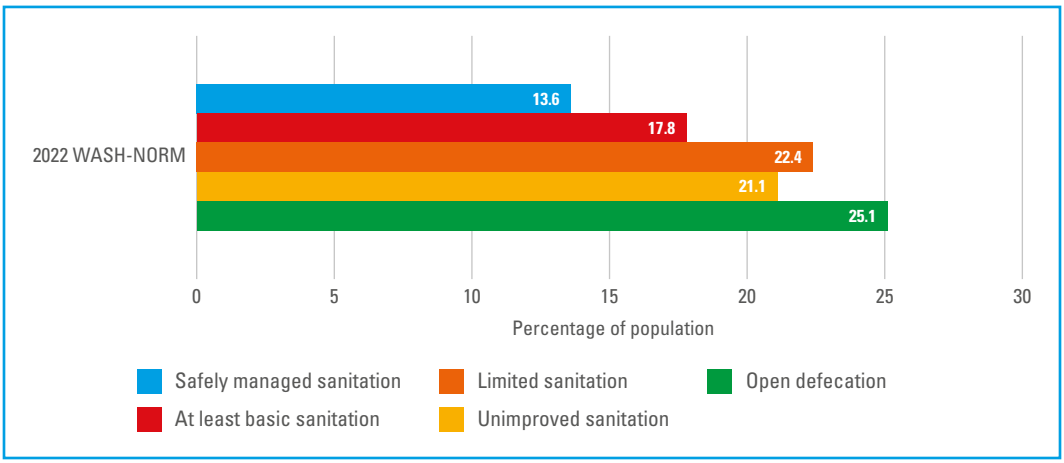
Table 33: Levels of access to sanitation

Service level	Definition
Safely managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite
Basic	Use of improved facilities that are not shared with other households
Limited	Use of improved facilities that are shared with other households
Unimproved	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
Open defecation	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open places, or with solid waste

Source: JMP, 2021

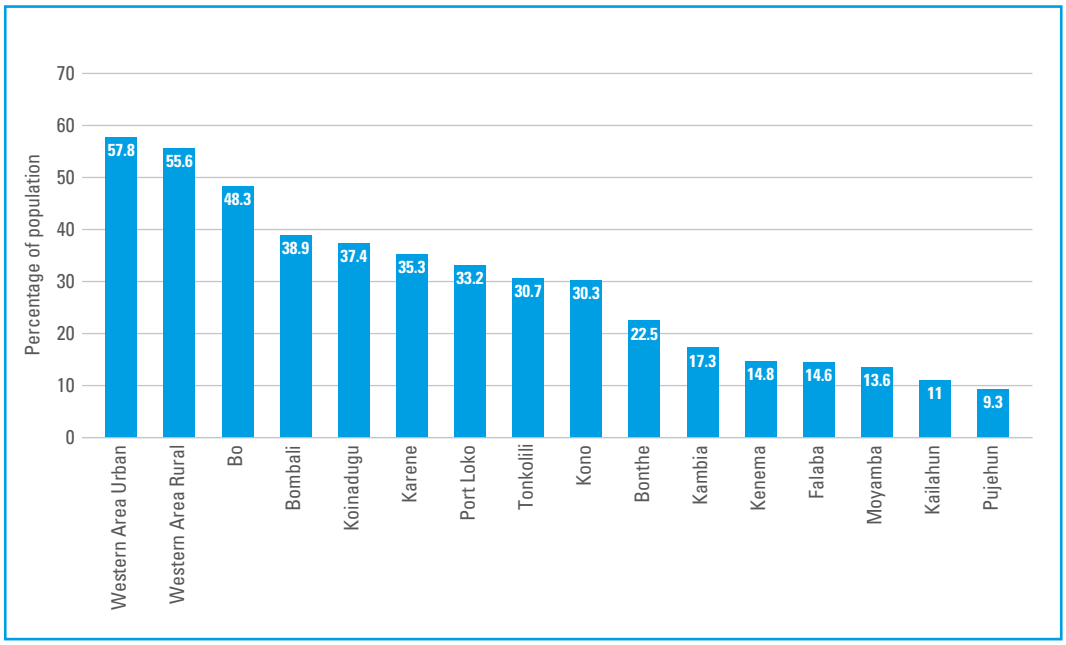
As can be seen in Figure 100, the proportion of the population with access to at least basic sanitation services is limited to approximately 31.4 per cent, 13.6 per cent of whom have access to safely managed sanitation services with managed faecal sludge, and 17.8 per cent of whom do not have access to faecal sludge management (MoHS et al, 2023). These figures mean that less

Figure 100: Sanitation service levels, 2022



Source: MoHS et al., 2023

Figure 101: Access to basic sanitation services in Sierra Leone, 2022



Source: MoHS et al., 2023

than half the population have access to at least basic sanitation. A total of 22.4 per cent of the population have access to improved latrines that are shared with two or more households, while 21.1 per cent use unimproved latrines, such as pit latrines without platforms.

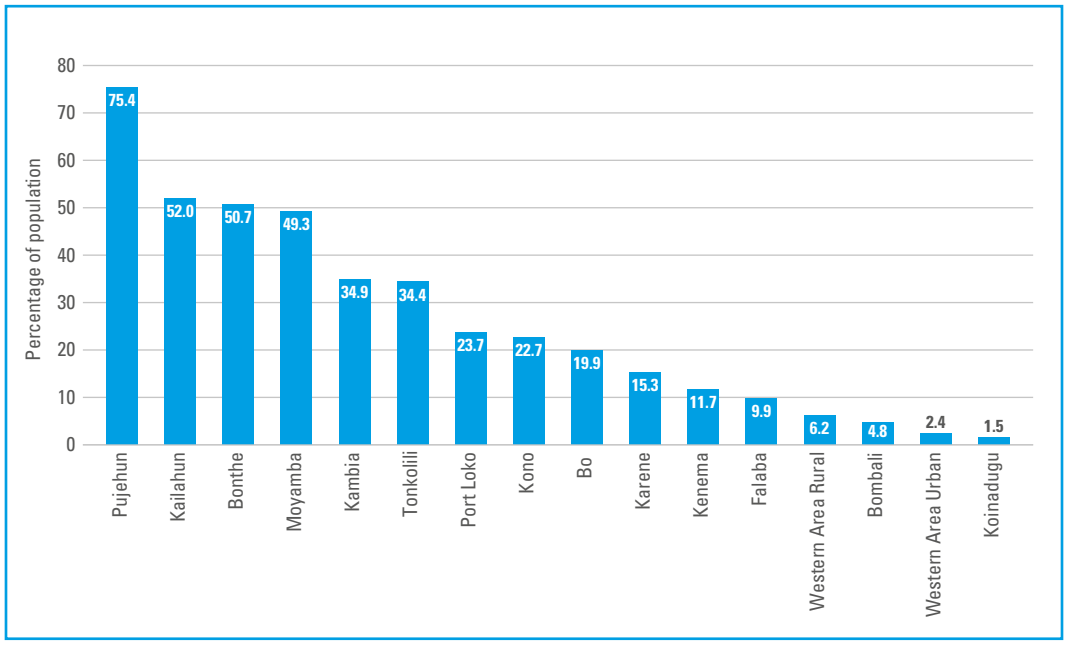
The remaining 25.1 per cent of the population dispose of human faeces in the open. The government is working towards the goal of ending open defecation by 2025 (UNICEF, 2022c). In 2022, 14 chiefdoms in six districts were certified as open-defecation-free (ibid.).

There are disparities between urban and rural populations in terms of the prevalence of open defecation. While only 3.7 per cent of the rural population practise open defecation, 35.4 per cent of rural populations do so. There are also disparities between districts (see Figure 102) with the highest rate being in Pujehun at 75.4 per cent, followed by Kailahun, Bonthe and Moyamba at 52.0, 50.7 and 49.3 per cent, respectively (MoHS et al., 2023). This disparity is also observable across regions, with the majority of open defecation occurring in Southern Province at 43.5 per cent, 26.6 per cent in Eastern Province, 25.1 per cent in North-West Province, and 17.4 per cent in Northern Province (ibid.). In Western Area, only 4.4 per cent of the population practise open defecation (ibid.). Open defecation is also linked to poverty, with a significantly higher prevalence of open defecation among poor populations: the poor are about 40 times more likely to defecate in the open than their rich counterparts (ibid.).

Limited access to safely managed and basic sanitation services can have consequences relating to health, and can also pose a safety risk. Where girls and boys are unable to access toilets at home or in school, they may need to travel some distance to access safe toilets or practise open defecation (JMP, n.d.). The lack of privacy and safe spaces can put children at risk of harm.[113] Data from the 2022 WASH-NORM Survey confirmed this, with interviewees of 27 per cent of households reporting feeling at risk while using their toilets, and those of 46.5 per cent of

113 KII with MoHS, 23 November 2022.

Figure 102: Practice of open defecation by district, 2022



Source: MoHS et al., 2023

households reporting having latrine platforms that are not safe for children to use (MoHS et al., 2023).

> *Some schools do not have toilets so [children] have to use the bush for open defecation and this can increase contamination and diarrhoea. It can also expose them to snake bites in the bush and some children die from these bites.* (KII with MoHS, 23 November 2022)

The greatest proportion of the population only have access to limited or unimproved services. At a national level, 37.9 per cent of households share sanitation services with other households (limited service), though this once again hides the disparities between urban households, where 54.2 per cent of households have access to limited services, and the rural population, where the number is 25.6 per cent (JMP, n.d.). The majority of the rural population (64.5 per cent) only have access to unimproved services at best, and at worst have to practise open defecation (ibid.). The majority of rural households continue to use pit latrines "without a slab or platform, hanging latrines or bucket latrines" (39.5 per cent).

The accessibility and durability of sanitation services is a challenge. According to the 2022 WASH-NORM Survey, 63.3 per cent of household latrines are damaged or have collapsed, posing a challenge to sustained access to functional toilets (MoHS et al., 2023). Only 2.7 per cent of persons with disabilities find their improved latrines usable and accessible (ibid.). This means that the majority of persons with disabilities do not have adequate access to sanitation services.

8.2.3 Hygiene practices

SDG indicator 6.2.1b: Proportion of the population using a handwashing facility with soap and water

Hygiene practices, including handwashing, are crucial for preventing the spread of infectious diseases, especially diarrhoeal diseases.[114] Good hygiene practices require adequate and accessible access to hygiene facilities. Sierra Leone has an obligation under SDG target 6.2 to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls. The main indicator is the proportion of the population using a handwashing facility with soap and water. The JMP hygiene ladder, shown in Table 34, sets out criteria for achieving different levels of access to hygiene facilities (JMP, 2021).

SDG indicator 6.2.1b tracks the proportion of a population with a handwashing facility with soap and water on the premises. Households with a facility equipped with soap and water meet the criteria for a basic hygiene facility, while households with facilities without soap and/or water are classified as having a limited facility.

Sierra Leone, where access to hygiene facilities with soap and water at home is limited, is lagging behind on its progress towards achieving SDG indicator 6.2.1b. The findings of the 2022 WASH-NORM Survey (Ministry of Water Resources et al., 2023), launched by the Ministry of Water Resources and Sanitation, indicate that only 11.6 per cent of the population have access to basic handwashing facilities with soap and water on the premises, while 13.5 per cent have limited access to services. The majority of the population (61.8 per cent) does not have access to handwashing facilities on the premises.[115]

Handwashing with soap and water is crucial for the prevention of diseases, including COVID-19 (UNICEF, 2020b), and especially at critical times, which include after defecation, before eating and before cooking and preparing food. In Sierra Leone, surveyed households report good handwashing practices in some instances, but not at all critical times (MoHS and UNICEF, 2021, p. 127). While most household members wash their hands with running water after defecation, or before eating, few households wash their hands before cooking and feeding babies (ibid.). The available data do not indicate whether the handwashing is accompanied with the use of soap.

Table 34: Levels of access to hygiene

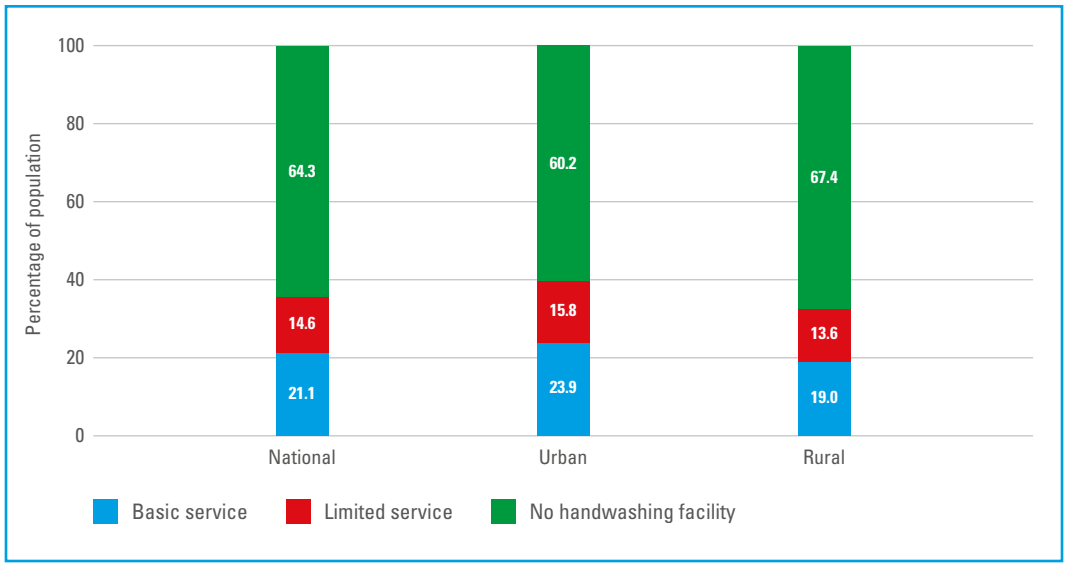
Service level	Definition
Basic	Availability of a handwashing facility with soap and water at home
Limited	Availability of a handwashing facility lacking soap and/or water at home
No service	No handwashing facility at home

Source: JMP, 2021

114 About 9 per cent of the burden of diarrhoeal diseases and 6 per cent of all deaths globally are due to unsafe water, inadequate sanitation and poor hygiene (Sesay et al., 2022).

115 JMP WASH data for households in Sierra Leone in 2020 (JMP, n.d.) indicated the following: access to basic handwashing facilities with soap and water on the premises – 21.1 per cent, limited access to services – 14.6 per cent, no access to handwashing facilities on the premises – 64.3 per cent.

Figure 103: Proportion of population with a handwashing facility at home, 2020



Source: JMP, n.d.

The latest data available on hygiene practices in schools are from the 2017 Global School-Based Student Health Survey (MoHS, 2017a). The data show that 6.7 per cent of students aged 13–17 years "never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey" (ibid., p. 2). The data are self-reported and do not necessarily accurately capture hygiene practices. It is also worth noting that these data are from before COVID-19. While the outbreak of the virus may have had an impact on hygiene practices, it is understood from previous such instances (such as of Ebola) that changes in hygiene practices in response to outbreaks of diseases do not necessarily result in sustained change (Health Communication Capacity Collaborative and Government of Liberia Ministry of Health, 2017). Nonetheless, these data, which show that the majority of students self-report adequate handwashing practices, may be used as indicators for understanding handwashing practices in schools.

Sierra Leone's approach to WASH emphasizes changing attitudes and behaviour through sensitization. Qualitative data indicate a focus on this component, with WASH stakeholders and service providers highlighting raising awareness on hygiene practices.[116]

8.2.4 WASH in schools

WASH services in schools are limited in Sierra Leone. As part of the 2022 WASH-NORM Survey, a national survey of WASH in schools was undertaken to ascertain the state of, access to, adequacy of and availability of WASH infrastructure in schools. A total of 11,166 schools were included in the survey across all regions. At the time of the survey, only 33.6 per cent of schools had access to an improved water source and available water, meaning that almost two thirds of schools did not have access to basic water services. The data show that more than half (56.4 per cent) of schools do not have any sanitation services while 10 per cent have some access to water, in the form of limited water services (MoHS et al., 2023).

116 Thematic FGD on WASH, 24 November 2022; KII with WASH Coordinator, MBSSE, Freetown, 25 November 2022; KII with MoHS, Freetown, 23 November 2022.

Access to sanitation is also limited, with 42.4 per cent of schools having basic sanitation services, 33.7 per cent with limited sanitation services and 23.9 per cent with no service (ibid.). This is an improvement on the situation shown by the JMP data, according to which only 20.2 per cent of schools have basic sanitation services (JMP, n.d.).

Adolescents in FGDs expressed dissatisfaction with the quality of toilets in schools.

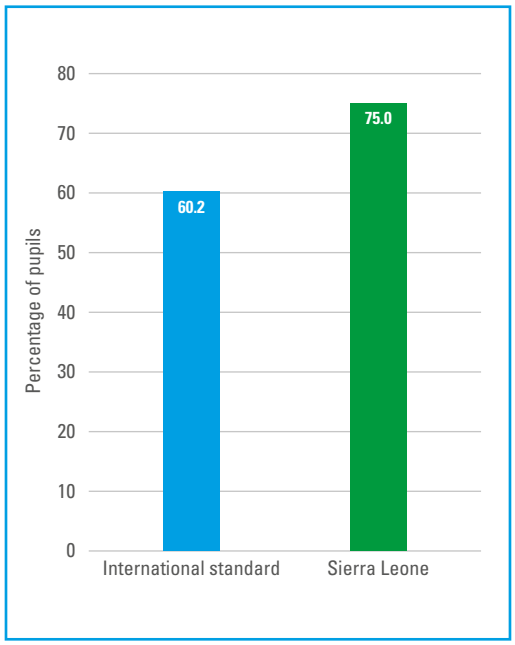
> *The toilets are not good looking, they are pits. I try to avoid the toilet even if I have to ease myself because I am afraid of infections.* (Participatory FGD with adolescent girls aged 14–18, Makeni, 3 December 2022)

The availability of latrines is another indicator of access to sanitation services in schools. The international standard of numbers of latrines in schools is three girls per toilet and 50 boys per toilet (WHO, 2009). In Sierra Leone, the pupil-to-toilet ratio is well below the international standard at an overall ratio of 75 students per toilet ('good', 'fair' and 'bad') (2021 Annual School Census, MBSSE, 2022a) (see Figure 104). The ratio was even higher when disaggregated for 'good' toilets, with an overall ratio of 124 pupils per toilet, though it is not clear what criteria the census uses to define as 'good' (ibid.). According to the census, there are more good toilets in schools than there are fair and bad toilets combined (ibid.). However, the ratio of students per 'good' toilet is still significantly higher than the international standard.

Qualitative data from adolescents in Sierra Leone corroborate that pupils do not have access to a sufficient number of toilets.

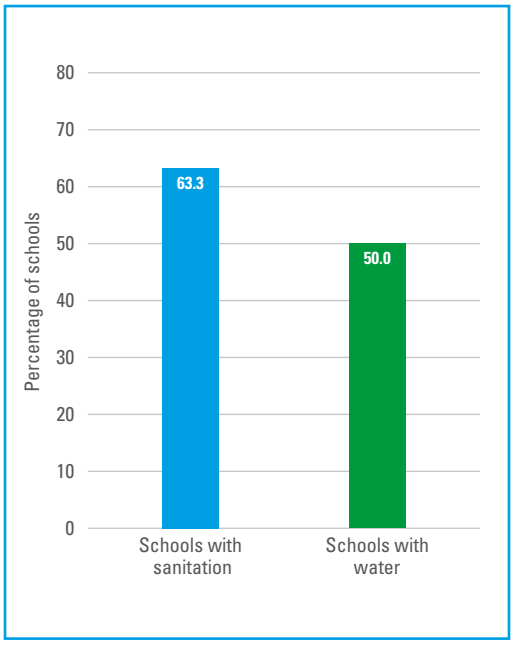
> *We have two [toilets], one for females and one for males, for about 500 students.* (Participatory FGD with adolescent girls aged 14–18, Makeni, 3 December 2022)

Figure 104: Pupils per latrine compared to international standards



Source: WHO, 2009; MBSSE, 2022a

Figure 105: WASH in Sierra Leonean schools



Source: JMP, n.d.

The high pupil-to-toilet ratio means there is a high toilet usage ratio, which contributes to the deterioration of the toilets. In schools where there are functional toilets, there is a lack of maintenance. This was highlighted by adolescents during participatory FGDs, who explained that a barrier to using toilets was that they are not routinely maintained or cleaned.[117]

Access to toilets in schools is further limited by the expectation of payment for use in some locations. For example, some boys explained that they are required to pay for use of the school toilet.

> *We pay Le 5 for the toilet in school.* (Participatory FGD with adolescent boys aged 14–18, Kambia, 7 December 2022)

Another factor limiting use and experience of toilets is that toilets are not lockable, making them unsafe, especially for girls (Sierra Leone, 2020a, p. 214). This was identified as a barrier in the qualitative data and it is also observable in the 2022 WASH-NORM Survey data, which show that more than half of the surveyed schools (57.8 per cent) do not have separate blocks for toilets for girls with full privacy and only 30.4 per cent of schools have perimeter fencing (MoHS et al., 2023).

There are also limited handwashing facilities in schools. Access to hygiene services is low, with only 22.1 per cent of schools having basic hygiene services (handwashing facilities with water and soap), 27.9 per cent having limited hygiene services and 50 per cent without any hygiene services (ibid.). Only 19.1 per cent of schools had group handwashing facilities within the school premises (ibid.). Access to handwashing facilities for children with disabilities is higher than access to other WASH services. According to the 2022 National WASH in Schools Survey, only 64.8 per cent of schools' handwashing facilities are accessible to students with disabilities (ibid.). This means that children with disabilities are at increased risk of hygiene-related illnesses, as approximately 35 per cent of schools with handwashing facilities are not accessible to children with disabilities.

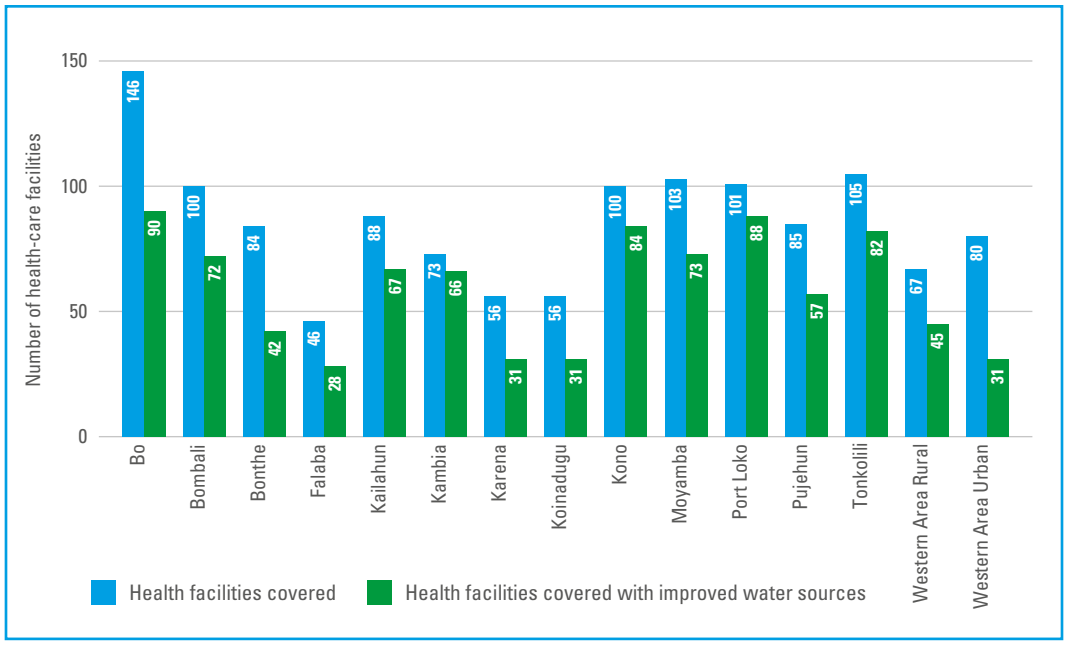
Data from the schools' survey of the 2022 WASH-NORM Survey complements data from the 2021 Annual School Census, which surveyed all schools. According to the census, an average of 15 per cent of schools do not have handwashing facilities (MBSSE, 2022a). Seventeen per cent of public primary schools did not have access to handwashing facilities, though this figure falls to 9 per cent in public senior secondary schools (ibid.). However, the data do not distinguish schools that have only a limited service from those with a basic service, meaning that it is not possible to determine whether the remaining 75 per cent of schools with access to handwashing facilities fulfil the criteria for a minimum of a basic service for handwashing facilities, nor whether the water available is from an improved source.

8.2.5 WASH in health-care facilities

The accessibility, availability and quality of water for staff and patients affects the quality of care in health-care facilities. In 2022, the WASH-NORM Survey collected data from 1,418 health-care facilities, including 1,364 government hospitals, clinics and peripheral health units and 54 private organizations across all districts in Sierra Leone. The survey also mapped all improved water points that were found within the premises of the health facilities (MoHS et al., 2023).

117 Participatory FGD with adolescent girls aged 10–16, Freetown, 28 November 2022; participatory FGD with adolescent boys aged 10–14, Kenema, 16 December 2022; participatory FGD with adolescent girl aged 14–18, Makeni, 3 December 2022.

Figure 106: Health-care facilities with improved water sources



Source: MoHS et al., 2023

Health-care facilities should be provided with an improved water source, which includes piped water, boreholes, protected dug wells, protected springs, rainwater and packaged or delivered water (WHO and United Nations Economic Commission for Europe, 2022). An improved water source is necessary because it can deliver safe water that cannot be contaminated easily (ibid.). Unimproved water sources include unprotected wells, springs and surface water. According to the survey, of the 1,418 health-care facilities reported on, 993 have improved water sources. This means that while the majority of health-care facilities covered by the survey have access to an improved water source, a third do not have this critical element of WASH.

Data from 2018 show that 22 per cent of health-care facilities with an improved source have piped water, while 65 per cent rely on non-piped improved water and the remaining facilities lack piped or improved water (JMP, 2022, p. 56; World Bank, 2021c).

There are limited data on waste management practices in health care in Sierra Leone. However, data from a 2021 JMP report on WASH in health-care facilities show that the majority of health-care facilities in Sierra Leone (64 per cent) had basic waste management services (JMP, 2022, p. 42). There are insufficient data to show whether the waste management practices of the remaining 36 per cent are limited or unavailable (ibid.).

The role the health sector plays in WASH norms is important. The GLAAS report expresses the opinion that the health sector in Sierra Leone does not sufficiently support the WASH sector (WHO, 2022i).[118] In Sierra Leone, the health sector supports the WASH sector in terms of WASH norms through: contribution to norms and standards through setting hygiene and sanitation standards, the inclusion of WASH in disease prevention, the promotion of WASH in communities, and planning and maintenance of WASH services in health-care facilities (ibid.).

118 The GLAAS report gives Sierra Leone a mark of 0.50 out of 1, which is between 50 and 74 per cent of what is needed.

8.2.6 Menstrual hygiene management

Good menstrual hygiene management is associated with better health and is crucial to the right of girls to education. Without access to adequate support to manage menstruation, girls are more likely to miss school, which in turn affects learning opportunities (WHO, 2022c). In Sierra Leone, school absenteeism due to menstruation is a concern. The 2017 MICS showed that 20.1 per cent of all surveyed women and girls did not participate in school, work or social activities when menstruating,[119] with little difference between those living in urban and rural areas (Stats SL, 2018).[120]

There are two major barriers to good menstrual health management in Sierra Leone. The first of these is access to sanitation facilities in schools. Adolescent girls who participated in FGDs for this SitAn spoke of the limited number of toilets available in schools, and the poor quality of those that were available, which they found particularly challenging during menstruation. In particular, toilets were not cleaned regularly and did not provide adequate privacy. Data from the 2021 Annual School Census show that the majority of available toilets are classified as 'bad' in terms of quality (MBSSE, 2022a).

> *There are girls who cannot afford sanitary pads, so they stay home up to five days. They come back after their period. It's like missing one week every month.* (Subnational FGD with service providers, Bo, 12 December 2022)

The second barrier is the challenge in obtaining sanitary pads, particularly in rural communities.

> *Girls cannot access sanitary pads and for those in the far away villages, they don't even know what it looks like or how to use it.* (Subnational FGD with service providers, Bo, 12 December 2022)

Sanitary pads are also unaffordable for many girls.

> *Now [sanitary pads] are about Le 15 for a pack of 10 and some people need two or three packs in a week.* (Participatory FGD with adolescents girls aged 14–18, Makeni, 3 December 2022)

Efforts have been made to address access to menstrual hygiene amenities in schools. These began with the distribution of 'dignity kits', which include sanitary pads and were accompanied by training and skills-building to address taboos and support peer-to-peer knowledge-sharing between girls on how to manage menstruation (Defence for Children International, 2019) and the distribution of free sanitary pads in 2,650 junior and secondary schools between July 2019 and March 2021. These efforts have lead to a reduction in absenteeism of girls by 30 per cent. The pressure to address menstrual hygiene has been heavily supported by the First Lady's Hands off Our Girls Campaign (Thomas, 2021) and, more recently, the Free Sanitary Pads Distribution Campaign, launched by the President in June 2022 (Office of the First Lady, 2022). The 2021 National Policy on Radical inclusion in Schools also addresses menstrual hygiene and provides that the MBSSE will ensure that girls experiencing their menstrual cycle are provided with sanitary towels on a quarterly basis (MBSSE, 2021d).

These campaigns[121] have raised awareness of menstruation and have destigmatized menstruation and the use of sanitary pads. However, these efforts need to be coupled with long-term planning,

119 The data are based on self-reporting, and as a result may be the subject of under or over-reporting.

120 In urban areas, 19.9 per cent did not participate in activities, compared to 20.4 per cent in rural areas.

121 Another example is the distribution of 1,300 dignity kits to eight selected schools across Western Area by the Ministry of Gender and Children's Affairs, Guma Valley Water Company and other government bodies on the International Day of the Girl Child on 11 October 2021 (Guma Valley Water Company, 2021).

including better sanitation facilities in schools, consistent access to sanitary pads and education on how to manage menstrual hygiene.

Although great strides have been made to ensure girls have access to sanitation pads, menstrual hygiene management has yet to be sufficiently addressed within the WASH sector. For instance, the 2019 Annual Water, Sanitation and Hygiene Conference did not include menstrual hygiene management as a discussion point and measure for performance and progress, indicating that menstrual hygiene management is not necessarily seen as a WASH issue (WHO, 2022i).[122] The inclusion of menstrual hygiene management as a measure in WASH sectoral policy and planning is essential for achieving targets and making progress in this issue.

8.3 Barriers and bottlenecks

Several key structural barriers and bottlenecks could prevent Sierra Leone from achieving further progress in WASH.

8.3.1 Financing

Financing is considered an 'accelerator' for progress, with optimized financing being essential to ensure resources are appropriately allocated alongside country plans (UN-Water, 2020).

According to the GLAAS report, US$4,200 million was allocated for the WASH sector in 2021. This is insufficient to meet WASH sector demands. Financing plans may be agreed for all areas of WASH, but they are insufficiently implemented. Plans have been costed, yet funding and human resources are insufficient to support implementation (WHO, 2022i).

Donor capital, investments and commitments are strongly relied on in Sierra Leone to scale up improvement of sanitation and drinking water systems in both rural and urban areas (ibid.). In 2020, Sierra Leone received US$33 million in official development assistance for water and sanitation. The amount of assistance received over the years has not been consistent, increasing from US$29 million in 2019, but decreasing from US$52 million in 2018, which was the highest amount received by Sierra Leone over a period of 10 years.[123] Official development assistance for water and sanitation includes funds for water sector policy and governance, water supply, sanitation, water sector policy, water resources conservation, river basin development, waste management and disposal, education and training, agricultural water resources and hydroelectric power (UN-Water, 2021). In 2020, the majority of the official development assistance Sierra Leone received for water and sanitation was for 'large systems' for water supply and sanitation, at US$17 million of the total US$33 million.[124] Donor funds are channelled to the WASH sector on an annual and biannual basis, depending on the agreement and how the work plan is to be implemented.

122 Unlike other countries in West Africa, menstrual health management has not been included in the WASH sector. See, for example, in Liberia (WASH R&E Media, 2021).

123 WHO and Organisation for Economic Co-operation and Development (OECD) data (UN-Water, 2021).

124 The OECD defines 'large systems' under water supply and sanitation as programmes generally falling under 'water supply – large systems' (which include potable water treatment plants; intake works; storage; water supply pumping stations; large-scale transmission, conveyance and distribution systems) or falling under 'sanitation – large systems' (which include large-scale sewerage, including trunk sewers and sewage pumping stations; domestic and industrial wastewater treatment plants) (OECD, n.d.).

Although cost recovery is set out in Sierra Leone's financial plans, the country does not rely on tariffs or household contributions, with few service delivery expenses being covered by them (WHO, 2022i). According to the 2022 WASH-NORM Survey, only 13.2 per cent of public water facilities have a tariff system requiring households to pay for water from public water points (MoHS et al., 2023). Instead, costs are covered by the government and through donor support (WHO, 2022i). In accordance with the Sierra Leone Electricity and Water Regulatory Commission Act, 2011, tariffs are reviewed every two years and sometimes on an ad hoc basis by the Electricity and Water Regulation Commission (ibid.).

The following ministries and bodies are involved in planning and receiving financing for the WASH sector: the Ministry of Water Resources, MoHS, MBSSE, Ministry of Local Government and Rural Development, MoPED, Ministry of Finance, Guma Valley Water Company, Sierra Leone Water Company, Sierra Leone Electricity and Water Regulation Commission and NWRMA (ibid.).

8.3.2 Community ownership and involvement

Local communities need to be involved and to participate if the management of water and sanitation is to be improved. Supporting the strengthening of local community participation is necessary for implementing SDG target 6.b.

Sierra Leone has set up community councils to facilitate the involvement of local communities in decisions and setting priorities on matters related to water and sanitation. However, these community councils remain limited in implementation and influence, with incentives for participation remaining a barrier[125] and projects relating to WASH remaining in operation only at the national level.[126] A key barrier to community involvement is understanding WASH as a priority. In this regard, a stakeholder explained that the way WASH is communicated is not conducive to developing sufficient awareness on its importance,[127] because information around WASH is communicated in structural terms, rather than in more accessible language that emphasizes benefits of and opportunities for developing effective WASH practices.[128] The benefits of good hygiene and sanitation are also believed to be misunderstood across Sierra Leone as a result of cultural beliefs and practices (MoPED, 2019, p. 56). This does not incentivize community members to attend and participate in discussions around WASH and limits the kind of person participating, leaving out vulnerable groups.

Even if local communities were sufficiently mobilized to participate in existing community councils, stakeholders at the national level report that limited finances prevent council meetings from being held on a regular basis.[129] Sierra Leone's plans towards decentralization are still being implemented, with limited funding available to allocate to local councils, which require money to run meetings and to subsidize transport costs for community members.[130] It is reported that such funds were once available from donor financing, but this is no longer the case.[131]

125 KII with MoPED, Freetown, 24 November 2022.
126 Thematic FGD on WASH, 24 November 2022.
127 Ibid.
128 Ibid.
129 KII with MoPED, Freetown, 24 November 2022.
130 Ibid.
131 KII with MoPED, Freetown, 24 November 2022; Thematic FGD on WASH, 24 November 2022.

8.3.3 Equity

WASH services do not have provision for children with disabilities. According to the 2022 WASH-NORM Survey, 79.4 per cent of functional water systems do not have provision for persons with disabilities, while only 2.7 per cent of persons with disabilities find their households' improved latrines useable and accessible (MoHS et al., 2023). The survey also shows that 41.9 per cent of schools with latrines have at least one cubicle that is useable by and accessible to students living with disabilities, leaving more than half of schools with no toilets for children with disabilities (MoHS et al., 2023).

Qualitative data gathered for this SitAn confirm that generally there are limited accommodations in terms of access to WASH facilities for children with disabilities in Sierra Leone[132] and, in particular, facilities in schools and communities are reportedly inadequate in this regard.[133] During discussions, several WASH stakeholders and service providers expressed concern about the design of toilets. This in part is due to the broader issue of limited data on the numbers of children with disabilities in Sierra Leone,[134] as well as discriminatory attitudes towards people with disabilities,[135] which result in the need for accessible WASH services being poorly understood.

There are pronounced disparities between urban and rural populations in terms of access to improved water and sanitation services. Progress towards universal access to improved WASH services requires an equitable approach. To address the disparities, rural sanitation has become a national priority, with strategies and plans set out for strengthening rural WASH. In this regard, the National Sanitation and Hygiene Strategy 2020–2030 has a costed plan, but funding for implementation is inadequate and only a third of the necessary human resources are available (WHO and UN-Water, 2022). The National M&E Plan: Rural WASH (2018–2022) was developed to strengthen country-led monitoring and evaluation of rural WASH nationally to ensure effective actions and decisions are taken to improve it (Ministry of Water Resources and MoHS, n.d.). The effective implementation of these strategies and plans will address concerns about equitable access to improved WASH services. The National Rural Water Supply and Sanitation Project, which was implemented in 2013–2021, increased access to safe drinking water and sanitation in rural areas by building and installing water systems and training technicians and WASH committees (African Development Bank Group, 2022a, 2022b).

8.3.4 Human resources

The limited availability of WASH human resources is a major challenge to the implementation of WASH plans and operationalization of the WASH sector in Sierra Leone. There are insufficient human resources across all WASH areas, including monitoring and regulation. In particular, the operation and maintenance of drinking water supply is constrained by less than 50 per cent of the necessary workforce, and staffing for the operation and maintenance of sanitation services is even more limited. Although some of the resources required for the management of the construction and design of facilities and for community mobilization are available, each only has between 75 and 94 per cent of the resources needed (WHO, 2022i).

132 Thematic FGD on WASH, 24 November 2022; Participatory FGD with adolescents, School for the Blind, Freetown, 28 November 2022.

133 Thematic FGD on WASH, 24 November 2022.

134 Subnational FGD with service providers, Freetown, 25 November 2022.

135 Thematic FGD on social protection, 24 November 2022.

Sierra Leone has policies and plans that address human resources for sanitation and hygiene (MoHS, 2017b, 2020a), while strategies for staffing in water services remain under development (WHO, 2022i).[136] However, despite the existence of policies that set out the required numbers of and roles for human resources in WASH, staffing remains limited because of limited financial resources, which leads to a lack of paid employment opportunities. According to discussions with WASH stakeholders, one reason behind the limited number of WASH staff is the engagement of volunteers during training periods and beyond.

> *The chiefdom provides you with maybe 10 volunteers and trains them for a year, and towards the end we only have two because the other eight dropped out.* (Thematic FGD on WASH, 24 November 2022)

A participant from Kambia related volunteering to monitor drinking water in 2013, yet still being unpaid. The individual reported taking paid work when opportunities become available, alongside their responsibilities as a volunteer, which means they are not always available to perform the role of monitoring drinking water quality.[137]

The availability of training programmes is another factor. The GLAAS report assesses Sierra Leone as having moderate availability of these for those working in WASH. Some training and capacity-building opportunities are available through NWRMA[138] and development partners (Rural Water Supply Network, 2021; United Nations Environment Programme, 2021; NWRMA, 2021). During a discussion for this SitAn, WASH stakeholders explained that a priority area for WASH should be training technicians to keep up with Sierra Leone's move towards mechanized systems.[139] Capacity development is considered an accelerator for progress under the SDG 6 Global Acceleration Framework because of its impact on the workforce in terms of improving skills, which leads to improved service levels and increased job creation and retention in the WASH sector (UN-Water, 2020).

Another constraint is that skilled workers do not want to live in rural areas (WHO, 2022i). WASH sector stakeholders reported that skilled workers are often trained and based at the national level rather than in communities.[140] The skilled workers are then brought into areas requiring maintenance on an ad hoc basis.[141] However, there is a lack of additional incentives or extra motivation to encourage paid skilled workers to work in remote locations, so the human resources shortfall is exacerbated in these areas (WHO, 2022i).

Furthermore, there are not enough safety measures in place to protect WASH staff (ibid.). The Public Health Ordinance 1960 enshrines health workers' right to safety. However, safety measures are not set out in guidelines to ensure the safety of staff who do not work in the health sector.[142] Ensuring the safety of staff in the WASH sector is of particular importance, as it involves health risks from exposure to harsh chemicals and hazardous equipment. Safety equipment for workers in the sector is also insufficient (WHO, 2022i). Risk to the safety of WASH staff is not only an

136 The GLAAS report gives Sierra Leone a mark of 0.50 out of 1 ("strategies under development") for the availability of human resource strategies for the water sector.

137 Subnational FGD with service providers, Kambia, 8 December 2022.

138 NWRMA is mandated to contribute towards human resource development through its Water Resource Management Fund (NWRMA Act (2017), section 20(2)(e)).

139 Thematic FGD on WASH, 24 November 2022.

140 Ibid.

141 Ibid.

142 See, for example, the Human Resources for Health Policy 2017–2021 (MoHS, 2017b) and Human Resources for Health Strategy 2017–2021 (MoHS, 2017c).

additional deterrent to recruiting human resources, but also exposes existing staff to unnecessary danger and leads to the potential shrinking of an already limited workforce.

8.3.5 Data and monitoring

Data collection and monitoring processes are important for informed planning and, where compromised, can constitute a major barrier to planning and implementation of WASH priorities. 'Data and information' is considered an accelerator for progress under the SDG 6 Global Acceleration Framework (UN-Water, 2020).

There are useful amounts of data on the WASH sector in Sierra Leone, with up-to-date estimates available on coverage and quality of water and sanitation from a number of sources (JMP data).[143] As seen in the previous subsections, data on each WASH component, including WASH in institutions, have been gathered through a number of census and data collection activities. However, there is a lack of disaggregated data on children with disabilities, which presents a key gap causing planning for WASH to exclude the needs of children with disabilities. This is part of a broader issue on data relating to children with disabilities in Sierra Leone.

Disaggregated data is essential to support the development of programmes for children in vulnerable groups. In Sierra Leone, equity measures are reportedly tracked through data on WASH in relation to slum communities, people living in poverty and populations disproportionately affected by climate change. These data are collected during coordination and partner meetings on a monthly or quarterly basis (WHO and UN-Water, 2022). Data are also tracked during emergencies and disasters through daily incidence management meetings (ibid.).

A measure of how well the data captured through monitoring is used, is whether it has been used to inform planning. In Sierra Leone, it is estimated that data captured through monitoring is used for a minority of decisions when it comes to sanitation (ibid.),[144] but for the majority of decisions when it comes to drinking water (WHO, 2022i).[145] In particular, Sierra Leone reports that data on sanitation are used to inform decision-making for such initiatives as the chiefdom-wide approach to end open defecation by 2030, as well as for resource allocation. Data on water is used to improve water supply for communities, for example, to inform the construction of boreholes for communities, health-care facilities and schools (WHO, 2022i). However, it is not clear if the government takes data on equity into account in its planning and resource allocation. Progress towards equitable access to WASH requires that equity data are used in conjunction with other data gathered on the WASH sector.

Data are also reportedly used to develop national standards and regulations, such as the National Water Safety Plan 2020–2030 (ibid.). In addition to using data for implementing developments in access to WASH, Sierra Leone also uses data obtained from monitoring of behaviour change through information, education and communication materials related to WASH (ibid.).

Sierra Leone's data monitoring processes include the Annual Water, Sanitation and Hygiene Conference, led by the Ministry of Water Resources, which is Sierra Leone's periodic joint sector review process (ibid.). The purpose of the conference is to review the status, progress and performance of the WASH sector, and take decisions on priority actions. The 2019 conference

143 JMP WASH data for households in Sierra Leone, 2020 (JMP, n.d.); 2017 MICS; 2017 DHS; National Nutrition Survey, 2021 (MoHS and UNICEF, 2021); Global School-Based Student Health Survey.

144 The GLAAS report gives Sierra Leone a score of 0.66 out of 1 for its use of data on sanitation.

145 The GLAAS report gives Sierra Leone a score of 1 out of 1 for its use of data on drinking water.

led to developments in policy and planning, including decisions related to the adoption of the 2021 National Water, Sanitation and Hygiene Policy, the National Sanitation and Hygiene Strategy 2020–2030 and the National Strategy on Water Safety for Sierra Leone 2020–2030 (ibid.).

Although the conference should take place annually, the most recent one was held in 2019. This means that the national mechanism for WASH in Sierra Leone has not been used since before COVID-19 and, as such, progress and performance of the sector has not been assessed, with all stakeholders present, since the pandemic.

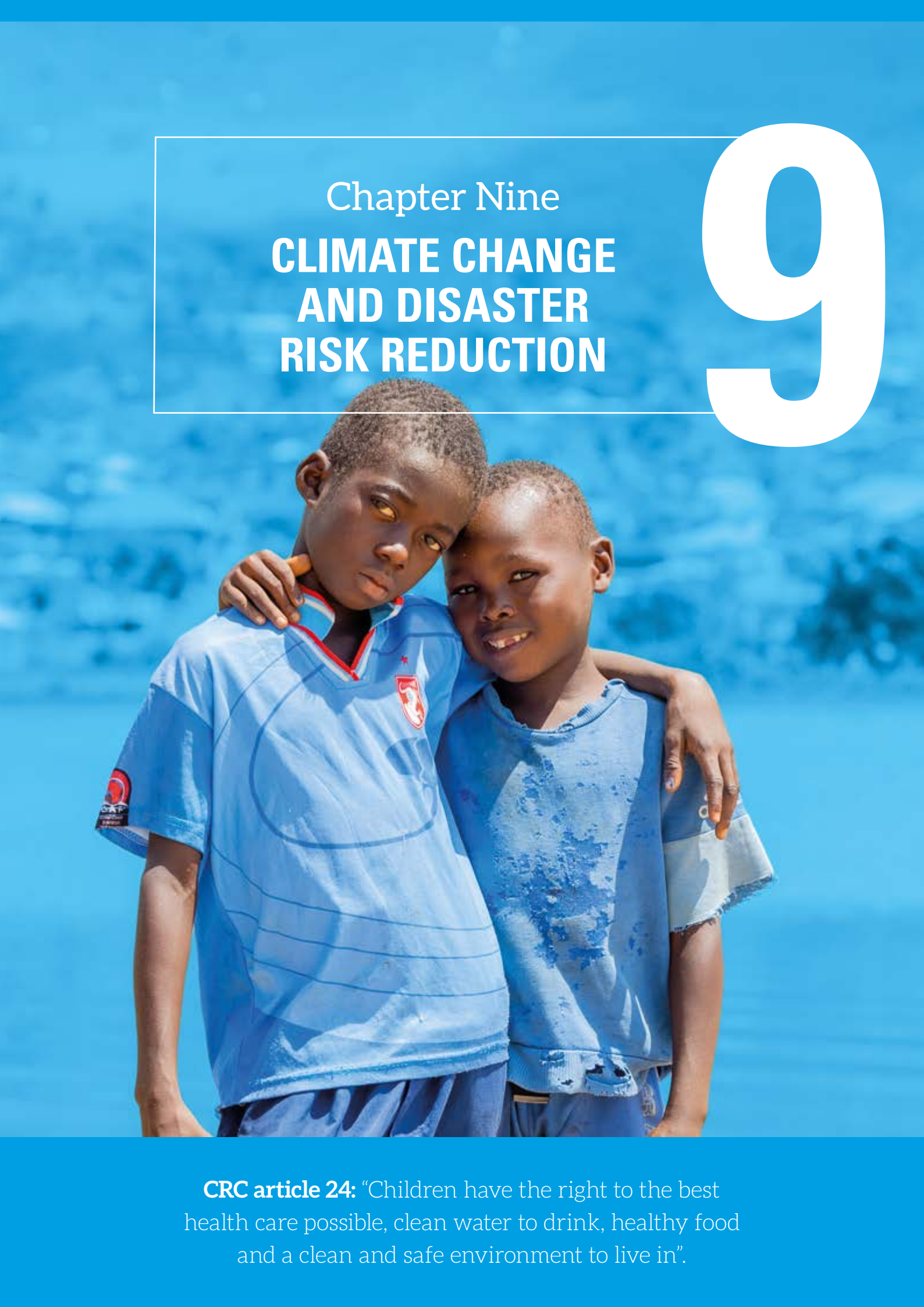
8.4 Recommendations

1. As a priority, it is recommended that the MBSSE put in place a national programme to increase the numbers of functional toilet facilities for boys and girls, with adequate supplies of soap and water, taking into account the needs of children with disabilities and girls' needs for menstrual hygiene management.
2. It is recommended that programmes are put in place to ensure the prioritization of water treatment processes and water resource management to increase the availability of water that is free from contamination.
3. It is recommended that the government prioritizes creating an enabling environment to engage the private sector and individuals to invest in WASH as a business, deriving financial benefits.
4. It is recommended that the government prioritizes incentives and benefits for skilled workers trained in water and sanitation to work in rural and remote areas to ensure the effective and timely management and maintenance of WASH systems there.
5. There is a need for the government to increase budgetary allocations for sanitation and hygiene at all levels of programming.

Chapter Nine

CLIMATE CHANGE AND DISASTER RISK REDUCTION

9



CRC article 24: "Children have the right to the best health care possible, clean water to drink, healthy food and a clean and safe environment to live in".

Children are the most vulnerable in the population to the extreme weather and slow-onset events related to climate change. These have direct impacts on their health, nutrition and access to education, and places them in direct danger from climate-related risks (UNICEF, 2021f). Ensuring children are protected from the risks climate change poses through effective disaster risk reduction and management policies is crucial to improve quality of life.

This section covers climate change, disaster risks and environmental degradation, and takes into account epidemics and pandemics.

Table 35: Key SDG targets related to climate change and disaster risk reduction

SDG	Targets	Sierra Leone progress
13: Take urgent action to combat climate change and its impacts.	13.2: Integrate climate change measures into national policies, strategies and planning.	
	13.3: Build knowledge and capacity to meet climate change.	

9.1 Vulnerability to risk

Sierra Leone is considered vulnerable to climate change, with limited coping and adaptive capacities. Evaluation of the overall vulnerability of a country to risks from climate change is based on the interaction of climate-related hazards with the vulnerability of communities and exposure of human and natural systems to risks related to climate change (Climate Change Knowledge Portal, n.d.-c). Sierra Leone has been assessed across several indicators to measure its vulnerability to risk and capacity to cope and adapt to the effects of climate change. However, Sierra Leone is acknowledged as having high vulnerability to climate-induced disasters. More broadly, the Medium-Term National Development Plan 2019–2023 references recent disasters such as the Ebola virus outbreak, the 2017 mudslides and the flooding of urban settlements (MoPED, 2019, p. 151). More recent major flood events occurred in August 2019 (OCHA, 2019) and August 2022 (OCHA, 2022).

The WorldRiskIndex, which ranks countries on their risk of experiencing disaster or extreme natural events, gives Sierra Leone a score of 'medium' and ranks it at 82 for risk out of 193 countries (Bündnis Entwicklung Hilft, 2023). Although Sierra Leone scores medium for exposure, vulnerability and susceptibility to disaster and extreme natural events, it scores high for lack of coping capacities and very high for lack of adaptive capacities. This is consistent with other indexes measuring vulnerability to risk in Sierra Leone, particularly the Notre Dame Global Adaptation Initiative and the Children's Climate Risk Index. Both these indexes indicate that children in Sierra Leone are vulnerable to risk, which is exacerbated by Sierra Leone's low capacity for coping with disaster and risk.

Under the Notre Dame Global Adaptation Initiative, Sierra Leone is ranked 155 out of 182 countries in terms of vulnerability to climate change and readiness to adapt.[146] This is a high vulnerability score and a low readiness score. The initiative ranks Sierra Leone as the nineteenth most vulnerable country and low on the list of countries being most ready at 144 (University of Notre

146 Sierra Leone has a score of 37.7, which is composed of a 0.563 vulnerability score and a 0.316 readiness score.

Dame, n.d.). The vulnerability score is calculated according to food, water, health, ecosystem services, human habitat and infrastructure indicators and the readiness score is calculated using economic, governance and social readiness indicators (University of Notre Dame, 2015). For both factors, i.e., vulnerability and readiness, Sierra Leone is assessed as having a low capacity to adapt and cope with future climatic risks and events.

According to the Children's Climate Risk Index, Sierra Leone is ranked 26 out of 163 countries, and is considered to be at extremely high risk (UNICEF, 2023a, p. 140). The Children's Climate Risk Index looks at climate and environment shocks (Pillar 1) on the one hand, and a child's vulnerability (Pillar 2) on the other. Under climate and environment shocks, Sierra Leone scored high for vector-borne disease with an estimated 3.2 million children living in areas exposed to one or more disease vectors. Eighty-six per cent of children are exposed to heatwaves in Sierra Leone, while 91 per cent of children are exposed to air pollution (ibid.). In terms of child vulnerability, Sierra Leone scored extremely high for WASH (10.0), high for child health and nutrition (8.4), and high for poverty, communication assets and social protection (8.1) (ibid.). Some aspects of the Children's Climate Risk Index for Sierra Leone are illustrated in Figure 107.

The government conducted a coastal vulnerability assessment in 2019 and 2020 in six pilot sites at the municipal and chiefdom levels. The assessment determined the key climate-sensitive sectors and hazards in these pilot communities, concluding that vulnerability was at the medium level (MoPED, 2021, p. 11).

Figure 107: Children's Climate Risk Index (CCRI) for Sierra Leone

Source: UNICEF, 2023a

Sierra Leone's vulnerability to climatic events and shocks is projected to increase over the coming years, with an estimated increase in temperature (Climate Change Knowledge Portal, n.d.-a), more extreme weather (ibid.), including more intense precipitation (ibid.), and rising sea levels (Climate Change Knowledge Portal, n.d.-b). This means Sierra Leone's vulnerability is projected to change, requiring effective planning to enable the country to cope.

9.2 Impacts of climate change

According to Sierra Leone's Medium-Term National Development Plan, several hazards and risks have been identified as being prevalent in in the country, including floods, epidemics, landslides, deforestation and pollution (MoPED, 2019, p. 161).[147] Climate change, unplanned urbanization and fires have also been identified as prevalent risks and hazards (ibid.). While epidemics and climate change were identified as widespread nationwide, pollution, unplanned urbanization and fires were identified as particularly common in urban areas. Floods are frequent in Freetown, Pujehun, Kambia, Bonthe, Kenema and Moyamba, while landslides are common in Kono District, Tonkolili District and Western Area (ibid.). Heavy precipitation and storm surges along the coast during the rainy season regularly lead to floods in Sierra Leone, which have an impact on agricultural production, infrastructure, public health and biodiversity, and may lead to a reduction in groundwater resources (Climate Change Knowledge Portal, n.d.-c). This is further exacerbated by increased deforestation in the coastal areas, leading to an increase in the occurrence of afternoon storms, which are now taking place twice as often as they did 30 years ago (Taylor and Parker, 2022). Increased coastal flood events also lead to coastal erosion and reduction in freshwater quality (Climate Change Knowledge Portal, n.d.-c).

These hazards and risks have far-reaching impacts on the lives of children and their right to shelter, education and access to services (UNICEF, 2022b). Climatic events such as storms, flash floods and landslides can destroy homes, leading to displacement (ibid., p. 77). In the period 2013–2018, an estimated 220,000 houses were affected by flooding (Freetown City Council, 2018; Start Network and ACAPS, 2020). In August 2019, torrential rains and floods led to the internal displacement of approximately 5,300 persons (IFRC, 2020), of which 56 per cent were estimated to be children (Start Network and ACAPS, 2019), while in 2017, floods and a landslide led to the internal displacement of approximately 3,000 persons (UNDP, 2017). Such events are intensified by the unstable infrastructure found in informal urban settlements, with many dwellings built on slopes surrounding Freetown in deforested areas (International Organization for Migration, 2021, p. 7; Internal Displacement Monitoring Centre, 2019). In August 2022, Freetown experienced flooding and landslides as a result of persistent torrential rains. This caused flooding of houses and major road disruptions, and affected seven communities, namely Kanikay, Culvert, Kaningo, Tengbeh Town, Looking Town, Cassava Town and Brooksfield (IFRC, 2023). The flooding led to the death of six people in informal settlements (Davies, 2022).

Climatic events have direct and indirect impacts on access to education. They may lead to the destruction of school buildings, and rising temperatures during the dry season may cause surface water sources to dry up so that children need to travel farther to collect water, which may, in turn, cause them to miss school (UNICEF, 2022b, p. 64). To address the effects of climate events on children, disaster risk reduction and management plans must be child focused.

The impacts of climate change can be observed in many areas of life in Sierra Leone, as outlined in Table 36.

147 This is based on events during the period 2005–2015.

Table 36: Impacts of climate change on different sectors

Area of life affected	Impact
Water	Variable precipitation increases stress on water resources
Energy	Droughts endanger hydropower supply
Agriculture	Change in precipitation and temperature results in yield reduction
Infrastructure	Floods and heat impact roads and buildings
Coastal habitation	Rising sea levels increase the risk of flooding and coastal erosion
Health	Increased risk of malnutrition, poor sanitation, diseases and natural disasters

Source: Ministry of Transport and Aviation and Environmental Protection Agency of Sierra Leone, 2018

9.3 Policy and governance framework

SDG indicator 13.2.1: Nationally determined contributions, long-term strategies, national adaptation plans and adaptation communications, as reported to the Secretariat of the United Nations Framework Convention on Climate Change

SDG target 13.2 requires that Sierra Leone integrates climate change measures into national policies, strategies and planning. Sierra Leone has made progress in this regard, with climate change and disaster risk reduction featuring as priority areas in several national documents and strategies. Sierra Leone launched its National Adaptation Plan process in 2018, which was concluded in 2021 with the launch of the National Adaptation Plan (Sierra Leone, 2021a, p. 10). The year 2019 also saw the development of Sierra Leone's Climate Change Communications Strategy Under the National Adapatation Plan (Environment Protection Agency of Sierra Leone, 2020). Through the National Adaptation Plan, Sierra Leone aims to reduce vulnerability by half by 2030 through a number of strategies, including increased risk awareness, increased institutional capacity and an integrated gender-responsive approach to adaptation in development policies and programmes (Sierra Leone, 2021a, p. 10). Climate change also features in Sierra Leone's Medium-Term National Development Plan, with a commitment to develop strategies to build resilience to climate change.[148] While these plans identify the need to involve communities as part of their processes, they do not effectively integrate children's needs. In this regard, the National Adaptation Plan seeks to "promote an inclusive environment by ensuring institutions promote gender equality and equal opportunity for women, children and persons with disabilities" as part of its guiding principles (Sierra Leone, 2021a, p. 13). Additionally, the National Adaptation Plan identifies data gaps and sets out plans for a task force to gather data and conduct analyses to support adaptation actions for vulnerable groups, including children (ibid., p. 62). Future plans and strategies should integrate the needs of children more effectively.

The main bodies involved in climate change and disaster reduction and risk management are the National Disaster Management Agency, the Environment Protection Agency of Sierra Leone, the NWRMA and the Ministry of Environment. Together, these entities are responsible for setting standards, implementation and coordination.

148 It is set out under 'Cluster 7' of MoPED, 2019, pp. 152–162.

The National Disaster Management Agency was established by the National Disaster Management Act (2020) and mandated in section 2 of the act to be the lead coordinating body for disaster response and managing disasters and other emergencies. Through the National Security and Central Intelligence Act (2017), section 25(2)(b), it was mandated to take over the Office of National Security's role as primary coordinating body during emergencies. The agency operates at the national, regional and district levels. The National Disaster Management Act also established the Regional Disaster Management Committee (section 20) and District Disaster Management Committee (section 22) to ensure effective implementation at local levels. The National Disaster Management Agency is overseen by the National Platform for Disaster Risk Reduction and is mandated to include as permanent secretary a representative from the MoGCA (section 3(2)(s)). These mandated institutional structures do not have built-in mechanisms to ensure that children's voices are heard.

Section 1 of the National Disaster Management Act defines disasters as including natural and human-induced causes, whether widespread or localized. The definition covers occurrences that cause or threaten to cause "death, injury or disease, damage to property, livelihood, infrastructure or the environment, and the disruption of the life of the community". As such, this definition captures the wide range of events induced by climate change that children in Sierra Leone are vulnerable to.

Section 1 of the act also defines 'disaster management' as a continuous and integrated multisectoral, multidisciplinary process of planning and implementation of measures aimed at:

- preventing or reducing the risk of disasters;
- mitigating the severity or consequences of disasters;
- emergency preparedness;
- rapid and effective response to disasters; and
- post-disaster recovery, rehabilitation, reconstruction and resettlement.

The Environment Protection Agency is mandated to protect and manage the environment.[149] The agency's functions include ensuring integrating environmental and climate change concerns into national planning, and prescribing and monitoring standards and guidelines to enforce pollution control and ensure compliance (Environment Protection Agency Act (2008), section 12). The agency is also responsible for coordinating and reporting on the implementation of environmental activities to ensure that environmental resources, including water, are sustainably managed in a manner that is consistent with environmental sustainability principles (Sierra Leone, 2017a, p. 49).

The NWRMA has climate- and disaster-related functions and, as part of its Strategic Development Plan 2019–2023 (2019), sets goals to mitigate climate change and related disasters. The Ministry of Environment is mandated to facilitate the implementation of appropriate policies and programmes for sustainable management of the environment.

The NWRMA is working on developing a series of guidelines, including those on preventing pollution; the disposal or treatment of human sludge; dealing with oil and fuel spills; working at construction and mining sites; the use of pesticides and herbicides; and the disposal of solid waste adjacent to river courses (NWRMA, 2020). These instruments and guidelines are intended to address climate change, disaster reduction, risk management and pollution prevention and control. The development of these guidelines will contribute to Sierra Leone's progress towards SDG 13 and its commitment to reducing vulnerability (Sierra Leone, 2021a, p. 2).

149 The Environment Protection Agency of Sierra Leone was established by the Environment Protection Agency Act (2008), amended in July 2010.

The NWRMA prioritizes water-related disaster management and climate change mitigation and adaptation, and identifies strategies for preventing, responding to and recovering from floods and droughts. The NWRMA has developed a preparedness and response strategy for mitigating floods and droughts, as set out in Table 37.

Table 37: Approaches for preventing, responding to and recovering from water-related disasters

Floods		
Prevention	**Preparedness**	**Response**
• Develop flood control infrastructure • Develop policies for settlement close to areas prone to floods • Improve catchment conservation and protection to deter surface run-off • Develop infrastructure design parameters and regulations to ensure that structures can withstand flooding	• Raise awareness on the need to be insured to indemnify against losses caused by flooding and on the dangers of living in flood-prone areas • Prepare appropriate response training and capacity-building • Develop flood forecasting and early warning systems at national, regional and district levels • Enhance data recording and information management systems to inform planning for protection against flooding	• Develop financing mechanisms • Establish institutional frameworks for managing floods at national, regional and district levels
Droughts		
Prevention	**Preparedness**	**Response**
• Undertake catchment management activities to improve groundwater storage and minimize soil infiltration • Develop public awareness messages on water conservation techniques • Develop lasting strategies for planning and construction of infrastructure to ensure food security and increase per-capita storage of water in critical environs • Create a system of advisory services for drought-prone environs with a view to increasing resistance towards the debilitating outcomes of droughts, especially concerning drilling of boreholes	• Ensure there is a strategic water reserve • Provide users with best practice approaches in water use and management and, to a certain extent, restraints on use of water resources for purposes that are not essential • Establish a monitoring and data collection mechanism to provide indications of water table levels. • Devise financing mechanisms	• Establish drought management institutional strategies

Source: NWRMA, 2019, pp. 68–70

9.4 Education for climate change

SDG indicator 13.3.3: Extent to which (i) global citizenship education and (ii) education for sustainable development are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment

SDG target 13.3 requires that Sierra Leone improves education, awareness-raising and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning. This is to be measured through the extent to which climate change education is mainstreamed to students.

Sierra Leone is at the early stages of its process to improve awareness and education on climate change adaptation. In 2020, Sierra Leone rolled out its Climate Change Communications Strategy, which aims to improve awareness and education, as well as to "stimulate positive climate behavioural change among the general public" (Environment Protection Agency of Sierra Leone, 2020). The strategy is aimed at several institutions and stakeholders, including the MBSSE as a primary target audience, to produce, disseminate and reinforce information to play a role in the coordination, planning and implementation phases of the National Adaptation Plan process. Schools are secondary target audiences (ibid., pp. 10, 11, 17). In 2023, with UNICEF's support, over 1,000 adolescents, youth and community members were reached with climate change education and awareness campaigns to foster a youth-led approach to transforming education and implementing the recommendations of the Sierra Leone Climate Landscape Analysis for Children report (UNICEF, 2022b).

The majority of adolescents spoken to for this SitAn reported not learning about climate change in school,[150] though some of them reported learning about it in social studies.[151] Awareness on disaster risks and climate change among adolescents mainly comes from lived experience. Girls and boys in FGDs were aware of the impacts caused by hazards and risks because of their lived experiences.

> *Sometimes when the rain comes it overflows, so it comes in people's houses and they die, and that is not good. There was a heavy flooding last year [that] spoiled some of our things, including a certificate I got from school.* (Participatory FGD with boys aged 10–14, Freetown, 30 November 2022)

There are attempts to include education on climate change in schools. For example, a stakeholder reported that some school clubs on climate change had been established in previous years.[152] Progress towards SDG target 13.3 requires the inclusion of climate change education in school curricula and programmes, which in turn will have an impact on behaviour.

9.5 Epidemics and health emergencies

Sierra Leone's experience of health emergencies resulting from diseases over the last decades range from the outbreak of Ebola in 2014 to the COVID-19 pandemic in 2020 (Sierra Leone Red Cross, n.d.). This has had an inevitable impact on Sierra Leone's health system (WHO, n.d.-e), and meant that Sierra Leone had to develop its national preparedness response to epidemics.

Flooding events are also associated with epidemics and the spread of diseases (Climate Change Knowledge Portal, n.d.-c). Cholera outbreaks are linked to heavy rainfall (ibid.), while floods are linked to

150 Participatory FGD with adolescent boys aged 9–16, Freetown, 28 November 2022; participatory FGD with adolescent boys aged 14–18, Bo, 14 December 2022.

151 Participatory FGD with adolescent girls aged 10—15, Freetown, 28 November 2022.

152 KII with MoPED, Freetown, 24 November 2022.

an increase in the likelihood of diarrhoeal disease (ibid.). Sierra Leone is at very high risk of waterborne diseases. Flooding heightens the risk of the spread of diseases such as cholera, malaria and diarrhoea (Okaka and Odhiambo, 2018). Populations in informal settlements are at particular risk of waterborne diseases. Waterborne diseases are already present in informal settlements with unsanitary conditions (Start Network and ACAPS, 2020). In 2020, there were between 27 and 61 informal settlements along the coastline of Freetown with unsanitary conditions (Start Network and ACAPS, 2020).

Qualitative data indicate that the impact of COVID-19 was not felt as severely as the impact of Ebola, with many participants from across sectors describing the outbreak of COVID-19 as less difficult than anticipated.[153] Sierra Leone received additional financing of US$8.50 million for strengthening of national systems for public health preparedness in Sierra Leone (World Bank, 2021b).

The Public Health (Amendment) Act (2014) sets out the following measures for disease outbreak:

- Evacuation of part of or the whole area affected by the disease;
- Prohibition of entering or leaving the affected area;
- Placement of marks on the premises denoting the occurrence of a notifiable disease; and
- Erection of emergency huts or houses for accommodation in readily accessible places either immediately outside or inside a town or village, but far removed from inhabited dwellings.

Sierra Leone amended the Public Health Act in 2014 to include Ebola disease as a notifiable disease to enable health authorities to adopt measures for disease outbreak.

9.6 Barriers and bottlenecks

There are several barriers and bottlenecks in the way of achieving the SDGs related to climate change.

9.6.1 Infrastructure development

The development of adaptive and coping strategies requires the development of climate-compatible infrastructure, taking into account climate mitigation, adaptation and sustainable development. The current rate of infrastructure development in Sierra Leone constitutes a barrier to Sierra Leone's progress towards developing climate-compatible infrastructure. The current National Adaptation Plan recognizes that there is limited capacity for mainstreaming climate change considerations into infrastructure projects (Sierra Leone, 2021a, p. 76). However, if capacity is prioritized, there are opportunities to include such considerations in the development of infrastructure projects that are still in the early stages of development. The mainstreaming of climate change considerations into infrastructure projects, particularly schools and health centres, should take into account the needs of children.

Sierra Leone requires significant infrastructure investment across all sectors. In 2017, the country was ranked in the bottom 10 countries by the Africa Infrastructure Development Index in terms of infrastructure with a score of 9.97. In 2018, the regional average score in West Africa was approximately 18, making Sierra Leone significantly below the regional average (African Development Bank Group, 2018). Although its score improved to 11.94 in 2021, the physical infrastructure is still considerably underdeveloped (African Development Bank Group, 2021). While significant investments are required to develop the basic infrastructure needed for Sierra Leone, additional prioritization and planning is required to ensure that infrastructure development is designed to be compatible with the projected climate change and the country's vulnerability to disaster risks.

153 KII with Focus 1000 NGO, 23 November 2022; KII with UNFPA Sierra Leone, 22 November 2022; Thematic FGD on WASH, 24 November 2022.

Although Sierra Leone has policies and plans in place to strengthen resilience and adaptive capacities, the majority of these are still in the early stages, focusing on developing human capacities. There is some prioritization of developing infrastructure as a cross-cutting priority, including in health, water, sanitation and transportation (MoPED, 2019, p. 11). The effective implementation of these priorities, however, falls to each sector individually.

9.6.2 Human activities

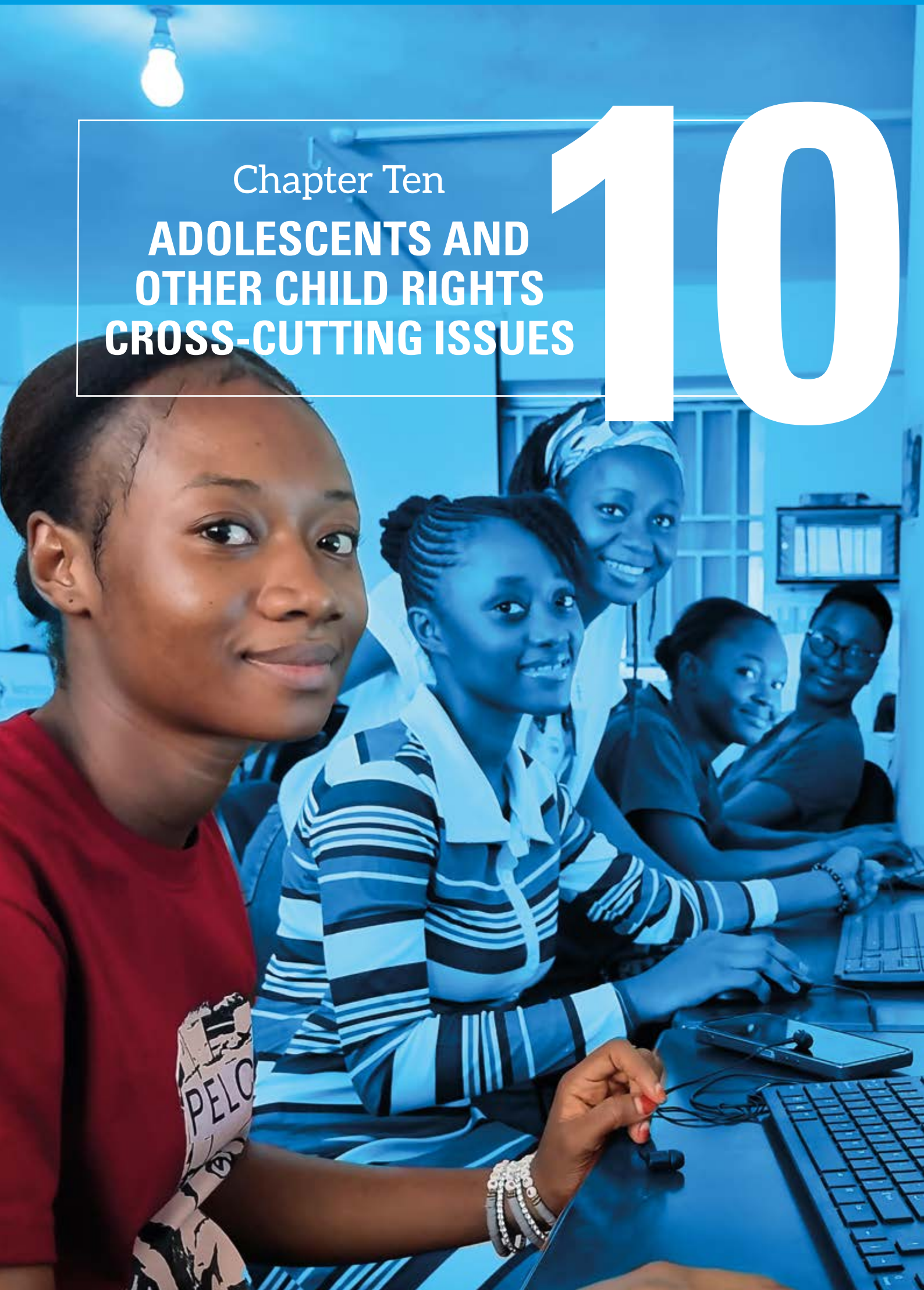
Human activities are the main barrier to Sierra Leone's efforts to reduce vulnerability. Building settlements in urban areas and, particularly, deforestation of hills has increased vulnerability to landslides. According to stakeholders from the NWRMA, there has been an increase in illegal settlements with buildings that are not weatherproof and leave residents at high risk from storms and the consequent landslides and flooding.[154]

This is a complex issue, which is closely linked to poverty. According to an analysis of poverty data by the World Bank, the main driver of poverty reduction in Sierra Leone over the years has been growth in urban areas (World Bank, 2022). On the one hand, the growth in the size of the population and the concentration of opportunities in urban areas means that settlements will continue to expand. However, on the other hand, this will increase the risk of natural disasters. Effective balancing of urbanization and resource preservation is needed to ensure human activities do not lead to an increase in disaster risks. This requires effective cooperation of stakeholders, including agencies responsible for the preservation of natural resources, such as the NWRMA, agencies responsible for climate change communication, and agencies responsible for poverty reduction.

9.7 Recommendations

1. The government should prioritize the mainstreaming of climate change considerations into infrastructure projects, taking into account urbanization and the expansion of settlements, and paying particular attention to schools and health centres.
2. The government should strengthen the integration of climate change adaptation measures into all affected sectors, including health, water, environment, education and agriculture, as a means to enhance mitigation.
3. The government should invest in child-centred disaster risk reduction planning and management.
4. The government should put in place mechanisms to strengthen the involvement of children and adolescents in the development of national climate change strategies and plans.
5. The MBSSE should consider developing climate change education programmes and incorporating them into the national curricula in primary and secondary schools.
6. The government should consider strengthening cooperation and coordination between implementation bodies to ensure they work together effectively during disasters and emergencies.

154 KII with NWRMA, Freetown, 24 November 2022.



Chapter Ten

ADOLESCENTS AND OTHER CHILD RIGHTS CROSS-CUTTING ISSUES

10

10.1 Situation of children and adolescents with disabilities

The situation of children with disabilities has cross-cutting implications with the rights of these children recognized in many of the SDGs, either explicitly as set out in Table 38 or implicitly through the mention of persons in vulnerable situations or through universal targets.

Table 38: Key SDG targets related to adolescents, and other child rights cross-cutting issues

SDGs	Targets	Sierra Leone progress
4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.	4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including *persons with disabilities*, indigenous peoples and children in vulnerable situations.	
	4.a: Build and upgrade education facilities that are child, *disability* and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.	
10: Reduce inequality within and among countries.	10.2: By 2030, empower and promote the social, economic and political inclusion of all irrespective of *age*, sex, *disability*, race, ethnicity, origin, religion or economic or other status.	
11: Make cities inclusive, safe, resilient and sustainable.	11.2: By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, *persons with disabilities* and older persons.	
17: Revitalize the global partnership for sustainable development.	17.18: By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, *disability*, geographic location and other characteristics relevant in national contexts.	

According to the 2018 Sierra Leone Integrated Household Survey, there are a total of 310,972 persons with disability in Sierra Leone making up 4.3 per cent of the population (Stats SL and World Bank, 2019, p. 61). The main cause of impairment in Sierra Leone is disease or illness, accounting for approximately 43.3 per cent of persons with disabilities (ibid., p. 66). There are limited data on the numbers of children with disabilities.

A UNICEF study breaking down 2017 MICS data, shows that about 20 per cent of children aged 2–17 years have one or more functional difficulties (UNICEF, 2021e, p. 21). The data use the Washington Group on Disability Statistics and UNICEF's Module on Child Functioning to assess functional difficulties across different domains, including hearing, vision, communication, comprehension, learning, mobility and emotions (UNICEF, 2016).

According to the data, the majority of the functional difficulties are found in older children aged 5–17 years, with approximately 23 per cent of this age group recorded as having functional difficulties. The rate drops to 7 per cent for children aged 2–4 years (UNICEF, 2021e, pp. 22, 23). The different domains are set out in Tables 39 and 40.

There is a slight difference in the prevalence of functional difficulties between girls and boys, with more boys with functional difficulties (20 per cent) than girls (19 per cent) (ibid., p. 24). The main disparity observed in the data is between the poorest quintile and the richest quintile of households in Sierra Leone, in children aged 5–17 years. While the richest quintile of households had a rate of 16 per cent, the poorest quintile had a rate of 20 per cent, a 4 percentage point difference (UNICEF, 2021e, p. 25). In the poorest households, 24.2 per cent of children aged 5–17 years had functional disabilities in at least one domain, compared to 18.5 per cent in the richest households (Stats SL, 2018, p. 301). Rural areas also have a higher percentage of children aged 5–17 years with functional difficulties at 24.4 per cent, compared to 21.6 per cent in urban areas (ibid., p. 300).

Children with disabilities in Sierra Leone also have a higher prevalence of stunting, with 30 per cent of children aged 24–59 months without functional disabilities being stunted compared to 38 per cent of children in that age group with one or more functional disability (UNICEF, 2021e, p. 43). This indicates a correlation between disability and stunting. As stunting entails delayed cognitive and physical development, this is not unexpected (Alam et al., 2020).

Children in Sierra Leone experience less early stimulation and responsive care than the global average, with only 19 per cent of children aged 24–59 months without disabilities engaged in four or more activities to provide early stimulation and responsive care (ibid., p. 52). This figure drops to only 11 per cent of children with disabilities receiving such stimulattion and care (ibid.).

Table 39: Children aged 2–4 years with functional difficulties, by domain, 2017

Domain	Percentage
Seeing	0.1
Hearing	0.1
Walking	0.6
Fine motor movements	0.5
Communication	2.5
Learning	3.2
Playing	0.9
Controlling behaviour	1.4

Source: Stats SL, 2018

Table 40: Children aged 5–17 years with functional difficulties, by domain, 2017

Domain	Percentage
Seeing	0.2
Hearing	0.2
Walking	3.2
Self care	1.0
Communication	0.5
Learning	1.9
Remembering	1.5
Concentrating	0.8
Accepting change	3.0
Controlling behaviour	2.5
Making friends	0.8
Anxiety	12.6
Depression	9.1

Source: Stats SL, 2018

10.2 Legal, policy and institutional framework for disability inclusion

Sierra Leone has international commitments to uphold the inclusion of persons with disabilities. It has ratified the Convention on the Rights of Persons with Disabilities and therefore has commitments under this convention even though it has not signed its Optional Protocol, which establishes an individual complaints mechanism. Neither has Sierra Leone signed or ratified the African Disability Protocol.

In 2022, Sierra Leone made 51 commitments to the Global Disabilities Summit 2022 covering inclusive humanitarian action, inclusive health, inclusive livelihoods and social protection, inclusive education and meaningful engagement. For example, it has made a commitment to set up the National Development Fund for Persons with Disabilities, engage the Ministry of Finance to increase the budgetary allocation for inclusive education and establish media outlets to address stigma and discriminatory practices against persons with disabilities (International Disability Alliance, n.d.). Sierra Leone is required to report on its progress on these commitments annually and is expected to report at the next Global Disabilities Summit, planned for April 2025.

Sierra Leone prioritizes empowering vulnerable groups in its Medium-Term National Development Plan 2019–2023, for the purpose of guaranteeing inclusivity (MoPED, 2019, Policy Cluster 5 on 'Empowering women, children, adolescents and persons with disabilities').

The rights of persons with disabilities are set out in the Persons with Disability Act (2011). Section 1 of the act defines a 'disability' as a "physical, sensory, mental or other impairment which has a substantial long-term adverse effect on a person's ability to carry out normal day-to-day activities" while sections 14–30 provide for the following rights and entitlements:

- Free education
- Protection from discrimination in educational institutions
- Courses in public educational institutions
- Provision of free medical services
- Compulsory screening at health centres
- Prohibition of denial of employment
- Protection from discrimination in employment

The act is currently under revision, taking on a more social approach towards disability.[155] The revised act will amend the definition of disability and extend the rights currently in the Persons with Disability Act (2011) to include protection of women and girls with disabilities from (i) discrimination, (ii) freedom from torture or cruel, inhuman and degrading treatment, (iii) education and (iv) recreation (Persons with Disability Bill (2021)).

The Persons with Disability Act (2011) provides for the establishment of the National Commission for Persons with Disability. The commission has a wide range of functions, which are set out in section 6 of the act. These include the formation and development of measures to achieve equal opportunities for persons with disabilities by ensuring that, as far as possible, they obtain education and employment, participate fully in sporting, recreational and cultural activities and

155 Persons with Disability Act 2021: "Being an act for the continuation in existence of the National Commission for Persons with Disabilities, to provide for the rights and rehabilitation of persons with disabilities, to prohibit discrimination against persons with disabilities, provide reasonable accommodation for persons with disabilities, and achieve equalization of opportunities for persons with disabilities and to provide for other related matters."

are afforded equal access to community and social services. The commission is also expected to obtain accurate figures of persons with disabilities for the purpose of planning; recommend measures to prevent discrimination against persons with disabilities; investigate or inquire into complaints by persons with disabilities; assist with development of curricula; and advise ministries. Section 7 of the act also provides the commission with wide powers to enable it to undertake its functions.

In 2019, the commission undertook an accessibility audit of key government institutions to assess the degree to which facilities and services were accessible for persons with disabilities (National Commission for Persons with Disability, 2019). The conclusion of the audit was that public facilities and services were not accessible for persons with disabilities. It was found that they lacked basic structures such as adequate ramps to replace stairs; there was a lack of lifts to enable people with disabilities to reach higher floors; doors were not wide enough for wheelchair users; and there was inadequate access to toilets (ibid.).

Section 18 of the Persons with Disability Act (2011) provides that any child who visits a health centre for medical treatment shall be screened for the purposes of detecting early signs of impairment or functional difficulty. The assessment of disability is done through a disability assessment tool which screens for physical impairments (mobility impairments, amputation, leprosy, kyphosis, club foot, spina bifida), sensory and speech impairments (speech impairment, hearing impairment, visual impairment, low vision, deafness, blindness, albinism), mental disabilities (autism, epilepsy, Down's syndrome) and intellectual disabilities (National Commission for Persons with Disability, n.d.). If a child is found to have a disability, she/he will be issued with a certificate. While such a measure is useful to identify and support children with disabilities, in practice many children are unable to undergo screening because of a lack of access to medical services in their area and, as a result, they are excluded from receiving the support they may need (United Nations Partnership on the Rights of People with Disabilities, 2021). This was confirmed by participants in FGDs.[156] The Assistive Technology Policy 2021–2025, which emphasizes the importance of early identification of disability through "development milestones of newborns up to under-five and school-going children" (MoHS, 2021a), tries to address the lack of access to medical screening through ensuring "door-step delivery of rehabilitation services in the community, including rural and remote areas, through community outreach strategies and training of community health workers …" (ibid., p. 14). The policy directs that the National Rehabilitation Centre will train and mentor non-rehabilitation health personnel on rehabilitation, particularly for early identification, assessment and referral of children who can benefit from rehabilitation support and assistance services.

The Education Sector Plan 2022–2026 (MTHE, 2022, pp. 36–37) also sets out desired outcomes for access and support of children with disabilities. In particular, it sets out actions for early identification of special needs, as follows:

- The MBSSE should work with specialized ministries and partners to screen children who enter school to determine whether interventions or support are needed.
- The MBSSE should work with parents and service providers to access the support needed.
- Pre-service and in-service teacher training should be rolled out.
- Funding should be provided for assistive devices such as glasses, Braille computers, hearing aids and wheelchairs to children who need them.
- School infrastructure must be disability friendly.

156 Thematic FGD on social protection and child poverty, 24 November 2022.

The Special Needs Unit in the MBSSE is responsible for the affairs of children with disabilities.[157]

While some challenges faced by children with disabilities, such as access to education and use of public transportation, have been incorporated into education policy, it is crucial that issues faced by children with disabilities are incorporated into policy across other sectors. Sierra Leone is expected to see an increase in children with disabilities over the coming years following a decrease in child mortality and the increase in child survival.[158]

Section 14 of the Persons with Disability Act (2011) affirms the right of people with disabilities to free education. The Education Act (2004), in section 4(2), requires schools and educators to treat all children equally. In 2021, the National Policy on Radical Inclusion in Schools, which focuses on excluded and marginalized groups, including children with disabilities, was rolled out to implement the right to education. The policy aims to remove systemic policy and practice impediments limiting learning for all children (MBSSE, 2021d, p. 1). For further information on education provision, see Chapter 6.

10.3 Access of children and adolescents with disabilities to services

SDG indicator 11.2.1: Proportion of the population that has convenient access to public transport, by sex, age and persons with disabilities

The Persons with Disability Act (2011) sets out the right to access public transport, facilities and services. Section 24(1) states that persons with disabilities are entitled to a "barrier-free environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to assist their mobility", while section 25(1) states that public service vehicles must be adapted to accommodate the needs of persons with disabilities.

Despite the legislative provisions, this right is not fully realized in practice, in part because of limited planning and implementation and in part because of widespread discrimination and stigmatization. Several adolescents with disabilities who participated in FGDs for this SitAn explained that they face many barriers to accessing public transport and facilities and using roads. For example, some blind adolescents described the risk of falling into potholes because of a lack of planning or maintenance of roads.[159]

> *I walk to school and the road is bad. There is a bridge so I have to beg people to help me cross it.* (Participatory FGD with adolescent girls and boys aged 12–17 from the School for the Blind, Freetown, 28 November 2022)

Children with disabilities face discrimination in accessing appropriate services in the child protection system. According to stakeholders from the MoGCA, there are challenges placing

157 KII with MBSSE School Quality and Assurance Inspectorate, Freetown, 29 November 2022.

158 KII with UNICEF Sierra Leone on social protection and evaluation, Freetown, 25 November 2022.

159 Participatory FGD with adolescent girls and boys aged 12–17 from the School for the Blind, Freetown, 28 November 2022.

children with disabilities who have been abandoned by their families. There is a need for alternative care because of a lack of homes with the capacity and willingness to accommodate children with disabilities.

> *We don't have space where we keep children with [disabilities]. It is difficult. … They are abandoned. … When that happens, we collaborate with the Ministry of Social Welfare and they send them to a home. When we ask the homes, they always refuse. They reject them because [they worry about the] safety of other children. They don't want to mix the children. … And we are child protection people, we don't try to mix them.*
>
> *Interviewer: So what do you do with them?*
>
> *We send them to a woman who is also disabled and she takes care of them. She has a physical disability in a rural area in Freetown. … So [it is] really difficult to place children with disabilities. At a lot of times their parents abandon them. Some have severe disabilities, can't even walk and [their parents] abandon them on the beach … or bring [them] to us.*
> (KII with MoGCA, Freetown, 25 November 2022)

Attitudes to the use of violence against children with disabilities is likely to be associated with the stigmatization of children with disabilities, including a common belief that children born with disabilities are a punishment and/or a curse from God, the consequence of an undesirable act committed by a parent or close relative, witchcraft or the reincarnation of an ancestor (Njelesani et al., 2018). In addition, there are few resources available to assist families with their support and care. Physical punishment is often used as a method of upbringing in Sierra Leone, so use of corporal violence in general is widespread. Fifty-eight per cent of mothers of children with disabilities believe physical punishment is needed to bring up, raise or educate a child properly, compared to 48 per cent of mothers of children without functional disabilities (UNICEF, 2021e, p. 107). These perceptions are likely to contribute to the use of physical violence against children with disabilities.

10.3.1 Access to education

SDG target 4.5: Proportion of children with disabilities in education

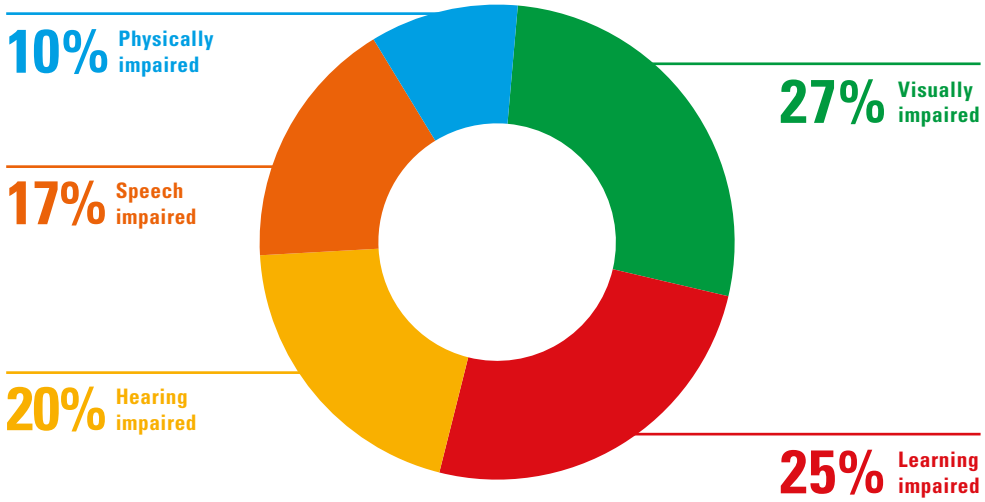
According to the 2021 Annual School Census, there are 27,368 children with disabilities in schools (MBSSE, 2022a), constituting 0.8 per cent of the school population. According to Sierra Leone's

Table 41: Percentage of students with disabilites enrolled in different levels of school, 2021

School level	Percentage of children with disabilities
Pre-primary	4
Primary	60
Junior secondary	26
Senior secondary	10

Source: MBSSE, 2022a

Figure 108: Proportion of children with different disabilities in schools, 2021



Source: MBSSE, 2022a

Table 42: Schools for children with disabilities in Sierra Leone

Type of school	Location
School for the blind	Western Area, Bo, Bombali, Koinadugu, Kono, Kenema
School for the deaf	Western Area, Bo, Bombali
School for the intellectually disabled	Western Area (2 schools), Bo, Moyamba
School for the physically challenged	Western Area, Bo
Vocational centre for the blind	Western Area

Source: UNICEF and Irish Aid, 2021

Medium-Term Development Plan, there has been a significant increase in children with disabilities enrolling in primary school, from 0.48 per cent of children with disabilities in 2013 to 26.6 per cent in 2018 (MoPED, 2019, p. 142). While this is progress towards SDG target 4.5, it is still an enrolment rate of only a quarter of children with disabilities in primary school, indicating barriers to enrolment. As shown in Table 41, primary level has the largest number of schools with students with disabilities, with approximately half of all schools in Sierra Leone having at least one student with disability.[160]

According to the 2017 MICS, children with learning disabilities only have a 67 per cent chance of being in school compared to 73 per cent of children without a disability (Stats SL, 2018; Handicap International, n.d.). As demonstrated in Figure 108, the majority of children with disabilities in education have visual impairments (27 per cent), followed by children with learning disabilities at 25 per cent, children with hearing difficulties at 20 per cent, children with speech impairments at 17 per cent and children with physical impairments at 10 per cent (MBSSE, 2022a).

160 In 2019, 7,154 out of 11,168 schools were primary schools (MBSSE, 2021d).

The National Policy on Radical Inclusion in Schools attempts to provide opportunities for children to be included in mainstream schools, as well as providing schools for children with disabilities. However, the policy also acknowledges that the MBSSE is limited in its capacity to address some problems of inclusivity through policy and does not put an end to special schools that serve children with 'more severe mental and physical disabilities' (MBSSE, 2021d, p. 19).

There are 16 government schools for enrolled children with disabilities across Sierra Leone, six in Western Area, four in Bo, two in Bombali and one each in Koinadugu, Kono, Kenema and Moyamba (See Table 42).

The majority of schools for children with disabilities are located in Western Area. Schools are located in major cities, making it more difficult for those needing specialist schools living outside the main urban areas to access them, or indeed any education, especially where mainstream schools do not provide the necessary provisions required for the child's specific disability. This was confirmed by qualitative data from adolescents taking part in FGDs for this SitAn. Boys and girls reported having to move from rural districts to districts where they are able to access specialized schools, including schools for the blind and schools for the deaf.[161]

This not only excludes a proportion of children with disabilities from accessing schools, but can lead to family separation at an early age, with children being sent to live in another location to be near a school that can accommodate their disability.[162] According to a participant from a school for the deaf, although there are no boarding facilities, several pupils live in the school compound with their teachers, as they live too far away to travel to the school every day.[163]

> *We have six living with us from 115 students [who attend the school]. They live with us but we don't have a boarding room or building. [This is because] they live far from [the school] … We are advocating for it, as we have a vast building. Most of our children live far east so find it very difficult to travel on a daily basis. That is why most of the time they reach an age and they stop coming because [there is] no financial support.* (KII with teacher from School for the Hearing Impaired, Freetown, 29 November 2022)

10.3.2 Access to adapted infrastructure and learning materials

SDG indicator 4.a.1: Proportion of schools with adapted infrastructure, adapted learning materials, assistive products and accessible learning materials

'Access to adapted infrastructure' is defined as any built environment related to education facilities that is accessible to all users, including those with different types of disability, so they are able

161 Participatory FGD with girls and boys from the School for the Hearing Impaired, Freetown, 29 November 2022; participatory FGD with adolescent girls and boys aged 12–17 from the School for the Blind, Freetown, 28 November 2022.

162 Participatory FGD with girls and boys from the School for the Hearing Impaired, Freetown, 29 November 2022.

163 KII with teacher from School for the Hearing Impaired, Freetown, 29 November 2022.

to gain access to use and exit from them.[164] The Medium-Term Development Plan includes plans to provide ramps to make toilets more easily usable by students with disabilities, and to make teachers more aware of the needs of students (MoPED, 2019, p. 40).

While schools are now required to provide ramps for easy access to classrooms and toilets,[165] in practice, there are few accommodations in terms of adapting infrastructure for children with disabilities in schools. According to Sierra Leone's Education Sector Plan, only 10 per cent of schools have ramp access for children with mobility impairments (MTHE, 2022). This was highlighted in the qualitative data, with adolescents with disabilities reporting a lack of accessibility in schools.[166] Furthermore, only 9 per cent of schools have functional toilets for pupils with disabilities. The Education Sector Plan sets out plans to increase the number of functional toilets for children with disabilities to 20 per cent of schools by 2026 as part of its objective to improve educational access, experience and outcomes for the most marginalized (ibid., p. 54). The lack of accessible toilets was confirmed by the qualitative data from the FGDs, with stakeholders and adolescents with disabilities reporting challenges with accessing sanitation facilities in schools.[167] Stakeholders from the WASH sector explained that there should be plans to prioritize design processes.[168]

SDG target 4.a requires making adapted materials available. Adapted materials include learning materials and assistive products that enable students and teachers with disabilities and functioning limitations to access learning and participate fully in the school environment. Accessible learning materials include textbooks, instructional materials, assessments and other materials that are available and provided in appropriate formats such as audio, Braille, sign language and simplified formats that can be used by students and teachers with disabilities and functioning limitations.

Section 24(1) of the Persons with Disability Act (2011) entitles persons with disabilities to access assistive devices and other equipment to assist their mobility, and section 6(2)(j)(i)) says that these should be provided where possible by the National Commission for Persons with Disabilities. Section 1 defines assistive devices and services as 'tools and specialized services'. Section 16 also makes explicit reference to forms of assistance for children with hearing and visual impairments, requiring educational institutions to introduce sign language and Braille. The National Policy on Radical Inclusion in Schools incorporates this requirement with plans to extend the use of these formats in schools (MBSSE, 2021d, p. 35). In 2019, a capacity assessment report on assistive technology in Sierra Leone found that there is a significant gap between demand and supply of assistive devices in the country, with severe shortages in service provision (Clinton Health Access Initiative, 2019). To address these challenges, the MoHS developed the Assistive Technology Policy and Strategic Plan (2021–2025). Additionally, the ministry plans to improve access to appropriate assistive technology products at an affordable price through the development of procurement guidelines for assistive technology and a priority assistive technology products list. Though addressing the supply of assistive technology products in Sierra Leone will have some impact on access, there needs to be further strategies to ensure that all children with disabilities, including those most vulnerable, have access to essential assistive technology.

164 Accessibility includes ease of independent approach, entry, evacuation and/or use of a building and its services and facilities (such as water and sanitation), by all of the building's potential users with an assurance of individual health, safety and welfare during the course of those activities.

165 KII with MBSSE School Quality and Assurance Inspectorate, Freetown, 29 November 2022.

166 Participatory FGD with girls aged 10–14, Bo, 13 December 2022.

167 Thematic FGD on WASH, 24 November 2022; participatory FGD with girls and boys aged 8–15 with physical impairments, Freetown, 19 December 2022.

168 Thematic FGD on WASH, 24 November 2022.

In practice, there are shortages in teachers trained in sign language and Braille. According to a teacher from a school for children with hearing impairments, there are limited numbers of teachers who specialize in sign language.[169] Adolescent participants with disabilities in FGDs confirmed that few teachers are able to teach in sign language, which makes it challenging to keep up with the material.[170] The shortage of teachers who are proficient in sign language and Braille is not only experienced in mainstream schools, but also in specialized schools that cater to children with hearing and visual impairments.[171]

There is some use of Braille and simplified formats in schools. School service providers confirmed the incorporation of dictation in their school plans to assist children with visual impairments.[172] Although this means there is a form of assistance for children with visual impairments and disabilities, it creates extra work for them. Adolescents with disabilities conveyed in FGDs that they would benefit from access to additional tools to assist their learning.[173]

> *We need computers, we need Braille papers, we need recorders.* (Participatory FGD with adolescent girls and boys aged 12–17 from the School for the Blind, Freetown, 28 November 2022)

10.4 Barriers and bottlenecks

Several barriers and bottlenecks stand in the way of the realization of the rights of children with disabilities, including discriminatory attitudes towards persons with disabilities, current understanding of what disability is and gaps in data on disability.

10.4.1 Discriminatory attitudes and stigmatization

Children with disabilities face significant discrimination and stigmatization – key barriers to realizing their rights – at home, at school and in the wider community. Discrimination presents an additional barrier, beyond physical accessibility, to accessing services and facilities, compounding the challenges for children with disabilities. Discriminatory attitudes are based on cultural attitudes and perceptions of children with disabilities, leading to shame.

> *If a parent finds out their child is deaf it is like a funeral, because the child will not benefit them in any way, and there is no future for this child in the country.* (KII with teacher from School for the Deaf, Freetown, 29 November 2022)

Discrimination may be founded on beliefs, such as that children with disabilities possess an evil spirit (Njelesani, 2019). In many cases, the stigma associated with having a child with disabilities results in families hiding their children from society, sometimes because of shame[174] and sometimes to protect the children from harm.[175] This deprives children with disabilities of their basic rights, excluding them from being able to access the additional services and benefits they are entitled to, as well as making it challenging to collect data on children with disabilities.

169 KII with teacher from School for the Deaf, Freetown, 29 November 2022.
170 Participatory FGD with boys and girls aged 10–17 from the School for the Blind, Makeni, 2 December, 2022.
171 KII with teacher from School for the Deaf, Freetown, 29 November 2022.
172 Subnational FGD with service providers, Freetown, 25 November 2022.
173 Participatory FGD with boys and girls aged 12–17 from the School for the Blind, Freetown, 28 November, 2022.
174 Thematic FGD, social protection, Freetown, 24 November 2022.
175 KII with Ministry of Welfare, Freetown, 23 November 2022.

Adolescents are made aware of these attitudes through their interactions with the community and in their daily life.[176] Discriminatory attitudes and stigmatization were reported by participants across all FGDs, including those with adolescents with disabilities. Boys and girls reported daily discriminatory practices and expressed frustration with the barriers these attitudes present.

> *Discrimination due to our disability [is a challenge]. Public and mainstream schools can reject us based on disability because the school cannot cater to us.* (Participatory FGD with girls and boys aged 8–15 with physical impairments, Freetown, 19 December 2022)

> *Sometimes they laugh at us. They call me a devil because they don't have what we have. Some people call us 'devil' and 'witch' or they call your parents a witch.* (Participatory FGD with girls and boys with physical impairments aged 8–15, Freetown, 19 December 2022)

Perceptions of disabilities also tend to differ by type of disability. For example, attitudes to children with visual impairments were more favourable: children with visual impairments are perceived as 'intelligent' but in need of support to reach their 'potential'.[177] However, attitudes towards children with other disabilities such as physical and intellectual or psychosocial disabilities were less favourable.[178] This may be linked to the availability of schools for children with visual impairments and materials to support their disability being more readily available. Additionally, despite efforts to cover the diversity of children with disabilities, there is insufficient data and evidence on children with some disabilities such as children with albinism and children with deafblindness.

Despite these prevalent attitudes, there is a legal basis for protection from discrimination in Sierra Leone. Section 1 of the Persons with Disability Act (2011) prohibits discrimination against persons with disabilities, defining discrimination as "treatment of a person with a disability less favourably solely or mainly on the ground of that person's disability, and includes using words, gestures or caricatures that demean, scandalize or embarrass a person with disability". Section 6(2)(d) of the act protects persons with disabilities from discrimination in public institutions, including schools, and in employment. The National Commission for Persons with Disability is mandated to implement provisions on disability, including to recommend measures to prevent discrimination against persons with disability. Section 6(2)(c) mandates the commission to "investigate or inquire into any allegation of discrimination against a person with disability and issue a report on it". The effective implementation of these provisions are necessary steps in addressing discriminatory attitudes towards children with disabilities.

10.4.2 Definition of disability

Interpretation of the definition of disability may constitute a barrier to the realization of the rights of children with disabilities. The definition of disability has implications in policy and practice because it is used to understand who may benefit from protections and benefits, as well as what to prioritize. The definition of disability also has implications for social and cultural attitudes towards disability. Therefore, a rights-based definition aligned with Article 1 of the Convention on the Rights of Persons with Disabilities brings more prospects for comprehensive and inclusive policies and plans.

Disability is understood in law as "physical, sensory, mental or other impairment which has a substantial long-term adverse effect on a person's ability to carry out normal day-to-day activities"

176 Participatory FGD with adolescent girls and boys aged 8–15 with physical impairments, Freetown, 19 December 2022.

177 Thematic FGD on social protection, Freetown, 24 November 2022; KII with teacher from School for the Deaf, Freetown, 29 November 2022.

178 Participatory FGD with adolescent girls and boys aged 8–15 with physical impairments, Freetown, 19 December 2022; Thematic FGD on social protection, Freetown, 24 November 2022.

(Persons with Disability Act (2011), section 1). This definition is wide and captures different forms of disability, and is reflected in the National Assessment of Disability. The definition is not in line with the Convention on the Rights of Persons with Disabilities because it defines disability as impairment. The proposed revision of the current act, the Persons with Disability Bill (2021), seeks to amend this definition by approaching disability from the perspective of barriers and accessibility. Recent policy and planning materials adopt a wider definition, closer to the approach found in the Disability Bill. Similarly, the Mental Health Bill (2021) adopts a social welfare approach in defining disability as "a social construct which occurs not because of a person's impairment, but in combination with environmental and attitudinal barriers which exist and which prevent his full and equal participation in society."

In practice, several participants felt that some disabilities are not effectively reflected or captured in policies. For example, a teacher from the School for the Deaf explained that the National Policy on Radical Inclusion in Schools does not adequately address the needs of children with hearing impairments and that it only covers "the blind and the physically challenged".[179] The policy adopts the United Nations Convention on the Rights of Persons with Disabilities' definition (A/RES/61/106, article 1), describing disability as including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The inclusion of a wider range of disabilities in the definition, especially as it relates to children, in plans and policies, will ensure further inclusion and give greater visibility to children with disabilities that are not captured by the current Persons with Disability Act. The revised definition found in the newly revised Disability Bill will be a beneficial step towards that.

10.4.3 Availability of data

SDG 17, indicator 17.18.1: Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target

The availability of data on children with disabilities is challenging because of limitations relating to data collection, definitions of disability and constraints relating to perceptions of disability. Sierra Leone has made progress towards making data on children with disabilities available through efforts to capture disaggregated data in its national systems.

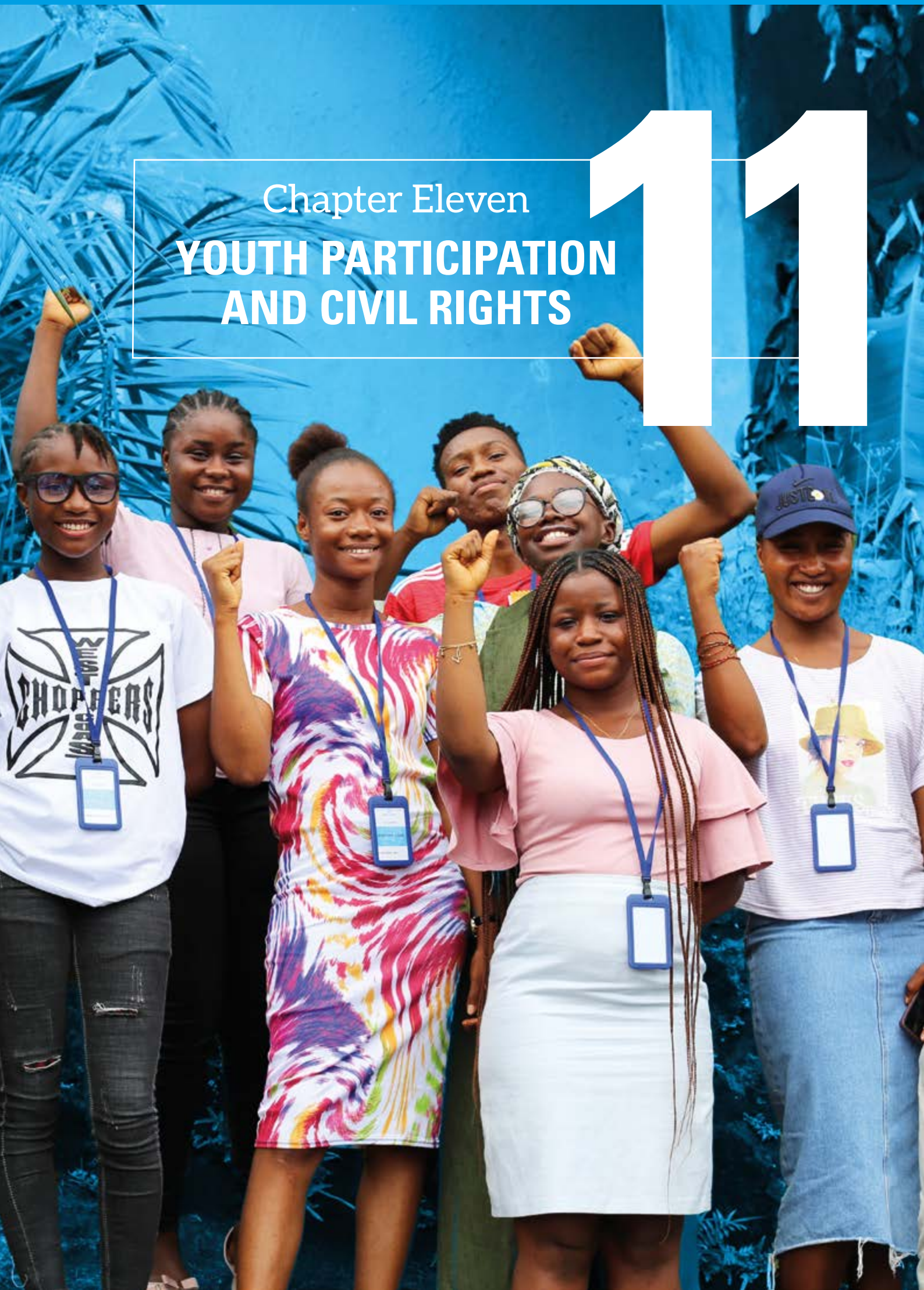
The Annual School Census Report for 2021 newly incorporates data on pupils with disabilities, with disaggregated data on forms of disabilities as a move towards inclusive education (MBSSE, 2022a, p. xi). Similarly, to capture disability effectively, the 2018 Sierra Leone Integrated Household Survey changed its questions for measuring disability through the inclusion of the Washington Group's six sets of questions on seeing, hearing, walking or climbing steps, self-care, remembering or concentrating, and communication. The survey asked questions regarding functional difficulties of all members within a household, regardless of age, while the Washington Group questions were asked of children aged 5 years and over (Stats SL and World Bank, 2019, p. 61).

Despite these efforts, there are still key gaps in the collection of data and information on children with disabilities.

179 KII with teacher from School for the Deaf, Freetown, 29 November 2022.

10.5 Recommendations

1. It is recommended that the MBSSE:
    - work with local communities to increase physical access to public facilities and adaptive materials in educational establishments;
    - consider establishing specialist units in one school in each district for children with visual and hearing impairments, and provide transport as needed, to reduce the need for children to travel to urban centres for education; and
    - create small-scale, term-time boarding facilities at specialized schools.
2. It is recommended that government and UNICEF:
    - invest in early detection, intervention and community-based inclusive development programmes;
    - invest in awareness campaigns coupled with social behaviour change interventions designed to counter discrimination and stigmatization of disabilities in communities ensuring close consultation with and active engagement of organizations of persons with disabilities;
    - actively encourage parents to enrol children with disabilities in education;
    - provide support to parents and carers of children with disabilities in the form of parenting programmes and social protection measures;
    - encourage and enable the development of community-based services for children with disabilities, particularly early childhood centres and day care centres, that provide early stimulation and support to parents;
    - actively encourage the participation of children with disabilities in public life and increase their visibility in the community, including through organizations of people with disabilities;
    - support the effective implementation of the Convention on the Rights of Persons with Disabilities, the Disability Bill (once passed into law) and Global Disability Summit's commitments in close consultation and with the active engagement of organizations of persons with disabilities;
    - support the development of a rights-based, disability-inclusive social protection policy, including the disability certification process; and
    - support access to community support and care services, including accessible transportation and assistive technology.
3. It is recommended that the MTHE introduce disability-inclusive, special needs education training in in-service and pre-service teacher training modules.
4. The government should continue to invest in data collection systems to capture data on children with disabilities, paying particular attention to disaggregated data, to ensure that all factors of vulnerabilities are covered.



Chapter Eleven

YOUTH PARTICIPATION AND CIVIL RIGHTS

11

Table 43: Key SDG target related to youth participation and civil rights

SDG	Target	Sierra Leone progress
16: Promote just, peaceful and inclusive societies	16.7: Ensure responsive, inclusive, participatory and representative decision-making at all levels.	

Figure 109: Phased approach to child participation

Source: ACERWC, 2022

Article 12 of the CRC provides children with the right to express their own views freely in all matters affecting them, and the right to have those views given due weight in accordance with the child's age and maturity. This was further expanded upon by the Committee on the Rights of the Child in General Comment No. 12 of 2009, which emphasizes the fundamental nature of the right and highlights that article 12 should be used in the interpretation and implementation of all other rights in the convention (CRC/C/GC/12, section D23).

Although children have the right to have their views heard and taken into account at all ages, adolescence is a significant period of developmental change, and as such it is recognized as a time when children should be particularly encouraged to exercise their right to participate. The Committee on the Rights of the Child's General Comment No. 20 of 2016 calls for States to ensure that "adolescents are involved in the development, implementation and monitoring of all relevant legislation, policies, services and programmes affecting their lives, at school and at the community, local, national and international levels" (CRC/C/GC/20). States are also encouraged to support adolescents in forming organizations through which participation can occur, to adopt policies to increase opportunities for engagement and to invest in awareness-raising among adults on the right to participation, an important element in ensuring adolescent's enjoyment of this right (ibid.).

The African Charter on the Rights and Welfare of the Child, to which Sierra Leone is a party, provides children with a right to "express his opinions freely in all matters and to disseminate his opinions" (articles 4(2) and 7). The African Committee of Experts on the Rights and Welfare of the Child (ACERWC) developed its Guidelines on Child Participation in February 2022, with the purpose of elaborating (i) how children can participate in the work of the committee and (ii) to advise States Parties on the creation and implementation of mechanisms, structures and platforms for child participation at the national and subnational levels (p. 7). The committee suggests a phased approach to child participation, as shown in Figure 109.

The right of the child to participate is emphasized further in the African Union's Agenda for Children 2040 (Agenda 2040), Aspiration No. 10, which highlights the need to establish systematic and sustainable structures for child participation, and recommends that by 2040:

1. *Child participation, based on the principles of representation, inclusion and accountability, is cultivated at all levels;*

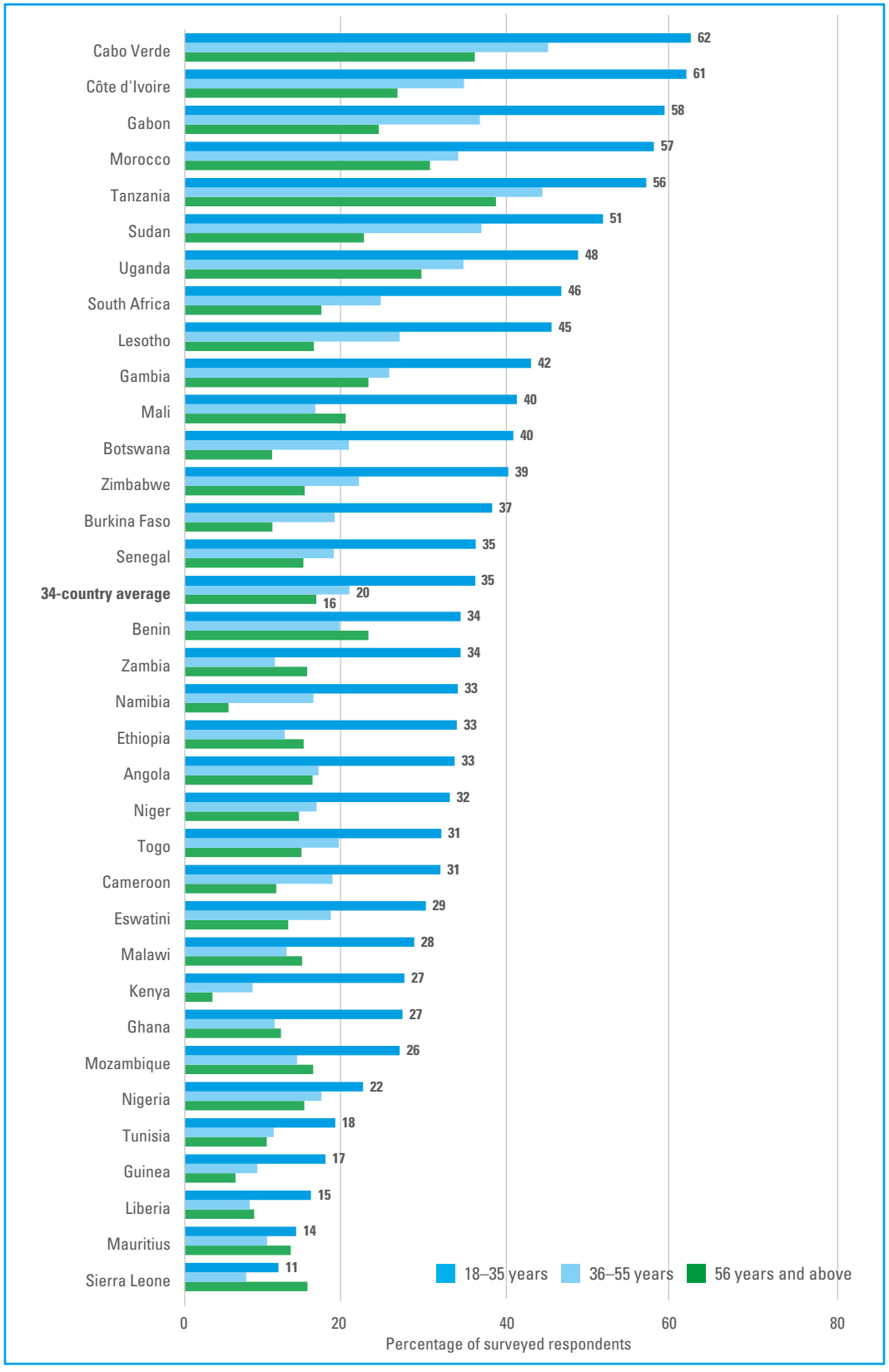
2. *Children participate meaningfully in law-making and policy adoption in matters affecting their interests, and are involved in the oversight of their implementation;*
3. *Dedicated processes for children's participation are in place, such as a permanent and dedicated forum in the form of a child parliament, or ad hoc forum in the form of a child caucus aimed at bringing forward the voices of children in these processes;*
4. *At school level, child participation and leadership are cultivated by involving children in school management, for example in advisory student/learner councils;*
5. *Legal protection is in place affirming children's rights to assemble, organize and access information and to express themselves freely;*
6. *Children have the right to be consulted and heard in proceedings involving or affecting them; and*
7. *Children are involved in the monitoring and accountability process for this Agenda, the SDGs and the African Union's Agenda 2063.*
   (ACERWC, 2015, pp. 19, 20).

In addition, United Nations Security Council Resolution 2250 (S/RES/2250 (2015)) encourages the inclusion of youth voices in decision-making, and suggests five pillars for action, namely participation, protection, prevention, partnerships and disengagement and reintegration.

The primary framework document for youth participation and engagement in Sierra Leone is the National Youth Policy (2020–2025). Recognizing that the country "for a long time has been challenged with weak governance structures, and gerontocratic sociocultural practices that limit youth participation in the socioeconomic and political activities at national, district, chiefdom and community levels" (Ministry of Youth Affairs, 2020, p. 46), the policy sets out a series of options for promoting children's participation in decision-making at all levels of government:

1. *Promote youth impact assessments in design and implementation of major policies and initiatives;*
2. *Significantly expand access to and support gender parity and inclusion of youth with disabilities in the National Youth Service;*
3. *Support gender parity and inclusion of youth with disabilities in the graduate internship programme;*
4. *Support gender parity and inclusion of youth with disabilities in skills development programmes;*
5. *Raise awareness among leaders in the public and private sectors, political parties and communities on the benefits and necessity for youth mainstreaming;*
6. *Promote youth inclusion in boards and other governing structures of government agencies;*
7. *Create incentives for and ensure youth inclusion in decision-making positions in the private sector;*
8. *Promote youth-friendly public services and public service delivery;*
9. *Strengthen representative and functional youth councils at the national, regional, district and zonal levels; and*
10. *Support gender parity and inclusion of youth with disabilities in youth councils at the national, regional, district and zonal levels.*
    (Ministry of Youth Affairs, 2020, pp. 47, 48)

Figure 110: Percentage of people surveyed who did not vote in the last election, by country and age range, 2021



Source: Asiamah et al., 2021, p. 13

However, the options set out in the National Youth Policy remain limited, by and large, to the 'support' and 'promotion' of existing activities, and do not provide for a more expansive vision for the future of youth participation in Sierra Leone. In addition, the options for strengthening youth participation are not clearly measurable, making it difficult to assess the impact of the proposed actions.

11.1 Youth involvement in democracy

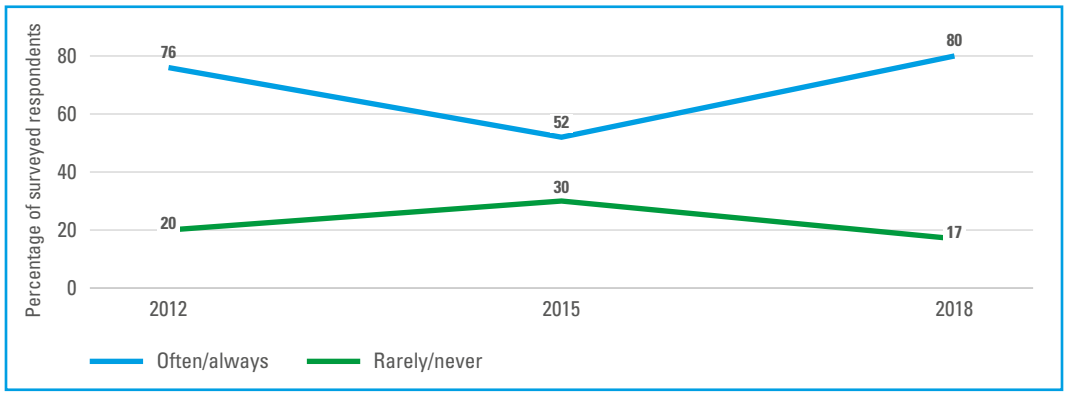
Youth in Sierra Leone have high levels of political engagement.[180] Those under the age of 35 make up 58 per cent of the voting age population (Restless Development, 2020, p. 6). Post-civil war reconciliation efforts in the country have focused heavily on civic engagement (ibid., p. 18) and as a result Sierra Leone has the highest proportion of young voters in Africa (see Figure 110). Whereas in most countries on the African continent, 18–35-year-olds are far more likely to have skipped voting than their middle-aged and older counterparts, in Sierra Leone the trend is reversed. Only 11 per cent of Sierra Leoneans aged 18–35 years surveyed for a recent pan-African study on democratic engagement said that they did not vote in the last election compared to 15 per cent of those over the age of 55 (Asiamah et al., 2021, pp. 12, 13).

Sierra Leonean youth also rank highly by other metrics of political engagement. For example, at 75 per cent, the country has the highest level of political party affiliation in Africa among youth aged 18–35 years (ibid., p. 15).

Despite these high rates of engagement, youth in Sierra Leone remain marginalized from mainstream political discourse. High rates of youth unemployment coupled with poverty exacerbate young people's belief that they are excluded from mainstream society (ibid., p. 13). Youth-led communal violence and fears of becoming victims of violence remain major challenges in Sierra Leone, particularly around election periods. There is also a perception that political violence is increasing in Sierra Leone, with 8 in 10 Sierra Leoneans believing party politics 'often or always' leads to violence (see Figure 111).

A study conducted in 2020 found that 57 per cent of youth aged 18–35 years feared becoming victims of political intimidation or violence, and that women and urban populations were particularly fearful of political violence (Sanny, 2020, p. 3). A spike in violence surrounding protests related to

Figure 111: Response to survey asking "How often does party politics lead to violence in Sierra Leone?", 2012–2018



Source: Sanny, 2020, p. 2

180 For the purpose of this study, 'youth' is defined as persons aged 18–35 years, in line with the national definition. However, it should be noted that UNICEF defines youth being as aged 18–25 years.

the cost of living on 10 August 2022 led to the deaths of six police officers and 21 civilians and reignited fears in the country over youth political violence ahead of the 2023 parliamentary elections (Office of the High Commissioner for Human Rights, 2022; BBC News, 2022).

11.1.1 Formal platforms for youth participation

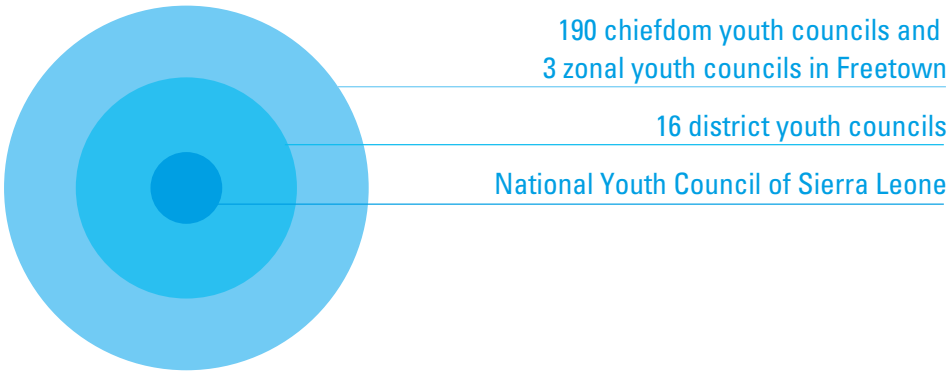
Youth councils

> According to the National Democratic Institute (2021), "Youth councils represent one of many mechanisms through which young people and democratic governments can collaborate in political and decision-making processes. A youth council is composed of a group of youth, either elected or selected by other means, whose primary function is to serve as an advisory body for government agencies or officials by providing insight and recommendations from the youth perspective."

On a regional level, Sierra Leone is a member of the Pan African Youth Union, which acts as the coordinating body of national and subregional youth bodies in Africa (Pan African Youth Union, n.d.-b). Founded in 1962, the Pan African Youth Union acts as the advisory agency for the Youth Commission of the African Union and is mandated by the African Union Heads of State (EX.CL/Dec.292(IX)). It works across several key thematic areas to influence decision makers at the national and regional level, including on issues of pan-Africanism and regional integration; skills development, entrepreneurship, education and youth employment; democracy and political participation; peace and security; climate and the environment; institutional capacity-building and development; migration; health; and economic inclusion (Pan African Youth Union, n.d.-a).[181] The National Youth Council of Sierra Leone is the member organization representing Sierra Leone in the Pan African Youth Union.

Sierra Leone's National Youth Council is also a member of the Commonwealth Youth Forum. Founded in 2013, the Youth Forum is the representative voice of youth from across the 54 nations of the Commonwealth and acts as the highest representative body for adolescents

Figure 112: Structure of youth councils in Sierra Leone



181 As of 2022, the organization is headquartered in Rabat, Morocco. The Pan African Youth Union is headed by an elected president and executive committee who are responsible to an elected congress comprising representatives of member organizations from each of the 53 African nations.

in the Commonwealth, with members elected by their national youth councils to serve on it (Commonwealth Youth Programme, n.d.). Recently, members of the Commonwealth Youth Forum met in advance of the Commonwealth Heads of Government Meeting in Rwanda in June 2022 to discuss issues of importance to adolescents.

At the national level, the democratically elected body representing the views of youth aged 15–35 years in Sierra Leone is the National Youth Council. It is headed by the National Youth President, who is responsible for liaising with the Ministry of Youth Affairs, the National Youth Commission of Sierra Leone and the government ministries responsible for youth participation and development. Members of the National Youth Council are elected by members of the district youth councils, chiefdom youth councils and zonal youth councils.

COVID-19 response

Youth councils in Sierra Leone were heavily involved with the country's COVID-19 response efforts, taking an active role in promoting public health messaging to children and youth in their communities and meeting regularly with district branches of the National COVID-19 Emergency Response Centre to ensure youth's opinions were heard regarding issues related to the containment of the virus. In addition, members of youth councils were involved in supporting government officials to monitor border checkpoints to aid containment. At the national level, the NYC Youth President was placed full time at the Emergency Response Centre to ensure that the opinions of youth were at the centre of decision-making surrounding the COVID-19 response.

At the subnational level, the country's 16 district youth councils are at the centre of youth participation. Established in 2003 as part of the country's first National Youth Policy after the end of the civil war, district youth councils meet quarterly to discuss issues faced by adolescents in their communities that can be taken to the National Youth Council for further discussion. In addition, district youth councils meet at the district level with representatives from district youth offices of the Ministry of Youth Affairs and other staff at the district level. Members of district youth councils are elected by members of the chiefdom and zonal youth councils. The various levels of the youth council structure in Sierra Leone are outlined in Figure 112.

At the local level, 190 chiefdom youth councils and three zonal youth councils in Freetown (divided into East, West and Central Freetown) are the basis of formalized youth participation in Sierra Leone. Members of chiefdom and zonal youth councils are elected from registered youth organizations in the community and, like their counterparts at the National Youth Council and district youth councils, are elected to serve terms of five years. All adolescents within a chiefdom who are members of youth organizations are eligible to vote in chiefdom youth council elections, and all elections are presided over by the country's National Elections Commission.

Gender

All youth councils in Sierra Leone at every level have at least one female member. However, girl children have reported significant barriers to participation in these more formalized youth participation structures, and women remain underrepresented at every level. To combat this problem, youth councils have been working to improve gender inclusion through, for example, removing requirements to conduct speeches as part of the election process (National Democratic Institute, 2021, p. 67). However, more could be done to actively include girls and other marginalized groups in formal youth participation to ensure youth councils are diverse and inclusive of all adolescents they represent (ibid., p. 69).

In addition to adolescent engagement structures, Sierra Leone has a national children's parliament known as the Children's Forum Network. The Children's Forum Network was formed in response to the country's efforts at truth and reconciliation in the wake of the civil war (Purposeful, n.d.). Today, the Children's Forum Network is a child-to-child advocacy organization with branches across Sierra Leone, committed to creating networks and spreading knowledge about children's rights (UNICEF, 2015, p. 27). It is open to all children under 18 years of age, with members able to participate fully from the age of 7 onwards. The network works with children across Sierra Leone to monitor child rights violations, carry out community radio sensitization programmes and organize debates and workshops on child rights and other issues related to children (ibid.).

International donors and international NGOs in Sierra Leone have also sought to mainstream youth participation into their work in recent years and have created a plethora of ad hoc forums and consultative councils to engage with children on particular thematic issues. For example, in 2019 the Global Fund for Human Rights and Purposeful (a feminist NGO) developed a youth panel called Tar Kura with the purpose of developing youth-led participatory grantmaking in Sierra Leone (Raveneau and Kabia, 2021, p. 5). In addition, the UNDP project 'Strengthening of Youth: Meaningful Participation in Decision-Making Structures in Sierra Leone' seeks to address barriers for government and NGOs to meaningful youth engagement at local and national levels (UNDP, 2021b). These structures do not, however, comprise elected representatives, and nor do they feed into the formalized youth-led youth participation mechanisms in Sierra Leone.

11.1.2 Informal platforms for youth participation

General Comment No. 5 (2003) of the United Nations Committee on the Rights of the Child affirms that children with direct experiences of certain issues should be consulted as part of any participation process because of the emphasis on "matters that affect them" contained in article 12(1): for example, children who have experience of the juvenile justice system on proposals for reform in that area (CRC/C/GC/5, para. 12).

In Sierra Leone, school councils are one way in which children are able to share their views on their education and the wider school environment. However, qualitative data from FGDs with children indicated that their schools did not have school councils.[182] Several of the children interviewed for this SitAn discussed their involvement in school clubs, such as school radio programmes or 'news clubs', which helped disseminate information to their peers about key events in the community and beyond. Some schools also ran specific groups on thematic issues, such as 'girls' clubs', which discuss issues of violence and early marriage, 'climate change clubs', discussing environmental degradation, and 'health clubs', which discuss public health issues such as handwashing. However, a director of the MoHS suggested that such groups have been in decline in recent years, as the ministry no longer supports such programming.

> *They are saying children's rights need to be heard, but I don't hear of specific programmes that allow children to speak out. We used to have children's peer groups for hygiene in schools, but we had an issue and now they don't have these groups in schools. I don't know what went wrong. It took less than a year and it is gone. We really need to have a peer group in schools for children to have their voices heard on sanitation issues.* (KII with MoHS, 23 November 2023)

182 During the FGDs conducted as part of this SitAn, when children were asked about the clubs or activities they were involved in at school, none mentioned participating in a school council.

Indeed, many children felt that their views were sidelined in educational settings because of the lack of formal structures enabling their voices to be heard. One way children's voices can be heard is through the installation of suggestion boxes in junior and senior secondary schools. As one participant commented:

> *They have suggestion boxes in schools, so if you have a challenge, you can write and drop it in the box. The Deputy Director for Education and someone from the school chooses a date and they open the boxes and they read complaints and suggestions. This is the only structure I know. This is in junior secondary schools and senior secondary schools; it does not exist in primary schools.* (National thematic FGD on youth participation, 29 November 2023)

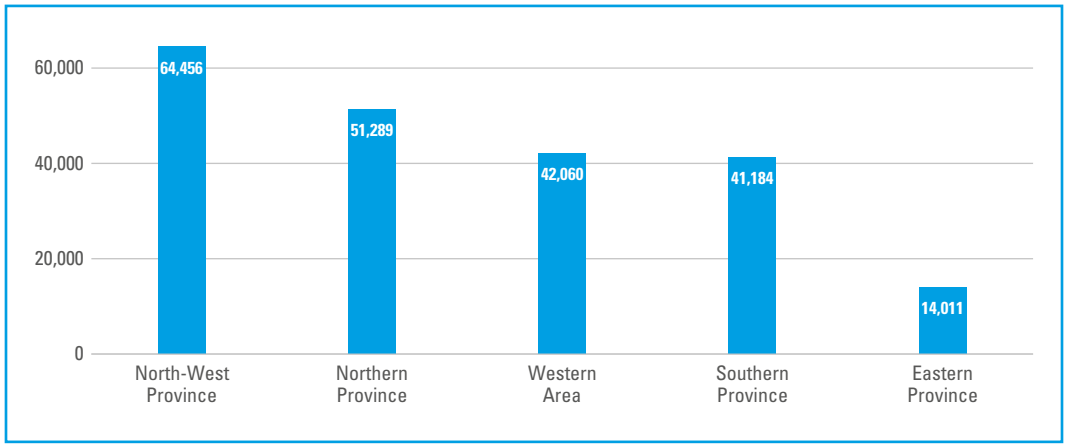
Suggestion boxes are a helpful form of engagement. However, they do not enable long-term participation and dialogue-based decision-making between schools and pupils.

In April 2022, the MBSSE launched an initiative to set up the Youth Advisory Group, which was inaugurated in May 2022. It is made up of 20 young people, one from each district (16 in all), and four young people with special needs. The Youth Advisory Group is intended to be a pillar in supporting all major decisions about education in Sierra Leone and will serve as an important accountability mechanism within the ministry (MBSSE, 2022c).

Social media has provided a new and growing mode of participation. The Committee on the Rights of the Child's General Comment No. 20 states that "the online environment provides significant emerging opportunities for strengthening and expanding [adolescent] engagement" (CRC/C/GC/20). UNICEF Sierra Leone's U-Report – an SMS-based messaging system – is one way development partners can discover children's opinions on a wide range of issues. As of 1 March 2023, the U-Report system in Sierra Leone had over 213,000 users (known as U-reporters) aged 15–35 years, an increase of 21.6 per cent from the previous year alone. The majority of youth using the U-Report system are male (63 per cent of U-reporters are boys and men, and only 37 per cent are girls and women). The Northern Province has the most U-reporters, as seen in Figure 113, while the most deprived area of Sierra Leone (Eastern Province) has the fewest (U-Report Sierra Leone, n.d.). The majority of U-reporters are older youth, over 18 years of age, and a significant number are over 25 years of age (ibid.). There are no known U-reporters under 15 years of age in Sierra Leone.

Despite the availability of platforms like U-Report, a sizeable proportion of the population do not have access to communication technology, so children's ability to engage with them is limited.

Figure 113: Numbers of U-reporters by province in Sierra Leone, 1 March 2023



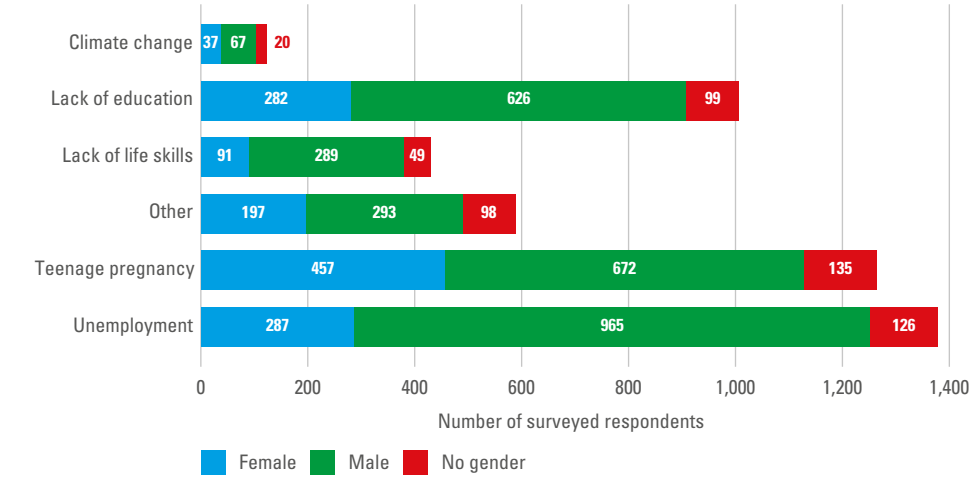
Source: U-Report Sierra Leone, n.d.

Key issues for adolescents in Sierra Leone

As a part of this SitAn, a U-Report poll was conducted to better understand the issues that mattered to Sierra Leonean adolescents and youth. According to the U-Report, adolescents and youth mentioned several key areas that presented challenges to their realizing their rights. The largest challenge mentioned was unemployment (26.4 per cent), followed by teenage pregnancy (22.8 per cent). Notably, climate change was raised the least by respondents (2.6 per cent).

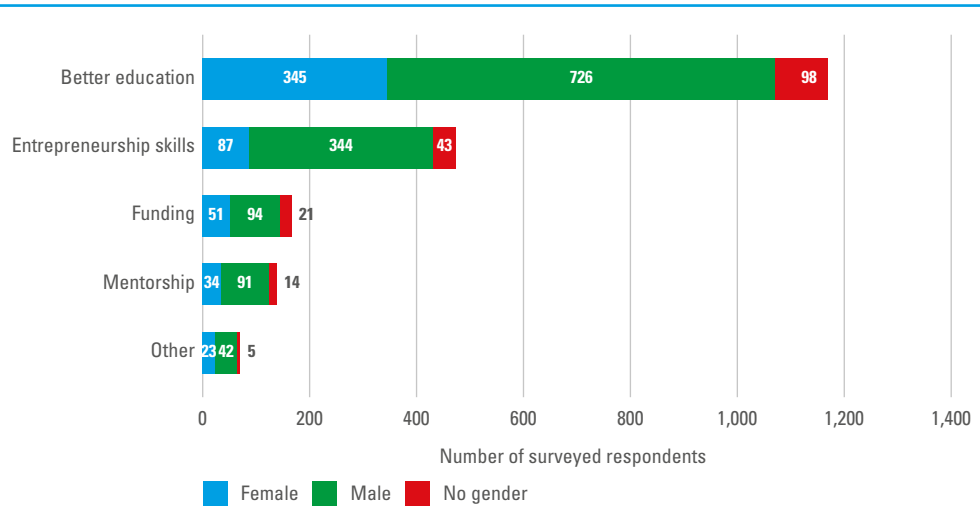
When asked how decision makers can support adolescents and youth better, respondents noted that the biggest support would be improving the quality of education (57.9 per cent), followed by empowering them with entrepreneurship skills (23.5 per cent).

Figure 114: What are the biggest challenges facing adolescents in Sierra Leone?



Source: U-Report polling, 14 November 2022

Figure 115: How can decision makers support young people better?



Source: U-Report polling, 14 November 2022

11.2 Barriers and bottlenecks

11.2.1 Failure to hear children's voices

Although there are various mechanisms, both formal and informal, that facilitate youth participation in Sierra Leone, not all youth benefit from them equally. In addition, there are still some arenas in which children's and adolescents' voices are barely heard.

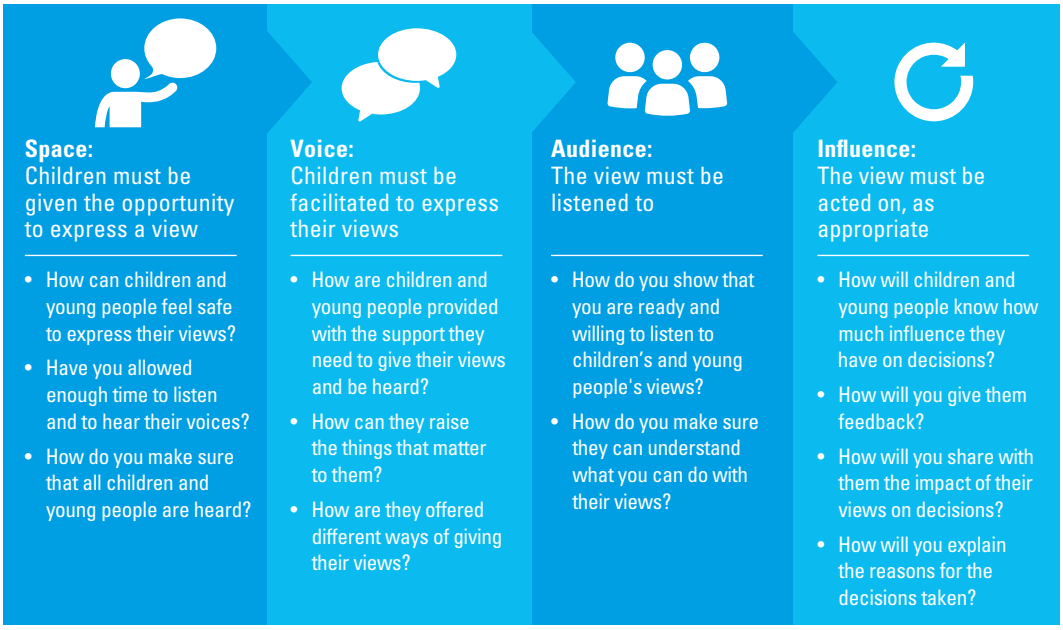
Children and youth are underrepresented in formal democratic structures in Sierra Leone, despite there being an estimated 58 per cent of voters in Sierra Leone who are under the age of 35 (Restless Development, 2020, p. 6). According to the Inter-Parliamentary Union (2023a), the mean age of parliamentarians in Sierra Leone is 47.01 years, with only 1.6 per cent aged under 30 years. Negative attitudes towards youth participation in Sierra Leone and a lack of recognition of youth as competent political actors form a major barrier to the involvement of adolescents in democracy. Children and adolescents taking part in FGDs stated repeatedly that they are not taken seriously by their elders and are discouraged from expressing their ideas:

> *All adults, the moment they see you coming, they push you away, they say "oh this meeting is just for adults", and exclude us. They say we are too young and our views do not matter.* (Participatory FGD with adolescent boys aged 14–18, Kambia, 7 December 2022)

Children and adolescents who are already marginalized, including girls and children with disabilities, often face multiple layers of exclusion from participation. Negative attitudes to child and youth participation combine with stigma and discriminatory attitudes.

While formalized structures for hearing the voices of children and adolescents exist in Sierra Leone, an unclear mandate and lack of political will to listen and take seriously the views of children and adolescents often mean that children and adolescents lack the influence to effect change. UNICEF and the European Commission's Guidance on Child and Adolescent Participation (2021) sets out the

Figure 116: Lundy model for child, young person and parent participation



Source: Lundy, 2007, pp. 927–942

Lundy model of child, young people and parent participation as a theoretical framework to assess child and adolescent involvement in decision-making. The model suggests that four key elements are required for meaningful participation in decision-making (see Figure 116).

Sierra Leone has an active youth voice structure (National Youth Council, district youth councils, chiefdom youth councils and zonal youth councils), which focuses on the 'voice' element of the model, but the three other conditions for meaningful youth participation ('space', 'audience' and 'influence') remain lacking. In effect, this means that children and adolescents are able to express their views, but they lack the wider structural framework that could ensure the voices of children and youth are heard within the national arena, lobby for those views to be taken into account and enable the views of children and adolescents to make a difference in the wider policy landscape. As participants in one FGD elaborated:

> *P4: I know they [youth councils] exist and have been involved with their members … they made a declaration that adolescents should come together with suggestions on how to improve the lives of adolescents in the country. Participation structures exist here but they have not been approved by government. Structure is one thing but also at the government level there needs to be a platform for adolescents' voices to be heard. Even when recommendations were made by government, they were not approved by Parliament … resources are one thing, but resources without a part in leadership of the direction of the country is another.*
>
> *P2: The issue for me is that we celebrate International Youth Day but these things are just left hanging, we do not action them.*
> (National thematic FGD on youth participation, 29 November 2023)

Politicization of youth participation

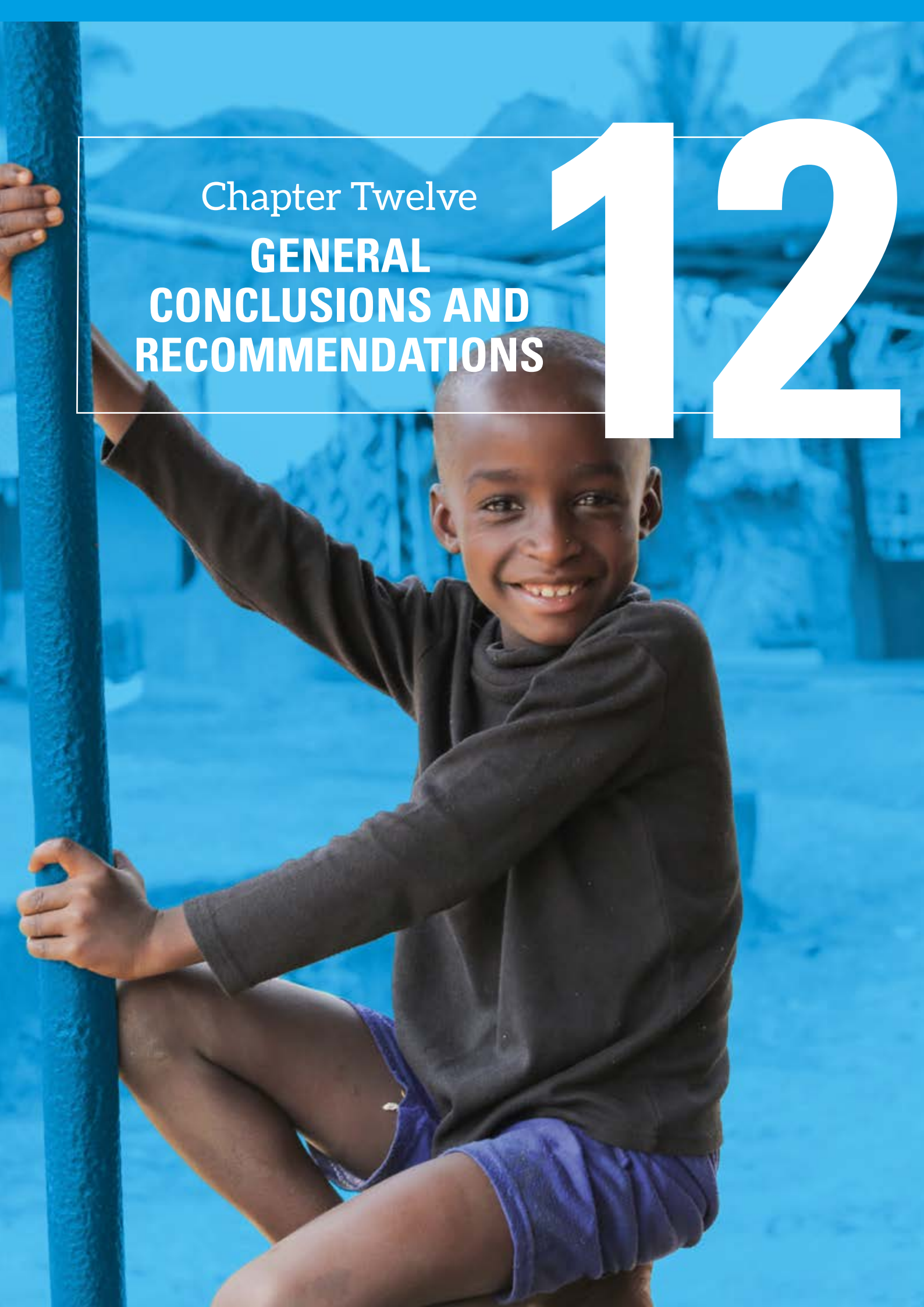
The formal participation structures in Sierra Leone are often politicized, with adolescents who identify as belonging to one of the two main political parties heavily involved in formal participation structures while adolescents not involved in party politics are excluded. Participants in FGDs held with adolescents noted that the politicization of existing mechanisms for youth democracy undermines their credibility and influence.

> *We have structures, but all these structures are not always able to work. The Ministry of Gender, Children and Youth need[s] to train district youth councils to make them apolitical. I remember that when we were in Koinadugu, most adolescents would not attend the meeting unless we changed the venue [because it was in the area of one party]. Some adolescents are in party A or party B. I have worked with district youth councils and chiefdom youth councils, but they have to be professional in terms of them being not political.* (FGD on youth participation, 29 November 2022)

Non-inclusivity

Formal mechanisms for hearing the voices of children and adolescents do not always ensure that all groups of young people, particularly disadvantaged groups, are included. There are no official demographic data available on the composition of youth councils in Sierra Leone, but anecdotal data from FGDs and KIIs suggest that girls, children with disabilities, children with lower socioeconomic status and those not in school are underrepresented in formal decision-making structures, as one participant elaborates:

> *I just think that there's room for improvement in youth voice in Sierra Leone because it's an ecosystem where you see the same people all the time. We need to make room for those who are not educated.* (National thematic FGD on youth participation, 29 November 2023)



Chapter Twelve

GENERAL CONCLUSIONS AND RECOMMENDATIONS

12

Overall, Sierra Leone has made strong progress in several areas relating to child well-being, including substantial progress in the enrolment of children in education; reducing maternal and child mortality; reducing some communicable diseases; and participation of children, including in the Children's Forum Network and an expanding number of adolescent U-reporters.

However, progress has been slow and is not on track to meet the SDGs and key national development goals. The SitAn has identified a number of priority areas in which Sierra Leone is falling behind or in which progress is reversing. These include child poverty, violence against children, quality of education and learning proficiencies, child health and malnutrition issues, child marriage, FGM/C, rising rates of mental health problems and the climate crisis and environmental degradation.

The SitAn identified a number of cross-cutting barriers and bottlenecks to the full realization of children's rights, which include:

- *Gaps in the legal and policy framework,* which restrict the protection, respect for and fulfilment of the rights of children in Sierra Leone. In addition, there is a lack of implementation of existing laws and strategies.
- *There is a need to strengthen primary and secondary services*. Further efforts are needed to ensure that children and adolescents have access to quality basic services, including improved access to health care, access to quality education, and overall better protection and care. There is a need for professionally trained social workers to support implementation of programmes for preventing and responding to violence, abuse, exploitation and neglect.
- *Data are out of date or fall short* for particular child vulnerabilities (i.e., children with disabilities; child labour; child exploitation; child trafficking; child marriage; children on the street; child mortality and diseases, including Ebola and HIV/AIDS; children in conflict with the law; and violence against children). In addition, there are limited data for the period 2020–2023 because of the impact of the COVID-19 pandemic. Data on levels of poverty are out of date, making it difficult to assess whether the socioeconomic conditions of children and vulnerable populations have changed over the years, and to ensure that social protection is reaching the most vulnerable. The availability of data is essential to allow for a comprehensive analysis of the drivers of inequalities and the vulnerabilities of children and adolescents, and to support the development of programmes for children in vulnerable groups.
- *Children with disabilities face multiple barriers* to their inclusion in society and are often 'left behind'. Access to education by children with disabilities has improved but is still limited, with few accommodations made to support their specific needs. Access to health care for those with physical impairments and mental illnesses is also limited, as specialized care and services do not exist in the country. In addition, adolescents with disabilities in Sierra Leone continue to face stigma and discrimination.
- *Persistent gender inequality* remains a barrier to the fulfilment of girls' rights. Rates of GBV are particularly high in Sierra Leone, as are rates of teenage pregnancy and child marriage.
- *Expenditure on the child protection sector and social protection systems in Sierra Leone is low.* There is no separate budget for children, and apart from the education budget, there is no indication as to the proportion of the budget (in terms of recurrent or capital expenditure) allocated to children, nor the proportion of the budget allocated to provision of direct services, programmes or institutions for children. This makes it almost impossible to track domestic resource mobilization, or to track public expenditure and reporting on the use of public funds for children, which are central to determining whether SDG targets are being met and children's rights implemented.

12.1 The way forward

If Sierra Leone is willing to meet the SDGs of universal prosperity, to leave no one behind and fulfil child rights, meet national development targets and ensure that children in Sierra Leone survive, thrive and develop to their full potential, the issues described above need to be addressed as a matter of priority. Actions include:

- *Strengthening and enforcing the legal framework on child rights and child protection:* Many of the laws are outdated, with gaps and overlaps, or are not enforced and implemented. It is particularly important to renew and/or strengthen the legal framework on child protection, child marriage and alternative care, and to ensure recognition of the rights of children with disabilities across all areas of children's rights.
- *Enhancing data collection and analysis:* The government should invest more deeply in data collection systems to capture data on children's vulnerabilities with particular attention to disaggregated data, to ensure that all vulnerabilities are covered. In addition, data for case tracking and case analysis are essential for children in conflict with the law, to ensure an effective justice system. Data on children and adolescents should be utilized to ensure that policy, legislation and changes in practice are built upon solid empirical evidence.
- *Increasing cooperation and coordination of stakeholders:* Currently, implementation for social protection systems is fragmented across a number of bodies. Effective coordination between social protection bodies is essential for the implementation of social protection programmes, and for the development of social protection systems.
- *Mobilizing resources and improving oversight for the child protection sector:* To gain insight into the impact of budget allocations and actual spending on children, the government should establish detailed budget categories and codes. Furthermore, the government needs to ensure at least a minimum guarantee of services accompanied by adequate funding for a robust child protection system. To ensure that public expenditure on children's services is both effective and efficient, the government needs to improve monitoring and accountability among local government and service providers.

In addition, the following sector-specific actions are recommended. These align with some of the priority measures for accelerating the achievement of the SDGs in Sierra Leone developed for the Global Summit held in September 2023 by the United Nations General Assembly in New York on the 2030 Agenda for Sustainable Development:

- *Education,* with a focus on continuing the allocation of substantial government budgetary resources to education; continuing to increase the number of children enrolling in education, especially at primary and junior secondary levels; building new schools to accommodate the increased number of children enrolled; upgrading the quality of education through capacity-building and increasing the number and quality of the teaching staff; and introducing safeguarding policies in each school.
- *Health and nutrition,* with a focus on improving access to basic health; strengthening vital registration and other health information systems; promoting improved hygiene practices to prevent the spread of diarrhoeal diseases; expanding prevention and treatment efforts for communicable diseases; developing mental health care; strengthening sexual and reproductive health programmes; extending school feeding programmes across Sierra Leone; and scaling up nutrition services for maternal, infant, child and adolescent care.
- *WASH,* with a focus on improving access to safe drinking water and improved sanitation in schools, health-care facilities, communities and other public places; creating an enabling environment to engage the private sector and individuals to invest in WASH as business and derive financial benefits; ensuring the effective and timely management and maintenance of

WASH systems; and increasing budgetary allocation especially for sanitation and hygiene at all levels of programming.

- *Child protection,* with a focus on strengthening the legal framework on child protection, child marriage and alternative care; enhancing the capacities of lawyers and paralegals representing children in contact with the law; implementing programmes to combat child marriage; supporting girls to enrol and remain in formal and non-formal education; reducing the prevalence of FGM/C; and conducting budget monitoring to ensure adequate funding for a robust child protection system.
- *Social protection and child poverty,* with a focus on strengthening social assistance schemes with targeted allowances for households below the poverty line; supporting initiatives enabling self-employed and informal sector workers to participate in the contributory national insurance scheme; and expanding cash transfers for extremely poor and food-poor families to those not covered by contributory schemes.

Bibliography

2YoungLives (n.d.). 'Saving Young Lives in Sierra Leone'. Available at: <https://2younglives.org/>.

Acemoglu, D., T. Reed and J. A. Robinson (2014). 'Chiefs: Economic development and elite control of civil society in Sierra Leone'. *Journal of Political Economy*, vol. 122, no. 2, pp. 319–368. Available at: <https://doi.org/10.1086/674988>.

Adeloye, D. et al. (2013). 'An Estimate of Asthma Prevalence in Africa: A systematic analysis'. *Croatian Medical Journal*, vol. 54, no. 6, pp. 519–531. Available at: <https://doi.org/10.3325/cmj.2013.54.519>.

African Committee of Experts on the Rights and Welfare of the Child (2015). 'Agenda 2040 Documents'. ACERWC, African Union. Available at: <http://www.acerwc.africa/en/resources/agenda-2040>.

African Committee of Experts on the Rights and Welfare of the Child (2022). *Guidelines on Child Participation*. ACERWC, African Union. Available at: <https://resourcecentre.savethechildren.net/document/guidelines-on-child-participation/>.

African Development Bank Group (2018). *The Africa Infrastructure Development Index 2018*. Statistics Department, African Development Bank. Available at: <https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/Economic_Brief_-_The_Africa_Infrastructure_Development_Index.pdf>.

African Development Bank Group (2021). 'Africa Infrastructure Knowledge Program: Africa Infrastructure Development Index (AIDI), 2021'. Retrieved from: <https://infrastructureafrica.opendataforafrica.org/pbuerhd/africa-infrastructure-development-index-aidi-2021>.

African Development Bank Group (2022a). 'In Sierra Leone, Improved Access to Safe Drinking Water for More Than 700,000 People in Rural Areas, Thanks to the African Development Bank', 20 July 2022. Available at: <https://www.afdb.org/en/news-and-events/sierra-leone-improved-access-safe-drinking-water-more-700000-people-rural-areas-thanks-african-development-bank-53608>.

African Development Bank Group (2022b). 'Sierra Leone: Rural Water Supply Sanitation Project – Project completion report', 13 July 2022. Available at: <https://www.afdb.org/en/documents/sierra-leone-rural-water-supply-sanitation-project-project-completion-report>.

African Population and Health Research Center (2023). *A Case for a Safe Motherhood and Reproductive Health (SMRH) Law in Sierra Leone: Policy Brief – Sierra Leone*. APHRC. Available at: <https://aphrc.org/publication/a-case-for-a-safe-motherhood-reproductive-health-smrh-law-in-sierra-leone/>.

African Union (2006). Decision on the African Youth, Executive Council Decisions EX.CL/Dec.292(IX). Available at: <https://au.int/en/decisions-32>.

African Union (2016). *Africa Regional Nutrition Strategy 2015–2025*. African Union Committee.

Afrobarometer (2022). *Gender-Based Violence a High Priority in Sierra Leone, but Citizens Say Women Who Come Forward Likely to Face Criticism and Shame*, 2 November 2022. Freetown: IGR, CDD-Ghana and Afrobarometer. Available at: <https://www.afrobarometer.

org/wp-content/uploads/2022/11/R9-News-release-Gender-based-violence-a-top-priority-in-Sierra-Leone_2Nov22.pdf>.

Afrobarometer and Transparency International (2015). *People and Corruption: Africa survey 2015 – Global corruption barometer*. Transparency International. Available at: <https://images.transparencycdn.org/images/2015_GCB_SubSaharanAfrica_EN.pdf>.

Alam, M. D. A. et al. (2020). 'Impact of Early-Onset Persistent Stunting on Cognitive Development at 5 Years of Age: Results from a multi-country cohort study'. *PLOS ONE*, vol. 15, no. 1, e0227839. Available at: <https://doi.org/10.1371/journal.pone.0227839>.

Ali, M. M., L. Merdad and S. Bellizzi (2021). 'Socioeconomic Variations in Risky Sexual Behavior among Adolescents in 14 Sub-Saharan Africa Countries Who Report Ever Having Had Sex'. *International Journal for Equity in Health*, vol. 20, no. 1. Available at: <https://doi.org/10.1186/s12939-020-01352-8>.

Amazonian Initiative Movement (2022). 'About Us'. Available at: <https://aimsierraleone.org/about-us/>.

Anthony, C. and K. Kamara (2023). 'Kush: The drug killing West African youth', 13 January 2023. Deutsche Welle. Available at: <http://www.dw.com/en/kush-the-drug-killing-west-african-youth/a-64376696>.

Anthrologica (2023). 'Formative Research on Adolescent Nutrition, Health and Support Systems. Draft report.

Apland, K. et al. (2014). *Birth Registration and Children's Rights: A complex story*. Coram Children's Legal Centre, IOS and Plan International. Available from: <https://coraminternational.org/wp-content/uploads/birth_registration_and_childrens_rights_full_report-eng.pdf>.

Asante, K. O., E. N.-B. Quarshie and H. K. Onyeaka (2021). 'Epidemiology of Suicidal Behaviours Amongst School-Going Adolescents in Post-Conflict Sierra Leone'. *Journal of Affective Disorders*, vol. 295, pp. 989–996. Available at: <https://doi.org/10.1016/j.jad.2021.08.147>.

Asiamah, G. B., O. D. Sambou and S. Bhoojedhur (2021). *Africans Say Governments Aren't Doing Enough to Help Youth*, Afrobarometer Dispatch no. 486, 3 November 2021. Afrobarometer. Available at: <www.afrobarometer.org/publication/ad486-africans-say-governments-arent-doing-enough-help-youth>.

A–Z Multimedia Corporation (2021). 'Inter-Agency Forum Ends Two-Day Meeting in Kenema', 14 December 2021. Available at: <https://a-zsl.com/inter-agency-forum-ends-two-day-meeting-in-kenema/>.

Bangura, S. L. et al. (2017). 'Strengthening the Free Healthcare Initiative through a Pharmacy and Supply Chain Intervention: Partners in Health's experience in rural Sierra Leone'. *The Lancet Global Health*, vol. 5, no. 11. Available at: <https://doi.org/10.1016/s2214-109x(17)30118-3>.

BBC Africa Eye (2022). 'Kush: Sierra Leone's new illegal drug', 7 February 2022. BBC News. Available at: <http://www.bbc.co.uk/news/av/world-africa-60260738>.

BBC News (2019). 'Sierra Leone Declares Emergency over Rape and Sexual Assault', 8 February 2019. BBC News. Available at: <http://www.bbc.co.uk/news/world-africa-47169729>.

BBC News (2022). 'Sierra Leone: Violent protests in Freetown over cost of living', 11 August 2022. BBC News. Available at: <http://www.bbc.co.uk/news/av/world-africa-62510595>.

Beegle, K., R. Dehejia and R. Gatti (2009). 'Why Should We Care about Child Labor?' *Journal of Human Resources*, vol. 44, no. 4, pp. 871–889. Available at: <https://doi.org/10.3368/jhr.44.4.871>.

Berghs, M. et al. (2019). *"We Di Woman Den, Na We Di Suffer": A report on sickle cell in Sierra Leone*. Leicester: De Montfort University.

Black, R. E. et al. (2008). 'Maternal and Child Undernutrition: Global and regional exposures and health consequences'. *The Lancet*, vol. 371, no. 9608, pp. 243–260. Available at: <https://doi.org/10.1016/s0140-6736(07)61690-0>.

Blecher, E. H. and H. Ross (2015). *Tobacco Use in Africa: Tobacco control through prevention*. American Cancer Society. Available at: <https://www.iccp-portal.org/system/files/resources/acspc-041294.pdf>.

Boachie, M. K. et al. (2022). 'Cigarette Prices and Smoking Experimentation in Sierra Leone: An exploratory study'. *Tobacco Use Insights*, vol. 15. Available at: <https://doi.org/10.1177/1179173x221078189>.

Bowen, T. V. (2021). '"The Turning Point of My Life": COVID-19 emergency cash transfers in Sierra Leone', 24 March 2021. World Bank Blogs. Available at: <https://blogs.worldbank.org/africacan/turning-point-my-life-covid-19-emergency-cash-transfers-sierra-leone>.

British Association of Dermatologists (2023). 'Tinea Capitis'. British Association of Dermatologists. Available at: <http://www.bad.org.uk/pils/tinea-capitis/>.

BuddeComm (2023). *Sierra Leone Telecoms Market Report*. Paul Budde Communication. Available at: <www.budde.com.au/Research/Sierra-Leone-Telecoms-Mobile-and-Broadband-Statistics-and-Analyses>.

Bündnis Entwicklung Hilft (2022). *WorldRiskReport 2022*. Bochum: Institute for International Law of Peace and Conflict, Ruhr University Bochum. Available at: <https://weltrisikobericht.de/weltrisikobericht-2022-e/>.

Bündnis Entwicklung Hilft/Institute for International Law of Peace and Conflict (2023). *WorldRiskReport 2023*. Berlin: Bündnis Entwicklung Hilft. Available at: <https://reliefweb.int/report/world/worldriskreport-2023-disaster-risk-and-diversity>.

Byrne, A. L. et al. (2015). 'Tuberculosis and Chronic Respiratory Disease: A systematic review'. *International Journal of Infectious Diseases*, vol. 32, pp. 138–146. Available at: <https://doi.org/10.1016/j.ijid.2014.12.016>.

CABRI (n.d.). 'Budgets in Africa: Budget enquirer – Sierra Leone'. Retrieved from: <http://www.cabri-sbo.org/en/countries/sierra-leone>, 19 February 2023.

Carshon-Marsh, R. et al. (2021). 'Child, Maternal, and Adult Mortality in Sierra Leone: Nationally representative mortality survey 2018–20'. *The Lancet Global Health*, vol. 10, no. 1, e114–e123. Available at: <https://doi.org/10.1016/S2214-109X(21)00459-9>.

CEIC Data (n.d.). 'Sierra Leone SL: Adolescent fertility rate: Births per 1,000 women aged 15–19'. CEIC Data. Retrieved from: <https://www.ceicdata.com/en/sierra-leone/health-statistics/sl-adolescent-fertility-rate-births-per-1000-women-aged-1519>, 1 January 2023.

Centers for Disease Control and Prevention (2019a). *Cost of the Ebola Epidemic: Impact of Ebola on children*. CDC. Available at: <http://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/cost-of-ebola.html>.

Centers for Disease Control and Prevention (2019b). '2014–2016 Ebola Outbreak in West Africa'. CDC. Available at: <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>.

Centers for Disease Control and Prevention (2022). 'Fungal Diseases and COVID-19'. CDC. Available at: <https://www.cdc.gov/fungal/covid-fungal.html>.

Climate Change Knowledge Portal (n.d.-a). 'Sierra Leone: Extreme precipitation events'. World Bank Group. Retrieved from: <https://climateknowledgeportal.worldbank.org/country/sierra-leone/extremes>, 19 February 2023.

Climate Change Knowledge Portal (n.d.-b). 'Sierra Leone: Impacts – Sea level rise'. World Bank Group. Retrieved from: <https://climateknowledgeportal.worldbank.org/country/sierra-leone/impacts-sea-level-rise>, 19 February 2023.

Climate Change Knowledge Portal (n.d.-c). 'Sierra Leone: Risks – Historical hazards'. World Bank Group. Retrieved from: <https://climateknowledgeportal.worldbank.org/country/sierra-leone/vulnerability>, 19 February 2023.

Clinton Health Access Initiative (2019). *Assistive Technology Country Capacity Assessment Sierra Leone*.

Collins, T. (2022). 'Sierra Leone's President Defends Large Education Budget as "Necessary Risk"', 23 November 2022. *The Guardian*. Available at: <https://www.theguardian.com/global-development/2022/nov/23/sierra-leones-president-defends-large-education-budget-as-necessary-risk>.

Committee on the Rights of the Child (2003). *General Comment No. 5 (2003): General Measures of Implementation of the Convention on the Rights of the Child,* CRC/C/GC/2003/5. United Nations.

Committee on the Rights of the Child (2007). *General Comment No. 10 (2007): Children's rights in juvenile justice,* CRC/C/GC/10. United Nations.

Committee on the Rights of the Child (2009). *General Comment No. 12 (2009): The right of the child to be heard,* CRC/C/GC/12. United Nations.

Committee on the Rights of the Child (2013a). *Concluding Observations of the Committee of the Rights of the Child in Sierra Leone,* CRC/C/15/Add.116. United Nations.

Committee on the Rights of the Child (2013b). *General Comment No. 14 (2013) on the Right of the Child to Have His or Her Best Interests Taken as a Primary Consideration (Art. 3, para. 1),* CRC/C/GC/14. United Nations.

Committee on the Rights of the Child (2013c). *General Comment No. 15 (2013) on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Art. 24),* CRC/C/GC/15. United Nations.

Committee on the Rights of the Child (2016a). *Concluding Observations on the Combined Third to Fifth Periodic Reports of Sierra Leone by the Committee on the Rights of the Child,* CRC/C/SLE/CO/3–5. United Nations.

Committee on the Rights of the Child (2016b). *General Comment No. 19 (2016) on Public Budgeting for the Realization of Children's Rights (Art. 4),* CRC/C/GC/19. United Nations. Available at: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-19-2016-public-budgeting>.

Committee on the Rights of the Child (2016c). *General Comment No. 20 (2016) on the Implementation of the Rights of the Child during Adolescence,* CRC/C/GC/20. United Nations.

Committee on the Rights of the Child (2017). *General Comment No. 21 (2017) on Children in Street Situations,* CRC/C/GC/21. United Nations.

Commonwealth Heads of Government Meeting (2022). 'Youth Forum (CYF)'. CHOGM Rwanda 2022, 26th Commonwealth Heads of Government Meeting. <http://www.chogm2022.rw/the-commonwealth-youth-forum-cyf/>.

Commonwealth Youth Programme (n.d.). 'Your Commonwealth: Commonwealth Youth Council (CYC)'. Available at: <http://www.yourcommonwealth.org/cyc-2/?fbclid=IwAR0uW9mKhd_7RkNkTD4oI6ZSAjyqDDB88u2JSZX66Awe3W6bRi0tuj5GB4o>.

Concern Worldwide (2010). *School-Related Gender-Based Violence in Sierra Leone: 2010 research report*.

Concern Worldwide (n.d.). 'Global Hunger Index: Sierre Leone'. Concern Worldwide. Available from: <https://www.globalhungerindex.org/sierra-leone.html>.

Conteh, E. et al. (2022). 'The Need for a Functional Pharmaceutical Industry in Sierra Leone: Lessons from the COVID-19 pandemic'. *Journal of Pharmaceutical Policy and Practice*, vol. 15. Available at: <https://doi.org/10.1186/s40545-022-00444-w>.

Conteh-Khali, N. (2020). 'A Glimpse of Early Adolescent Fertility in Sierra Leone'. Presentation prepared for Expert Group Meeting on the Evaluation of Adolescent Fertility Data and Estimates, New York (virtual meeting), 6 October 2020.

DAI (n.d.). 'In Sierra Leone: Enhancing traditional law and justice services'. DAI. Available from: <https://dai-global-developments.com/articles/in-sierra-leone-enhancing-traditional-law-and-justice-services-for-rural-people/>.

DataReportal (2021). 'Digital 2021: Sierra Leone'. Kepios. Available at: <https://datareportal.com/reports/digital-2021-sierra-leone>.

DataReportal (2023a). 'Digital 2022: Sierra Leone'. Kepios. Available at: <https://datareportal.com/reports/digital-2022-sierra-leone>.

DataReportal (2023b). 'Digital 2023: Sierra Leone'. Kepios. Available at: <https://datareportal.com/reports/digital-2023-sierra-leone>.

Davies, R. (2022). 'Sierra Leone: Torrential rains trigger deadly floods in Freetown', 29 August 2022. FloodList. Available at: <https://floodlist.com/africa/sierra-leone-floods-august-2022>.

Defence for Children International (2018). 'The Status of Child Justice in Sierra Leone'. Available from: <https://defenceforchildren.org/?s=The+Status+of+Child+Justice+in+Sierra+Leone>.

Defence for Children International (2019). 'Success Stories: DCI-Sierra Leone, menstrual health'. Defence for Children. Available from: <https://defenceforchildren.org/?s=Success+Stories%3A+DCI-Sierra+Leone>.

Dharmage, S. C., J. L. Perret and A. Custovic (2019). 'Epidemiology of Asthma in Children and Adults'. *Frontiers in Pediatrics*, vol. 7. Available at: <https://doi.org/10.3389/fped.2019.00246>.

EarthWatch Europe (2022). 'FreshWater Watch: Inspiring and engaging communities in Sierra Leone'. EarthWatch. Available at: <https://earthwatch.org.uk/news-blogs/>.

East African, The (2018). 'Sierra Leone Unveils New Geographical Map', 24 April 2018. The East African. Available at: <https://www.theeastafrican.co.ke/tea/news/rest-of-africa/sierra-leone-unveils-new-geographical-map-1390962>.

Education Commission (2019). *Transforming the Education Workforce: Learning teams for a learning generation*. New York: Education Commission. Available at: <https://educationcommission.org/wp-content/uploads/2019/09/Transforming-the-Education-Workforce-Full-Report.pdf>.

Education Commission (2020). *Research and Policy Paper: Education workforce supply and needs in Sierra Leone*.

Environment Protection Agency of Sierra Leone (2020). *Sierra Leone's Climate Change Communications Strategy Under the National Adaptation Plan.* EPA-SL. Available at: <https://napglobalnetwork.org/wp-content/uploads/2020/10/napgn-en-2020-Sierra-Leone-Climate-Change-Communications-Strategy-under-the-NAP.pdf>.

Evanno, J. (2021). *Community and Contextual Analysis on Drugs Use and Drugs Policies in Sierra Leone*. Open Society Initiative for West Africa.

Evans, D. K., M. Goldstein and A. Popova (2015). 'Health-Care Worker Mortality and the Legacy of the Ebola Epidemic'. *The Lancet Global Health*, vol. 3, no. 8, e439–e440. Available at: <https://doi.org/10.1016/S2214-109X(15)00065-0>.

Evenett, S. J. and J. Fritz (2021). 'Declining Foreign Direct Investment Can't Contribute Much to Sustainable Development', 3 June 2021. Brookings. Available at: <http://www.brookings.edu/blog/future-development/2021/06/03/declining-foreign-direct-investment-cant-contribute-much-to-sustainable-development/>.

Finn Church Aid (2017). 'Finn Church Aid Shuts Down its Liberia and Sierra Leone Country Programmes', 17 October 2017. Available at: <https://www.kirkonulkomaanapu.fi/en/latest-news/news/finn-church-aid-shuts-down-its-liberia-and-sierra-leone-country-programmes/>.

Food and Agriculture Organization (2019). *Aquaculture for Food Security, Livelihood and Nutrition in Sierra Leone*. Rome: FAO. Available at: <https://www.fao.org/documents/card/en/c/CA5839EN/>.

Food and Agriculture Organization (2023). *Fishery and Aquaculture Statistics Yearbook 2020*. Rome: FAO. Available at: <https://www.fao.org/documents/card/en?details=CC7493EN>.

Fuse, K. (2010). 'Variations in Attitudinal Gender Preferences for Children Across 50 Less-Developed Countries'. *Demographic Research*, vol. 23, pp. 1031–1048. Available at: <https://doi.org/10.4054/demres.2010.23.36>.

Gayawan, E. et al. (2016). 'Geographical Variations in Infant and Child Mortality in West Africa: A geo-additive discrete-time survival modelling'. *Genus*, vol. 72. Available at: <https://doi.org/10.1186/s41118-016-0009-8>.

Geo-Referenced Infrastructure and Demographic Data for Development (2023). 'Sierra Leone Tackles HPV in Its Latest Nationwide Vaccination Campaign', 23 February 2023. GRID3. Available at: <http://grid3.org/news/sierraleone-hpv-vaccinationcampaign>.

Ghotane, S. G. et al. (2021). 'Needs-Led Human Resource Planning for Sierra Leone in Support of Oral Health'. *Human Resources for Health*, vol. 19. Available at: <https://doi.org/10.1186/s12960-021-00623-x>.

Ghotane, S. G. et al. (2022). 'Unmet Need in Sierra Leone: A national oral health survey of schoolchildren'. *BDJ Open*, vol. 8. Available at: <https://doi.org/10.1038/s41405-022-00107-7>.

Global Nutrition Cluster (2021). *Global Nutrition Cluster Strategy 2022-2025*. Nutrition Cluster. Available at: <https://www.nutritioncluster.net/resources/gnc-strategy-2022-2025>.

Global Nutrition Cluster (n.d.). 'About Us'. Nutrition Cluster. Available from: <http://www.nutritioncluster.net/about-us-0>.

Government Spending Watch (2021). 'Spending Data: Sierra Leone', spending data for 2021 for agriculture, health, education, environment, gender, social protection, water and sanitation, debt servicing, defence sectors. Retrieved from: <https://www.governmentspendingwatch.org/spending-data>.

Guinea Institute of Statistics and ICF (2019). *Republic of Guinea Demographic and Health Survey (EDS V) 2018*. Conakry and Rockville, Maryland: National Institute of Statistics and ICF. Available at: <https://dhsprogram.com/publications/publication-FR353-DHS-Final-Reports.cfm>.3

Guma Valley Water Company (2021). 'On International Day of the Girl Child, Guma Valley and Ministry of Gender and Children's Affairs Launch Distribution of Dignity Kits', 11 October 2021. Available at: <https://gumavalley.sl/2021/10/11/on-international-day-of-the-girl-child-guma-valley-and-ministry-of-gender-and-childrens-affairs-launch-distribution-of-dignity-kits/>.

Handicap International (n.d.). *Leave No One Behind: Factsheets on disability – Sierra Leone and Global Context 2019–2020*. Available at: <https://mbsse.gov.sl/wp-content/uploads/2021/06/Factsheet-on-Disability-SL-1.pdf>.

HAPPY Kids and Adolescents (2021). 'HAPPY Kids Charity: Our story'. Available at: <https://www.happykidscharity.com/our-story>.

Hasell, J. et al. (2023). 'Our World in Data: Economic inequality'. Our World in Data. Available at: <https://ourworldindata.org/global-economic-inequality#:~:text=The%20ratio%20is%2030.2.fallen%20from%2068.7%20to%2064.9>.

Health Communication Capacity Collaborative and Government of Liberia Ministry of Health (2017). *National Knowledge, Attitudes and Practices (KAP) Survey on Ebola Virus Disease in Liberia: Final report*. Baltimore: Johns Hopkins Center for Communication Programs. Available at: <https://pdf.usaid.gov/pdf_docs/PA00MVNT.pdf>.33

Hodal, K. (2020). 'Sierra Leone Lifts Ban on Pregnant Girls Going to School but Shutdown Expected'. *The Guardian*, 31 March 2020. Available at: <http://www.theguardian.com/global-development/2020/mar/31/sierra-leone-lifts-ban-on-pregnant-girls-going-to-school-but-shutdown-expected>.

Horton, F. (n.d.). 'Dangers Street Children Face in Sierra Leone and Possible Ways This Can Be Resolved'. Available at: <http://www.developafrica.org/dangers-street-children-face-sierra-leone-and-possible-ways-can-be-resolved>.

Human Dignity Trust (2019). 'Sierra Leone'. Human Dignity Trust. Available at: <http://www.humandignitytrust.org/country-profile/sierra-leone>.

Human Rights Commission of Sierra Leone (2019). *The State of Human Rights in Sierra Leone: Annual report 2018*. Available at: <http://www.hrc-sl.org/Annual_Reports.aspx>.

Human Rights Commission of Sierra Leone (2020). *The State of Human Rights in Sierra Leone: Annual report 2019*. Available at: <http://www.hrc-sl.org/Annual_Reports.aspx>.

Human Rights Commission of Sierra Leone (2021). *The State of Human Rights in Sierra Leone 2020: Annual report 2020*. Available at: <http://www.hrc-sl.org/Annual_Reports.aspx>.

Human Rights Watch (2003). '"We'll Kill You If You Cry": Sexual Violence in the Sierra Leone Conflict'. *Human Rights Watch*, vol. 15, no. 1. Available at: <www.hrw.org/report/2003/01/16/well-kill-you-if-you-cry/sexual-violence-sierra-leone-conflict>.

Ibrahim, A. F. (2019). 'The Bondo Society as a Political Tool: Examining Cultural Expertise in Sierra Leone from 1961 to 2018'. *Laws*, vol. *8*, no. 3. Available at: <https://doi.org/10.3390/laws8030017>.

International Disability Alliance (n.d.). 'Global Disability Summit: Commitment portal'. Retrieved from: <https://idata.tools/gds/portal>, 12 March 2024.

Internal Displacement Monitoring Centre (2019). *Global Report on Internal Displacement 2019*. Geneva: IDMC.

International Cancer Control Partnership (2020). *Sierra Leone: Cancer Country Profile 2020*. International Cancer Control Partnership. Available at: <https://www.iccp-portal.org/who-cancer-country-profiles-sierra-leone-2020>.

International Federation of Red Cross and Red Crescent Societies (2020). *Emergency Plan of Action DREF Final Report: Sierra Leone – Floods*. IFRC.

International Federation of Red Cross and Red Crescent Societies (2023). *DREF Operation-Update: Sierra Leone – Flash floods and landslides,* Operation Update Report 1, DREF n° MDRSL013. IFRC.

International Labour Organization (2017). *World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals*. Geneva: ILO. Available at: <https://www.social-protection.org/gimi/gess/Media.action?id=16370>.

International Labour Organization (2021). *Africa Regional Social Protection Strategy, 2021–2025: Towards 40% – a social protection coverage acceleration framework to achieve the SDGs*. Geneva: ILO. Available at: <https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/documents/publication/wcms_828423.pdf>.

International Labour Organization (n.d.). 'World Social Protection Report Data Dashboards', 2017–2019. ILO. Retrieved from: <https://www.social-protection.org/gimi/WSPDB.action?id=1468>.

International Monetary Fund (2023). *Regional Economic Outlook: Sub-Saharan Africa – Light on the horizon?* Washington, D.C.: IMF.

International Monetary Fund (n.d.-a). 'Inflation Rate, Average Consumer Prices'. IMF. Retrieved from: <https://www.imf.org/external/datamapper/PCPIPCH@WEO/OEMDC/ADVEC/WEOWORLD/AFQ>, 1 January 2023.

International Monetary Fund (n.d.-b). 'Country Data: Sierra Leone'. IMF. Retrieved from: <http://www.imf.org/en/Countries/SLE#countrydata>, 1 January 2023.

International Organization for Migration. (2021). *Environmental Migration, Disaster Displacement and Planned Relocation in West Africa*. Geneva: IOM.

Inter-Parliamentary Union (2023a). 'Data on Age: By country – 2023'. IPU Parline. Retrieved from: <https://data.ipu.org/age-brackets?month=3&year=2023>.

Inter-Parliamentary Union (2023b). 'Monthly Ranking of Women in National Parliaments'. IPU Parline. Retrieved from: <https://data.ipu.org/women-ranking?month=12&year=2022>.

Inter-Parliamentary Union (2023c). 'News in Brief: Sierra Leone opens door for more women in parliament', 26 January 2023. IPU Parline. Available at: <https://www.ipu.org/news/news-in-brief/2023-01/sierra-leone-opens-door-more-women-in-parliament>.

Irish Aid (2017). *Sierra Leone Climate Action Report 2016*. Irish Aid. Available at: <https://www.irishaid.ie/media/irishaid/allwebsitemedia/30whatwedo/climatechange/Sierra-Leone-Country-Climate-Action-Reports-2016.pdf>.

Italia, M. B. and S. Kirolos (2019). 'Sickle Cell Disease in Anaemic Children in a Sierra Leonean District Hospital: A case series'. *Oxford Medical Case Reports*, vol. 2019, no. 7. Available at: <https://doi.org/10.1093/omcr/omz061>.

Jalloh, M. F. et al. (2022). 'Association of Community Engagement with Vaccination Confidence and Uptake: A cross-sectional survey in Sierra Leone, 2019'. *Journal of Global Health*, vol. 12, no. 04006. Available at: <https://doi.org/10.7189/jogh.12.04006>.

James, P. B. et al. (2022). 'Sexual Risk Behaviour among School-Going Adolescents in Sierra Leone and Liberia: A secondary analysis of the 2017 Global school health survey'. *Contraception and Reproductive Medicine*, vol. 7, no. 27. Available at: <https://contraceptionmedicine.biomedcentral.com/articles/10.1186/s40834-022-00193-w>.

James, P. B. et al. (2023). 'Current Tobacco Use and Susceptibility to Using Tobacco Among Non-Users of Tobacco: A cross-sectional study among school-going adolescents in Sierra Leone'. *Tobacco Induced Diseases*, vol. 21, no. 16. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9885443/>.

Jimmy, A. et al. (2021). 'Population Characteristics and Their Implications on the Benefit Basket of National Social Health Insurance Scheme in Sierra Leone: A "prospective view"'. *Advances in Public Health*, vol. 2021, e5522384. Available at: <https://doi.org/10.1155/2021/5522384>.

Johnson, Raymond G. et al. (2013). 'Sierra Leone'. *West African Agriculture and Climate Change: A comprehensive analysis*. Washington, D.C: International Food Policy Research Institute. Available at: <http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/127456>.

Joint United Nations Programme on HIV/AIDS (2021). *UNAIDS Data 2021*. Geneva: UNAIDS. Available at: <https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf>.

Kamara, M. (2016). 'Nearly 50,000 Street Children in Sierra Leone', 3 May 2016. Politico SL, Free Media Group. Available at: <https://politicosl.com/articles/nearly-50000-street-children-sierra-leone-0>.

Kamara, R. F. et al. (2022). 'Social and Health Factors Associated with Adverse Treatment Outcomes Among People with Multidrug-Resistant Tuberculosis in Sierra Leone: A national, retrospective cohort study'. *The Lancet Global Health*, vol. 10, no. 4, e543–e554. Available at: <https://doi.org/10.1016/S2214-109X(22)00004-3>.

Karasz, P. and D. Searcey (2019). 'Sierra Leone Declares National Emergency Over Rape of Young Girls', 8 February 2019. *The New York Times*. Available at: <https://www.nytimes.com/2019/02/08/world/africa/sierra-leone-girls-rape.html>.

Kardas-Nelson, M. (2019). 'Rape Emergency Declared in Sierra Leone, Then Lifted. Did anything change?'. KPBS, San Diego University. Available at: <www.kpbs.org/news/2019/09/12/rape-emergency-declared-in-sierra-leone-then>.

Kavle, J. A. et al. (2017). 'Addressing Barriers to Exclusive Breast-Feeding in Low- and Middle-Income Countries: A systematic review and programmatic implications'. *Public Health Nutrition*, vol. 20, no.17, pp. 3120–3134. Available at: <https://doi.org/10.1017/S1368980017002531>.

Kinkade, C. et al. (2011). 'Extending and Strengthening Routine DHIS2 Surveillance Systems for COVID-19 Responses in Sierra Leone, Sri Lanka and Uganda'. *Emerging Infectious Diseases*, vol. 28, no.13. Available at: <https://doi.org/10.3201/eid2813.220711>.

Lakoh, S. et al. (2021). 'The Burden of Serious Fungal Infections in Sierra Leone: A national estimate'. *Therapeutic Advances in Infectious Disease*, vol. 8. Available at: <https://doi.org/10.1177/20499361211027996>.

Lamin, A. (2022). 'Investigation of Physical Provisions for Education of Children with Disabilities in Inclusive Primary Schools in Sierra Leone'. *International Journal of Social Science Research and Review*, vol. 5, no. 1.

Lamin, D. F. (2008). *Mapping of Residential Care Facilities for Children in Sierra Leone*. UNICEF.

Liberia Institute of Statistics and Geo-Information Services, Liberia Ministry of Health and ICF (2021). *Liberia Demographic and Health Survey 2019–20*. Monrovia, Liberia and Rockville, Maryland: LISGIS, Ministry of Health, and ICF. Available at: <https://dhsprogram.com/publications/publication-FR362-DHS-Final-Reports.cfm>.

Lovei, M. (2017). 'Climate Impacts on African Fisheries: The imperative to understand and act', 11 November 2017. World Bank Blogs. Available at: <https://blogs.worldbank.org/nasikiliza/climate-impacts-on-african-fisheries-the-imperative-to-understand-and-act>.

Lundy, L. (2007). '"Voice" is Not Enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child'. *British Educational Research Journal*, vol. 33, no. 6, pp. 927–942.

Macgona, S. (n.d.). *A Case Study of Sierra Leone's Juvenile Justice System*. Defence for Children International.

Macrotrends (2023). 'Sierra Leone Fertility Rate 1950–2023'. Macrotrends. Retrieved from: <http://www.macrotrends.net/countries/SLE/sierra-leone/fertility-rate>.

Maestral International (2019). 'Final Report on Violence against Children in Homes to Inform Opportunities for Positive Parenting in Sierra Leone'.

Maintains (2021). *Towards Shock-Responsive Social Protection: Lessons from the COVID-19 response in Sierra Leone – Research report*. Oxford: Oxford Policy Management. Available at: <https://www.opml.co.uk/files/Publications/A2241-maintains/maintains-covid19-srsp-responses-sierra-leone-case-study-final.pdf?noredirect=1>.

M'Cormack-Hale. F. and J. Appiah-Nyameke Sanny (2021). *Most Sierra Leoneans Approve of Measures against Sexual Violence, Want More to be Done*, Afrobarometer Dispatch no. 424, 8 February 2021. Afrobarometer. Available at: <www.afrobarometer.org/publication/ad424-most-sierra-leoneans-approve-measures-against-sexual-violence-want-more-be-done/>.

Mercy Corps (2019). 'Chapter 6: The effects of an Ebola outbreak on children in Africa', 7 March 2019. Mercy Corps. Available at: <http://www.mercycorps.org/blog/ebola-outbreaks-africa-guide/chapter-6>.

Miles, T. (2018). 'West Africa's Ebola Outbreak Cost $53 Bln: Study', 25 October 2018. Reuters. Available at: <http://www.reuters.com/article/us-health-ebola-cost-idUSKCN1MY2F8>.

Ministry of Basic and Senior Secondary Education (2018a). *Free Quality Education Policy*. Sierra Leone.

Ministry of Basic and Senior Secondary Education (2018b). *2018 Annual School Census Report and Statistical Abstract*. Sierra Leone. Available at: <https://mbsse.gov.sl/wp-content/uploads/2020/03/2018-Annual-Schools-Census-Report.pdf>.

Ministry of Basic and Senior Secondary Education (2020). 'Yearbook Content Ministry of Basic and Senior Secondary Education 2020'. Available at: <https://mbsse.gov.sl/yearbook-content-ministry-of-basic-and-senior-secondary-education-2020/>.

Ministry of Basic and Senior Secondary Education (2021a). *Annual School Census Report 2020*. Sierra Leone. Available at: <https://mbsse.gov.sl/wp-content/uploads/2021/07/ASC-2020-Report.pdf>.

Ministry of Basic and Senior Secondary Education (2021b). *Education Coverage in Sierra Leone*. GRID3.

Ministry of Basic and Senior Secondary Education (2021c). *National Policy on Integrated Early Childhood Development*. Sierra Leone.

Ministry of Basic and Senior Secondary Education (2021d). *National Policy on Radical Inclusion in Schools*. Sierra Leone.

Ministry of Basic and Senior Secondary Education (2021e). *National School Feeding Policy*. Sierra Leone.

Ministry of Basic and Senior Secondary Education (2022a). *2021 Annual School Census: Final Report*. EMIS. Available from: <https://mbsse.gov.sl/wp-content/uploads/2023/07/MBSSE_ASC2021_Print-Ready-Version-1.pdf>.

Ministry of Basic and Senior Secondary Education (2022b). *National Strategy for Out-of-School Children*. Sierra Leone.

Ministry of Basic and Senior Secondary Education (2022c). 'Vice President Inaugurates the Youth Advisory Group', 21 May 2022. MBSSE Media Unit. Available at: <https://mbsse.gov.sl/vice-president-inaugurates-the-youth-advisory-group/>.

Ministry of Basic and Senior Secondary Education (2023). *Annual School Census 2022*. EMIS. Available at: <https://mbsse.gov.sl/wp-content/uploads/2023/07/Annual-School-Census-Report_2022.pdf>.

Ministry of Basic and Senior Secondary Education, Global Partnership for Education and United Nations Children's Fund (2021). *Sierra Leone National Early Grade Reading and Mathematics Assessment Baseline Study*. Freetown: UNICEF, Global Partnership for Education and Sierra Leone.

Ministry of Basic and Senior Secondary Education and Ministry of Technical and Higher Education (2022a). *Sierra Leone 2022–2026 Partnership Compact: Foundations of Learning for All*. Freetown: MSSSE and MTHE.

Ministry of Basic and Senior Secondary Education and Ministry of Technical and Higher Education (2022b). *Transforming Education Summit 2022 – Sierra Leone National Consultation Report*.

Ministry of Basic and Senior Secondary Education and Teaching Service Commission (2018). *A Comprehensive Situation Analysis of Teachers and the Teaching Profession in Sierra Leone*. Freetown: MBSSE and Teacher Service Commission.

Ministry of Finance (2019). *Public Financial Management Reform Strategy 2018–2021*. Sierra Leone. Available at: <https://mofsl.gov.sl/pfm-reform-strategy-2018-2021/>.

Ministry of Finance (2021). 'Finance Ministry to Strengthen Financial Reforms via ICT'. Available at: <https://mofsl.gov.sl/finance-ministry-to-strengthen-financial-reforms-via-ict>.

Ministry of Finance (2022a). *Government Budget and Statement of Economic and Financial Policies for the Financial Year 2023*. Sierra Leone. Available at: <https://mofsl.gov.sl/wp-content/uploads/2022/11/Fiscal-Year-2023-Budget-for-Sierra-Leone..pdf>.

Ministry of Finance (2022b). *Public Expenditure and Financial Accountability (PEFA) Assessment 2021: Final report*. Sierra Leone. Available at: <https://mofsl.gov.sl/documents/public-expenditure-and-financial-accountability-pefa-assessment-2021/>.

Ministry of Finance (2022c). *Public Financial Management Reform Annual Report 2021*. Sierra Leone. Available at: <https://mofsl.gov.sl/documents/gosl-mof-public-financial-management-reform-annual-report-2021/>.

Ministry of Health and Sanitation (2016). *National Community Health Worker Policy 2016–2020*. Sierra Leone.

Ministry of Health and Sanitation (2017a). *Global School-Based Student Health Survey 2017*. Retrieved from: <https://extranet.who.int/ncdsmicrodata/index.php/catalog/772>.

Ministry of Health and Sanitation (2017b). *Human Resources for Health Policy 2017–2021*. Sierra Leone.

Ministry of Health and Sanitation (2017c). *Human Resources for Health Strategy 2017–2021*. Sierra Leone.

Ministry of Health and Sanitation (2018). *National Multi-Sectoral Strategy to Prevent and Control Anaemia 2018–2025*. Sierra Leone. Available at: <https://www.afro.who.int/publications/national-multi-sectoral-strategy-prevent-and-control-anaemia-2018-2025>.

Ministry of Health and Sanitation (2020a). *National Hygiene and Sanitation Strategy 2020 to 2030*. Sierra Leone.

Ministry of Health and Sanitation (2020b). *Non-Communicable Diseases Policy*. MoHS.

Ministry of Health and Sanitation (2020c). *Non-Communicable Diseases Strategic Plan 2020–2024*. MoHS.

Ministry of Health and Sanitation (2021a). *Assistive Technology (AT) Policy and Strategic Plan 2021–2025*. Sierra Leone. Available at: <https://at2030.org/static/at2030_core/outputs/Assistive_Technology_Policy__Strategy_23-11-21_FINAL.pdf>.

Ministry of Health and Sanitation (2021b). *National Health Sector Strategic Plan 2021–2025*. MoHS.

Ministry of Health and Sanitation (2021c). *Sierra Leone Health Information System (HIS) Policy*. Sierra Leone.

Ministry of Health and Sanitation (2021d). *Sierra Leone Public Health Surveillance Strategic Plan (2019–2023)*. MoHS.

Ministry of Health and Sanitation (2023). *Sierra Leone National Situation Report on COVID-19 Vaccination.* MoHS.

Ministry of Health and Sanitation (n.d.-a). *Priority Assistive Technology Products List of Sierra Leone*. Sierra Leone.

Ministry of Health and Sanitation (n.d.-b). *Sierra Leone Child Survival Action Plan 2023–2025*. Sierra Leone. Available at: <https://resourcecentre.savethechildren.net/pdf/Sierra-Leone-Child-Survival-Action-Plan-2023-2025.pdf/>.

Ministry of Health and Sanitation and Action Against Hunger (2018). *Sierra Leone National Nutrition Survey 2017*. Freetown: Sierra Leone and Action Against Hunger. Available at: <https://reliefweb.int/report/sierra-leone/sierra-leone-national-nutrition-survey-2017-august-28-october-10-2017>.

Ministry of Health and Sanitation, Directorate of Environmental Health and Sanitation (2023). *WASH Programme*. Sierra Leone.

Ministry of Health and Sanitation, Ministry of Water Resources and United Nations Children's Fund (2023). '2022 WASH-NORM Survey'. Presentation of findings, February 2023.

Ministry of Health and Sanitation and United Nations Children's Fund (2021). *Sierra Leone National Nutrition Survey 2021*. Freetown: Sierra Leone and UNICEF. Available at: <https://mohs.gov.sl/download/43/publication/17237/sierra-leone-national-nutrition-survey-2021.pdf>.

Ministry of Health and Sanitation, United Nations Children's Fund, Helen Keller International and World Health Organization (2015). *Sierra Leone Micronutrient Survey, 2013: Final Report*. Freetown: MoHS, UNICEF, Helen Keller International and WHO.

Ministry of Planning and Economic Development (2019). *Sierra Leone's Medium-Term National Development Plan 2019–2023*. Sierra Leone.

Ministry of Planning and Economic Development (2021). *2021 VNR Report on SDGs in Sierra Leone*. Sierra Leone.

Ministry of Social Welfare (n.d.). 'Mandate'. Available at: <https://mosw.gov.sl/about-us/#mandate>.

Ministry of Social Welfare, Gender and Child Affairs (2014). *Alternative Care Policy*. Sierra Leone.

Ministry of Social Welfare, Gender and Child Affairs (2017). 'Monitoring Exercise'.

Ministry of Social Welfare, Gender and Child Affairs (2019). *Human Resources Strategy 2019–2023*. Sierra Leone.

Ministry of Technical and Higher Education (2019). *National Technical and Vocational Education and Training (TVET) Policy*. Sierra Leone.

Ministry of Technical and Higher Education (2022). *Sierra Leone Education Sector Plan 2022–2026: Transforming learning for all*. Sierra Leone.

Ministry of Transport and Aviation, and Environment Protection Agency of Sierra Leone (2018). *Third National Communication of Sierra Leone to the United Nations Framework Convention on Climate Change*. Available at: <https://unfccc.int/sites/default/files/resource/FinalThird%20Nat.%20Com.%20document%20111.pdf>.

Ministry of Water Resources and Ministry of Health and Sanitation (2023). *Water Sanitation and Hygiene: National Outcome Routine Mapping 2022 – Summary of Survey Findings*. Statistics Sierra Leone and UNICEF.

Ministry of Water Resources and Ministry of Health and Sanitation (n.d.). *2018–2022 Sierra Leone National M&E Plan: Rural WASH*. Available at: <https://washnote.com/wp-content/uploads/2019/03/20180208-Sierra-Leone-Five-Year-National-WASH-M-E-Plan-Draft.pdf>.

Ministry of Youth Affairs (2020). *National Youth Policy of Sierra Leone: Empowered youth leading the development of a new Sierra Leone*. Sierra Leone.

Movendi International (2021). 'Sierra Leone: Government initiates work on developing alcohol legislation', 1 September 2021. Movendi International. Available at: <https://movendi.ngo/news/2021/09/01/sierra-leone-government-initiates-work-on-developing-alcohol-legislation/>.

Murray, F. H. (2020). 'Sierra Leone to Open a Special Court for Sexual Offences', 25 July 2020. Politico SL, Free Media Group. Available at: <https://politicosl.com/articles/sierra-leone-open-special-court-sexual-offences>.

National Commission for Children (2021). *Newsletter: July–September 2021, Volume 3*. Freetown: National Commission for Children.

National Commission for Persons with Disability (2019). *Accessibility Audit Report*. Freetown: Sierra Leone.

National Commission for Persons with Disability (n.d.). *Sierra Leone Disability Assessment Tool*. Freetown: Sierra Leone. Available at: <https://ncpd.gov.sl/resources>.

National Commission for Social Action (2022). 'President Julius Maada Bio Launches the Productive Social Safety Nets and Youth Employment (PSSNYE)', 14 November 2022. NACSA. Available at: <http://www.nacsa.gov.sl/post/president-julius-maada-bio-launches-the-productive-social-safety-nets-youth-employment-pssnye>.

National Commission for Social Action (n.d.). 'Who We Are'. NACSA. Available at: <http://www.nacsa.gov.sl/about>.

National Council for Technical and Academic Awards (2022). *2021 Survey Report on Technical and Vocational Education and Training (TVET) Institutions for Sierra Leone*. Available at: <https://www.mthe.gov.sl/PDF/Media/TVET%202021%20Survey%20Report.pdf>.

National Democratic Institute (2021). *Global Youth Council Guide: Promoting youth voices in local decision-making*. Available at: <https://www.ndi.org/sites/default/files/Promoting%20Youth%20Voices%20in%20Local%20Decision-Making%2C%20Global%20Youth%20Council%20Guide.pdf>.

National Malaria Control Programme et al. (2022). *Sierra Leone Malaria Indicator Survey 2021*. Freetown and Columbia: NMCP, SSL, CRS, and Utica International.

National Water Resources Management Agency (2019). *Five-Year Strategic Development Plan (2019–2023)*. Available at: <https://www.nwrma.gov.sl/wp-content/uploads/2022/08/NWRMA-Strategic-Development-Plan-2019-2023.pdf>.

National Water Resources Management Agency (2020). 'Legislation'. NWRMA. Available at: https://nwrma.gov.sl/legislation/.>

National Water Resources Management Agency (2021). 'BRIDGE Trains River Basin Committees and National Platform Members', 21 October 2021. NWRMA. Available at: <https://www.nwrma.gov.sl/bridge-trains-river-basin-committees-and-national-platform-members/>.

Njelesani, J. (2019). '"A Child Who is Hidden Has No Rights": Responses to violence against children with disabilities'. *Child Abuse and Neglect*, vol. 89, pp. 58–69. Available at: <https://doi.org/10.1016/j.chiabu.2018.12.024>.

Njelesani, J. et al. (2018). 'From the Day They Are Born: A qualitative study exploring violence against children with disabilities in West Africa'. *BMC Public Health*, vol. 18, e153. Available at: <https://doi.org/10.1186/s12889-018-5057-x>.

Norris, M. et al. (2022). 'A Growing Disadvantage of Being Born in an Urban Area? Analysing urban–rural disparities in neonatal mortality in 21 African countries with a focus on Tanzania'. *BMJ Global Health*, vol. 7, no. 1. Available at: <https://doi.org/10.1136/bmjgh-2021-007544>.

November, L. and J. Sandall (2018). '"Just Because She's Young, it Doesn't Mean She has to Die": Exploring the contributing factors to high maternal mortality in adolescents in Eastern Freetown – A qualitative study'. *Reproductive Health*, vol. 15, no. 1, pp. 31ff. Available at: <https://doi.org/10.1186/s12978-018-0475-x>.

nPerf. (n.d.). 'SierraTel Mobile 3G/4G/5G coverage map, Sierra Leone'. Retrieved from: <http://www.nperf.com/en/map/SL/-/220706.SierraTel-Mobile/signal/?ll=8.43881645982369&lg=-13.58390808105469&zoom=8>, 1 January 2023.

Office of the First Lady (2020). 'Task Force on Sexual and Gender-Based Violence Report to President Bio', 18 November 2020. Available at: <https://firstlady.gov.sl/task-force-on-sexualand-gender-based-violence-report-to-president-bio/>.

Office of the First Lady (2022). 'President Bio Officially Launches First Lady's Free Sanitary Pads Distribution Campaign', 3 June 2022. Office of the First Lady, Sierra Leone. Available at: <https://firstlady.gov.sl/%F0%9D%97%A3%F0%9D%97%A5%F0%9D%97%98%F0%9D%97%A6%F0%9D%97%9C%F0%9D%97%97%F0%9D%97%98%F0%9D%97%A1%F0%9D%97%A7-%F0%9D%97%95%F0%9D%97%9C%F0%9D%97%A2-%F0%9D%97%A2%F0%9D%97%99%F0%9D%97%99%F0%9D%97%9C/>.

Office of the High Commissioner for Human Rights (2022). 'Comment by United Nations High Commissioner for Human Rights Michelle Bachelet on Protest Deaths in Sierra Leone', 11

August 2022. United Nations. Available at: <www.ohchr.org/en/press-releases/2022/08/comment-un-high-commissioner-human-rights-michelle-bachelet-protest-deaths>.

Okaka, F. O. and B. D. O. Odhiambo (2018). 'Relationship between Flooding and Outbreak of Infectious Diseases in Kenya: A review of the literature'. *Journal of Environmental and Public Health*, vol. 2018. Available at: <https://doi.org/10.1155/2018/5452938>.

Okech, D. et al. (2023). *Child Trafficking and the Worst Forms of Child Labor in Kambia, Sierra Leone: A mixed methods study*. Athens, GA: Center for Human Trafficking Research and Outreach, University of Georgia. Available at: <https://cenhtro.uga.edu/_resources/documents/Kambia_Baseline_APRIES.pdf>.

Organisation for Economic Co-operation and Development (n.d.). 'Aid to the Water and Sanitation Sector: Related reporting codes and descriptions'. OECD. Available at: <https://www.oecd.org/development/environment-development/water-relatedaid.htm'>.

Organisation of African Unity (1990). *African Charter on the Rights and Welfare of the Child*, CAB/LEG/24.9/49. Available at: <https://www.refworld.org/docid/3ae6b38c18.html>.

Our World in Data (n.d.). 'Data: Gross enrolment ratio in primary education'. Global Change Data Lab. Retrieved from: <https://ourworldindata.org/grapher/gross-enrollment-ratio-in-primary-education?tab=chart&country=SLE~NGA~GIN~GHA~CIV>.

Pan African Youth Union (n.d.-a). 'Thematic Areas'. Pan African Youth Union. Available at: <https://panafricanyouthunion.org/en/thematic-areas>.

Pan African Youth Union (n.d.-b). 'West Africa'. Pan African Youth Union. Available at: <https://panafricanyouthunion.org/en/west-africa/>.

Pan American Health Organization (2003). *Guiding Principles for Complementary Feeding of the Breastfed Child*. Available at: Washington, D.C.: Pan American Health Organization and WHO. Available at: <https://www.who.int/publications/i/item/9275124604>.

Parliament of Sierra Leone (n.d.). 'Parliamentary Business: Acts'. Sierra Leone. Available at: <http://www.parliament.gov.sl/acts.html>.

Patriotic Vanguard, The (2022). 'Sierra Leone: Excellent BECE pass rates', 13 October 2022. The Patriotic Vanguard. Available at: <http://www.thepatrioticvanguard.com/sierra-leone-excellent-bece-pass-rates#:~:text=Sierra%20Leone%3A%20Excellent%20BECE%20pass%20rates%20%EF%80%97%2013>.

Peltzer, K. and S. Pengpid (2021). 'Suicidal Ideation, Plans and Attempts: Prevalence and associated factors in school-going adolescents in Sierra Leone in 2017'. *Journal of Psychology in Africa*, vol. 31, no. 6, pp. 637–644. Available at: <https://doi.org/10.1080/14330237.2021.2001993>.

Pongou, R. (2013). 'Why Is Infant Mortality Higher in Boys Than in Girls? A new hypothesis based on preconception environment and evidence from a large sample of twins'. *Demography*, vol. 50, no.2, pp. 421–444. Available at: <https://doi.org/10.1007/s13524-012-0161-5>.

Purposeful (n.d.). 'Biography – Chernor Bah'. Purposeful. Retrieved from: <https://wearepurposeful.org/who-we-are/our-people/chernor-bah/>, 1 January 2023.

Rainbo Initiative (2021). 'Our Data: 2021'. Rainbo Initiative. Available at: <https://rainboinitiative.org/our-data/>.

Raveneau, I. P. and J. M. Kabia (2021). 'Youth Participatory Grant-Making in Sierra Leone: Lessons from the Tar Kura Initiative', 22 March 2021. The Fund for Global Human Rights. Available at: <https://globalhumanrights.org/publications/new-learning-paper-youth-participatory-grant-making-in-sierra-leone/>.

Restless Development (2020). *The State of the Youth in Sierra Leone 2018*. Freetown: Restless Development and UNICEF. Available at: <https://restlessdevelopment.org/2020/06/the-state-of-the-youth-in-sierra-leone/>.

Rohwerder, B. (2014). *Impact and Implications of the Ebola Crisis*. Birmingham: GSDRC, University of Birmingham Available at: <https://assets.publishing.service.gov.uk/media/57a089a540f0b649740001cc/hdq1177.pdf>.

Rural Water Supply Network (2021). 'My Experience with the RWSN Mentoring Programme'. Available at: <https://rwsn.blog/category/capacity-building/>.

Samonova, E., D. Devine and W. Luttrell (2022). 'Under the Mango Tree: Photovoice with primary school children in rural Sierra Leone'. *International Journal of Qualitative Methods*, vol. 21. Available at: <https://doi.org/10.1177/16094069211053106>.

Sanny, J. A.-N. (2020). *Fear of Political Violence Soars in Sierra Leone*, Afrobarometer Dispatch no. 345, 24 February 2020. Afrobarometer. Available at: <http://www.afrobarometer.org/publication/ad345-fear-political-violence-soars-sierra-leone/>.

Save the Children (2011). *Out from the Shadows: Sexual violence against children with disabilities*. London: Save the Children Fund UK. Available at: <https://www.savethechildren.org.uk/content/dam/global/reports/out_of_the_shadows.pdf>.

Save the Children (2020). 'Sierra Leone: Innovative sexual health app to help prevent surge in teenage pregnancy due to COVID-19', 15 June 2020. Save the Children. Available at: <http://www.savethechildren.org.uk/news/media-centre/press-releases/sexual-health-app-covid-19-sierra-leone>.

Save the Children (2022). *Ending Child Marriage in Sierra Leone: A bold approach for change – progress report: May–September 2022*. Save the Children.

Schneider, L. T. (2019). 'Sierra Leone's Laws to Protect Women Have Unintended Consequences', 23 January 2019. The Conversation. Available at: <https://theconversation.com/sierra-leones-laws-to-protect-women-have-unintended-consequences-109815>.

Sengeh, D. M. and R. Grob-Zakhary (2022). 'Lessons from Sierra Leone: How to get girls back to school', 15 December 2022. Al Jazeera. Available at: <http://www.aljazeera.com/opinions/2022/12/15/sierra-leone-can-teach-the-world-how-to-get-girls-back-to-school>.

Sesay, B. P. et al. (2022). 'Assessment of Water, Sanitation and Hygiene Practices Among Households, 2019 – Sierra Leone: A Community-based Cluster Survey'. *Environmental Health Insights*, vol. 16. Available at: <https://doi.org/10.1177/11786302221125042>.

Sesay, S. M., D. S. H. W. Nicol and C. Fyfe (2023). 'Sierra Leone: People; cultural life; history'. Encyclopaedia Brittanica. Available at: <http://www.britannica.com/place/Sierra-Leone>.

Shakirat, G. O. et al. (2020). 'An Overview of Female Genital Mutilation in Africa: Are the women beneficiaries or victims?' *Cureus*, vol. 12, no. 9. Available at: <https://doi.org/10.7759/cureus.10250>.

Shibre, G., B. Zegeye and J. Haidar (2020). 'Extent of and Trends in Inequalities in Child Stunting in Sierra-Leone from 2005 to 2013: Evidence from demographic and health surveys and multiple indicator cluster surveys'. *International Journal for Equity in Health*, vol. 19. Available at: <https://doi.org/10.1186/s12939-020-01212-5>.

Sierra Leone (2003). *National Recovery Strategy, 2003–2004*.

Sierra Leone (2005). *Sierra Leone Poverty Reduction Strategy Paper (SL–PRSP): A national programme for food security, job creation and good governance 2005–2007*.

Sierra Leone (2008). *An Agenda for Change: Second poverty reduction strategy (PRSP II) 2008–2012*.

Sierra Leone (2011). *National Social Protection Policy*.

Sierra Leone (2013). *The Agenda for Prosperity: Road to middle income status – Sierra Leone's third generation poverty reduction strategy paper (2013–2018)*.

Sierra Leone (2015). *National Ebola Recovery Strategy for Sierra Leone 2015–2017*. Available at: <https://ebolaresponse.un.org/sites/default/files/sierra_leone_recovery_strategy_en.pdf>.

Sierra Leone (2017a). *Environment Protection Agency Strategic Plan 2017–2021*.

Sierra Leone (2017b). *National Social Protection Policy*, 2nd edition.

Sierra Leone (2018a*). Multi-Sector Strategic Plan to Reduce Malnutrition in Sierra Leone 2019–2025*. Available at: <https://www.fao.org/faolex/results/details/es/c/LEX-FAOC212092/#:~:text=Therefore%2C%20the%20Plan%20identifies%20the,optimal%20care%20practices%20affecting%20nutritionally%2D>.

Sierra Leone (2018b). *National Framework for the Diversion of Children in Conflict with the Law in Sierra Leone*.

Sierra Leone (2018c). *National Strategy for the Reduction of Teenage Pregnancy and Child Marriage 2018–2022*. United Nations Population Fund Sierra Leone.

Sierra Leone (2019). *Multi-Sector Strategic Plan to Reduce Malnutrition in Sierra Leone 2019–2025*.

Sierra Leone (2020a). *Education Sector Analysis of the Republic of Sierra Leone: Assessing the enabling environment for gender equality*. Dakar: Government of Sierra Leone, UNICEF, IIEP-UNESCO Dakar. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000375434/PDF/375434eng.pdf.multi>.

Sierra Leone (2020b). *National Social Protection Policy*, 3rd edition.

Sierra Leone (2021a). *National Adaptation Plan 2021*. Available at: <https://unfccc.int/sites/default/files/resource/SierraLeone_iNAP_Final.pdf>.

Sierra Leone (2021b). *National Strategy for Addressing Issues of Children in Street Situations 2022–2024*.

Sierra Leone (2022a). *National Social Protection Strategy for Sierra Leone 2022–2026*.

Sierra Leone (2022b). 'Republic of Sierra Leone: National statement – Transforming Education Summit'. UNICEF. Available at: <https://sierraleone.un.org/sites/default/files/2022-09/SL%20National%20Statement%20150822.pdf>.

Sierra Leone (2022c). *RMNCAH and Nutrition Strategy (2017–2025)*.

Sierra Leone (2024). *Sierra Leone's Medium-Term National Development Plan 2024–2030: A transformative acceleration agenda for food security, human capital development and job creation.*

Sierra Leone (n.d.-a). 'Ordinary Passport'. Sierra Leone Immigration Department. Available at: <https://slid.gov.sl/ordinary-passport/>.

Sierra Leone (n.d.-b). *Sierra Leone Food-Based Dietary Guidelines for Healthy Eating (2016)*. Available at: <https://www.afro.who.int/publications/sierra-leone-food-based-dietary-guidelines-healthy-eating-2016>.

Sierra Leone Anti-Corruption Commission (2019). *Sierra Leone National Anti-Corruption Strategy 2019–2023*. Available at: <https://www.anticorruption.gov.sl/en_GB/slides/slide/national-anti-corruption-strategy-2019-2023-202>.

Sierra Leone Chief Justice (2020). 'Contribution of the Judiciary of Sierra Leone to the Thematic Report on "Women's and Girls' Sexual and Reproductive Health and Rights in Crisis", presented to the 47th Session of the Human Rights Council, 28 August 2020.

Sierra Leone Red Cross (n.d.). *From Ebola to COVID-19: Coordination with local authorities for effective response*. IFRC. Available at: <https://www.ifrc.org/sites/default/files/2022-03/Preparedness_COVID_SuccessStory_Sierra%20Leone_EN.pdf>.

Sierra Leone and United Nations Children's Fund (2014). 'Draft National Strategy for the Reduction of FGM 2016–2020'. UNICEF Office of Research – Innocenti.

Sierra Leone Urban Research Centre (2018). *Urban Livelihoods in Freetown's Informal Settlements*. Sierra Leone Urban Research Centre. Available at: <https://www.slurc.org/uploads/1/0/9/7/109761391/urban_livelihoods_in_informal_settlements_-_report_web_quality.pdf>.

Speedtest (2023). 'Sierra Leone's Median Country Speeds December 2023'. Speedtest Global Index. Retrieved from: <http://www.speedtest.net/global-index/sierra-leone>.

Start Network and ACAPS (2019). 'ACAPS Anticipatory Briefing Note: Sierra Leone – Floods in Freetown (7 August 2020)'. Available at: <https://reliefweb.int/report/sierra-leone/acaps-briefing-note-sierra-leone-floods-freetown-7-august-2019>.

Start Network and ACAPS (2020). 'ACAPS Anticipatory Briefing Note: Sierra Leone – Floods: – 4 August 2020'. Available at: <https://reliefweb.int/report/sierra-leone/acaps-anticipatory-briefing-note-sierra-leone-floods-4-august-2020>.

Statistics Sierra Leone (2006). *2004 Population and Housing Census: Final results*. UNFPA, Sierra Leone and European Union. Available at: <http://www.sierra-leone.org/Census/ssl_final_results.pdf>.

Statistics Sierra Leone (2016). *2015 Population and Housing Census Summary of Final Results: Planning a better future*. Stats SL.

Statistics Sierra Leone (2017a). *Sierra Leone 2015 Population and Housing Census: Thematic report on disability*. Stats SL. Available at: <https://sierraleone.unfpa.org/sites/default/files/pub-pdf/Disability%20Report.pdf>.

Statistics Sierra Leone (2017b) *Sierra Leone 2015 Population and Housing Census: Thematic report on mortality*. Stats SL. Available at: <https://sierraleone.unfpa.org/sites/default/files/pub-pdf/Mortality%20report.pdf>.

Statistics Sierra Leone (2018). *Sierra Leone Multiple Indicator Cluster Survey 2017: Survey findings report*. Freetown: Stats SL and UNICEF. Available at: <https://www.statistics.sl/images/StatisticsSL/Documents/sierra_leone_mics6_2017_report.pdf>.

Statistics Sierra Leone and ICF (2014). *Sierra Leone Demographic and Health Survey 2013*. Freetown and Rockville, Maryland: Stats SL and ICF. Available at: <https://dhsprogram.com/publications/publication-fr297-dhs-final-reports.cfm>.

Statistics Sierra Leone and ICF (2020). *Sierra Leone Demographic and Health Survey 2019*. Freetown and Rockville, Maryland: Stats SL and ICF. Available at: <https://dhsprogram.com/pubs/pdf/FR365/FR365.pdf>.

Statistics Sierra Leone and ICF Macro (2009). *Sierra Leone Demographic and Health Survey 2008*. Freetown and Calverton, Maryland: Stats SL and ICF Marco. Available at: <https://www.dhsprogram.com/pubs/pdf/FR225/FR225.pdf>.

Statistics Sierra Leone, Oxford Poverty and Human Development Initiative and United Nations Development Programme (2019). *Sierra Leone Multidimensional Poverty Index 2019*. UNDP.

Statistics Sierra Leone and United Nations Children's Fund (2011). *Sierra Leone Multiple Indicator Cluster Survey 2010: Final report*. Freetown: Stats SL and UNICEF Sierra Leone.

Statistics Sierra Leone and United Nations Children's Fund (2019). *Multidimensional Child Poverty in Sierra Leone*. Sierra Leone and UNICEF. Available at: <https://www.unicef.org/sierraleone/media/306/file/MCP-Report-2019.pdf.pdf>.

Statistics Sierra Leone and World Bank (2019). *Sierra Leone Integrated Household Survey (SLIHS) Report 2018*. Stats SL and World Bank. Available at: <Available at: http://www.statistics.sl/images/StatisticsSL/Documents/SLIHS2018/SLIHS_2018_New/sierra_leone_integrated_household_survey2018_report.pdf>.

Street Child of Sierra Leone (2012). *The National Head Count of Street Children in Sierra Leone*. London: Street Child of Sierra Leone. Available at: <http://www.streetchildren.org/resources/sierra-leone-head-count-report-streetinvest/99>.

Surtees, R. (2005). *Child Trafficking in Sierra Leone 2005*. UNICEF. Available at: <https://documentation.lastradainternational.org/doc-center/1244/child-trafficking-in-sierra-leone>.

Taylor, C. and D. Parker (2022). 'Deforestation is Causing More Storms in West Africa, Satellite Study Finds', 30 August 2022. FloodList. Available at: <https://floodlist.com/africa/deforestation-west-africa-floods>.

Thomas, A. R. (2020). 'Free Education in Sierra Leone: A lot done, yet much more to do', 19 June 2020. *The Sierra Leone Telegraph*. Available at: <http://www.thesierraleonetelegraph.com/free-education-in-sierra-leone-a-lot-done-yet-much-more-to-do/>.

Thomas, A. R. (2021). 'Sierra Leone's President Bio launches "Hands Off Our Girls" Campaign Operational Plan', 28 May 2021. *The Sierra Leone Telegraph*. Available at: <https://www.thesierraleonetelegraph.com/sierra-leones-president-bio-launches-hands-off-our-girls-campaign-operational-plan/>.

Thulin, E. J. et al. (2020). 'Mental Health Problems Among Children in Sierra Leone: Assessing cultural concepts of distress'. *Transcultural Psychiatry*, vol. 59, no. 4, pp. 461–478. Available at: <https://doi.org/10.1177/1363461520916695>.

Thulla, P. F. Y. et al. (2022). 'The Rate of Reading Poverty After the COVID-19 Pandemic School Shutdown and Specific Intervention Strategies for Lower Primary School Pupils in the Southern Province and Western Area of Sierra Leone'. *Journal of Language Teaching and Research*, vol. 13, no. 4, pp. 689–696. Available at: <https://doi.org/10.17507/jltr.1304.01>.

Trading Economics (2023). 'Sierra Leone Food Inflation'. Trading Economics. Available at: <https://tradingeconomics.com/sierra-leone/food-inflation#:~:text=Food%20Inflation%20in%20Sierra%20Leone>.

Transparency International (2023). 'Sierra Leone: Country data'. Transparency International. Available at: <http://www.transparency.org/en/countries/sierra-leone>.

Turienzo, C. F. et al. (2022). 'Innovations to Reduce Maternal Mortality and Improve Health and Wellbeing of Adolescent Girls and their Babies in Sierra Leone'. *The Lancet Child and Adolescent Health*, vol. 7, no. 3, pp. 151–153. Available at: <https://doi.org/10.1016/S2352-4642(22)00322-4>.

U-Report Sierra Leone (n.d.). 'Engagement'. U-Report Sierra Leone. Retrieved from: <https://sierraleone.ureport.in/engagement>, 1 January 2023.

UN-Water (2020). 'SDG 6 Global Acceleration Framework'. UN-Water. Available at: <https://www.unwater.org/our-work/sdg-6-global-acceleration-framework>.

UN-Water (2021). 'Sierra Leone: SDG 6 snapshot in Sierra Leone'. UN-Water. Available at: <https://sdg6data.org/en/country-or-area/Sierra%20Leone>.

UN Women (n.d.-a). 'Country Fact Sheet: Sierra Leone'. UN Women Data Hub. Available at: <https://data.unwomen.org/country/sierra-leone>.

UN Women (n.d.-b). *Domestic Violence Act*. Global Database on Violence against Women. Available at: <https://evaw-global-database.unwomen.org/en/countries/africa/sierra-leone/2007/domestic-violence-act-2007>.

UN Women (n.d.-c). 'FAQs: Types of violence against women and girls'. UN Women. Available at: <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>.

United Kingdom Foreign, Commonwealth and Development Office (2021). 'Highlight on the Foreign, Commonwealth and Development Office', 24 May 2021. Available at: <http://www.gov.uk/government/news/highlight-on-the-foreign-commonwealth-and-development-office>.

United Kingdom National Health Service (2017). 'Vitamins and minerals: Vitamin A'. NHS. Available at: <http://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-a/>.

United Nations (2012). *Sexual Violence: A Tool of War*. Department of Public Information. Available at: <https://www.un.org/en/preventgenocide/rwanda/pdf/bgsexualviolence.pdf>.

United Nations (2015). *Transforming Our World: The 2023 Agenda for Sustainable Development*, A/RES/70/1. United Nations. Available at: <https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>.

United Nations et al. (2017). *Recovering from the Ebola Crisis: Full report*. UNDP and partners. Available at: <https://www.undp.org/publications/recovering-ebola-crisis-full-report?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KCQiArsefBhCbARIsAP98hXSpUdQN7g8lDMpgoiVMIowh4dNNCFOykiwPTU0lQa4ACR19RuSXrzUaAmnZEALw_wcB>.

United Nations Children's Fund (2005). *The State of the World of the Children 2005: Childhood under threat*. New York: UNICEF.

United Nations Children's Fund (2015). 'Child Participation in the Sierra Leone Truth and Reconciliation Commission: Considering the broader cultural context', working paper. UNICEF Innocenti. Available at: <https://catalog.ihsn.org/citations/50140>.

United Nations Children's Fund (2018a). 'Food Systems for Children and Adolescents: Working together to secure nutritious diets – Interim summary report', 5–7 November 2018. Florence: UNICEF Office of Research Innocenti. Available at: <https://www.unicef.org/documents/innocenti-framework-food-systems-children-andadolescents>.

United Nations Children's Fund (2018b). 'Situation of Women and Children in Sierra Leone 2018', unpublished.

United Nations Children's Fund (2018c). *Conceptual Framework for Measuring Outcomes of Adolescent Participation*. Humanitarian UNICEF. Available at: <https://www.corecommitments.unicef.org/kp/conceptual-framework-for-measuring-outcomes-of-adolescent-participation.url>.

United Nations Children's Fund (2019a). *Core Guidance: New generation situation analysis*. New York: UNICEF. Available at: <https://www.unicef.org/croatia/sites/unicef.org.croatia/files/2020-02/Annex%201_SitAn%20Core%20Guidance.pdf>.

United Nations Children's Fund (2019b). *National Mixed Methods Study on the Knowledge, Attitudes, Practice and Barriers on Maternal, Infant and Young Child Nutrition in Sierra Leone*. Sierra Leone, UNICEF, Irish Aid and Action Against Hunger.

United Nations Children's Fund (2020a). 'Draft Study of Bondo Initiation in Sierra Leone'. UNICEF Sierra Leone.

United Nations Children's Fund (2020b). 'Fact Sheet: Handwashing with soap, critical in the fight against coronavirus, is "out of reach" for billions', 13 March 2020. UNICEF. Available at: <https://www.unicef.org/press-releases/fact-sheet-handwashing-soap-critical-fight-against-coronavirus-out-reach-billions>.

United Nations Children's Fund (2020c). *Nutrition, for Every Child: UNICEF Nutrition Strategy 2020–2030*. New York: UNICEF.

United Nations Children's Fund (2020d). 'UNFPA-UNICEF Global Programme to End Child Marriage: Driving action to reach the girls at greatest risk'. UNICEF. Available at: <https://www.unicef.org/protection/unfpa-unicef-global-programme-end-child-marriage>.

United Nations Children's Fund (2021a). *Baseline Study on Social Norms and Behavioural Drivers Related to Child Marriage in Sierra Leone*. UNICEF.

United Nations Children's Fund (2021b). *Regional Brief: Africa – The state of the world's children 2021: On my mind – Promoting, protecting and caring for children's mental health*. UNICEF. Available at: <https://www.unicef.org/media/109886/file/SOWC%202021%20Africa%20regional%20brief.pdf>.

United Nations Children's Fund (2021c). *#Reimagine Justice for Children*. New York: UNICEF. Available at: <https://www.unicef.org/media/110176/file/Reimagine-Justice-for-Children.pdf>.

United Nations Children's Fund (2021d). *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*. New York: UNICEF Division of Data, Analytics, Planning and Monitoring. Available at: <https://data.unicef.org/resources/children-with-disabilities-report-2021/>.

United Nations Children's Fund (2021e). *The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index – Summary edition*. New York: UNICEF. Available at: <https://www.unicef.org/media/105531/file/UNICEF_climate%20crisis_child_rights_crisis-summary.pdf>.

United Nations Children's Fund (2021f). *The Current Status of Vital Statistics and Civil Registration Systems in Sierra Leone*. UNICEF.

United Nations Children's Fund (2021g). *UNICEF Child Protection Strategy 2021–2030*. New York: UNICEF Child Protection Section. Available at: <https://www.unicef.org/documents/child-protection-strategy>.

United Nations Children's Fund (2022a). *Child Marriage in West and Central Africa: A statistical overview and reflections on ending the practice*. New York: UNICEF.

United Nations Children's Fund (2022b). *Climate Landscape Analysis for Children (CLAC): Sierra Leone*. Freetown: UNICEF.

United Nations Children's Fund (2022c). *End of Year Results Summary Narrative: Update on the context and situation of children*. Freetown: UNICEF Sierra Leone.

United Nations Children's Fund (2023a). *Analysis of the CCRI for Least Developed Countries*. New York: UNICEF. Available at: <https://www.unicef.org/media/135686/file/Analysis%20of%20the%20CCRI%20for%20Least%20Developed%20%20Countries.pdf>.

United Nations Children's Fund (2023b). 'Immunization'. UNICEF Data. Retrieved from: <https://data.unicef.org/topic/child-health/immunization/>.

United Nations Children's Fund (2023c). *Progress on Children's Well-Being: Centring child rights in the 2030 Agenda – For every child, a sustainable future*. New York: UNICEF Division of Data, Analytics, Planning and Monitoring (DAPM) – Data and Analytics Section.

United Nations Children's Fund (2023d). *The State of the World's Children 2023: For every child, vaccination*. Florence: UNICEF Innocenti – Global Office of Research and Foresight. Available at: <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>.

United Nations Children's Fund (n.d.). 'Adolescent Data Portal'. UNICEF. Retrieved from: <https://data.unicef.org/adp/>.

United Nations Children's Fund and Economic Policy Research Institute (2018). *Sierra Leone Community-Based Early Childhood Development (CB-ECD) Baseline Report*.

United Nations Children's Fund and European Commission. (2021). *Guidance on Child and Adolescent Participation*. UNICEF and European Commission. Available at: <https://www.unicef.org/eca/documents/guidance-child-and-adolescent-participation>.

United Nations Children's Fund and International Telecommunications Union (n.d.). 'Sub-Saharan Africa: Sierra Leone'. Giga. Retrieved from: <https://giga.global/sierra-leone/>, 1 January 2023.

United Nations Children's Fund and Irish Aid (2021). *Out-of-School Children Study Sierra Leone*. Sierra Leone, UNICEF and Irish Aid. Available at: <https://www.unicef.org/sierraleone/media/1186/file/Out-Of-School%20Children%20Study%20Sierra%20Leone.pdf>.

United Nations Children's Fund and World Bank (2016). *Ending Extreme Poverty: A focus on children – Briefing note*. UNICEF and World Bank. Available at: <https://www.unicef.org/media/49996/file/Ending_Extreme_Poverty_A_Focus_on_Children_Oct_2016.pdf>.

United Nations Children's Fund Data (2016). 'Module on Child Functioning: Questionnaires'. UNICEF. Available at: <https://data.unicef.org/resources/module-child-functioning/>.

United Nations Children's Fund Sierra Leone (2023). 'Results Assessment Module: Country Programme 3900/A0/08 – Sierra Leone Country Programme (2020–2023)'.

United Nations Conference for Trade and Development (2019). 'Commodity-Dependent Countries Urged to Diversify Exports', 16 April 2019. UNCTAD. Available at: <https://unctad.org/news/commodity-dependent-countries-urged-diversify-exports>.

United Nations Department of Economic and Social Affairs (2022). 'World Population Prospects: The 2022 revision (medium variant)'. United Nations.

United Nations Department of Economic and Social Affairs (n.d.-a). 'Data: Visualizations – Sex ratio at birth'. United Nations Data Portal: Population Division. Retrieved from: <https://population.un.org/dataportal/data/indicators/58/locations/694/start/1990/end/2030/table/pivotbylocation>, 1 January 2023.

United Nations Department of Economic and Social Affairs (n.d.-b). 'Data: Visualizations – Total fertility rate'. United Nations Data Portal: Population Division. Retrieved from: <https://population.un.org/dataportal/data/indicators/19/locations/694/start/1990/end/2030/table/pivotbylocation>, 1 January 2023.

United Nations Department of Economic and Social Affairs (n.d.-c). 'Least Developed Country Category: Sierra Leone profile'. United Nations Department of Economic and Social Affairs: Economic Analysis. Retrieved from: <http://www.un.org/development/desa/dpad/least-developed-country-category-sierra-leone.html>, 1 January 2023.

United Nations Department of Economic and Social Affairs (n.d.-d). 'Make the SDGs a Reality'. United Nations Department of Economic and Social Affairs: Sustainable Development. Available at: <https://sdgs.un.org/>.

United Nations Development Group (2003). *Indicators for Monitoring the Millennium Development Goals: Definitions, rationale, concepts and sources*. New York: United Nations. Available at: <https://unstats.un.org/unsd/publication/seriesf/seriesf_95e.pdf>.

United Nations Development Programme (2012). 'Saturday Courts Tackle Gender-Based Violence', 7 March 2012. ReliefWeb. Available at: <https://reliefweb.int/report/sierra-leone/saturday-courts-tackle-gender-based-violence>.

United Nations Development Programme (2017). *Sierra Leone: Landslide and floods – Recovery bulletin #6 (17 October 2017)*'. UNDP Sierra Leone. Available at: <https://reliefweb.int/report/sierra-leone/sierra-leone-landslide-and-floods-recovery-bulletin-6-17-october-2017>.

United Nations Development Programme (2021a). 'Human Development Reports: Gender inequality index (GII)'. UNDP. Available at: <https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII>.

United Nations Development Programme (2021b). 'Sierra Leone: Mainstreaming youth participation and inclusion into local and national decision-making', 12 May 2021. UNDP. Available at: <http://www.undp.org/sierra-leone/news/mainstreaming-youth-participation-inclusion-local-and-national-decision-making>.

United Nations Development Programme (2022a). *Capturing the Socioeconomic and Cultural Drivers of Sexual and Gender-Based Violence in Sierra Leone: Report*. UNDP Sierra Leone Available at: <www.undp.org/sierra-leone/publications/capturing-socioeconomic-and-cultural-drivers-sexual-and-gender-based-violence-sierra-leone>.

United Nations Development Programme (2022b). *Human Development Report 2021/2022: Uncertain times, unsettled lives – Shaping our future in a transforming world*. New York: UNDP.

United Nations Development Programme (n.d.). *Unstacking Global Poverty: Data for high impact action – Briefing note for countries on the 2023 Multidimensional Poverty Index: Sierra Leone*. Available at: <https://hdr.undp.org/sites/default/files/Country-Profiles/MPI/SLE.pdf>.

United Nations Development Programme and Oxford Poverty and Human Development Initiative (2022). *Global Multidimensional Poverty Index 2022: Unpacking deprivation bundles to reduce multidimensional poverty*. New York and Oxford: UNDP and OPHI.

United Nations Development Programme and Oxford Poverty and Human Development Initiative (2023). *Global Multidimensional Poverty Index 2023: Unstacking global poverty – Data for high impact action*.

United Nations Environment Programme (2021). 'How Sierra Leone is Taking on Water Pollution'. UNEP. Available at: <https://www.unep.org/news-and-stories/story/how-sierra-leone-taking-water-pollution>.

United Nations General Assembly (1989). *Convention on the Rights of the Child*, A/RES/44/25, 12 December 1989. United Nations. Available at: <http://wunrn.org/reference/pdf/Convention_Rights_Child.PDF>.

United Nations General Assembly (2000). *Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime*, 55/25, 15 November 2000. United Nations. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/protocol-prevent-suppress-and-punish-trafficking-persons>.

United Nations General Assembly (2010). *Guidelines for the Alternative Care of Children.* A/RES/64/142, 24 February 2010. United Nations. Available at: <https://resourcecentre.savethechildren.net/pdf/5416.pdf/>.

United Nations General Assembly (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development.* A/RES/70/1, 21 October 2015. United Nations. Available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement>.

United Nations Girls' Education Initiative (2021). 'Voices from Sierra Leone: Experiences in education of girls with disabilities', 5 May 2021. UNGEI. Available at: <https://www.ungei.org/blog-post/voices-sierra-leone-experiences-education-girls-disabilities>.

United Nations Human Rights Treaty Bodies (n.d.). 'Ratification Status for Sierra Leone'. United Nations Human Rights Treaty Bodies: UN Treaty Body Database. Retrieved from: <https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=156&Lang=EN>, 1 January 2023.

United Nations Inter-Agency Group for Child Mortality Estimation (2023). 'All-Cause Mortality: Sierra Leone – Under-five mortality rate'. UN IGME. Retrieved from: <https://childmortality.org/all-cause-mortality/data?refArea=SLE>.

United Nations Inter-Agency Group for Child Mortality Estimation (2024). *Levels and Trends in Child Mortality: Report 2023.* New York: UNICEF.

United Nations Office for the Coordination of Humanitarian Affairs (2019). 'Reliefweb: Sierra Leone – Floods: Aug 2019'. OCHA. Available at: <https://reliefweb.int/disaster/fl-2019-000089-sle>.

United Nations Office of Drugs and Crime (2017). 'Synthetic Cannabinoids Such As Spice Must Be Taken Out of Circulation, Says UNODC's Head of Laboratory', 25 April 2017. UNDOC. Available at: <http://www.unodc.org/unodc/en/frontpage/2017/April/synthetic-cannabinoids-such-as-spice-must-be-taken-out-of-circulation--says-unodcs-head-of-laboratory.html>.

United Nations Office for the Coordination of Humanitarian Affairs (2022). 'Reliefweb: Sierra Leone – Flash floods: Aug 2022'. OCHA. Available at: <https://reliefweb.int/disaster/ff-2022-000309-sle>.

United Nations Partnership on the Rights of People with Disabilities (2021). *Situational Analysis of the Rights of People with Disabilities: Sierra Leone – Country Report 2021*. UNPRPD. Available at: <https://unprpd.org/sites/default/files/library/2022-12/CR_SierraLeone_2021.pdf>.

United Nations Population Division (2021). 'Adolescent Fertility Rate (Births per 1,000 Women Aged 15–19) – Sierra Leone', quoted in World Bank, 'Data'. Retrieved from: <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=SL>.

United Nations Population Fund (2012). 'What we do: Gender equality'. UNFPA Sierra Leone. Available at: <https://sierraleone.unfpa.org/en/node/6135>.

United Nations Population Fund (2018). *Recovering from the Ebola Virus Disease: Rapid assessment of pregnant adolescent girls in Sierra Leone*. UNFPA Sierra Leone. Available at: <https://sierraleone.unfpa.org/en/publications/recovering-ebola-virus-disease-rapid-assessment-pregnant-adolescent-girls-sierra-leone>.

United Nations Population Fund (2023a). *State of World Population: 8 billion lives, infinite possibilities – The case for rights and choices*. New York: UNFPA.

United Nations Population Fund (2023b). 'World Population Dashboard: Sierra Leone'. UNPFA. Available at: <https://www.unfpa.org/data/world-population/SL>.

United Nations Population Fund and United Nations Children's Fund (2019). *Joint Evaluation Report: UNFPA–UNICEF Global Programme to Accelerate Action to End Child Marriage*. New York: UNICEF. Available at: <https://www.unicef.org/sites/default/files/2019-06/GP-2019-Evaluation.pdf>.

United Nations Security Council (2015). *Resolution 2250 (2015): Maintenance of international peace and security*, S/RES/2250, 9 December 2015. United Nations Security Council. Available at: <http://unscr.com/en/resolutions/doc/2250>.

United Nations Sustainable Development Group (2022). 'Why COP27 Matters to Sierra Leone', 3 November 2022. UNSDG. Available at: <https://unsdg.un.org/latest/blog/why-cop27-matters-sierra-leone>.

United States Agency for International Development (2016). *Climate Change Risk Profile: Sierra Leone – Fact Sheet*, August 2016. USAID. Available at: <https://pdf.usaid.gov/pdf_docs/pa00mtz3.pdf>.

United States Department of State, Office of International Religious Freedom (2022). 'Sierra Leone 2021 International Religious Freedom Report'. United States Department of State. Available at: <https://www.state.gov/reports/2021-report-on-international-religious-freedom/sierra-leone/>.

United States Department of State, Office to Monitor and Combat Trafficking in Persons (2022). '2022 Trafficking in Persons Report: Sierra Leone'. United States Department of State. Available at: <https://www.state.gov/reports/2022-trafficking-in-persons-report/sierra-leone/>.

University of Notre Dame (2015). *University of Notre Dame Global Adaptation Initiative: Country index technical report*. University of Notre Dame. Available at: <https://gain.nd.edu/assets/522870/nd_gain_countryindextechreport_2023_01.pdf>.

University of Notre Dame (n.d.). 'Notre Dame Global Adaptation Initiative: Rankings – Country index'. Retrieved from: <https://gain.nd.edu/our-work/country-index/rankings/>.

Van Breevoort, D. et al. (2021). 'Determinants of Breastfeeding Practice in Pujehun District, Southern Sierra Leone: A mixed-method study'. *International Breastfeeding Journal*, vol. 16, e42. Available at: <https://doi.org/10.1186/s13006-021-00390-4>.

Vandy, J. (2021). 'Vice President Hosts Social Health Insurance Scheme Meeting', 5 August 2021. Ministry of Information and Communications. Available at: <https://mic.gov.sl/Media/News/vice-president-hosts-social-health-insurance-scheme-meeting>.

WASH R&E Media (2021). 'Liberia: WASH Stakeholders review findings on menstrual health and hygiene management', 12 August 2021. AllAfrica Global Media. Available at: <https://allafrica.com/stories/202108120809.html>.

Weinberg, B. (2022). '"Kush" Scare Hits West Africa', 23 February 2022. Project CBD. Available at: <http://www.projectcbd.org/politics/kush-scare-hits-west-africa>.

Witter, S. et al. (2020). 'Opportunities and Challenges for Delivering Non-Communicable Disease Management and Services in Fragile and Post-Conflict Settings: Perceptions of policy-makers and health providers in Sierra Leone'. *Conflict and Health*, vol. 14, no. 3. Available at: <https://doi.org/10.1186/s13031-019-0248-3>.

Women's Refugee Commission and International Rescue Committee (2015). *'I See That It Is Possible': Building capacity for disability inclusion in gender-based violence programming in humanitarian settings*. New York: Women's Refugee Commission.

World Bank (2011). *Poverty and Inequality Analysis*. World Bank.

World Bank (2016). *Strengthening Coordination of Social Protection Policy and Interventions in Sierra Leone*. World Bank. Available at: <https://documents1.worldbank.org/curated/en/299311509521989306/pdf/120766-WP-P160852-PUBLIC.pdf>.

World Bank (2020). 'Poverty & Equity Brief: Africa Western and Central – Sierra Leone', October 2020. World Bank. Available at: <https://databankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/SM2020/Global_POVEQ_SLE.pdf>.

World Bank (2021a). 'Climate Change Knowledge Portal: Sierra Leone – Climate change overview: Country summary'. Available at: <https://climateknowledgeportal.worldbank.org/country/sierra-leone>.

World Bank (2021b). 'International Development Association Project Paper on a Proposed Additional Grant In the Amount of SDR 3.5 Million and a Proposed Grant In the Amount of US$3.5 Million From Health Emergency Preparedness and Response Trust Fund to the Republic of Sierra Leone For a Sierra Leone COVID-19 Emergency Preparedness and Response Project', 28 May 2021. Available at: <https://documents1.worldbank.org/curated/en/740421626184845139/pdf/Sierra-Leone-COVID-19-Emergency-Preparedness-and-Response-Project-Additional-Financing.pdf>.

World Bank (2021c). 'Service Delivery Indicators Health Survey 2018: Harmonized Public Use Data – Sierra Leone, 2018'. World Bank Microdata Library. Retrieved from: <https://microdata.worldbank.org/index.php/catalog/4038>.

World Bank (2021d). *Sierra Leone Programmatic Public Expenditure Reviews 2021: Social Assistance Programs*. World Bank. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/954831623666631234/sierra-leone-public-expenditure-review-2021-social-assistance-program>.

World Bank (2022). *Sierra Leone Poverty Assessment*. Available at: <https://www.thesierraleonetelegraph.com/wp-content/uploads/2022/12/Sierra-Leone-Poverty-Assessment-FINAL.pdf>.

World Bank (2023). 'Sierra Leone PSSNYE Project First Additional Financing (P180035): Additional financing appraisal environmental and social review summary – Appraisal stage'. Washington, D.C.: World Bank. Available at: <https://documents1.worldbank.org/curated/en/099041323203521044/pdf/P180035044c1a900f089c50025090702009.pdf>.

World Bank (n.d.). 'The World Bank in Sierra Leone: Overview'. World Bank. Available at: <http://www.worldbank.org/en/country/sierraleone/overview>.

World Bank and Ministry of Health, Directorate of Food and Nutrition (n.d.). 'Improving the Efficiency of Nutrition Investments for Better Outcomes in Sierra Leone: Results of

an allocative efficiency analysis using Optima Nutrition'. Available at: <https://thedocs.worldbank.org/en/doc/b088ab0aa54c06f7dcd420093a6a41f3-0390012021/related/Sierra-Leone-Optima-analysis-final.pdf>.

World Bank Data (n.d.-a). 'Birth Rate, Crude (per 1,000 people): Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/SP.DYN.CBRT.IN?locations=SL>, 1 January 2023.

World Bank Data (n.d.-b). 'Current Health Expenditure (% of GDP): Sub-Saharan Africa'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=ZG>, 1 January 2023.

World Bank Data (n.d.-c). 'Foreign Direct Investment, Net Inflows (% of GDP): Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/BX.KLT.DINV.WD.GD.ZS?locations=SL>, 1 January 2023.

World Bank Data (n.d.-d). 'GDP (Current US$): Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?end=2021&locations=SL&start=2010>, 1 January 2023.

World Bank Data (n.d.-e). 'GDP Growth (Annual %): Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?end=2021&locations=SL&start=2010>, 1 January 2023.

World Bank Data (n.d.-f). 'GDP Per Capita (Current US$): Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?end=2021&locations=SL&start=2010>, 1 January 2023.

World Bank Data (n.d.-g). 'Gini Index: Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/SI.POV.GINI?locations=SL>, 1 January 2023.

World Bank Data (n.d.-h). 'Government Expenditure on Education, Total (% of Government Expenditure: Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/SE.XPD.TOTL.GB.ZS?locations=SL>, 1 January 2023.

World Bank Data (n.d.-i). 'Population Living in Slums (% of Urban Population), Sierra Leone, 2020'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/EN.POP.SLUM.UR.ZS?locations=SL>, 1 January 2023.

World Bank Data (n.d.-j). 'Pupil-Teacher Ratio, Primary: Sub-Saharan Africa'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/SE.PRM.ENRL.TC.ZS?locations=ZG>, 1 January 2023.

World Bank Data (n.d.-k). 'Rural Population (% of Total Population): Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=SL>, 1 January 2023.

World Bank Data (n.d.-l). 'Urban Population (% of Total Population): Sierra Leone'. World Bank. Retrieved from: <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=SL>, 1 January 2023.

World Bank Group (2021). *Sierra Leone Public Expenditure Review 2021: Social assistance programs*. Washington, D.C.: World Bank Group.

World Bank Independent Evaluation Group (2018). *Sierra Leone: Integrated public financial management reform project*. Washington, D.C.: International Bank for Reconstruction and Development/World Bank. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/648961523885856500/sierra-leone-integrated-public-financial-management-reform-project>.

World Food Programme (2021a). *Sierra Leone Food Security Monitoring System Report*. Sierra Leone and WFP. Available at: <https://docs.wfp.org/api/documents/WFP-0000133124/download?_ga=2.101370881.1823054695.1675871830-1195023390.1675871830>.

World Food Programme (2021b). *Value Chain Assessment for Home Grown School Feeding: In brief*. WFP. Available at: <https://docs.wfp.org/api/documents/WFP-0000134690/download/?_ga=2.234024926.1303884468.1706192676-628937457.1706192676>.

World Food Programme (2022). 'Pilot Project in Sierra Leone Connects Local Farmers to Schools', 13 April 2002. Available at: <https://centrodeexcelencia.org.br/en/projeto-piloto-em-serra-leoa-liga-agricultores-locais-as-escolas>.

World Food Programme (2023a). *Food Security Monitoring System Report*. WFP Sierra Leone Country Office.

World Food Programme (2023b). *Market Prices Bulletin: WFP RAM – Sierra Leone, Quarter 4, 2022*. WFP Sierra Leone Country Office and Sierra Leone. Available at: <https://reliefweb.int/report/sierra-leone/wfp-ram-sierra-leone-market-prices-bulletin-quarter-4-2022>.

World Food Programme (n.d.). 'HungerMap Live: Sierra Leone'. WFP. Retrieved from: <https://hungermap.wfp.org/>.

World Health Organization (2006). *Working Together for Health: The world health report 2006*. Geneva: WHO.

World Health Organization (2007). *Everybody's Business: Strengthening health systems to improve health outcomes – WHO's framework for action*. Geneva: WHO. Available at: <https://iris.who.int/bitstream/handle/10665/43918/9789241596077_eng.pdf?sequence=1>.

World Health Organization (2008). *Eliminating female genital mutilation: An interagency statement – OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*. Geneva: WHO. Available at: <http://apps.who.int/iris/handle/10665/43839>.

World Health Organization (2009). *Water, Sanitation and Hygiene Standards for Schools in Low-Cost Settings*. Geneva: WHO.

World Health Organization (2014a). *Global Nutrition Targets 2025: Anaemia policy brief*. Geneva: WHO. Available at: <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.4>.

World Health Organization (2014b). *Global Nutrition Targets 2025: Childhood overweight policy brief*. Geneva: WHO. Available at: <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.6>.

World Health Organization (2016). *Ebola Situation Report*, 17 February 2016. WHO. Available at: <https://reliefweb.int/report/sierra-leone/who-ebola-situation-report-17-february-2016>.

World Health Organization (2018a). *Global Status Report on Alcohol and Health 2018*. Geneva: WHO. Available at: <https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf>.

World Health Organization (2018b). 'Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Early childhood development', A71/19, 10 May 2018, Report by Director-General. WHO. Available at: <https://www.who.int/publications/i/item/A71-19>.

World Health Organization (2019). 'Sierra Leone Leads the Way in Africa with Fully Functional Electronic Disease Surveillance System', 6 June 2019. WHO Sierra Leone. Available at: <http://www.afro.who.int/news/sierra-leone-leads-way-africa-fully-functional-electronic-disease-surveillance-system>.

World Health Organization (2022a). 'Anaemia'. WHO. Available at: <https://www.who.int/health-topics/anaemia#tab=tab_1>.

World Health Organization (2022b). 'Asthma'. WHO. Available at: <http://www.who.int/news-room/fact-sheets/detail/asthma>.

World Health Organization (2022c). 'Education and Provisions for Adequate Menstrual Hygiene Management at School Can Prevent Adverse Health Consequences', 27 May 2022. WHO. Available at: <https://www.who.int/europe/news/item/27-05-2022-education-and-provisions-for-adequate-menstrual-hygiene-management-at-school-can-prevent-adverse-health-consequences>.

World Health Organization (2022d). 'Expanding Treatment of Mental Illness in Rural Sierra Leone', 20 October 2022. WHO Sierra Leone. Available at: <http://www.afro.who.int/countries/sierra-leone/news/expanding-treatment-mental-illness-rural-sierra-leone>.

World Health Organization (2022e). *Global Tuberculosis Report 2022*. Geneva: WHO. Available at: <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022>.

World Health Organization (2022f). 'Oral Health'. WHO Africa Region. Available at: <http://www.afro.who.int/health-topics/oral-health>.

World Health Organization (2022g). 'Sierra Leone Becomes 38th Country with Tobacco Control Laws in WHO African Region', 5 August 2022. WHO Sierra Leone. Available at: <http://www.afro.who.int/fr/node/16503>.

World Health Organization (2022h). 'Sierra Leone Introduces Human Papilloma Virus Vaccine to Protect Girls from Cervical Cancer' 3 October 2022. WHO Sierra Leone. Available at: <http://www.afro.who.int/countries/sierra-leone/news/sierra-leone-introduces-human-papilloma-virus-vaccine-protect-girls-cervical-cancer>.

World Health Organization (2022i). *Strong Systems and Sound Investments: Evidence on and key insights into accelerating progress on sanitation, drinking-water and hygiene – UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2022 report*. Geneva: WHO.

World Health Organization (2022j). 'UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2022 Report'. GLAAS Data Portal. Available at: <https://glaas.who.int/glaas/un-water-global-analysis-and-assessment-of-sanitation-and-drinking-water-(glaas)-2022-report>.

World Health Organization (2023a). 'Sierra Leone: The last mile of COVID-19 vaccine delivery', 15 February 2023. WHO. Available at: <https://www.who.int/news-room/feature-stories/detail/sierra-leone--the-last-mile-of-covid-19-vaccine-delivery>.

World Health Organization (2023b). 'WHO COVID-19 Dashboard: Sierra Leone'. WHO. Retrieved from: <https://covid19.who.int/region/afro/country/sl>,1 January 2023.

World Health Organization (n.d.-a). 'Breastfeeding: Recommendations'. WHO. Available at: <http://www.who.int/health-topics/breastfeeding#tab=tab_2>.

World Health Organization (n.d.-b). 'Global Tuberculosis Programme: Tuberculosis data – WHO TB burden estimates'. WHO. Available at: <https://www.who.int/teams/global-tuberculosis-programme/data#csv_files>.

World Health Organization (n.d.-c). 'Nutrition and Food Safety: Global targets 2025 – To improve maternal, infant and young chil nutrition'. WHO. Available at: <www.who.int/teams/nutrition-and-food-safety/global-targets-2025>.

World Health Organization (n.d.-d). 'SAFER partners'. SAFER, WHO. Available at: <https://www.who.int/initiatives/SAFER/about#:~:text=The%20objective%20of%20the%20initiative>.

World Health Organization (n.d.-e). *Strengthening Emergency Preparedness and Response in Sierra Leone: Inaugural WHO Partners Forum case study*. WHO. Available at: <https://www.who.int/docs/default-source/un-high-level-meeting-on-tb/7-sierra-leone-ebola-preparedness.pdf?sfvrsn=2a094232_2>.

World Health Organization (n.d.-f). *Stunted Growth and Development: Context, causes and consequences – WHO conceptual framework*. WHO. Available at: <www.who.int/nutrition/healthygrowthproj/en/index1.html>.

World Health Organization (n.d.-g). 'Tracking Tool: Exclusive breastfeeding'. Global Targets 2015. Retrieved from: <https://extranet.who.int/nhdtargets/en/ExclusiveBreastfeeding>, 21 February 2023.

World Health Organization (n.d.-h). 'Tracking Tool: Wasting'. Global Targets 2015. Retrieved from: <https://extranet.who.int/nhdtargets/en/Wasting>, 21 February 2023.

World Health Organization, Sierra Leone and Centers for Disease Control and Prevention (2018). *Global Youth Tobacco Survey: Sierra Leone 2017 – Fact Sheet*. WHO, Sierra Leone and CDC. Available at: <https://extranet.who.int/ncdsmicrodata/index.php/catalog/783/download/5456>.

World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2021). *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2020: Five years into the SDGs*. Geneva: WHO and UNICEF. Available at: <https://www.who.int/publications/i/item/9789240030848>.

World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2022). *Progress on WASH in health care facilities 2000–2021: Special focus on WASH and infection prevention and control (IPC)*. Geneva: WHO and UNICEF.

World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (n.d.). 'JMP WASH data: Sierra Leone'. WHO–UNICEF JMP. Retrieved from: <https://washdata.org/data/household#!/table?geo0=country&geo1=SLE> and <https://washdata.org/data/school#!/table?geo0=country&geo1=SLE>, 24 October 2023.

World Health Organization and United Nations Economic Commission for Europe (2022). *Water, Sanitation and Hygiene in Health-Care Facilities: A practical tool for situation assessment and improvement planning*. Copenhagen: WHO Regional Office for Europe. Available at: <https://iris.who.int/bitstream/handle/10665/363511/9789289058421-eng.pdf?sequence=3>.

World Health Organization, World Food Programme and United Nations Children's Fund (2007). *Preventing and Controlling Micronutrient Deficiencies in Populations Affected by an Emergency: Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months*. WHO, WFP and UNICEF. Available at: <https://www.who.int/publications/m/item/WHO-WFP-UNICEF-statement-micronutrients-deficiencies-emergency>.

World Population Review (n.d.). 'Freetown Population 2022'. World Population Review. Retrieved from: <https://worldpopulationreview.com/world-cities/freetown-population>, 1 January 2023.

WorldData.info (2020). 'The Median and Average Age in Global Comparison'. WorldData.info. Retrieved from: <https://www.worlddata.info/average-age.php>.

Yoder, H. N. C. et al. (2016). 'Child Mental Health in Sierra Leone: A survey and exploratory qualitative study'. *International Journal of Mental Health Systems*, vol. 10. Available at: <https://doi.org/10.1186/s13033-016-0080-8>.

Zar, H. J., and T. W. Ferkol (2014). 'The Global Burden of Respiratory Disease: Impact on child health'. *Pediatric Pulmonology*, vol. 49, no. 5, pp, 430–434. Available at: <https://doi.org/10.1002/ppul.23030>.

Zembe, J. et al. (2022). 'Population Health Trends Analysis and Burden of Disease Profile Observed in Sierra Leone from 1990 to 2017'. *BMC Public Health*, vol. 22. Available at: <https://doi.org/10.1186/s12889-022-14104-w>.

Zuilkowski, S. S. et al. (2019). 'Parenting and Discipline in Post-Conflict Sierra Leone'. *Child Abuse and Neglect*, vol. 97. Available at: <https://doi.org/10.1016/j.chiabu.2019.104138>.

Annexes

Annex A: Anonymized list of KII participants

No.	Interview	No. of participants	Date
National-level KIIs			
1	Interview with Stats SL	1	22 November 2022
2	Interview with UNFPA Sierra Leone	1	22 November 2022
3	Interview with HAPPY Kids and Adolescents NGO	1	23 November 2022
4	Interview with Focus 1000 NGO	1	23 November 2022
5	Interview with MoSW	1	23 November 2022
6	Group interview with MoHS (Environment and Sanitation Section, WASH Programme Representative)	3	23 November 2022
7	Interview with UNICEF Chief of Health and Nutrition	1	23 November 2022
8	Interview with UNICEF Chief of WASH	1	24 November 2022
9	Interview with NWRMA	1	24 November 2022
10	Interview with Head of Academic Staff Association	1	24 November 2022
11	Group interview with MoPED	4	24 November 2022
12	Interview with Food and Nutrition Section, MoHS	1	24 November 2022
13	Interview with the Youth and Child Advocacy Network	1	24 November 2022
14	Group interview with Department for Science, Technology and Innovation	2	24 November 2022
15	Interview with UNICEF Chief of Social Protection	1	25 November 2022
16	Interview with WASH Coordinator, MBSSE	1	25 November 2022
17	Interview with UNICEF Officer in Charge, Chief of Innovation	1	25 November 2022
18	Group interview with Ministry of Gender and Children's Affairs	2	25 November 2022
19	Interview with Ministry of Technical and Higher Education	1	25 November 2022
20	Interview with Restless Development NGO	1	25 November 2022
21	Interview with MBSSE Director for School Quality and Assurance	1	29 November 2022
22	Group interview with UNICEF Immunization Team	2	29 November 2022
23	Interview with MBSSE Curriculum and Research Unit	1	30 November 2022
24	Interview with Purposeful NGO	1	15 December 2022
25	Interview with UN Women	1	9 February 2023
26	Interview with Foreign, Commonwealth and Development Office	1	1 February 2023
27	Interview with Sierra Leone Police Family Support Unit	1	3 April 2023
28	Interview with Teaching Services Commission	2	5 April 2023
Other KIIs			
29	Interview with teacher/sign-language interpreter from the School for the Hearing Impaired, Freetown	1	29 November 2022

Annex B: Legislation

Guma Valley, Company Act, 2017

Guma Valley, Water Company Ordinance, 1961

Sierra Leone, Anti-Corruption (Amendment) Act, 2008

Sierra Leone, Anti-Corruption (Amendment) Act, 2019

Sierra Leone, Anti-Corruption Act, 2000

Sierra Leone, Anti-Human Trafficking Act, 2005

Sierra Leone, Anti-Human Trafficking and Smuggling Act, 2022

Sierra Leone, Child Rights Act, 2007

Sierra Leone, Children and Young Persons Act, 1945

Sierra Leone, Civil Registration Act, 2006

Sierra Leone, Civil Registration Act, 2016

Sierra Leone, Constitution, 1991

Sierra Leone, Criminal Procedure Act, 2015

Sierra Leone, Disability Act, 2011

Sierra Leone, Domestic Violence Act, 2007

Sierra Leone, Education Act, 2004

Sierra Leone, Electricity and Water Regulation Commission Act, 2011

Sierra Leone, Environment Protection Agency Act, 2008

Sierra Leone, Free Health Care Initiative, Presidential Decree, 2010

Sierra Leone, Insurance Act, 2016

Sierra Leone, Mental Health Act, 2021

Sierra Leone, National Disaster Management Act, 2020

Sierra Leone, National Drugs Control Act, 2008

Sierra Leone, National Security and Central Intelligence Act, 2017

Sierra Leone, National Social Protection Policy, 2011

Sierra Leone, National Water Resources Management Agency (NWMRA) Act, 2017

Sierra Leone, Persons with Disability Act, 2021

Sierra Leone, Prevention of Cruelty to Children Ordinance, 1926

Sierra Leone, Public Financial Management Act, 2016

Sierra Leone, Public Health (Amendment) Act, 2014

Sierra Leone, Sexual Offences Act (Amended), 2019

Sierra Leone, Sexual Offences Act, 2012

Sierra Leone, Social Security Act, 2001

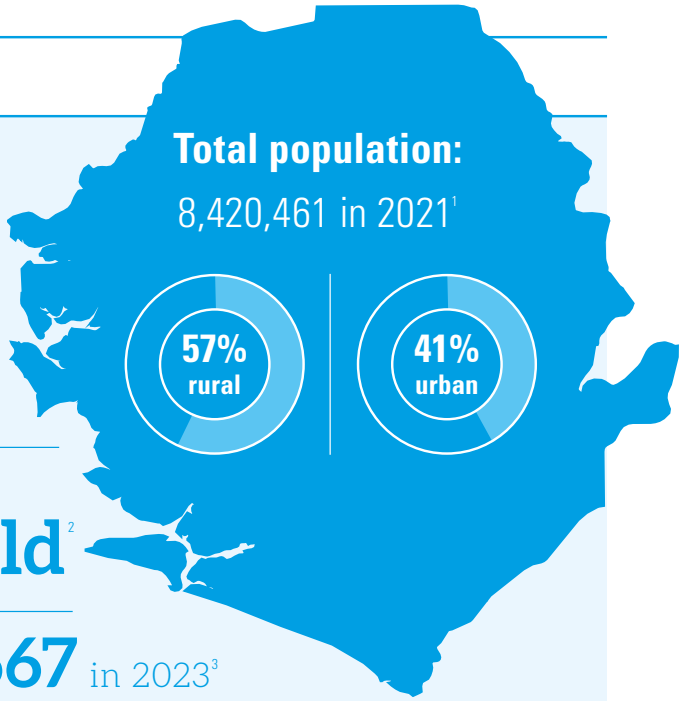
Sierra Leone, Water Company Act, 2001

Sierra Leone, Water Company Act, 2017

Sierra Leone, Workmen's Compensation Act, 1960

Annex C: Children and adolescents in Sierra Leone – A snapshot

COUNTRY CONTEXT



Children under 18 years:
3,880,000[1]

Children under 5 years:
1,880,000[1]

Median age:
19.1 years old[2]

Gender Gap Index: **0.667** in 2023[3]

Sierra Leone is a low-income country[1] **making progress towards the SDGs 2030** for children, but facing **high risk** of the impact of **inflation** and **climate change**[4]

Annual economic growth:
3.5%[5]

Gini ratio:
0.36 in 2018[6]

Poverty

SDG 1
TARGET: 0%

59.2% of the population live in **poverty**:

- **73.9% (rural)**
- **34.8% (urban)**[7]

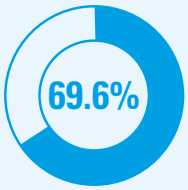
12.9% live in **extreme poverty**:

- **15.3% (rural)**
- **4.1% (urban)**[8]

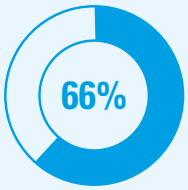
54.5% experience **food poverty**[8]

Child poverty[7]

Children affected by **poverty** (MPI)



Children affected by **multidimensional poverty** (MODA)[10]



Social protection[9]

Only **4.4%** of the population are **covered** by at least one **social protection benefit**

Only **0.8%** of children are **covered** by **social protection systems**

CHILD SURVIVAL AND THRIVING

Sierra Leone is one of **40 low-income countries** that have made significant **progress** towards achieving the **child-related SDG targets of the 2030 Agenda**;[11] although **under-five and maternal mortality rates** have **reduced substantially** over the last 10 years, they remain **high**, compromising Sierra Leone's chances of **achieving the SDG 3 targets**

Maternal health

Sierra Leone has one of the **highest maternal mortality rates** in the world

Deaths per 100,000 births:

717 in 2019[12]

443 in 2023[13]

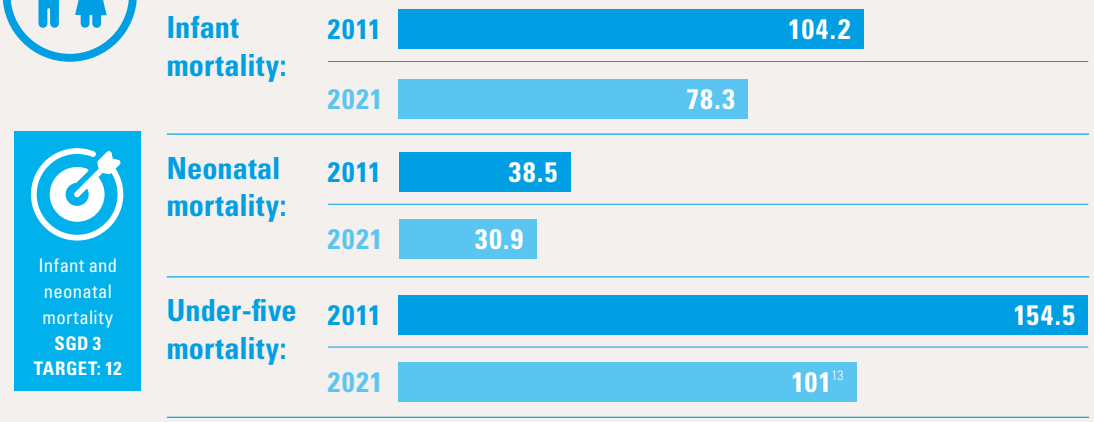
SDG 3 TARGET: 70 deaths

About **1 in 10 maternal deaths** is due to **unsafe abortion**[14]

1 in 4 maternal deaths is due to **haemorrhage**

Child survival

Mortality rates per 1,000 live births



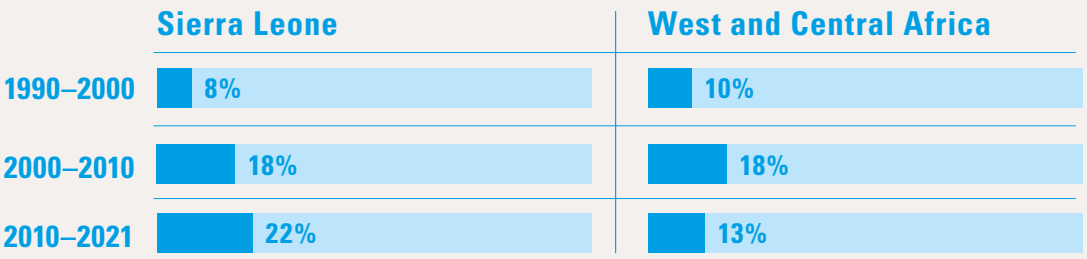
Infant and neonatal mortality SGD 3 TARGET: 12

Under-five mortality SDG 3 TARGET: 25

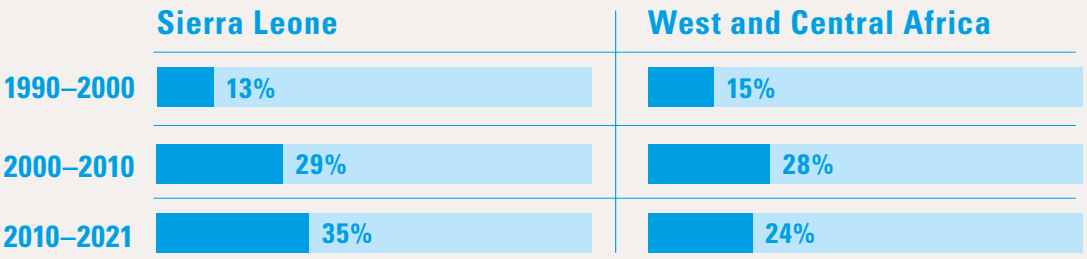
Geographic variation

While **under-five mortality** rates are **very high** in the districts of **Port Loko (186)** and **Kambia (143)** in the north-east and **Kenema (159)** in the south-west, the district of **Bonthe (74)** has the rate **closest to the SDG 3 2030 target** of 25[12]

Decline in neonatal mortality



Decline in under-five mortality



Disease and infection

45% **decrease** in incidence of **malaria** between 2016 and 2021[15]

Malaria, acute respiratory infection and **diarrhoeal disease** are the leading causes of **morbidity** and **mortality** in children[32]

Number of children with HIV:[16]

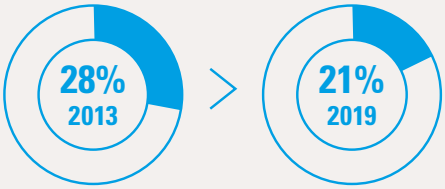
- aged 0–14 years: **6,684**
- aged 10–19 years: **6,277**

Women and girls

Only **22%** of **women and girls aged 15–49 years** make **informed decisions** regarding **sexual relations**, **contraceptive use** and reproductive **health care**[1]

34% of all **pregnancies** occur in **adolescent girls**

Childbearing in girls aged 15–19 years:[12]



Health insurance

Children with health insurance coverage

Under 5 years of age: **3.9%**

Aged 5–17 years: **1.8%**

Nutrition

62.4% of the population experience **insufficient food consumption**[17]

Children

SDG 2 TARGETS:
0% hunger
0% malnutrition
2.5% wasting
16.8% stunting

Stunting (under 5 years of age)

- **36% in 2008**
- **30% in 2019**[12]
- **26.2% in 2021**

Acute malnutrition (aged 6–59 months)

5.2% in 2019[12] **and 2021**[19]

Underweight[18]

- **7.5% in 2010**
- **5.4% in 2019**

Anaemia: 68%[12]

SAFE ENVIRONMENT: WATER, SANITATION AND HYGIENE

Water

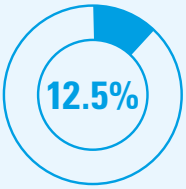
Households with access to basic water services

60.3% in 2017[20]

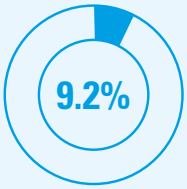
63.7% in 2020[20]

62.6% in 2022[21]

SDG 6 TARGET: 100% access to safe, affordable drinking water



of people in **urban** areas have access to **safely managed water services**



of people in **rural** areas have access to **safely managed water services**

45.5% of the **rural population** do not have **access** to **improved drinking water**[22]

Sanitation and hygiene

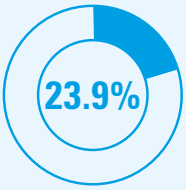
31.4% of the population have **access** to **basic sanitation services**[20]

SDG 6 TARGET: 100% access

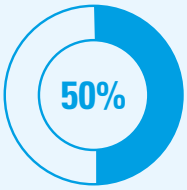
25.1% of the population practise **open defecation**

SDG 6 TARGET: 0%

2.7% of **persons with disabilities** can use and access **household latrines**[21]



of **schools** have **no sanitation services**[23]



of **schools** have **no hygiene services**[23]

Many **adolescent girls drop out of school** as a result of **menstruation**

LEARNING AND SKILLS-EDUCATION

Enrolment

50% **increase** in **enrolment** at all levels of **education**

SDG 4 TARGET: 100% access

Proportion of children entering schooling who complete last grade:

49% in 2018

90% in 2021

22% of children aged 6–18 years were **out of school** in 2018

Low participation in **technical** and **vocational education**

High levels of **sexual violence** at schools **negatively impacts girls' school attendance**

Children with disabilities

School enrolment

47,965 in 2019 ↓ **27,368** in 2021

Limited available **opportunities** for **technical** and **vocational education**

Learning outcomes

Pass rates in 2019[24]

76% National Primary School Examination

46% Basic Education Certificate Examination

Teaching staff

58.7% have the required **minimum qualification** for the **level** at which they are **teaching**

In 2019, **only 28%** were **women** in 2019

CHILD PROTECTION

Birth registration

Registered births[12]

Sierra Leone is **on track** to achieve the **SDG 2030 target** for **birth registrations**, if persistent efforts continue

SDG 16 TARGET: 100%

Children aged under 1 year

77% in 2013

90% in 2017

Children aged under 5 years

76.7% in 2013

90% in 2019

Birth registration is:

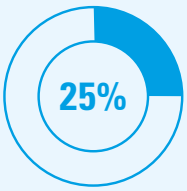
slightly **higher** for **girls** than boys[12 22]

higher in **urban** than rural areas[12 22]

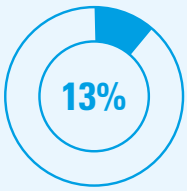
31% of **children under 5 years** had **birth certificates** in 2019[12]

Children without parental care[22]

Of all children:



do not live with their **biological parents**



have **lost one** or **both parents**

59.5% of **children** in the **poorest wealth index quintile**, who are not living with their parents, **live with their grandparents**

Child labour

Engaged in child labour

Almost **1 in 5 adolescents** aged **12–14 years**[25]

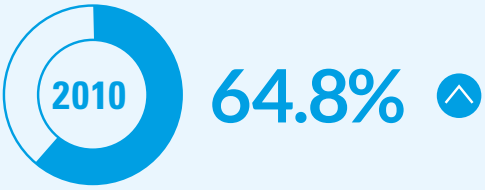
Almost **1 in 2 children** aged **5–17 years**[22]

SDG 8 TARGET: 0%

Violence against children

Children (aged 1–14 years) who **experienced violent discipline at home**[22]

SDG 16 TARGET: 0%



Violence against **women** and **girls** aged 15–49 years[12]

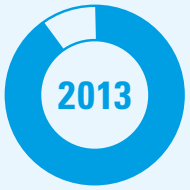
SDG 5 TARGET: 0%

Sexual violence

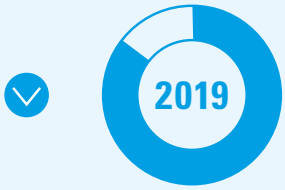
Physical violence

Female genital mutilation/cutting

All girls and women[12]



90%



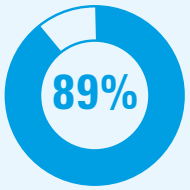
83%

SDG 5 TARGET: 0%

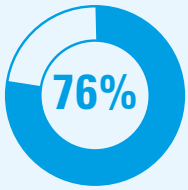
Girls aged 15–19 years:

Women aged 45–49 years:

Geographical variation[12]



Rural women

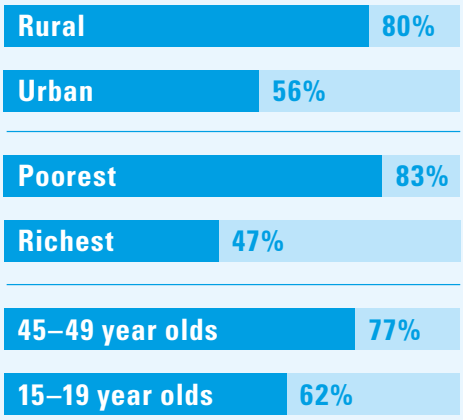


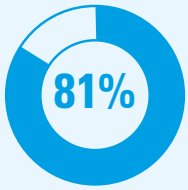
Urban women

Prevalence is highest in the North West Province, where the district of Karene has a **97.6%** rate, and **lowest in the Southern Province**, where the district of Bo has a **65.1%** rate

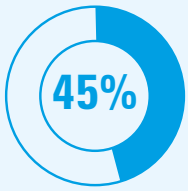
Attitudes[22]

Support for female genital mutilation/cutting is **highest** amongst **older rural women with little or no education**





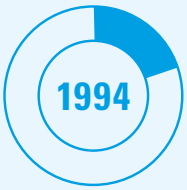
Those with no education



Those with secondary or higher education

Child marriage[26 27]

Before the age of 15 years:

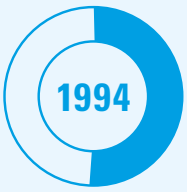


21% ↓

9%

SDG 5 TARGET: 0%

Before the age of 18 years:



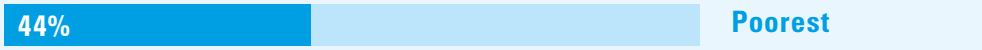
51% ↓

30%

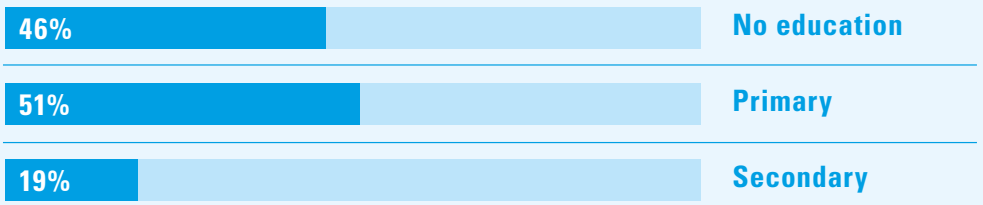
Drivers

Girls from **poor, rural families** are **most likely** to be **married before** the age of **18**[12]

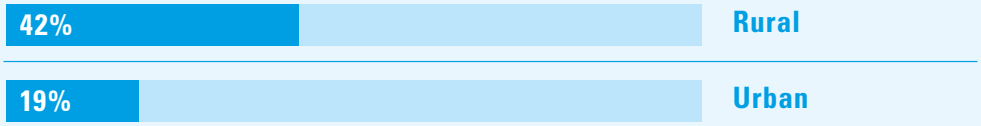
Wealth quintile:[28]



Education:[28]



Residence:[28]



Justice for children[29]

Reported juvenile offences

1,367 children in 2019 (1,170 males, 197 females) | **844 children** in 2022 (19 males, 165 females)

Increasing poverty has led to an **increase in juvenile offences of an economic nature**

Child victims of crime

5,343 children in 2019 (815 males and 4,528 females) ▼ **3,949 children** in 2022 (835 males and 3,114 females)

Most common crimes (2019–2022)

Sexual violence **10,822 cases** | Physical abuse **4,141 cases**

Child trafficking

Sierra Leone is classified as a **Tier 2 country**[30]

Most children are **trafficked** from **poor rural areas** to **urban areas**[31]

SDG 16 TARGET: 0%

Children identified as trafficked[29]

20 in 2019 = **20** in 2020 ▲ **48** in 2021 ▼ **24** in 2022

Most vulnerable to trafficking[31]

Children aged **12–17 years** | Children who have lost **one** or **both parents** | **Out-of-school** children

ENDNOTES

1. United Nations Children's Fund (2023). *The State of the World's Children 2023: For every child, vaccination*. Florence: UNICEF Innocenti – Global Office of Research and Foresight. Available at: <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>.
2. WorldData.info (2020). 'The Average Age in Global Comparison'. Available at: <https://www.worlddata.info/average-age.php>.
3. World Economic Forum (2022). *Global Gender Gap Report: Insight report June 2023*. World Economic Forum.
4. United Nations Children's Fund (2023). *Analysis of the CCRI for Least Developed Countries*. New York: UNICEF. Available at: <https://www.unicef.org/documents/CCRI-LDCs>.
5. World Bank (2023). *Sierra Leone Economic Update: Enhancing value chains to boost food security*.
6. World Bank Group (2020). 'Poverty & Equity Brief: Africa Western & Central – Sierra Leone', October 2020. Available at: <https://databankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/SM2020/Global_POVEQ_SLE.pdf>.
7. Statistics Sierra Leone, Oxford Poverty and Human Development Initiative and United Nations Development Programme (n.d.). *Sierra Leone Multidimensional Poverty Index 2019*. Available at: <https://ophi.org.uk/wp-content/uploads/Sierra_Leone_MPI_2019_final.pdf>.
8. Statistics Sierra Leone (2019). 'Sierra Leone Integrated Household Survey (SLIHS) Report 2018'. Available at: <https://www.statistics.sl/images/StatisticsSL/Documents/SLIHS2018/SLIHS_2018_New/sierra_leone_integrated_household_survey2018_report.pdf>.
9. International Labour Organization (n.d.). 'World Social Protection Data Dashboards: Social protection legal coverage, by function'. Available at: <https://www.social-protection.org/gimi/WSPDB.action?id=1468>, accessed on 24 October 2023.
10. Statistics Sierra Leone and United Nations Children's Fund (2019). *Multidimensional Child Poverty in Sierra Leone*. Government of Sierra Leone and UNICEF.
11. United Nations Children's Fund (2023). *Progress on Children's Well-Being: Centring child rights in the 2030 Agenda – For every child, a sustainable future*. New York: UNICEF Division of Data, Analytics, Planning and Monitoring (DAPM) – Data and Analytics Section.
12. Statistics Sierra Leone and ICF (2020). *Sierra Leone Demographic and Health Survey 2019*. Freetown, Sierra Leone and Rockville, Maryland, USA: Stats SL and ICF. Available at: <https://dhsprogram.com/pubs/pdf/FR365/FR365.pdf> and <http://www.statistics.sl/index.php/the-2019-sierra-leone-demographic-and-health-survey-2019-sldhs.html>.
13. United Nations Inter-agency Group for Child Mortality Estimation (2024). *Levels and Trends in Child Mortality: Report 2023*. New York: UNICEF.
14. November, L. and J. Sandall (2018). '"Just because she's young, it doesn't mean she has to die": Exploring the contributing factors to high maternal mortality in adolescents in Eastern Freetown – A qualitative study', *Reproductive Health*, vol. 15, no. 1.
15. National Malaria Control Programme (2022). *Malaria Indicator Survey 2021*. Freetown: NMCP.
16. Joint United Nations Programme on HIV/AIDS (2021). *UNAIDS Data 2021*. Geneva: UNAIDS. Available at: <https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf>.
17. World Food Programme (n.d.). 'Hunger Map: Sierra Leone'. Available at: <https://hungermap.wfp.org/>, accessed 8 February 2023.
18. World Health Organization (n.d.). 'Global Targets: Tracking Tool – Wasting'. Available at: <https://extranet.who.int/nhdtargets/en/Wasting>, accessed 21 February 2023.
19. Ministry of Health and Sanitation and United Nations Children's Fund (2021). *National Nutrition Survey 2021*. Freetown: Government of Sierra Leone and UNICEF. Available at: <https://mohs.gov.sl/download/43/publication/17237/sierra-leone-national-nutrition-survey-2021.pdf>.
20. World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (n.d.). 'JMP WASH data: Sierra Leone, 2020'. Available at: <https://washdata.org/data/household#!/table?geo0=country&geo1=SLE>, accessed on 24 October 2023.
21. Ministry of Health and Sanitation, Ministry of Water Resources and United Nations Children's Fund (2023). 'WASH-NORM and WASH in Institutions Survey'. Presentation of findings, February 2023.
22. Statistics Sierra Leone (2018). *Sierra Leone Multiple Indicator Cluster Survey 2017: Survey findings report*. Freetown: Stats SL. Available at: <https://www.unicef.org/sierraleone/media/391/file/SLMICS-Report-2017.pdf.pdf>.
23. World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2021). *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2020: Five years into the SDGs*. WHO and UNICEF.
24. Government of Sierra Leone (2022). 'RMNCAH and Nutrition Strategy (2017–2025)', December 2022. Government of Sierra Leone.
25. Government of Sierra Leone, Irish Aid and United Nations Children's Fund (2021). Out-of-School Children Study Sierra Leone. UNICEF. Available at: <https://www.unicef.org/sierraleone/reports/out-school-children-study-sierra-leone>.
26. CEIC Data (n.d.). 'Sierra Leone SL: Adolescent fertility rate – Births per 1000 women aged 15–19'. Available at: <https://www.ceicdata.com/en/sierra-leone/health-statistics/sl-adolescent-fertility-rate-births-per-1000-women-aged-1519 >, accessed on 24 October 2023.
27. United Nations Children's Fund (2022). *Child Marriage in West and Central Africa: A statistical overview and reflections on ending the practice*. New York: UNICEF. Available at: <https://data.unicef.org/resources/child-marriage-in-west-and-central-africa-a-statistical-overview-and-reflections-on-ending-the-practice/>.
28. United Nations Children's Fund (2022). *Child Marriage in West and Central Africa: A statistical overview and reflections on ending the practice*. New York: UNICEF. Available at: <https://data.unicef.org/resources/child-marriage-in-west-and-central-africa-a-statistical-overview-and-reflections-on-ending-the-practice/>.
29. Family Support Unit (2023) data.
30. United States Department of State (n.d.). '2022 Trafficking in Persons Report'. Available at < https://www.state.gov/reports/2022-trafficking-in-persons-report/>.
31. Okech, D., et al. (2022). *Child Trafficking and the Worst Forms of Child Labor in Sierra Leone: A mixed methods study*. Athens, GA, USA: Center for Human Trafficking Research & Outreach, University of Georgia.
32. United Nations Inter-agency Group for Child Mortality Estimation (2023). *Levels and Trends in Child Mortality Report 2022: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation*. New York: UNICEF.

1 DEFINITION OF A CHILD

2 NO DISCRIMINATION

3 BEST INTERESTS OF THE CHILD

4 MAKING RIGHTS REAL

5 FAMILY GUIDANCE AS CHILDREN DEVELOP

6 LIFE, SURVIVAL AND DEVELOPMENT

7 NAME AND NATIONALITY

8 IDENTITY

9 KEEPING FAMILIES TOGETHER

10 CONTACT WITH PARENTS ACROSS COUNTRIES

11 PROTECTION FROM KIDNAPPING

12 RESPECT FOR CHILDREN'S VIEWS

13 SHARING THOUGHTS FREELY

14 FREEDOM OF THOUGHT AND RELIGION

15 SETTING UP OR JOINING GROUPS

16 PROTECTION OF PRIVACY

17 ACCESS TO INFORMATION

18 RESPONSIBILITY OF PARENTS

19 PROTECTION FROM VIOLENCE

20 CHILDREN WITHOUT FAMILIES

21 CHILDREN WHO ARE ADOPTED

22 REFUGEE CHILDREN

23 CHILDREN WITH DISABILITIES

24 HEALTH, WATER, FOOD, ENVIRONMENT

25 REVIEW OF A CHILD'S PLACEMENT

26 SOCIAL AND ECONOMIC HELP

27 FOOD, CLOTHING, A SAFE HOME

28 ACCESS TO EDUCATION

29 AIMS OF EDUCATION

30 MINORITY CULTURE, LANGUAGE AND RELIGION

31 REST, PLAY, CULTURE, ARTS

32 PROTECTION FROM HARMFUL WORK

33 PROTECTION FROM HARMFUL DRUGS

34 PROTECTION FROM SEXUAL ABUSE

35 PREVENTION OF SALE AND TRAFFICKING

36 PROTECTION FROM EXPLOITATION

37 CHILDREN IN DETENTION

38 PROTECTION IN WAR

39 RECOVERY AND REINTEGRATION

40 CHILDREN WHO BREAK THE LAW

41 BEST LAW FOR CHILDREN APPLIES

42 EVERYONE MUST KNOW CHILDREN'S RIGHTS

43-54 HOW THE CONVENTION WORKS

CONVENTION ON THE RIGHTS OF THE CHILD

A child is any person under the age of 18. **1**

All children have all these rights, no matter who they are, where they live, what language they speak, what their religion is, what they think, what they look like, if they are a boy or girl, if they have a disability, if they are rich or poor, and no matter who their parents or families are or what their parents or families believe or do. No child should be treated unfairly for any reason. **2**

When adults make decisions, they should think about how their decisions will affect children. All adults should do what is best for children. Governments should make sure children are protected and looked after by their parents, or by other people when this is needed. Governments should make sure that people and places responsible for looking after children are doing a good job. **3**

Governments must do all they can to make sure that every child in their countries can enjoy all the rights in this Convention. **4**

Governments should let families and communities guide their children so that, as they grow up, they learn to use their rights in the best way. The more children grow, the less guidance they will need. **5**

Every child has the right to be alive. Governments must make sure that children survive and develop in the best possible way. **6**

Children must be registered when they are born and given a name which is officially recognized by the government. Children must have a nationality (belong to a country). Whenever possible, children should know their parents and be looked after by them. **7**

Children have the right to their own identity – an official record of who they are which includes their name, nationality and family relations. No one should take this away from them, but if this happens, governments must help children to quickly get their identity back. **8**

Children should not be separated from their parents unless they are not being properly looked after – for example, if a parent hurts or does not take care of a child. Children whose parents don't live together should stay in contact with both parents unless this might harm the child. **9**

If a child lives in a different country than their parents, governments must let the child and parents travel so that they can stay in contact and be together. **10**

Governments must stop children being taken out of the country when this is against the law – for example, being kidnapped by someone or held abroad by a parent when the other parent does not agree. **11**

Children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously. **12**

Children have the right to share freely with others what they learn, think and feel, by talking, drawing, writing or in any other way unless it harms other people. **13**

Children can choose their own thoughts, opinions and religion, but this should not stop other people from enjoying their rights. Parents can guide children so that as they grow up, they learn to properly use this right. **14**

Children can join or set up groups or organisations, and they can meet with others, as long as this does not harm other people. **15**

Every child has the right to privacy. The law must protect children's privacy, family, home, communications and reputation (or good name) from any attack. **16**

Children have the right to get information from the Internet, radio, television, newspapers, books and other sources. Adults should make sure the information they are getting is not harmful. Governments should encourage the media to share information from lots of different sources, in languages that all children can understand. **17**

Parents are the main people responsible for bringing up a child. When the child does not have any parents, another adult will have this responsibility and they are called a "guardian". Parents and guardians should always consider what is best for that child. Governments should help them. Where a child has both parents, both of them should be responsible for bringing up the child. **18**

Governments must protect children from violence, abuse and being neglected by anyone who looks after them. **19**

Every child who cannot be looked after by their own family has the right to be looked after properly by people who respect the child's religion, culture, language and other aspects of their life. **20**

When children are adopted, the most important thing is to do what is best for them. If a child cannot be properly looked after in their own country – for example by living with another family – then they might be adopted in another country. **21**

Children who move from their home country to another country as refugees (because it was not safe for them to stay there) should get help and protection and have the same rights as children born in that country. **22**

Every child with a disability should enjoy the best possible life in society. Governments should remove all obstacles for children with disabilities to become independent and to participate actively in the community. **23**

Children have the right to the best health care possible, clean water to drink, healthy food and a clean and safe environment to live in. All adults and children should have information about how to stay safe and healthy. **24**

Every child who has been placed somewhere away from home - for their care, protection or health – should have their situation checked regularly to see if everything is going well and if this is still the best place for the child to be. **25**

Governments should provide money or other support to help children from poor families. **26**

Children have the right to food, clothing and a safe place to live so they can develop in the best possible way. The government should help families and children who cannot afford this. **27**

Every child has the right to an education. Primary education should be free. Secondary and higher education should be available to every child. Children should be encouraged to go to school to the highest level possible. Discipline in schools should respect children's rights and never use violence. **28**

Children's education should help them fully develop their personalities, talents and abilities. It should teach them to understand their own rights, and to respect other people's rights, cultures and differences. It should help them to live peacefully and protect the environment. **29**

Children have the right to use their own language, culture and religion - even if these are not shared by most people in the country where they live. **30**

Every child has the right to rest, relax, play and to take part in cultural and creative activities. **31**

Children have the right to be protected from doing work that is dangerous or bad for their education, health or development. If children work, they have the right to be safe and paid fairly. **32**

Governments must protect children from taking, making, carrying or selling harmful drugs. **33**

The government should protect children from sexual exploitation (being taken advantage of) and sexual abuse, including by people forcing children to have sex for money, or making sexual pictures or films of them. **34**

Governments must make sure that children are not kidnapped or sold, or taken to other countries or places to be exploited (taken advantage of). **35**

Children have the right to be protected from all other kinds of exploitation (being taken advantage of), even if these are not specifically mentioned in this Convention. **36**

Children who are accused of breaking the law should not be killed, tortured, treated cruelly, put in prison forever, or put in prison with adults. Prison should always be the last choice and only for the shortest possible time. Children in prison should have legal help and be able to stay in contact with their family. **37**

Children have the right to be protected during war. No child under 15 can join the army or take part in war. **38**

Children have the right to get help if they have been hurt, neglected, treated badly or affected by war, so they can get back their health and dignity. **39**

Children accused of breaking the law have the right to legal help and fair treatment. There should be lots of solutions to help these children become good members of their communities. Prison should only be the last choice. **40**

If the laws of a country protect children's rights better than this Convention, then those laws should be used. **41**

Governments should actively tell children and adults about this Convention so that everyone knows about children's rights. **42**

These articles explain how governments, the United Nations – including the Committee on the Rights of Child and UNICEF - and other organisations work to make sure all children enjoy all their rights. **43-54**

CONVENTION ON THE RIGHTS OF THE CHILD

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD – THE CHILDREN'S VERSION

The United Nations Convention on the Rights of the Child is an important agreement by countries who have promised to protect children's rights.

The Convention on the Rights of the Child explains who children are, all their rights, and the responsibilities of governments. All the rights are connected, they are all equally important and they cannot be taken away from children.

This text is supported by the Committee on the Rights of the Child.

child rights connect

unicef for every child

unicef
for every child

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