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Draft Government
of the Republic of
Sierra Leone
Initial Report on
the African Charter
on the Rights and
Welfare of the
Child 2002 - 2014

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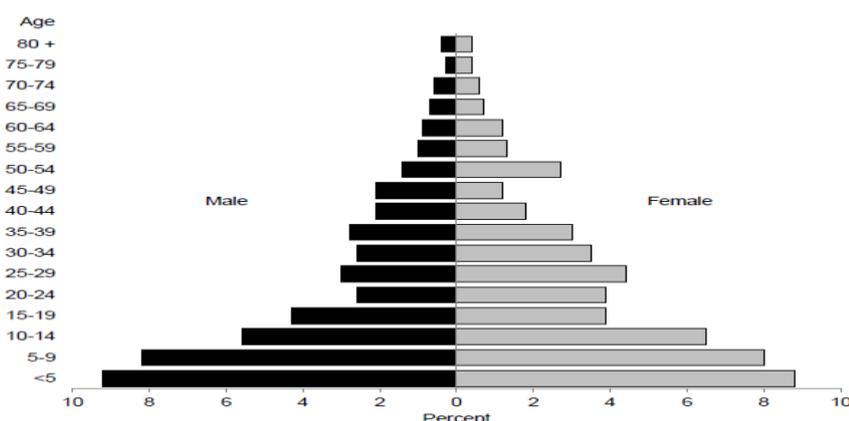
ACRWC	African Charter on the Rights and Welfare of the Child
ANC	Antenatal care
AU	African Union
CARMMA	Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa
CFN	Children’s Forum Network
CPN	Child protection network
CRC	Convention on the Rights of the Child
CREP	Complementary Rapid Education Programme
DDR	Disarmament, Demobilization and Reintegration
DVA	Domestic Violence Act
ECOWAS	Economic Community of West African States
EPI	Expanded Programme on Immunisation
ESSF	Education Sector Support Fund
FGM/C	Female Genital Mutilation / Cutting
FSU	Family Support Unit
GSL	Government of Sierra Leone
HDI	Human Development Index
HRCSL	Human Rights Commission of Sierra Leone
HRCSL	Human Rights Commission of Sierra Leone
ILO	International Labour Organisation
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
IMNCI	Integrated Management of Neonatal and Children’s Illnesses
IMR	Infant mortality rate
JSS	Junior Secondary School

LTM	Learning and Teaching Materials
M & E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MEST	Ministry of Education, Science and technology
MLG	Ministry of Local Government
MMR	Maternal mortality rate
MOFED	Ministry of Finance and Economic Development
MoHS	Ministry of Health and Sanitation
NaCGBV	National Commission for Gender Based Violence
NaCWAC	National Commission for War Affected Children
NCC	National Commission for Children
NFR	National fertility rate
OPAC	Optional Protocol on the Involvement of Children in Armed Conflict
OPSC	Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography
SAM	Severe acute malnutrition
SCSL	Special Court for Sierra Leone
SLP	Sierra Leone Police
SRH	Sexual and Reproductive Health
SSS	Senior Secondary School
STIs	Sexually transmitted illnesses
TRC	Truth and Reconciliation Commission
U5MR	Under five mortality rate
UN	United Nations
UN	United Nations
WHO	World Health Organisation

1. Introduction

1. The Republic of Sierra Leone is situated on the West Coast of Africa. It covers an area of approximately 72,000 square kilometres. The country has a tropical climate with dense rain forests in the Southern and Eastern Provinces, with approximately 6 percent of the total land area estimated as arable. The country is endowed with substantial mineral, agricultural and fisheries resources. It is one of the world's leading producers of diamonds, titanium and iron ore. Recent mineral exploration and mining of the latter has significantly enhanced the economic growth of the country.
2. Sierra Leone is a constitutional republic with a directly-elected president and unicameral parliament. It is divided into four administrative regions: the Northern Province, the Eastern Province, the Southern Province and the Western Area. In turn these are divided into 14 districts which each have their own directly-elected local government, known as district councils. Freetown is the capital as well as the economic, commercial and political centre of Sierra Leone. In addition it has 149 chiefdoms, each ruled by a paramount chief whose role it is to uphold and maintain traditions, customs and practices, serve as the custodian of land, settle disputes, maintain law and order, and generally deal with land, customary and traditional matters in the chiefdom.
3. The country has a diverse population which grew rapidly from 2.5 million in 1970 to an estimated 6.4 million in 2012 (Statistics Sierra Leone, 1963, 2014 - 2017). The majority of the population is young, and the youth population is set to grow. Children aged 0-17 years make up nearly half of the total population, totalling almost 2.5 million in 2010 (Statistics Sierra Leone, 2004) (Statistics Sierra Leone, 2006) (Statistics Sierra Leone and UNICEF, 2011).

FIGURE 1: POPULATION AGE PYRAMID SIERRA LEON. SOURCE: MICS 2010



4. The majority of Sierra Leone's population (62 percent) lives in rural areas. Given the annual migration rate of 2.3 percent, the country's urban population increased from 19 percent in 1963 to 37 percent in 2004. There are approximately 16 different tribes or ethnic groups in Sierra Leone, each with its own language and customs. English is the official language,

although the Krio language is spoken by 90 percent of the population. The population is predominantly Muslim with an influential Christian population of about 10 percent.

5. Based on its Human Development Index (HDI) (a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living), Sierra Leone was for many years ranked by the UNDP as the least developed country in the world. In 2006 its position improved slightly to second-least developed country, and since then there has been substantial progress. In 2012 it was ranked the tenth-least developed country, standing 177th in a total of 187 countries. Between 1980 and 2012 its HDI value increased from 0.255 to 0.359, which represents an increase of 41 percent or an average annual increase of 1.1 percent (UNDP, 2013).
6. The increase in its HDI is reflective of a slow but steady improvement in the lives of its people, notably its children, as is evident from the following improvements in a number of key indicators. The data are drawn from Statistics Sierra Leone's Multiple Indicator Cluster Surveys in 2000, 2005 and 2010 as well as the Demographic and Health Survey 2013 Preliminary Report.
 - Life expectancy improved from 39.8 years in 2000 to 48 in 2012.
 - The infant mortality rate (IMR) reduced from 286 per 1,000 live births in 2000 to 92 in 2013 (Statistics Sierra Leone, 2001) (Statistics Sierral Leone , 2014).
 - The under-5 mortality rate, which was for many years the worst-recorded rate in the world, has improved from 286 per 1,000 live births in 2000 to 156 in 2013 (Statistics Sierra Leone, 2001) (Statistics Sierral Leone , 2014).
 - The rate of use of an improved source of drinking water increased by 10 percent between 2005 and 2010 from 47 to 57 percent
 - The use of improved sanitation increased from 30 to 40 percent in the same period.
 - The net primary school attendance rate increased from 41 percent in 2000 to 74 percent in 2010.
 - The measles immunization rate improved by 20 percent from 62 to 82 percent between 2000 and 2010.
 - Child labour rates reduced from 72 percent in 2000 to 50 percent in 2010.
7. The improving HDI status of the country has been spurred on by a combination of a decade of relatively good economic growth together with a number of developmental programmes initiated and implemented by the GSL. Domestic revenue tripled from US\$152-million in 2008 to US\$475-million in 2013, primarily due to better income-tax and mining-fee collections. Grants have doubled in the same period, but reliance on grants has declined from 40 to 23 percent of the budget in 2013 (Ministry of Finance and Economic Development , 2013). Real Gross Domestic Product (GDP) grew by 15 percent in 2012, up from 6 percent in 2011 (International Monetary Fund, 2012). The combination of economic growth and developmental programmes has contributed to a reduction in poverty levels, from 66 percent in 2003 to 53 percent in 2011, as well as levels of inequality levels; these reductions were accompanied by improved living conditions. The Gini coefficient decreased from 0.39 in 2003 to 0.32 in 2011 (Statistics Sierra Leone, 2012).

8. Despite the clear progress that has been made, poverty levels, inequality and the standard of living of people in Sierra Leone, notably that of children, remain a cause for concern, and the GLS is not yet on track to achieve a number of the Millennium Development Goals (MDGs).
9. Not only do poverty and deprivation levels remain high, but they are unequally distributed across different geographical areas and across differently constituted households in the country. Whilst poverty declined in three provincial regions, it increased in the Western Region. Poverty levels vary substantially across the districts and between rural and urban areas. Poverty is pervasive and intense in rural areas. It has declined most rapidly in urban areas, from 47 to 31 percent between 2003 and 2011, compared to a reduction from 78 to 66 percent in rural areas. Poverty is more intense in rural areas where, in 2011, only 21 percent of individuals were able to meet their basic needs, compared to 92 percent in urban areas (Government of Sierra Leone, 2013). In addition, many of the households living in poverty are labour-constrained and comprised of children, the elderly, disabled and chronically ill people with high dependency.
10. When adjusted for inequality, Sierra Leone's HDI ranking value drops to 0.21, indicating the real impact of inequality on the lives of the majority of people in Sierra Leone (UNDP, 2013).
11. The unequal distribution of poverty impacts particularly severely on children. A Multiple Overlapping Deprivation Analysis of data from the 2010 Multiple Indicator Cluster Survey (MICS) shows that child poverty in Sierra Leone is characterised not only by inadequate income but additional severe deprivations that affect the majority of Sierra Leone's highly vulnerable children simultaneously. The result is high levels of deprivation and poor living conditions for the many children in Sierra Leone made vulnerable by the multiplicity of constraining social and economic factors that shape their home environments. For example, a child whose mother has little or no education; or is not in early childhood education; who lives in a rural area; and/or is poor, then suffers multiple and simultaneous deprivations in health, nutrition and sanitation (UNICEF-Sierra Leone, 2013).
12. The slow rate of progress in improving the lives of children, along with the persistence of poverty and inequality, has been determined by a number of historical factors, including a decade-long civil war and insufficient investment of economic gains in social protection and other human development services, particularly for children.
13. Sierra Leone's decade-long civil war, waged between 1991 and 2002, set the country's stability and progress back substantially. The war traumatised the nation and, in its wake, left a trail of destruction of service-delivery infrastructure and systems. Its impact was felt most severely by children. An estimated 10,000 children were directly affected as active combatants and victims. By the end of the war, Sierra Leone was home to thousands of children in extremely difficult circumstances: they had been displaced, separated from their parents, had missed out on years of schooling, were working or living on the streets, were involved in child labour, and/or were surviving on their earning as commercial sex workers. The impact of the war added to the burden borne by children, who had already been made

vulnerable in the pre-war era by a tenuous social and economic climate marked by low levels of development, poor infrastructure, under-development and high levels of corruption.

14. The civil war exerted significant influence on the developmental trajectory, and particularly the child-development path, taken in the years immediately after the war and after the ratification of the African Charter on the Rights and Welfare of the Child (ACRWC) in 2002. During the post-war years, the GSL focused on rebuilding service delivery infrastructure and systems and on developing programmes to address the immediate needs of particularly vulnerable groups, especially those affected by the war and those affected by HIV and AIDS, which was a growing issue in the region.
15. Over time, a number of more holistic child-development programmes were established which targeted much wider groups of children made vulnerable by their circumstances, such as their young age and poverty. This was driven in part by the recognition within the country's Second Generation Poverty Reduction Strategy: Agenda for Change (2008 – 2012) that the persistently high levels of poverty and inequality affected the majority of children and that the development of the country depended on universal programmes which reached all of them rather than only the originally-targeted vulnerable minority groups. Thus, the second generation of development saw the introduction of programmes such as the Free Health Initiative (FHCI) for all children under the age of 5 years and pregnant women, the free primary school policy, as well as a number of legal reforms to expand the availability of services and support for children made vulnerable to abuse and exploitation by poverty and harmful customary attitudes and practices. However, these programmes were limited in number, scale, scope and efficacy, partly because of low levels of investment of public funds in social protection programmes. For example, in 2013 only 0.1 percent of the total government budget was allocated to social protection programmes.
16. Whilst the second generation of development initiatives catalysed significant improvements in key child-specific HDI indicators such as the child mortality and primary school attendance rates, similar shifts were not observed across other domains such as secondary education and child protection. Notably, the rate of development, even in the areas where progress had been made, was sluggish; the result was that Sierra Leone's rate of growth and development was lower than that of other HDI countries and countries in the sub-Saharan Africa. Upon reflection, the GSL recognised that in order for the country to break out of its low-development and low-income status, massive human development gains would be required; it was recognised that these, in turn, would depend on achieving substantial improvements in the health, education and protection of all of the children in Sierra Leone from birth. Furthermore, the GSL recognised that achieving universal improvements in child development requires the development of national programmes that provide universal services but which also eliminate the structural drivers of poor child development – namely poverty and inequality. As such, the new national development plan, The Agenda for Prosperity: Road to Middle Income Status 2013–2018, places expanded social protection and social security for households with children, child protection, health and education programmes at the centre of the next generation of development. Moreover, the plan prioritises the allocation of increased and sufficient public funds and the development of effective systems to sustain the universal

implementation of the envisaged programmes, particularly in the hardest-to-reach areas of the country where vulnerability is shaped by multiple deprivations (Government of Sierra Leone, 2013).

17. In terms of the Agenda for Prosperity, the GSL has set a path to become, by 2035, an inclusive, green, middle-income country in which:
 - socially, economically and politically empowered women contribute to national development in various forms;
 - hunger is eradicated;
 - less than 5 percent of people seeking jobs are without work;
 - over 80 percent of the population live above the poverty line;
 - free and compulsory education is available for every child;
 - over 90 percent of the population is able to read and write;
 - all have access to affordable housing;
 - a health-care delivery system is available within a 10-kilometre radius of every village;
 - there is an effective and efficient child and family welfare system;
 - people may expect to live to 70 years, and where every mother has access to a modern hospital in which she can give birth without fear and loss of her child;
 - there is less than 11 percent of stunting among children under 2 years of age;
 - there is an independent and accessible judiciary enjoying the confidence of the people;
 - there is modern and well-developed infrastructure with reliable energy supplies; and
 - there is an effective environmental management system in place that protects the country's biodiversity and is capable of pre-empting environmental disasters.

18. This report documents the developmental journey taken by the GSL towards the protection, promotion and fulfilment of the rights of all of its children as protected by the ACRWC. It briefly covers the first generation of post-war measures aimed at addressing the immediate needs of its most vulnerable children affected by the war, after which it describes the progressive emergence of the universal child welfare and development framework that underpins the current Agenda for Prosperity. The report charts the development of the GSL's emerging holistic child protection system, a system which is grounded, first, on the fundamental recognition of the interdependence of children's rights and, secondly, on the recognition that children's protection and other rights depend on the elimination of the social and economic determinants of their vulnerability as well as the provision of services and support to nurture their survival and development to their full potential.

19. This report has drawn and built on the State's most recent (2006 and 2012) periodic reports on the fulfilment of its obligations in terms of the United Nations Convention on the Rights of the Child (CRC). The CRC reports were developed through a consultative process which included extensive engagements with different line ministries and agencies, independent institutions, civil society organisations as well as children. The information provided in the CRC reports was supplemented with additional, updated information sourced from official and supporting documents as well as a number of interviews with representatives from various

Ministries and development partners. (A full list of the additional stakeholders who provided supplementary information is attached in Annexure A.)

2. General measures of implementation

2.1 Measures taken to recognise, respect and promote rights and duties in the ACRWC

20. The Government of Sierra Leone (GSL) is a member of both the United Nations (UN) and the African Union (AU). It ratified the African Charter on the Rights and Welfare of the Child (ACRWC) in 2002. Prior to this, it ratified the Convention on the Rights of the Child (CRC) in 1990 and its accompanying Optional Protocols on the Sale of Children, Child Prostitution and Child Pornography (OPSC) in 2001, and on the Involvement of Children in Armed Conflict (OPAC) in 2002. It has further ratified a number of conventions protecting the rights of especially vulnerable groups, including the Convention on the Rights of Persons with Disabilities, and the International Labour Organisation's (ILO) Minimum Age Convention and Convention on the Elimination of the Worst Forms of Child Labour.
20. In addition, the GSL has committed to various global, continental and regional plans of action to respect, protect and promote the rights of children. As a party to UN General Assembly's Plan of Action – A World Fit For Children (2002), it reaffirmed its obligation “to take action to promote and protect the rights of every child” and to put in place “effective national legislation, policies and action plans and allocate resources to fulfil and protect the rights and to secure the wellbeing of children”. It was also a party to the Pan African Forum for Children's Plan of Action – Africa Fit for Children (2001) in terms of which it committed to prioritise and pursue action to address a number of core issues which commonly threaten the enjoyment of the rights of children on the African continent.
21. Likewise, it has committed to a number of continental and regional sectoral plans together with other African Ministries to promote the protection and realisation of the rights of children and women. For example, in the health sector, it has, in terms of the Abuja Declaration and Plan of Action: Roll back Malaria - committed to intensify efforts to reduce malaria morbidity; in terms of the Abuja Declaration on HIV and AIDS, Tuberculosis and other related infectious diseases - to lead the battle against HIV and AIDS on the continent, especially in so far as it impacts women and children; in terms of the African Health Strategy (2007 – 2015): Strengthening the Health System for Equity and Development in Africa - to strengthen Africa's health systems to benefit the most marginalised, with a focus on women and children; and in furtherance of the African Union's Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa (CARMMA) - to take decisive action to reduce maternal and child mortality. The GSL has further, as a member of the Economic Community of West African States (ECOWAS), committed to realisation of the goals and objectives of the regional Policy and Plan of Action for Child Protection and Child Trafficking to address the challenges relating to the protection of women and children in the region.

22. Over and above its legal undertakings, the GSL has committed to a number of global human development initiatives which have a particular bearing on the rights of children. These include the UN's Millennium Development Goals (MDGs) and UNESCO's Dakar Framework of Action for Attaining Education for All (EFA) (2000).
23. The Constitution of Sierra Leone requires that all treaties, conventions and agreements entered into by the President on behalf of the country be approved and domesticated by Parliament. Both the CRC and the ACRWC have been duly approved and subsequently domesticated through the enactment of the Child Rights Act (2007). The Act was passed to "provide for the promotion of the rights of the child compatible with the Convention on the Rights of the Child ... its Optional Protocols ... and the African Charter on the Rights and Welfare of the Child, and other related matters."
24. Whilst the Child Rights Act was only enacted into law in 2007, the GSL commenced a process of law reform and programme development well before this date. The process was accelerated in the years immediately after the cessation of the civil war given the urgent need to counteract the negative impact it had on the lives of thousands of children in the country. The post-war years were marked by a number of interim programmes and processes aimed at providing immediate succour to children who had been involved in and/or affected by the war. However, over time, a more systemic reform agenda has evolved to provide a stronger and more sustainable foundation for an effective child protection and development system founded on measures aimed at addressing the structural determinants of child survival, development and well-being.
25. This process recently gained renewed impetus. The advancement of children's rights has been recognised as a national developmental priority and integrated into the Agenda for Prosperity: Road to Middle Income Status (2013 – 2018), Sierra Leone's latest national development and poverty reduction strategy paper (hereinafter referred to as the Agenda for Prosperity). The development of human capital is central to realisation of the Agenda's goals of reduced poverty and inequality. To this end, it commits to the development and adequate funding of strengthened systems and programmes for the advancement of children's early development, health, education and protection, especially for the most marginalised and vulnerable children.
26. Upon ratification of ACRWC the GSL had a legal framework in place governing the situation of children made up of a combination of the common law, statutory laws, a number of which were a legacy of the British colonial legal system and customary laws. The GSL has a dual legal system which recognises customary laws, subject to their compliance with the dictates of the Constitution of Sierra Leone and makes provision for a dual justice system for the administration, on the one hand of statutory and common laws (through the formal justice system) and for the administration of customary laws (through the traditional and local court structures).

27. A number of these laws were not in alignment with the requirements of the ACRWC and the CRC. A number of them infringed certain rights and prohibitions and others were marked by gaps in terms of the protection and services required by the ACRWC and the CRC. Some of the laws targeted for repeal or amendment include the Corporal Punishment Act; the Local Courts Act 1963; the Prevention of Cruelty to Children Act, 1962; the Protection of Women and Girls Act, 1927; the Children and Young Persons Act; the Military Forces Act, 1961; the common and customary laws governing legitimacy, parental rights, responsibilities, corporal punishment, inheritance and marriage laws.
28. The GSL undertook law reform aimed at harmonising its common, statutory and customary laws and systems with the ACRWC, the CRC and other instruments. The relevant policies and are discussed in detail in the substantive sections of this report. In summary, a number of the key developments include the following:
- 28.1 **The Education Act, 2004** was enacted to give effect to children’s rights to free compulsory basic education and to make provision for the inclusion of marginalised and otherwise vulnerable children as required by the ACRWC, the CRC and UNESCO’s EFA goals. It inter alia, makes basic education a right for every citizen and compulsory for children between the ages of six and fifteen years. It further introduced the free primary education policy.
- 28.2 **The Local Government Act, 2004** reintroduced democratically elected local councils with executive and legislative authority to ensure the decentralised and responsive development of laws and programmes to ensure the development of their localities and welfare of the people living within their jurisdictions. The powers afforded the councils enables them to provide key child-focussed services such as schools, health care and birth registration.
- 28.3 **The Human Rights Commission of Sierra Leone Act, 2004** established an independent Human Rights Commission with the role of protecting and promoting human rights, including children’s rights through investigation of complaints and advocacy.
- 28.4 **The Trafficking in Persons Act, 2005** was enacted to recognise and prevent the crime of trafficking in persons, particularly women and children.
- 28.5 **The Recruitment Policy of the Republic of Sierra Leone Armed Forces, 2004 and the Armed Forces Recruitment Act, 2006** prohibits the recruitment of children into the armed forces.
- 28.6 **The National Children’s Policy, 2006**, provides an overarching strategic framework for action by all role players in the country to promote the best interests of the child and “secure the progressive and maximum attainment of the survival, development, participation and protection of every child within the country”.
- 28.7 **The Child Rights Act, 2007**, was enacted with the express objective of domesticating and giving effect to the rights of children as guaranteed by the ACRWC and the CRC. It identifies and describes children’s rights, delineates roles, responsibilities and establishes a number of planning, monitoring and implementation structures at all levels of society. In so doing, it provides a national framework for the protection, promotion and realisation of the best interests of the child, their rights to equality and to have their best interests and view taken into account in all decisions affecting them.

It further addresses their maintenance and protection rights. More specifically, it makes provision for responsibilities and remedies to secure children's rights to parental care and judicially supervised alternative care in cases of need; their rights not to be involved in armed conflict; not to be subject to abuse, torture, inhuman or degrading treatment or exploitation; as well as the rights of children in conflict with the law to receive child-appropriate treatment respectful of their dignity and protection from torture, inhuman or degrading punishment and abuse within the justice system. The CRA also makes modifications to previous laws in order to improve compliance with the CRC, including the Corporal Punishment Act (repealed), the Prevention of Cruelty to Children Act and the Children and Young Persons Act, and outlaws harmful customary, religious or social practices, including child betrothals and marriages.

- 28.4 **The Devolution of Estates Act, 2007** was enacted to, inter alia, ensure gender parity and secure the rights of children to be maintained in matters of property inheritance. Prior to the enactment of this legislation, the laws of inheritance, especially customary laws, were prejudicial to the welfare of women and children. Women and children, could be left destitute and without recourse to any form of support from the assets of their deceased husband or father. The act secures the rights of all women and children to be maintained and to a portion of the deceased estates of their fathers or husbands.
- 28.5 **The Registration of Customary Marriages and Divorce Act, 2007** increases the age of marriage in customary unions to 18 years and ensures that customary marriages are fully registered and thus, bestows greater legitimacy on children.
- 28.6 **The Domestic Violence Act, 2007** criminalises and thus extends protection to women and children against all forms of sexual, physical, and mental abuse or torture in a domestic relationship.
- 28.7 **The HIV and AIDS Act 2007** covers the role of government in education and awareness, testing, screening, access to health care and support services to HIV and AIDS victims and outlaws discrimination against children and others affected by HIV and AIDS.
- 28.8 **The National Education Policy, 2010** was developed to provide a framework for the more effective realisation of the rights of all children to education. It specifically introduced a number of innovations to ensure the inclusion of marginalised children in the education system, such as children with disabilities, and to ensure improved educational completion rates and outcomes through measures such as the introduction of a compulsory pre-primary phase and the restructuring of the schooling structure.
- 28.9 **The Local Courts Act, 2011** establishes the local courts in chiefdoms that are responsible for the administration of customary law as part of the formal justice system, making the rulings subject to appeal processes and limiting the jurisdiction of the courts to less serious criminal and civil matters.
- 28.10 **The Persons with Disability Act, 2011** has been established to ensure compliance with the State's obligations under the Convention of the Rights of Persons with Disabilities and secures the rights of all persons with disability, including children, to free education and free medical services, and protection from discrimination in education.
- 28.11 **The Sexual Offences Act, 2012** creates an expanded protective framework for children against a wide range of sexual offences and substantively increases the penalties and sanctions for crimes against children.

- 28.12 **The National Alternative Care Policy, 2012** has been adopted to “guide Government, NGOs and communities on the protection of children involved in adoption processes, fostering, independent living or [those] living in children’s homes”.
- 28.13 **The National Social Protection Policy, 2012** commits to the provision of social protection services, including social security for the ‘chronically poor’ people, persons who are ‘economically at risk’ and those who are ‘socially vulnerable’, such as disadvantaged women and children. The policy prioritizes the needs of children living in extremely poor households.
- 28.14 **The Legal Aid Act, 2012** makes provision for mechanisms to support indigent persons access legal representation.
- 28.15 **The Right of Access to Information Act, 2013** entitles every person, including children, to access to information held by the State or by a private person where such information is required for the protection of their rights.
- 28.16 **The National Child Justice Strategy for Sierra Leon 2013 – 2017** was adopted in 2013. It replaces the 2006 Child Justice Strategy which sought to address child justice through four strategies – prevention, steps to keep children out of the formal criminal justice system, fair and speedy judicial processes for children, and improved human resource capacity and systems. The 2006 strategy was deficient in a number of respects and the 2013 strategy provides the overarching framework for coordinated implementation of child justice reforms aimed at responding to existing realities and national laws and international norms and standards. It provides a statement of the principles of the national child justice system which ensure a balance between public safety and the protection of the rights of children and fulfilment of the State’s obligations in terms of the instruments such as the ACRWC, the CRC and its optional protocols to protect the rights of children in conflict with the law.
29. In addition to the preceding acts, a number of bills are currently in development to further align and strengthen the laws protecting children’s rights in accordance with the requirements of the CRC and the ACRWC. These include:
- 29.1 The **Child Welfare Policy: Supporting Families and Communities to Protect Children, 2013 draft** marks a significant shift in the national approach to the promotion and protection of children’s rights and well-being. It establishes a more comprehensive child protection and development system founded, in the first instance, on preventing child vulnerability through the provision of support to families and communities to promote the welfare and protection of children. The policy refocuses on and prioritises the provision of prevention and early intervention support through local and indigenous child development and protection resources alongside the provision of statutory remedial services, rehabilitative and reintegration services for children who need them.
- 29.2 **The Adoption Bill, 2010** which provides for a more stringent regulatory framework to ensure that adoptions comply with international child rights instruments and obligations, and secures the participation and best interests of the child.
- 29.2 **The Criminal Procedure Bill, 2013** requires that the trial and sentencing of children be respectful of children’s legislated rights and reaffirms that death sentences may not be passed on children.

30. In addition, the GSL has taken a number of steps to better enable the different role players responsible for their implementation of the preceding policies and laws to fulfil their duties. This has been achieved through the development of a number of procedural guidelines and training manuals and the provision of training designed to secure the best interests of the child and optimal realisation of the rights protected by the relevant laws.
31. Tools that have been developed to support implementation of the laws include:
 - 31.1 **The National Referral Protocol on Gender Based Violence: Pathways to Service Provision for victims** was developed to ensure that the many different service providers responsible for supporting survivors provide prompt and coordinated services; to ensure that existing policies and agreed procedures are followed to ensure service provision to victims and the prosecution of offenders; ensure that standards of professional practices are prescribed and followed; and to raise awareness among all key stakeholders about GBV and associated services and support, rights and responsibilities.
 - 31.2 **Age assessment guidelines: Children in contact with the Justice System, 2010** were developed to facilitate the assessment of the age of children who come into contact with the law, including children in conflict with the law, child victims and child witnesses. The objectives of the guidelines are educate stakeholders on their responsibilities regarding age assessment of children based on national legislation and international standards; for actors to gain necessary skills and knowledge of context-appropriate methods of evidence collection on age to ensure due process and for age assessment to be done in the most accurate, efficient, transparent and ethical manner possible, in accordance with the principle of the best interests of the child.
 - 31.3 **Guidelines for the management and sustenance of child justice: the Bombali Chain-Links initiative** was developed as a set of strategies and guiding principles to give direction to the work of the Child Justice Task Force in providing for the best interests of the children in the justice sector. It targeted children in conflict with the law and children in contact with the law as well as child victims of abuse and children in need of care and protection.
 - 31.4 **A National Standard for the Protection of Children in the Criminal Justice System** was developed by the MSWGCA. Its development was based on national and international laws with the objective of guiding law enforcement officers, social workers and communities to respect and promote the well-being of juveniles and to ensure that any response to juvenile offences or abuse are in proportion to the circumstances of both the juveniles and the offences or abuses they are associated with, and to support diversion of first offenders from the criminal justice system.
 - 31.5 **Standard operating procedures for the investigation of sexual and domestic violence offences** were developed by the Sierra Leone Police and development partners. Their purpose is to ensure the adoption across all police units, including the Family Support Units (FSUs) of minimum standards of good practice in the investigation of sexual and domestic violence offences. Specific guidelines are provided if the victim is under the age of 18 years.

- 31.6 **A Family Support Unit Training Manual (2008)** was developed by the Sierra Leone Police and the MSWGCA to build the knowledge and capacity of police in the FSUs to know and apply international Human Rights Standards, governing laws protecting women and children, the principles of abuse, domestic and gender-based violence, prescribed investigation processes; services available for victims and survivors; prescribed measures for the protection of child victims, witnesses and offenders. Each chapter addresses the specific rights of children.
- 31.7 **Code of conduct for teachers and other education personnel – A training guide for facilitators** was developed by the Ministry of Education and UNICEF with the objective of educating responsible role players on the content of the code, to inform educators of the professional behaviour expected of them, and to inform them of the broader set of laws informing the code and the protection of children from abuse within the education system.
32. Responsible role players have received *ad hoc* training on the preceding tools and governing policies and laws. Civil society plays a key role in supporting the GSL in providing training given the internal capacity and resource constraints of the various responsible government departments. There have however been a number of developments to ensure the systematised provision of quality training by the GSL to all officials responsible for the implementation and administration of the governing policies, laws and programmes.

For example:

- 32.1 The MSWGCA, together with UNICEF-Sierra Leone and PLAN, is building a national training centre for all social development workers. Similarly, a standardised curriculum has been developed and is nearing completion. The training centre will be available for building capacity of officials in all ministries responsible for children, primarily through sectoral-specific certificate programmes.
- 32.2 Similarly, the justice sector has a national Judicial Training Institute for the training of all judicial and support staff. Through the institute, training has been provided on juvenile justice, gender justice. Specialised training has been provided on the administration of juvenile justice for personnel involved in the dedicated special juvenile court in Sierra Leone. In addition, a number of justice personnel involved in child justice have been sent to the Institute of Child Rights in Switzerland for in-depth training.
- 32.3 The Ministry of Justice is currently in the process of implementing the Local Courts Act and in this regard training, which includes training on women and children's rights, has been developed and is being provided to the presiding chairmen, vice-chairmen, local court clerks and local court supervisors. The MWSWGCA has also developed a handbook for the local courts to support them in understanding the rights and processes related to children.

2.2 Measures to promote positive and discourage harmful customs and traditions

33. The GSL has a pluralist legal system which recognises, respects and seeks to promote customary law, traditions and practices alongside the formal legal system made up of the common law and legislation passed by the legislative arm of government.
34. The duality of the system is constitutionally recognised. Chapter XII of the Constitution states that the laws of Sierra Leone shall comprise the Constitution, Acts of Parliament and the common law which includes the rules of customary law. Customary law is defined as the rules of law which, by custom, are applicable to particular communities in Sierra Leone. It includes written and unwritten laws. However, all customary laws, as in the case of all other laws, are subject to the provisions of the Constitution.
35. Further to the above, Section 12 of the Constitution of Sierra Leone provides that the Government shall:
 - a. promote Sierra Leonean culture such as music, art, dance, science, philosophy education and traditional medicine which is compatible with national development;
 - b. recognise traditional institutions that are compatible with national development;
 - c. protect and enhance the cultures of Sierra Leone; and
 - d. facilitate the provision of funds for the development of culture in Sierra Leone.
36. The GSL has advanced its dual obligations to protect, respect and promote customary laws and practices and children's rights. It has integrated, into the policies, laws and programmes governing children's development and protection in the education, health and justice sectors, child protection and child justice, positive indigenous customary laws, institutions and practices.
37. Whilst recognising that custom and the development of children can be mutually reinforcing, the GSL has recognised that there is at times a tension between the two; that certain customary practices and institutions are inimical to the rights and development of children. It has thus also outlawed and / or restricted harmful customary laws, practices and institutions.
38. The justice sector has embraced and regulated traditional dispute resolution institutions through their incorporation into the formal justice system and their regulation through various statutes. Historically there have effectively been three justice systems in Sierra Leone, two of which are founded on traditional dispute resolution and adjudication institutions and practices. There is the formal justice system which is administered through ten magistrate's courts as well as the High and Supreme Court of Sierra Leone. The formal justice system applies the common and statutory laws of Sierra Leone. Of the ten magistrate's courts, five are in Freetown and five are rotational courts that move through the 12 districts.

There is also the customary justice system which is administered by the Local courts which are located in the 149 chiefdoms. They are adjudicated by a chairman who is advised by community members with knowledge of customary law. The Local Courts, which are now

governed by the Local Courts Act, 2011 (formerly governed by the Local Courts Act, 1963) are no longer presided over by a traditional leaders, as was formerly the case. The adjudication officer must be proficient in the local language, have been resident in the chiefdom for five years and be knowledgeable and experienced in the customs and traditions of the chiefdoms. The courts have jurisdiction over civil and criminal matters arising within the local jurisdiction which are not so serious as to attract fines / sentences above a set amount. The courts may be order restoration. However their jurisdiction does not extend to serious matters of sexual abuse, rape and/or murder. All decisions made by the Local Courts may be appealed to a District Appeals Court (made up of a magistrate and 2 assessors with experience in customary law) and thereafter to the Local Appeals Division of the High Court where matters are heard by a judge and 2 customary law lay experts.

The country also has an informal traditional legal system which is administered by paramount chiefs, section chiefs and village headmen and other traditional dispute resolution structures. They often hold informal courts where they adjudicate cases, levy fines and impose other forms of punishment using local conflict resolution mechanisms. Whilst these structures have no formally recognised authority or jurisdiction, a 2005 study found that they enjoyed strong grassroots support and trust, largely because of the inaccessibility of the formal justice system and because of the perceived disjuncture between statutory laws and the lived experience of the majority of the population that live in the chiefdoms under customary law (Sawyer, 2008). This is especially true with regards to cases of child abuse. It is common practice for child offenders to be referred to the traditional dispute resolution mechanisms such as family elders, local or paramount chiefs or the Local Courts (Child Frontiers, 2011). This is cause for concern because of uncertainty as to the quality of justice provided by chiefs and local courts especially for children and other marginalised groups such as women. There is little information available about the processes and procedures followed by chiefs and local courts, especially with regards disputes involving children, and what role, if any, the child victim or offender plays in the proceedings, whether they participate and whether the sanctions or penalties handed down respect human rights (Child Frontiers, 2011).

39. In laying the foundations for the child protection system, the Child Rights Act has sought to strike a balance between international standards, traditional customs and practices, and inherited colonial legislation. It recognises the rights of children to participate in cultural activities and further mandates that every child shall be brought up and educated to take pride in his culture and national identity, and that every child shall be provided with an opportunity to learn at least one indigenous Sierra Leone language from primary school. It further incorporates a number of customary decision-making procedures and practices and acknowledges the importance of traditional and religious leaders in the protection of children and adjudication of matters involving children, while simultaneously reinforcing respect for the best interests of children and the need to discontinue harmful customary practices.
40. The Act draws on positive kinship and communal care practices. It positions the provision of guidance, support and protection of children through extended family, community and village-level support mechanisms, particularly with respect to prevention and early intervention services, as formal elements of the national child protection system. It expressly provides that

any person entitled by custom or tradition to render appropriate direction and guidance and make provision for the needs of the child shall not be prevented from offering such services to the child if the services are in the short and long term best interests of the child. Furthermore, it directs that the guidance of a child from parents, relatives and service providers shall include the use of tradition and cultural standards to foster the development of a sense of responsibility in the child, subject to his evolving capacities.

41. The Child Rights Act has sought to capitalise on the credibility and accessibility of traditional adjudication structures whilst simultaneously balancing any tension with the protection of children's rights by allocating traditional structures a central clearly defined, but limited role in the administration of justice involving children as victims and as offenders. It has allocated a central role to chiefs and religious leaders within child protection structures established by the Act, such as the Child Welfare Committees (CWC) and the Child Panels, and traditional *bare* gatherings have been incorporated into the child protection system as a mechanism for discussing and resolving issues that adversely affect the welfare of children.
42. Whilst formally recognising traditional structures, the Act limits their jurisdiction to an arbitration role. The act also prohibits CWCs and local authorities from dealing with serious cases of child abuse, making it mandatory for all cases of murder, rape and other sexual offences, and felonies such as assault causing serious injury, to be reported to the police for investigation and criminal prosecution.
43. The Act further makes all customary procedures and practices subject to the best interest of the child. In addition, it expressly prohibits any cultural practice which dehumanises or is injurious to the physical and mental welfare of the child. The Act specifically and expressly prohibits the customary practices of early marriage and betrothal of any child under the age of 18 years. The Act is supplemented in this regard by the Registration of Customary Marriage and Divorce Act which stipulates the same minimum age of marriage (18 years). However, it differs from the Child Rights Act in that it allows children less than 18 years who consent, and whose parents consent, to conclude a valid customary marriage.
44. The Child Rights Act also mandates the National Commission for Children to engage in an ongoing review of customary law practices relating to children to ensure their compatibility generally with the principles and provisions of the CRC and the African Charter and to advise the GSL of any necessary changes that need to be made. The Ministry of Justice also has plans to document and review customary law. It has piloted the project and plans in the longer term to roll it out across all districts.
45. A frequently practised custom which causes harm to the girl-child is Female Genital Cutting or Mutilation (FGM/C). FGM/C involves the whole or partial removal or other intentional physical alteration of the female external genitalia for non-medical reasons. It is widely recognised as harmful to the physical and mental welfare of children and as such falls within the prohibitory clause of the Child Rights Act (Mathers, 2012).

FGM/C is a traumatic procedure resulting in common complications such as excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissue. Other potential complications include septicemia, infertility and obstructed labour and as such FGM/C also poses a threat to the health of infants born to girls or women who have undergone the procedure. A local study found that 80 percent of FGM/C is performed by a traditional practitioner, 78 percent result in excessive bleeding, 68 percent in delayed healing, and 45 percent in fever (especially amongst children) (Bjalkander, 2013).

Despite the harm caused and the implicit prohibition thereof in terms of the Child Rights Act as well as other laws such as the Domestic Violence Act, the custom continues to be widely practiced. In 2010 there was an 88 percent incidence among women aged 15-49, a 70 percent incidence among girls aged 15 to 19 years, and a 10 percent incidence among girls aged 0-14 years (Statistics Sierra Leone and UNICEF, 2011). The primary reason for its wide-spread acceptance is that it brings social acceptance (Mathers, 2012).

The original Child Rights Bill expressly prohibited FGM/C, but the relevant clause was removed prior to enactment of the law because it was regarded as too sensitive an issue to be dealt with through legislation (Bjalkander O. , 2013). Instead, the GSL has chosen to address the issue from an advocacy and behaviour-change perspective. As recently explained by the Minister of SWGCA, successfully addressing the issue of FGM in Sierra Leone so as to ensure the protection of the rights of children can only be achieved through a balanced approach. He further expressed the reservation that it is unrealistic to expect that a purely legalistic approach based on prohibition of the practice and prosecution of those involved could succeed in protecting girls and women from the practice. As explained by the Minister, success requires a “gradual process, we cannot just take the bull by the horns, let us apply a very peaceful negotiation and reconciliation methods before reaching our destination” (Minister SWGCA, 15 April 2014).

Accordingly, the GSL, with strategic and logistical inputs from UNICEF, UNFPA, UN Women, DFID, Irish Aid and NGO partners has adopted a mediated approach to decreasing the incidence of FGM/C through behavioural change initiative, education and strategic advocacy for change at a local level.

The formation of the coalition National Movement for Emancipation and Progress (NaMEP) in 2007 brought key players together to start a discourse on addressing the abandonment of FGM/C. Community meetings, radio discussions have led to open discussions of FGM/C and breaking a culture of silence. Increased availability of scientific research and evidence, and inclusion of FGM/C in national monitoring tools is raising awareness on its impact. In 2012, UNICEF supported an in-depth analysis of MICS and DHS data an ethnographic research to better understand factors contributing to abandonment, and GIZ was supported to map organisations working to abandon FGM/C.

Memorandum of Agreements (MoA) were concluded with traditional authorities in 2011 with the assistance of MSWGCA and NGOs that state that no traditional birth attendant in communities should initiate a child below the age of 18 years nor force anyone who has

attained that age to undergo the procedure without her consent. The MOAs in turn led to the development of an action plan by traditional authorities and birth attendants, including awareness raising at community level. Women, especially the Soweis are now beginning to see, not only the harmful face of FGM/C but also its relationship with contagious diseases including HIV/AIDs. Generational Dialogue training with over 20 organizations has begun opening up discussions related to FGM/ C among the different generations and with men and women. Training of committee members of Child Welfare Committee (which include a Sowe representative) on Child Rights in 102 out of 149 chiefdoms is beginning to challenge the mainstream norm that all women should be cut.

On a national scale, the various initiatives are making a positive impact. Whilst the prevalence of the practice is high, it has reduced since 2005 when it was 96 percent (Statistics Sierra Leone, 2006). They are having an even greater impact on levels of acceptance and beliefs in the benefit of the practice which have been consistently declining over the last three decades, and at a faster rate than the decline in the practice itself. In 2012, barely 50 percent of younger girls believe in the value of the practice (Mathers, 2012).

46. The preceding discussion provides insight into the challenges faced by the GSL in finding effective, lasting and sustainable solutions to harmful customary practices which are held in high regard by the majority of its people.

Whilst MOAs and community-based advocacy initiatives have proven successful, they are by their nature limited in their reach and impact. National legislation which binds all communities equally is a more systemic approach to the issue. However, the legislative approach is unlikely to succeed where the laws in question lack credibility and are not accepted in the affected communities. This is a key reason underlying the wide-spread disregard of the prohibition of harmful practices such as FGM/C and others such as child labour and corporal punishment by the Child Rights Act.

The Child Rights Act is largely considered to be a western construct and lacks credibility and acceptance at a community-level in Sierra Leone. This in turn is one of the key reasons for the numerous challenges experienced in the implementation of the act (Child Frontiers Limited, 2010).

47. The GSL recently engaged in a process of reflection to assess the status and efficiency of, and challenges within its national child welfare system impacting negatively on the implementation of laws such as the Child Rights Act. Through that process it recognised that the current governing child welfare legal and regulatory framework has been shaped by its history, including its colonial past and civil war. This has led to the development of a system that is out of synch with modern social, economic and customary realities in Sierra Leone; a disjuncture which has contributed to the inefficiency and inefficacy of the child protection system. Notably, the system has been developed based on an outdated British model of child welfare that depends on highly bureaucratized child protection structures which are out of synch with Sierra Leone's financial and human resources. Furthermore, the system is based on a model which ignores the significant indigenous resources and knowledge which are both

available and amenable to sustain an effective and acceptable child protection and welfare system in Sierra Leone (Child Frontiers Limited, 2010).

48. The process of reflection has led to the development of a new draft Child Welfare Policy for Sierra Leone. The policy (which is in the final stages of development) creates a reoriented child protection system which places traditional customary child protection and welfare practices and structures at its centre so as to make the system more effective, sustainable and responsive to the realisation of the rights of children as protected by the ACRWC (Government of Sierra Leone, 2013 (Draft)).
49. The new policy focusses on addressing the structural drivers of child abuse, neglect and exploitation. It seeks to do so by strengthening the indigenous child protection and development resources and structures – that is the family and communities – to support the protection and development of children in Sierra Leone. The new policy is founded on two core pillars – the first being the provision of material and other forms of support to strengthen the capacity of traditional groupings recognised as the fundamental sites of child development – that is the family and community. The second core pillar is the overt recognition and formal integration of traditional structures and practices within the national child protection system.
50. The policy recognises that not all customary practices, attitudes and structures are promotive of children’s rights and well-being and that a number of these run contrary to the rights of children protected by the ACRWC. These include, by way of example, the practices of Female Genital Mutilation or Cutting and child marriage. The policy commits to addressing harmful customary practices through ongoing engagement and advocacy with families and communities. This will be actioned through the MSWGCA through programmes aimed at securing the changes and adoption of attitudes and practices necessary to ensure children’s rights, well-being and development.
51. What is of particular importance is that, whereas many laws have been passed aimed at eliminating harmful customary practices, many of these have been disregarded for lack of credibility. The laws protecting children’s rights have been disregarded as they have been deemed inappropriate in the customary context and the product of a parallel, discredited child protection system based on foreign principles and ideals and implemented through external bureaucratic agencies. The GSL aims, through the reorientation of its child welfare system to one founded more strongly on positive indigenous practices, to engender a greater degree of acceptance of the overarching system and the laws and prohibitions which make it up.
52. The new policy aims to eradicate social norms and practices contrary to the well-being of the child, including severe child beatings, humiliation and denial of food as forms of discipline. It aims to do so through a process of social change which draws attention to these issues as child development issues and with an educational, rather than a punitive approach. Traditional leaders will be centrally engaged in the social and behavioural change process. Careful attention will be paid to the creation of an appropriate advocacy and knowledge platform, with messages packaged and delivered in such a way as not to alienate families and

communities. They will be designed to be culturally sensitive and non-judgemental and not only promote family and community change, but also change amongst children by acknowledging and advancing their responsibilities towards their families and communities (Government of Sierra Leone, 2013 (Draft)).

53. In addition, where customary practices and attitudes result in harm to children, community and traditional dispute resolution and mediation structures will be employed, subject to the proviso that cases of serious sexual assault or abuse must be referred, as per the requirements of the Child Rights Act to the police for prosecution. There is a prohibition on the referral and resolution of serious child abuse cases via informal, community and traditional dispute resolution fora.

2.3 Structures to coordinate and monitor implementation of the ACRWC

54. The MSWGCA is the Governmental department that is mandated to implement the ACRWC and to lead the process of monitoring the enforcement of all legislations pertaining to child protection in Sierra Leone.
55. It has established, with the support of UNICEF, a National Child Protection Network (CPN) for the coordination of all aspects of child protection in Sierra Leone, including the implementation of the ACRWC, CRC and related instruments. The CPN is a multi-agency group chaired by the MSWGCA. It oversees and monitors implementation of the child protection and welfare system in Sierra Leone as well as the functioning of a number of sub-committees and task forces set up (a number of which are described below) to facilitate coordinated development, implementation and monitoring of a specific child-protection issues or interventions for especially vulnerable groups that require multi-sectoral responses. The CPN enjoys the participation of the various line ministries with responsibilities for child welfare and protection as well as development partners, NGOs and local civil society organisations and religious bodies.
56. The network is replicated at regional and district-level. At a district level the composition of the committee enjoys the additional participation of implementing agencies working directly with communities and with children as well as paramount chiefs and other key welfare and legal practitioners. Regional and district-level child protection committees are responsible for collecting and collating data and information on emerging trends and facilitating alignment of the activities of local CBOs with the national child welfare strategy and priorities.
57. In addition, a number of multi-sectoral sub-committees and taskforces have been established over time, largely under the leadership of the MSWGCA. They coordinate the development, implementation and monitoring of interventions for especially vulnerable groups of children or specific child protection issues which require the provision of multiple services by different sectors and departments. These include, for example:

- 57.1 The **National Commission for War Affected Children (NaCWAC)** was established in immediate post-war years to provide a vehicle for the coordination of the many interventions provided by NGOs and government to rehabilitate reintegrate affected children into their communities and families.
- 57.2 The original **Task Force on Orphans and Vulnerable Children** was established after the war to coordinate the planning and implementation by different stakeholders in various sectors, including NGOs, of policies and programmes for children who had lost or were separated from their parents and/or made vulnerable by a multiplicity of factors such as poverty and chronic illness. The Taskforce has since twice been renamed and restructured, reflecting a move away from an issue-based towards a system's-based approach to addressing the structural drivers and indigenous resources available to prevent vulnerability and separation from parents and families. The Taskforce was first renamed the **Taskforce on Vulnerable and Excluded Children**, and most recently, the **Alternative Care Taskforce** which is tasked with lasting and systemic solutions for children separated, or at risk of separation from their parents (Child Frontiers Limited, 2010).
- 57.3 The **Child Rights Act Committee** was established to promote knowledge and implementation of the act.
- 57.4 The **National Child Justice Task Force** is tasked with developing policies, laws and programmes to ensure that children who come into contact with the law are treated as required by the various international and regional child rights instruments.
- 57.5 The **Trafficking in Persons (TIP) Task Force** has been established by the MSWGCA with the collaboration of other stakeholders, such as the Police and Immigration and includes representation from civil society, the CPN, and the media.
- 57.6 The **National Commission for Gender Based Violence (NaCGBV)** is a multi-sectoral structure that meets monthly and has five thematic groups looking at specific areas related to GBV.
58. The preceding structures have proven to be useful at facilitating representation of sectors at an issue-based level and the sharing of information across sectors. Their efficacy has however limited by a number of factors, including the sporadic participation of different line ministries and their focus on either child protection issues falling within the mandate of the MSWGCA or only on issue and activity-based collaboration. In consequence, they do not provide an effective framework for a wider national process of coordination, improvement and monitoring of the situation of children in Sierra Leone through the realisation of their comprehensive rights protected by the ACRWC and the CRC (Child Frontiers Limited, 2010).
59. Therefore, a more comprehensive and overarching coordinating structure, the National Commission for Children (NCC), is in the process of being established in terms of the Child Rights Act. The role of the NCC is to monitor and coordinate implementation of the ACRWC, the CRC and other instruments; to oversee implementation of children's rights and parental and state responsibilities, notably to provide guidance and oversee the implementation of the best interest principle across all government ministries, departments and functions; and to review and advise the GSL on policy and legislative changes necessary to improve the rights and welfare of children in Sierra Leone. More specifically it is required to, *inter alia*:

- Engage in ongoing review of alignment and discord between legislation and customary law and the ACRWC and the CRC and advise the GSL on necessary changes required;
 - Undertake a progressive review and guide all State institutions on applicable criteria for ensuring the best interests of the child and respect for their rights, including the right to be protected from economic exploitation;
 - To support effective decentralisation of key child-specific services necessary for realisation of their rights;
 - To seek and mobilize international support for implementation of the CRC and the ACRWC;
 - To ensure wide dissemination of the ACRWC and the CRC;
 - To advocate for a just and progressive juvenile justice system in Sierra Leone;
 - To produce reports on the status of realisation of the rights of children as protected by the ACRWC and the CRC.
60. A budget has been allocated for the establishment of the NCC which is at an advanced stage. All members, except for the most senior have been appointed. The senior cadre of members, notably the Chairman, Commissioner and Deputy Commissioners, must be appointed by the President for his knowledge and experience in child rights matters. A list of candidates has been submitted to the President who is still to make the appointments.
61. The Chairman and Commissioners will be supported by a number of other members, including a Paramount Chief, one male and one female parent, one male and one female child, two representatives from the religious community, a UNICEF representative, a representative of the Bar Association of Sierra Leone and the technical or professional head of the MSWGCA.
62. In addition to the child-specific coordination structures, a number of independent human rights monitoring mechanisms have been established.
- 62.1 The **Human Rights Commission of Sierra Leone (HRCSL)** was established in terms of the Human Rights Commission Act (2004). The commission is mandated to deal with all cases of Human Rights Violations and Abuses, including the protection of children's rights. The HRCSL has exercised its powers to protect children. For example, it has worked with a number of institutions to prevent and ensure the prosecution of girls into secret societies resulting in their undergoing FGM/C. It has, with the support of partners advocated successfully for a number of traditional and local leaders to develop by-laws prohibiting the forced initiation of children under the age of 18 years and to impose sanctions on the practice (HRCSL, 2012). A key factor inhibiting the efficacy of the HRCSL has been limited resources. To address this concern, the GSL has increased budget allocations to the national HRC to build its capacity, extend its outreach and promote human rights education – with an allocation of Le 1,5 billion in 2014 (Minister of Finance and Economic Development, 2013).
- 62.2 A **Parliamentary Human Rights Committee** has been established and received capacity building on national and international human rights instruments. It has been instrumental in supporting the development of laws complying with international and

national obligations, such as the Child Rights Act, 2007 and the Persons with Disability Act, 2011.

- 62.3 The **Office of the Ombudsman** was established in 1997. It is an independent complaints agency which deals with cases of public maladministration. Its role includes advocacy for the rights of marginalised vulnerable groups.
63. There is no formal national system for the collection of statistics and data about the overall situation of children and realisation of their respective rights. This impacts on the effectiveness of both monitoring and population based planning for children's services and programmes in Sierra Leone.
64. Information management systems (IMS) have been developed and implemented by different ministries such as health, education and the MSWGCA. These are at different stages of development, but are generally not adequately advanced or sufficiently resourced or supported by capacitated personnel to provide routine, reliable, consistent and accurate information.
65. The most advanced IMS is in the health sector. The MOHS has, with the support of development partners, established a district-wide reporting system where child health information is routinely fed from facilities to the District Health Teams, which in turn feed the information to regional offices which is then centrally collected at a national level. In 2013 the system experienced a significant set-back when the MOHST was suspended and the data management department was disbanded. This means that information is currently being sourced directly from the district system's administrative data. The MOHS is also currently in the process of rebuilding its systems.
66. Many of the systems are not electronic, but paper-based. For example, birth registration records are manually recorded and stored at a decentralised primary health care facility level, with no system in place for centralised collection or analysis of the data. This issue is discussed in more detail later in the report under the substantive issue of birth registration.
67. There is no national formal system within the MSWGCA for the collection of statistics and data regarding child protection, abuse, exploitation, violence, alternative care placements and numbers of vulnerable children. Nor is there an official system for recording the number of child protection cases.

The Ministry has taken a number of steps to remedy the situation. It has established a dedicated Policy Development and Strategic Planning Directorate responsible for developing a IMS and for the collection and coordination of data. It has appointed Legal Officers and a Policy/Planning Officer who will develop a new centralised IMS. The Directorate aims to generate adequate data to generate the necessary evidence to inform national policy on children's welfare. Additionally, in order to more adequately respond to its research, planning, legal affairs, data collection, processing and logistical needs, the Ministry's Human Resources and Administrative/Finance Directorate shall set up various units including, Human Resource Management, Records, Public Relations and Finance/ Procurement units.

The Directorate is at present sourcing information from Child Protection Committees which have been established at district and regional levels, but the system is informal, paper-based and incomplete. In addition, the Ministry relies on the Family Support Units' IMS for child protection data. However, the FSU's system is limited in that it is manually maintained in a simple register which does not allow for accurate disaggregation and analysis of child-specific information.

The Directorate is in the process of building a child protection IMS which is being piloted in two districts. The system aims to draw together, under the coordination of the MSWGCA, data collected by a number of agencies and NGOs active in the districts. The multiple data sets will be centrally collected and analysed to provide an accurate national child protection picture from national down to district-level.

68. In addition to the sector-specific IMSs, there have been a number of significant developments to improve overarching national data collection and initiatives to monitor progress against national development objectives, especially the provision of services to the most marginalised communities and families in Sierra Leone. The rationale and design of the initiatives will translate into stronger national IM and M & E systems into which child-specific data, especially data regarding vulnerable children will be intrinsically integrated and will yield broader national pictures of progress towards children's development which is a founding principle of the latest national development plan.
69. In addition to the administrative data collected at a departmental level, national population survey data is collected by Statistics Sierra Leone, with the support of UNICEF and other partners. The various surveys, including the National Population and Housing Services, the Demographic and Health Surveys, the Multiple Indicator Cluster Survey (MICS) and others collect child and development-centred data. To strengthen and maintain these, a budget of Le 7,9 billion was allocated to Stats SL in 2014 (Minister of Finance and Economic Development, 2013).
70. The Ministry of Finance and Economic Development (MOFED) has initiated a number of processes that will improve the collection and analysis of child-specific data and better inform responsive and appropriate policies and programmes for the delivery of services to marginalised families and children.
 - 70.1 The Ministry has, with the support of the Office of the President and UNICEF, developed the **Participatory Community Monitoring and Accountability Framework**. It is a social audit framework designed to monitor access to and the utilisation of services, whilst raising **awareness** and bringing rights-holders and duty bearers together to discuss service delivery issues. It will be facilitated through a qualitative community score-card. Data will be collected based on the information in the score card. This will be used to track the devolved delivery of services and goods provided at national level and delivered down at local level; to assess whether services and goods are in fact reaching

the targeted beneficiaries. In addition to the score cards, there will be focus group discussions with community stakeholders, including children's and women's groups to identify and address bottlenecks in access to services.

The process was piloted in 2013 and there will be a concerted effort in 2014 for the necessary buy-in of partners to ensure national roll out of the programme.

- 70.2 For the first time in Sierra Leone's development history, a results framework has been developed to accompany the 2013 – 2018 development plan. The last two plans were only supported by a policy matrix. The current plan is far more results-oriented and will be closely monitored and progress measured against stated indicators, outcomes and activities. Budgets will also be allocated based on plans aligned with results framework.

Given that children feature prominently in all the pillars of the national development plan, they will feature in the results framework's indicators, and measurement of progress towards national development objectives will implicitly measure national progress on key children's outcomes.

- 70.3 In addition, the MOFED is currently developing a **national M & E policy**. The aim of the policy is to ensure better linkages across sectors in terms of planning and monitoring. It aims to address the current ad hoc approach to monitoring adopted by different sectors and to ensure the collection of adequate data to enable effective and appropriate planning. This will be achieved through standardised monitoring frameworks from national down to local level and roles and responsibilities will be defined and demarcated.

The framework will be supported by a stronger and capacitated work force. There will be capacity building in all sectors. The World Bank has provided funds. Thus far, there has been a capacity assessment and an identification of capacity and resource gaps. The next phase will be to fill these gaps through training.

Overall this initiative will ensure better alignment of sectoral strategic plans, including strategic plans for services for children, with the national development plan, it will build capacity in sectors like social development and unify the system.

- 70.4 The Ministry has further, with the support of UNICEF, initiated a process for the **Mapping and Identification of Underserved Communities**. This is a planning tool that will facilitate population-based planning to ensure equity and access to services for marginalised and under-served communities. As will be demonstrated during the course of this report, one of the biggest challenges to the development of Sierra Leone is the persistent inequity in access to services and information for remote and marginalised communities, especially those in rural areas.

The mapping process is aimed at developing survey maps, based on existing data of available services and access to services, identifying the location of the most deprived communities. The objective is to develop clear maps showing the geographical location

of service delivery gaps and bottlenecks which will inform future programme and delivery design and development.

2.4 Involvement of civil society, children and youth in implementation and monitoring of the Charter

71. Civil society, children and youth play an active role in the development, implementation and monitoring of policies, laws and programmes which give effect to the rights protected by the Charter.
72. Key policies and laws such as the Child Rights Act and Child Welfare Policy have been developed through structured inclusive consultative processes. For example, the Child Welfare Policy was developed under the leadership of a Technical Working Group which included representatives of civil society organisations, child rights experts, academics and various government ministries. Representatives from traditional leadership and religious structures and the Sierra Leone Association for NGOs provided input into the draft policy and children, parents, community leaders, local councillors, staff of different ministries and civil society participated in regional consultations on drafts of the policy.
73. Given the GSL's human and financial resource constraints, international and national NGOs play a key role in supporting implementation of child rights programmes, as do community members and volunteers, such as the maternal and child health workers. The GSL has sought to better coordinate the various contributions of civil society through the formal recognition and delineation of their roles within overarching policies, laws and strategic programme documents so as to ensure the most efficient use of collective resources and the minimisation of duplication of efforts towards realisation of the country's most pressing needs. For example, the Local Government Act (2004) makes express provision for local councillors to coordinate and harmonise development programmes and the associated activities of development partners, including NGOs; in the health sector, a compact has been developed to coordinate and direct donor funds and contributions towards attainment of common national child health priorities; and in the child protection sector, in terms of the Child Rights Act and the draft Child Welfare Policy a more mature and formalised relationship is envisaged between the MSWGCA, civil society organisations and Local Councils. The latter are tasked with establishing more effective and structured partnerships with approved welfare-oriented civil society organizations. The aim of these partnerships is to mitigate the one-off approach to welfare support and to encourage more permanent and professional services that provide on-going, holistic services to families and children (Child Welfare policy)
74. In addition, the success of many of the child rights-based laws and programmes, especially those which introduce practices which are different to, or which outlaw traditional, customary, social, cultural or religious practices, depend on advocacy and leadership by credible and authoritative role players at a community level. Traditional and religious leaders as well as local women and youth leaders and community-based organisations enjoy strong grassroots support and are key role players which often act in partnership with the GSL to

advocate for and mobilise communities and families to fulfil their legislated responsibilities to children.

75. Similarly, NGOs, community members and parents play a key role in supplementing incomplete monitoring and information collection and management systems. They support the GSL to monitor implementation and quality of services at a decentralised level through observation and reporting to national government when problems of implementation occur. For example, NGOs will alert the MoHS of health service gaps, shortages and stock outs. The GSL appreciates this support and has sought to formally harness it in the development of responsive outreach programmes aimed filling service delivery gaps, especially in hard-to-reach communities. For example, the MoHS's Maternal and Child Health Weeks are preceded by intensive engagement with local NGOs and community structures to identify areas with high levels of need and poor access to facility-based services and areas are then appropriately targeted to improve coverage of essential health services such as immunization and Vitamin A supplementation. The new Child Welfare Policy expressly recognises the importance of children's views on matters will be encouraged to participate in a range of processes and monitoring activities linked to implementation of the policy (Government of Sierra Leone, 2013 (Draft)).
76. The Government has, through the Ministry and its CPN partners, actively engaged children at all levels in promoting and protecting their rights and welfare. As described in more detail later in the report under the heading of the rights to freedom of expression and to be heard and participate in matters affecting children, the SWGCA launched a Children's Forum Network (CFN) on the Day of the African Child (16 June) in 2001. The Network has an administrative wing and a "Children's parliament" at every regional office designed to manage, coordinate, debate, organize and advance, through sensitization and advocacy, the rights and welfare of children.
77. With the support from the Ministry and its CPN partners, the CFN has facilitated children's involvement in the implementation and monitoring of rights protected by the ACRWC. For example, it has submitted children's reports to the United Nations on steps taken towards fulfilment of the State's obligations under the CRC; it has monitored child rights violations in schools and neighbourhoods and submitted findings to the MSWGCA; it participated in celebrating the International Day of Peace on several occasions and on 16 June 2003, made submissions to the Truth and Reconciliation Commission condemning violence against children during the civil conflict and recommending preventive and rehabilitative measures. Children also served as witnesses and statement-takers during certain sessions of the TRC hearings. The CFN also sent a delegation to the ECOWAS Peer Review meeting in Dakar in September 2003, to discuss ways of improving child rights and well-being in West Africa; and it served as a formal reference group partner in the preparation of the Child Rights Act, the National Policy for Children and other key legal instruments.

2.5 Measures to make the Charter known to children and adults

78. The State has sought to systematize the distribution and dissemination of information about the ACRWC to adults and children through training and advocacy programmes linked to laws and programmes advancing children's rights. Notable in this regard are the many measures that were taken in promoting knowledge and awareness of the Child Rights Act. These include the establishment of a Child Rights Committee mandated to promote a common understanding of the act and to plan awareness-raising activities within communities in preparation for its implementation and the development and distribution of a popular version of the act with the support of partners such as UNICEF and Plan International and the Justice Sector Development Programme. The Ministry plans on further systematizing and scaling up the distribution of information on the Charter and the rights contained therein through the dedicated and express role assigned to the National Commission for Children to "undertake wide dissemination of the Convention and Charter generally and through professional training, adult education and child rights promotional activities aimed especially at the registration of births, elimination of forced marriages for girls, female genital mutilation, sexual abuse and economic exploitation of children."
79. The MSWGCA has, through the CFN and its many activities, promoted knowledge and awareness of the Charter and children's rights amongst children and adults alike.
80. The MSWGCA and partners in the CPN plan on working together to develop popular versions of this report and disseminate it widely amongst adults and children alike through the network's partners.

3. Definition and age of the child (article 2)

81. Article 2 of the Charter requires the State to take measures to ensure that the law recognises that a child means every human being under the age of 18 years.

Prior to the enactment of the Child Rights Act, 2007, various laws governed the age of children. The laws contradicted one another in terms of the stipulated age of childhood and many were out of alignment with the provisions of the ACRWC in terms of the age of the child as well as the protection afforded children under certain ages against abuse and exploitation.

The GSL has enacted a number of laws which have aligned the national laws governing the age of the child and protection afforded to younger children with the provisions of the ACRWC, the CRC and related instruments.

3.1 The definition of a child

82. The Child Rights Act brings the national law of Sierra Leone into alignment with the ACRWC and repeals or amends the contradictory preceding laws which specified different ages for the child. The act defines a child “a person below the age of eighteen”.

3.2 Minimum age for recruitment into armed forces

83. The GSL ratified the Option Protocol on the Involvement of Children in Armed Conflict (OPAC) in 2002. Pursuant thereto it adopted the Recruitment Policy of the Republic of Sierra Leone Armed Forces in 2004 and the Armed Forces Recruitment Act in 2006 which increased the age of recruitment into the armed forces from 17 and half years to 18 years.
84. In addition, the Children’s Policy (2006) and the Child Rights Act (2007) unconditionally protect children from armed conflict. The act criminalizes the recruitment or enlistment of any child for the purposes of engaging him/her in armed conflict within Sierra Leone.

3.3 The age of sexual consent and marriage

85. For many years the legal framework governing the ages of marriage and sexual consent was out of alignment with the ACRWC and failed to protect young girls under the age of 18 years against early sexual engagement, sexual abuse and early marriages.

Under the common law, customary law, and colonial child protection and criminal laws of Sierra Leone, the minimum age for sexual consent by girls was 13 years and there was no minimum age of consent for marriage. In terms of customary law, a girl became marriageable when she reached puberty.

86. A number of laws were enacted during the course of the last few years strengthening and aligning the protection of young girls with the provisions of the ACRWC. The Child Rights Act introduces a minimum age of marriage for all marriages, of whatever kind (including customary and religious marriages) of 18 years. The Registration of Customary Marriage and Divorce Act (2007) also amends customary law governing the age at which girls may be married to 18 years. However, unlike the absolute prohibition against any marriages below this age provided for in the Child Rights Act, the Registration of Customary Marriages Act provides that if a child below this age and his or her parents' consent thereto, a marriage may be lawfully concluded. This proviso is however rendered null and void given that the Child Rights Act prohibition applies to all marriages of whatever kind. The GSL is taking steps to amend the Registration of Customary Marriages Act appropriately.
87. The Sexual Offences Act also increases the age at which a girl may consent to sexual intercourse from 13 to 16 years.
88. Despite the clear legal protection provided the rate of early sexual debut, teenage pregnancies and marriage remains high in Sierra Leone some years after introduction of the minimum ages of marriage. In 2010 in Sierra Leone, 16 percent of women between the ages of 15 and 49 years are married before the age of 15 years and 50 percent are married before the age of 18 years. About one in four women between the ages of 15 and 19 years are married (23 percent) while one in three (34 percent) are in a polygamous marriage (Statistics Sierra Leone and UNICEF, 2011).
89. Of particular concern to the GSL is the high and increasing early fertility rate among girl-children under the age of 18 years – a factor driven in part by the high rate of early marriages. In 2008 the fertility rate among girls aged 15 – 19 years was 146 per 1,000 live births and this increased to 155 per 1,000 in 2013 (Statistics Sierra Leone & MoHS, 2009) (Statistics Sierral Leone , 2014). In 2010, 32 percent of girls between the ages of 15 and 19 years had begun childbearing, 26 percent had given birth before the age of 19 years, and 7 percent had given birth before the age of 15 years. This is of particular concern given the close link between poor health and other development outcomes for both the young mother and her infant including the lack of educational opportunities to young women, risks to women's health and fertility, and children being born into homes that are not ready for them.
90. The GSL has taken these issues seriously and sought to address them at the highest level. The reduction of teenage pregnancies is identified a priority in the Agenda for Prosperity and it is the focus of a national multi-sectoral campaign led by the President. The latter campaign is discussed in more detail later in the report under the heading of Health and Welfare. In addition, the GSL has, together with various partners, especially at a local level, engaged in advocacy related to the harmful consequences of early marriage and sexual debut and around the prohibition against the practice in terms of new laws. For example, the MSWGCA has supported the establishment of Community Advocacy Groups in all chiefdoms. Former traditional birth attendants have been recruited and trained as change agents to advocate for children's rights in their chiefdoms, including advocating for and monitoring that no children marry. A further measure supporting the enforcement of the Child Rights Act taken by the Inter Religious Council of Sierra Leone was to facilitate the development and enforcement of

bye-laws that prohibit early marriage through a process of dialogue and consultation with communities. Additional evidence-based programmes and policies are being developed and scaled up to address social norms that perpetuate the practice as well as provide life skills and livelihood support to empower adolescent girls and poor households. In 2013 a livelihoods partnership reached over 6,000 adolescent girls through 200 adolescent clubs in four districts.

91. The various initiatives have made an initial positive impact on the rate of early marriage, which for girls below 15 years declined by nine percentage points (from 27 percent to 16 percent) and by 12 percentage points for those under 18 years (from 62 to 50 percent) between 2005 and 2010. The percentage of married young women between the ages of 15 and 19 years declined from 36 percent to 23 percent and polygamy from 43 percent to 34 percent between 2005 and 2010 (Statistics Sierra Leone and UNICEF, 2011).

3.4 Minimum age of employment / child labour

92. Child labour has long been widely practised in Sierra Leone, driven in large measure by high levels of poverty and customary laws, practices and attitudes. Many children are also involved in the worst and most harmful forms of child labour, including quarrying, street hawking and carrying heavy loads from farms and villages to market centres. Child labour, unlike “child work” which can include simple household chores and other domestic tasks, negatively impacts on children’s education, health and survival.
93. The GSL recognises and has taken active steps to address the harm caused by child labour as well as its international and regional obligations to take measures to eliminate its practise, including the setting of a minimum age for participation in child labour and hazardous work. The National Policy for Child Wellbeing, 2005 and the Child Rights Act, 2007 commit the GSL to the protection of children against this form of economic exploitation. The Child Rights Act sets a minimum age for full time employment at 15 years and limits the type of work children can be engaged in. It prohibits children under 18 years from being employed in hazardous work that affects the child’s health, safety or morals. It makes transgression of these limits a criminal offence. The Mines and Minerals Act, 2009 also prohibits and criminalises the engagement of children in labour in the mines by the holder of a mineral right. The draft Child Welfare Policy further supports the prohibition of harmful child labour through the provision of structural support to address the underlying drivers of the practice. The minimum age of employment is also regulated by the much older Employers and Employed Act (Cap 212), however the provisions are outdated and not in alignment with the Child Rights Act. The GSL takes the issue of child labour seriously and the various measures taken to address the issue are addressed in detail later in the report in Part 9 under the heading of Special Protection Measures.

3.5 The minimum age of criminal responsibility

94. For many years the age of criminal responsibility was, as per the common law, ten years. That is, children under the age of ten were regarded as incapable of committing a crime, but those older than ten were seen as capable of criminal conduct. The Children and Young Persons Act

(Cap 44, 1960) along with an initial Child Justice Strategy developed in 2005 did however introduce a number of special procedures for the protection of children older than ten years, but younger than 17 years in conflict with the law against harm and abuse within the criminal justice system. However, the governing laws, including the Criminal Procedure Act made no provision for special investigation or court procedures for the protection of children in contact with the law as victims or witnesses in criminal or civil proceedings.

95. Whilst the law did provide procedural protection to children in conflict with the law, implementation of the prescribed processes has been impeded by financial, human resource and infrastructure constraints as well as the lack of credibility and trust in the formal justice system. These factors have served to exclude approximately 70 percent of the population from accessing the magistrates, high courts and separate juvenile court established in terms of the Children and Younger Persons Act for administration of the formal justice and juvenile justice system in Sierra Leone. The majority of the population makes use of the informal or local courts which apply customary law. Informal traditional dispute resolution fora, such as meetings of community elders and leaders (known as *Bare*) for the mediation, arbitration and adjudication of criminal and civil matters have not been regulated by law. Whilst local courts are governed by formal legislation (the Local Courts Act, 2004) they are not subject to the same procedural constraints protecting young offenders in contact with the formal courts.
96. The Child Rights Act remedied the non-alignment of the law governing the age of criminal responsibility with the requirements of the ACRWC and the CRC and filled a number of legal and institutional gaps to strengthen the protection of children in contact with the law.
97. The act increases the age of criminal responsibility to 14 years. It formalises and integrates traditional dispute resolution fora into the child protection framework and introduces certain procedural requirements to secure the protection of the rights of children that come into contact with these structures, as either alleged offenders or victims or witnesses. In addition, it creates additional child-friendly formal judicial structures for the hearing of matters affecting the protection and welfare of children.
98. The special protection afforded children in contact with the law is discussed in detail later in part 9 of the report under the heading of Special Protection Measures.

4. General principles

4.1 The right to non-discrimination (articles 3 and 26)

99. The laws of Sierra Leone's guarantee the right to equality before the law and enjoyment of the protection and services provided by the law. In addition, they expressly prohibit discrimination and make provision for the adoption of special measures to guarantee the rights of vulnerable communities, including children and people with disabilities.

100. The Constitution of Sierra Leone expressly provides that the Social Order of Sierra Leone shall be founded on the ideals of freedom, equality and justice. To this end, it guarantees every citizen equality of rights, obligations, and opportunities before the law. Moreover it commits the State to direct its policy towards ensuring that every citizen, without discrimination on any grounds whatsoever, shall have the opportunity for securing adequate means of livelihood and commits to the adoption of special measures to secure the care and welfare of, inter alia, the young and disabled.
101. The GSL has taken a number of targeted legislative measures to equalise previously discriminatory property, inheritance, marriage and divorce colonial and customary laws and to provide targeted protection to those especially vulnerable to discrimination, such as children living with disability and children living in poverty. For example:
- 101.1 Various laws have been enacted to equalize the rights of children born out of wedlock. Section 27 of the *Child Rights Act*, for example, states that “no person shall deprive a child of reasonable provision out of the estate of a parent, whether or not born in wedlock”. Additionally, the *Devolution of Estates Act, 2007* (Act No. 21) secures the property rights and maintenance of children and the surviving spouses of any person who has died intestate through provisions that ensure that they benefit from the deceased estate, regardless of whether the child was born of a lawful marriage, was adopted or whether the family follows customary laws. The *National Social Security and Insurance Trust Act* (the NASSIT Act, 2001) also makes widows/widowers and their children as primary beneficiaries to benefits due survivors of a deceased NASSIT Pensioner.
- 101.2 The right to citizenship has been extended, and thus equalised through an amendment to the *Sierra Leone Citizenship Act (1973)* which grants dual citizenship, not only to Sierra Leoneans falling into a the category of persons “of Negro African descent” but also those whose “mother or father and any of the grand parents of the mother or father is or was a Negro of African descent”.
- 101.3 The *Persons with Disability Act, 2011* (Act No. 3) has been enacted to protect the rights of persons with disability. It establishes a National Commission for Persons with Disability which is tasked with the responsibility of prohibiting discrimination and equalizing opportunities for people with disability. The act expressly provides that persons with disability, including children with disability, shall enjoy the following rights: right to free education, protection from discrimination in educational institutions, provision of free medical services, compulsory screening at health centres, and, inter alia, prohibition of denial of employment and protection from discrimination in employment.
- 101.4 In addition, various policies and programmes have been introduced, and are discussed in detail in the relevant substantive parts of this report, which introduce special measures to equalise opportunities for children especially vulnerable to exclusion from enjoyment of their rights. For example, primary education has been made free to address the exclusion of many children living in poverty from enrolling and completing school. Similarly, special measures have been introduced to subsidize the secondary school costs of girls which have been excluded in part

through the customary preference given to boys and tertiary education is provided free for children with disability. Health care is also provided free of charge to pregnant women and children under the age of five years, and policy provision is made for the provision of free medical care for children who have been abused and children with disability.

- 101.5 Not only the law, but also governance arrangements have been designed to advance equality at a local level. The GSL has decentralized the power to administer national policies and laws and to administer budgets to local government through the Local Government Act, 2004. The rationale underlying this is premised on the “core principle of non-discrimination to ensure and maintain government’s decentralized but equal treatment of men, women and children everywhere.” The underlying assumption being that local government is best placed to monitor, recognise and respond to the most vulnerable groups within communities through appropriate by-laws and allocation of funds and other resources for the provision of essential health, education and other basic services.
102. Whilst the legal framework for securing equality and freedom from discrimination is gaining strength, vulnerable children and their caregivers do continue to experience widespread *de facto* discrimination and exclusion from the benefits and protection of the law. As is discussed in the relevant substantive components of the report, children living in poverty, children who do not live with their biological parents, children living in rural areas, children with disabilities, children in certain under-developed regions and districts, and children living under customary law do not enjoy equal access to the services and protection provided by the laws of Sierra Leone.
103. The GSL has made the remediation of discrimination experienced by children along historical equity fault lines a national developmental priority. The Agenda for Prosperity recognises inequality as a key barrier to development and thus commits to remedying inequities, especially for children, women and people with disabilities through ongoing strengthening of the legal and policy framework and the allocation of additional resources.
104. A number of steps have already been taken to strengthen the legal and institutional framework underpinning and equal society. Notable in this regard are the steps that have been taken targeting the structural determinants of equality and an increased focus on measures recognised as capable of equalising opportunities for children born into adverse circumstances. For example:
- 104.1 The GSL has recognised that many of the issues of inequity are associated with resource management and capacity challenges a local level. To address this, the GSL allocated an amount of Le 3.1 billion in 2014 to the Ministry of Local Government and Rural Development to strengthen local budgets and the capacity to strengthen management and spending of budgets on priority policies and programmes. Local councils will be empowered to take on more responsibilities to ensure the effective disbursement of resources which will be linked to achievement of measurable targets (Minister of Finance and Economic Development, 2013).

- 104.2 The GSL has introduced a National Social Protection Policy aimed at alleviating a structural driver of inequality in Sierra Leone – poverty. It seeks to combine national growth with equity for the poor, including providing for the ‘chronically poor’ people, persons who are ‘economically at risk’ and those who are ‘socially vulnerable’, such as disadvantaged women and children. The Policy prioritizes meeting the needs of children of especially poor families through the provision of, inter alia, monthly cash transfers.
- 104.3 The GSL has further revised and continues to revise its child welfare policies to focus on the prevention, rather than the remediation of vulnerability, through the provision of material and educational support to families and communities.
- 104.4 The GSL is paying increasing attention to the development of policies proven to equalise opportunities for children born into adverse circumstances. Notable in this regard is the emerging Early Childhood Development (ECD) policy. The GSL is pursuing the development of stronger ECD policies in recognition of the unparalleled difference quality ECD can make to the life chances of vulnerable children. Thus there is a strong focus in the Agenda for Prosperity and emerging sectoral policies on stronger preventative health care for pregnant women and infants, improved nutritional support for younger children, strengthened parenting support and education and formalised public early childhood education.

4.2 Best interests of the child (articles 4)

105. The ACRWC requires that the State must take measures to ensure that the best interests of the child are the primary consideration in all actions taken by any person or authority.
106. The principle of the best interest of the child has been expressly incorporated into the Child Rights Act. It states that the fundamental principle to be applied in the interpretation of the act is that the short- and long-term best interests of the child is a primary consideration in any decision or action that may affect the child or children as a group. In further states that in determining the best interests of the child, a person, court or other authority must take into account the other core principles of the CRC, including non-discrimination, the right to life and maximum survival and development respect, respect for the views of the child, and the spirit of the CRC as a whole.
107. The CRA does not include detailed criteria for best interest determinations. However it does require the National Commission for Children to undertake a progressive study and review of the best interest principle with a view to advising government and other State institutions on the criteria for the application of the principle.

4.3 Survival and development (article 5)

108. Article 5 of the Charter requires the State to take measures to realise the rights of children to life, survival and development, and to ensure that the death sentence cannot be applied to children.

109. The Child Rights Act recognises and protects the rights of all children to life, survival and development to the maximum extent possible. It further recognises the interdependence of this cluster of rights and the realisation of all of the other rights protected in the ACRWC. It thus further provides that “Every child has the right to life, dignity, respect, leisure, liberty, health, including immunisation against diseases, education and shelter from his parents”, subject to the proviso that parents may be assisted by the State in cases of need.
110. The GSL has taken a number of legislative and other measures to secure the provision of the necessary services and support to realise the rights necessary for the survival and development of the child to the maximum extent possible. These are discussed in detail in the various substantive parts of this report.
111. The law of the GSL provides that no child may be sentenced to death.

5. Civil rights and freedoms

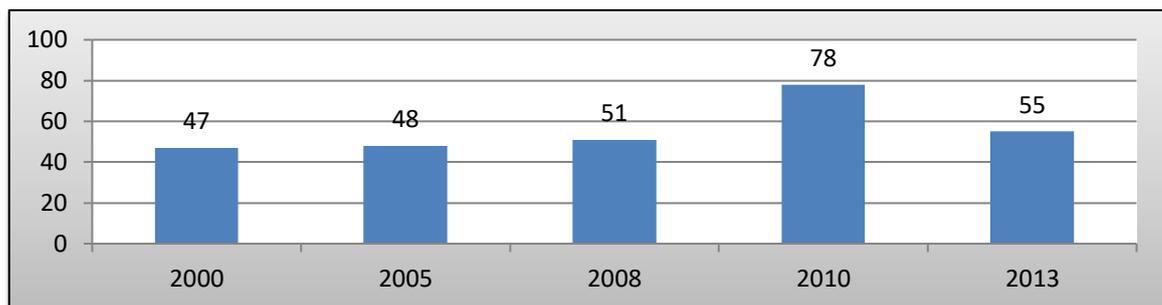
5.1 The right to a name, nationality, identity and registration of birth (article 6)

112. The State has committed, in terms of article 6 of the Charter, to guarantee the rights of every child to a name from birth, to registration immediately after birth, a nationality, and to constitutionally recognise the principles according to which a child shall acquire a nationality of the State in which he or she is born, if at the time of birth, he or she is not granted nationality by any other state.
113. In fulfilment of this commitment, the Child Rights Act (2007) recognises the rights of all children and prohibits any action which may deprive them of their rights to a name and to acquire a nationality. The Child Rights Act and the Births and Deaths Registration Act (1983) obligate parents to register their children’s births – either orally or in writing – within 30 days.
114. The GSL recognises that birth registration is a key enabler which is central to children’s enjoyment of other rights such as protection from early marriage, illegal arrest and trafficking, as well as access to central developmental rights and services such as health and education. Having an accurate indication of the number of births and deaths is also necessary for population based planning for and monitoring of services – a process which depends on the routine, timely and complete recording of all births and deaths in the country. The national development plan – the Agenda for Prosperity 2013 – 2018) - thus prioritises the provision of support for birth registration as a component of Pillar 3 - the development of human capital.
115. The Births and Deaths Registration Act mandates the MoHS to administer the national birth and death registration system. The Ministry has established a National Office of Birth and Death Registration and the system of registration has been decentralised through the primary care health system under the authority and supervision of the Local Councils. Birth

registration services are free of charge (if the birth registered within 30 days) at a local level through the health system's 1200 Peripheral Health Units (PHUs).

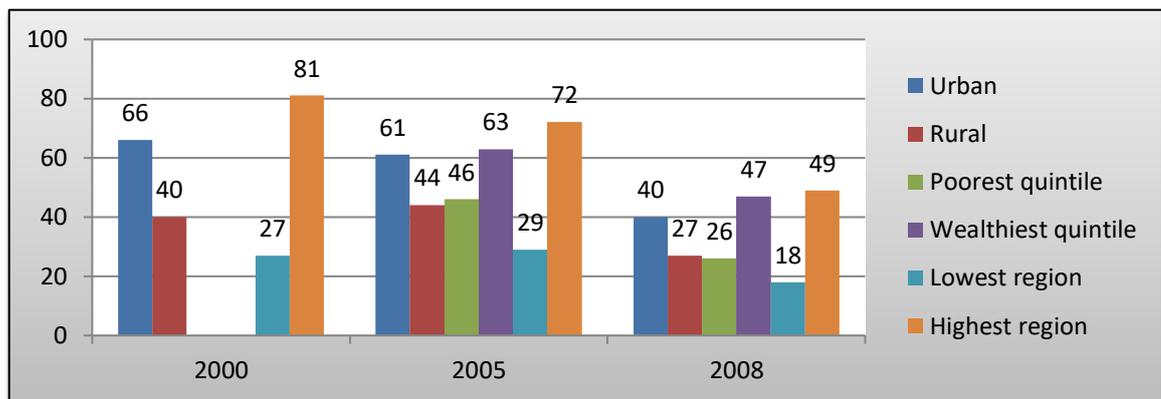
116. Birth registration rates have historically been very low with little change over the years, until 2010. In 2000 the births of only 47percent of children under the age of 5 years had been registered (Statistics Sierra Leone, 2001). This increased marginally to 48percent in 2005 and to 51percent in 2008 (Statistics Sierra Leone, 2006) (Statistics Sierra Leone & MoHS, 2009). These increases are attributable to a number of programmes, including a multi-sectoral registration drive launched on the Day of the African Child in 2003. The objective was to register 900,000 children across the country through the support of individuals, families, traditional and community leaders and social workers.
117. A significant increase was recorded in 2010 – with the rate jumping to 78percent. However, only 21 percent of respondents in the study were able to produce birth certificates (Statistics Sierra Leone, 2001). This, together with the contrary findings of a recent UNICEF review of 2013 MoHS Census routine data which suggests a significantly lower rate of 55percent, casts some doubt over the accuracy of the 2010 MICS data.

FIGURE 2: BIRTH REGISTRATION RATES FOR CHILDREN UNDER 5 YEARS 2000 - 2010. SOURCES MICS 2000, 2005, 2010 AND DHS 2008 AND UNICEF SIERRA LEONE 2013



118. All surveys observe marked socio-economic and geographic differences in the rate of registration. As is evident from the table below (which excludes the 2010 data because of accuracy concerns), there are significant differences of more than 10percent in the rate of birth registration between children in rural and urban areas; of almost 20percent between children living in different provinces; and more than 20percent between those living in the poorest and wealthiest quintiles.

FIGURE 3: DIFFERENTIATED BIRTH REGISTRATION RATES CHILDREN UNDER 5 YEARS 2000 - 2008 BY SOCIO-ECONOMIC GROUP AND GEOGRAPHY. SOURCES: MICS 2000 AND 2005 AND DHS 2008



119. The GSL recognises that there are still too many births of children that have not been registered. Based on UNICEF’s 2013 data, the number is as high as 1,3 million. In addition, a number of birth registration records are incomplete, largely as a result of a legislative measure introduced to overcome a customary barrier to birth registration. In Sierra Leone, as in a many other African countries, cultural practices often mean that children are only named months after they are born. In a bid to ensure that this does not prevent the registration of their births, the Births and Deaths Registration Act permits the registration of a child’s birth without a name. The challenge is that once registered, there is a low rate of amendment of the issued certificate to reflect the child’s name once given (Insight, 2013 draft).
120. Factors that contribute low registration rates include lack of awareness by parents of their duty to register and of the importance of birth registration (especially in rural areas); difficulty of access to service sites; the destruction of records during the civil war; and the costs associated with registration (Seurat, 2013). In addition, limited human resource capacity, lack of infrastructure, limited transport and lack of registration materials (such as certificates) at national and district level hamper the registration process.
121. There is currently no electronic and / or centralised collection and management of the births registered. Data, which is manually recorded, remains at a local level. There is no centralised collection of the data at a national level and there is very limited coordination between the national Civil Registry process and the birth registration process.
122. Over the years, the GSL has taken a number of steps to improve birth registration rates, including training of officials and multi-partner outreach campaigns aimed at raising awareness and mobilising communities and parents to support birth registration. These involved various partners such as the MSWGCA, traditional and religious leaders and civil society.
123. However, more recently, the GSL has sought to improve the situation through a more systemic approach to the issue of birth registration. With the support of UNICEF, it undertook an

assessment of the Birth Registration System in 2010. The resultant findings and recommendations informed the development of a revised three year strategic plan (2012 - 2015). The plan makes provision for strengthening systems, resources, legislation and practices, capacity and understanding of officials (especially at a decentralised level), for increasing awareness of the importance of and how to register a child's birth, and for increasing financial and technical support to civil society partners to enable their effective support of the campaign. A National Task Force for Births and Deaths, an interagency body led by the MoHS was established in 2013 to implement the plan.

124. The choice of the PHC system as a core birth registration delivery vehicle means a widely and locally dispersed service delivery footprint as it currently reaches 94percent of the targeted audience (infants, young children and their parents) through child health programmes such as the Expanded Programme on Immunisation (EPI). The GSL is exploring, with the support of UNICEF and PLAN, how to better integrate birth registration services into the EPI and other near-universal primary child health services.
125. In addition, the introduction of the Free Health Care Initiative in 2010 has motivated pregnant women to attend primary health facilities and deliver their infants in health centres which have made it easier for parents to access registration services and obtain birth certificates for their children.

5.2 Freedom of expression & rights to be heard, participate and to information (articles 4 and 7)

126. Article 7 of the Charter requires the State to take measures to secure the right of all children capable of communicating their own views to express their opinion freely in all matters. Article 4 specifically requires that children involved in judicial or administrative proceedings specifically be provided an opportunity to be heard either directly, or through a representative, and that their views be taken into consideration by the relevant authority.
127. The Constitution of Sierra Leone guarantees freedom of expression for all, including the freedom to hold opinions and to receive and impart information without interference. The enjoyment of this right is, however, subject to certain exceptions, including public interest, health and safety matters as well as matters affecting the protection of the rights and liberties of others.
128. The GSL has taken a number of measures to protect the rights of all people, including children to access and distribute information and to have their voices heard and views taken into account in matters affecting them.
129. It recently enacted the Right to Access Information Act (2013) which guarantees the right of every person, including children, to information held by, or which is under the control of a public authority or which is held by a private body, where in the latter case the information is required for enforcement of his or her rights.

130. The Children’s Forum Network (CFN), which was launched by the Minister of Children’s Affairs on the Day of the African Child in 2001, is a national “child-to-child” organization with branches in the three Provinces. It has been established with the express objective of enabling children’s access to information, rights to be heard and participate in national and provincial decisions and processes that impact on them. The CFN is a vehicle for the dissemination of information and knowledge on child wellbeing and development issues. Through the CFN, the Ministry has ensured that children get directly involved and take frontline roles in advocacy and sensitization programs covering their rights and welfare. This approach strengthens children’s right to be heard and their views taken on board. Since its establishment by the Ministry in 2001, the CFN has become a recognised role player in the child rights arena, with its executive members representing the views of the body on national issues concerning children.
131. Two examples of the role played by the CFN in facilitating the airing and consideration of children’s views include the following:
- 131.1 In 2002 the CFN developed the Children’s Manifesto which called on the GSL to consolidate peace and create an environment conducive to the survival and development of all children in Sierra Leone.
- 131.2 In 2005 it produced and facilitated a presentation by a representative group of children between the ages of 12 and 18 of their own report to the CRC Committee entitled “*This is the way we see it*” (Children's Forum Network, 2006).
132. Also, closely related with the work of CFN, the following programmes have facilitated the dissemination of information and afforded children and opportunity to share their views:
- 132.1 The Golden Kids Programme (GKP), which is operated by Talking Drums Studio - an NGO partner of the MGWCA - uses media, especially radio, to promote peace, social integration and human rights through drama and other discussion programmes;
- 132.2 The “Voice of Children” programme, comprising radio broadcasts and talk shows by children of all ages and categories run by the United Nations Mission in Sierra Leone (UNAMSIL); and
- 132.3 School/village Children’s Clubs have been established in various schools and communities across the country which support peer meetings on learning human rights, understanding the ACWRC and the CRC and involving children in child protection matters.

These programmes have complemented the work of CFN and have immensely improved community perceptions of children, their role in society and their right to be heard.

133. The GSL has, acting through the MSWGCA and civil society partners in the Child Protection Network (CPN), ensured that children have had the opportunity to express their views on key child rights policies and laws. Through formal participatory processes such as workshops and

calls for written submissions, children have participated in the shaping of the Child Rights Act, the Child Welfare Policy, the Sexual Offences Act and others.

134. The GSL has taken on board concerns expressed by the children of Sierra Leone in their 2005/6 report to the CRC regarding their insufficient participation at a community and home level. It has strengthened the legal and institutional framework for the protection and promotion of the participation of children in all matters and decisions that impact on them at these levels.
135. The Child Rights Act (2007) expressly protects the rights of children to freedom of expression, which embraces the right to be heard and participate in decisions that impact on the child. Section 31 provides that no person may deprive a child capable of forming views the right to express and opinion, to be listened to and to participate in decisions which affect his or her welfare. The opinion of the child must be taken into account and given due weight in accordance with the age and maturity of the child.
136. Additional provisions in the Child Rights Act, as supported by the amended Children and Young Persons Act (Cap 44, 1960) and Child Justice Strategies of 2005 and 2013, recognise and improve the rights of children to participation and representation in judicial and quasi-judicial (including community dispute resolution structures) hearing matters related to children in conflict with the law and which involve children as victims or witnesses. These measure, which have sought to ensure children's participation, through obliging their participation as well as through innovations aimed at expediting and making procedures less intimidating, are described in detail in part 9 of the report under the heading Special Protection Measures for Children in Contact with the Law.
137. There is a tension between a number of customary and religious laws and practices in Sierra Leone and the promotion and realisation of children's rights to be heard and participate in decisions that impact on them. For example, in the case of customary law of marriage, young girls could be married against their will; their consent not being required for a valid marriage. This practice is now outlawed by the Child Rights Act as well as the Registration of Customary Marriages and Divorce Act (2007). In terms of both laws, consent of all parties is a requirement for the conclusion of a valid marriage.
138. In addition, civil society organisations and other partners within the CPN engage in advocacy at a family and community level to promote the value of and obligations on parents and communities to ensure their children's participation in matters that affect them.

5.3 Freedom of thought, conscience and religion (article 9)

139. The Constitution of Sierra Leone guarantees the right of every person, including children to enjoyment of freedom of thought, conscience and religion. Moreover, it expressly imposes a duty on all citizens to respect the religions of other individuals.

140. The right is expressly protected in the education context. The Constitution provides that, except with his or her consent, no persons attending an place of education shall be required to receive religious instruction or take part in any religious ceremony or observance if that religion is any other than his or her own. In addition, the Education Act (2004) guarantees the principle of non-discrimination and protects the rights of parents to establish and maintain and enrol their children in separate educational systems established for linguistic or religious purposes.

5.4 Right to the protection of privacy (article 10)

141. Article 10 of the Charter requires the State to take measures to ensure that no child is subject to arbitrary or unlawful interference with his or her privacy.

142. The GSL recognises the right to privacy of person, property and communications as a fundamental constitutionally protected right. It however also recognises that the exercise of the right to privacy and access to information in the case of children is subject to respect for and maintenance of their best interests and right to a healthy development. As such the GSL has enacted a number of laws, including the Sexual Offences Act, 2012 to protect children against exposure to harmful pornographic materials or the participation or use of children in making or distributing pornography.

143. The right to privacy of children involved in court proceedings is protected by the Children and Young Persons Act and the Child Rights Act. The Child Rights Act specifies that “a child’s right to privacy shall be respected through the proceedings at a Family Court” and further that “no person shall publish any information that may lead to the identification of a child in a matter before a Family Court, except with the permission of the Family Court.” Moreover, the Act makes any contravention of the provisions against disclosure of a child’s identify a criminal offence.

144. The Children and Young Persons Act extends the prohibition against the publication of the names of children involved in court proceedings beyond the Family Court to all magistrates and high courts – a prohibition which has been acted on. For example, a journalist has been imprisoned as a result of failing to comply with the prohibition.

145. In addition, the testimony of child victims and the proceedings involving children in conflict with the law are heard in-camera in a separate dedicated juvenile court which restricts public and media access. These and other measures for the protection of the privacy of children in contact with the law are discussed in more detail in Part 9 of the report on Special Measures for the Protection of Children in Contact with the Law.

5.5 Protection against child abuse and torture (article 16)

146. The measures taken by the State to protect children against child abuse and torture are comprehensively addressed in the next Part 6 of the report under the heading of Protection against abuse, neglect and exploitation.

6. Family environment and alternative care

6.1 Parental guidance and parental responsibilities (article 20)

147. Article 20 of the ACRWC requires the State to take steps to ensure that parents have the primary responsibility for the upbringing and development of their children and are obliged to ensure the best interests of the child are paramount in all decisions, to secure necessary conditions of living, and to ensure that domestic discipline is administered with humanity. Further, where parents are unable to provide as required, the State must provide material assistance and support programmes, especially with regard to nutrition, health, education, clothing and housing, and must ensure that children of working parents are provided with care and facilities.
148. Historically and traditionally Sierra Leone has long-recognised the family as the most important group in society and the natural environment for the development and protection of children. Moreover, it has recognised that the broader community within which a family lives as a legitimate and critical support mechanism to aid families in fulfilling their responsibilities.
149. In line with its customary law and international and regional commitments, the Child Rights Act recognises and protects the rights of all children to parental care and to live with their parents and family and grow up in a caring and peaceful environment. It simultaneously recognises the correlative right and duty of all parents to provide support and guidance to their children to ensure their survival and development to the maximum extent possible, subject to the proviso that they may be assisted by the State in the case of need.
150. Moreover, the Child Rights Act recognises and protects the right and duty of care towards children by extended family members as well as broader community members who are entitled by custom or tradition to provide guidance, advice and to provide for the needs of the child.
151. In terms of the Child Rights Act, parents are simultaneously entitled and duty-bound to:
- 151.1 Ensure children are protected from neglect, discrimination, violence, abuse, exposure to hazards and oppression;
 - 151.2 Provide good guidance, care, assistance and maintenance for the child and assurance of the child's survival and development;

- 151.3 Ensure in the temporary absence of a parent, the child shall be cared for by a competent person and for children under 18 months, this means someone older than 15 years; and
- 151.4 To register the birth of their children and make sure that the names of both parents appear on the birth certificate, unless the name of the father is unknown.
152. The Child Rights Act states that the duty to maintain children applies equally to both parents, whether the child is born in or out of wedlock and persists after the death of one of the parents in terms of the Child Rights Act and the Devolution of Estates Act, 2007. The duty to maintain includes the duty to supply the necessities of health, life, education and reasonable shelter.
152. Should a parent bear a disproportionate burden of care due to the neglect of any parental duties by the co-parent, such parent may apply to the Family or other courts for financial or other relief from the co-parent. Family Courts may, in terms of the Child Rights Act, grant a maintenance order against anyone legally liable to maintain the child. In the case of maintenance orders to the mother, fathers who have been identified may be ordered to support the mother, including the payment of medical expenses during pregnancy, the payment of maintenance to the mother during pregnancy and for nine months after the birth of the child, and payment of a reasonable sum for the continued education of the mother if she is a child herself.
153. The State recognises and has made legislative and related provision for its responsibility to provide support to parents in cases of need to enable them to fulfil their responsibilities to their children. The GSL has and continues to develop and implement policies, laws and programmes to provide material assistance to parents, parenting education and related support, as well as day-care facilities for the safe and nurturing temporary care of children whilst their parents are at work.
154. Detailed information about the assistance provided to parents is discussed in detail in Parts 7 and 8 of this report on the rights to health and welfare and education.
155. The policy focus in Sierra Leone is shifting towards a stronger developmental and preventative model of child welfare. Thus, parental assistance programmes that have recently been developed and which are currently being further developed focus on the provision of support to build the capacity of parents (and other family and community-members with associated responsibilities) to adequately guide, care for and ensure the health, education and overall well-being of their children so as to prevent.

6.2 Separation from parents and alternative care (articles 19, 23 and 25)

156. Articles 19, 24 and 25 oblige the State to secure children's rights to parental care and protection, and wherever possible, to reside with their parents; to only be removed from the care of their parents when such removal is ordered by a court; to ensure that the system of adoptions ensures the best interests of the child, protection of the child, recognises inter-

country adoptions in countries that have ratified the UNCRC and the ACRWC as a measure of last resort, and ensures the protection of children placed through inter-country adoptions, and establishes machinery to monitor the well-being of children; to ensure the best interests and safety and protection of children placed in temporary alternative care.

157. As previously noted, the Child Rights Act recognises the rights of all children to live with and be cared for by their parents and family. As per the requirements of the ACRWC and the CRC, the Act prohibits the removal of a child from his or her parents and family without a court order based on evidence showing that continued residence with his or her parents would lead to significant harm to the child, or subject the child to serious abuse, or not be in the best interests of the child.
158. The Child Rights Act further obliges the State, acting through the district council, to ensure that children deprived of parental care or their family environment, are provided with alternative care. The act provides that a Family Court may issue a care order for the placement of a child in need of care and protection in alternative care. Upon the issue of such an order, the child may, at the discretion of a probation officer or social welfare officer, place the child (for a maximum of three years) in either an approved residential home, or with an approved fit person, or at the home of a parent, guardian or relative. A child is regarded as being in need of care and protection if he or she, inter alia:
 - has been orphaned or abandoned,
 - has been neglected or maltreated by his caregivers,
 - is destitute,
 - is in the care of a parent who is unfit because of criminal or drunken habits,
 - is living or begging on the streets;
 - is a victim of trafficking.
159. The history and social and economic landscape of Sierra Leone has given rise to a large population of vulnerable children deprived of the care and support of their families, extended family members as well from community support structures. The extended civil war, high levels of poverty, disease and chronic illness, including HIV and AIDS and limited availability of services, especially in rural areas have eroded the capacity of parents, families and communities to provide care and support to children to ensure their survival and development to their full potential.
160. Whilst many children who were separated from their families during the war were reunited through the post-war DDR and associated programmes (discussed in some detail previously in this report) a substantial number could not be reunited because families could not be traced, or because of instability in their home areas (UNICEF-Sierra Leone, 2009). The number of vulnerable children lacking parental care and requiring alternative / additional care and support increased further after the war. Social and economic factors such as widespread and aggravated poverty, the prevalence of disease and chronic illnesses, urban migration for lack of services, infrastructure and opportunities in rural areas severely undermined the capacity of parents, families and communities to provide adequately for and protect children. The GSL

estimated in 2012 that 27 percent of the total population of children is vulnerable given that they are deprived of the protection of a primary adult caregiver. Approximately 11 percent are orphans who have lost one or both parents. In addition to orphans, there are large numbers of children made vulnerable by other factors such as children living in households headed by elderly persons or another child, in households where the adult/s are chronically ill, and living in households in chronic poverty (MSWGCA, 2012).

161. Many vulnerable children have often been inappropriately removed from their family care and placed in one of a number of alternative care options. In the years immediately following the civil war, placements and facilities were not regulated by law or required to be facilitated /overseen by court processes. A number of studies found that children in alternative care are at a greater risk of abuse, neglect and exploitation and few, if any children were reunified with their families due to weak reunification processes and resources (UNICEF-Sierra Leone, 2009).
162. Whilst there is an Adoption Act, 1989, it is out-of-date and out of alignment with international obligations created by the CRC, ACRWC and The Hague Convention on Inter-Country adoption (which the GSL is yet to accede to).
163. Today, more than 500,000 children in Sierra Leone do not live with their parents, but are instead in different types of alternative care. The number of children in alternative care, even though their biological parents are alive, increased by 7 percent from 16 percent in 2000 to 23 percent in 2010 (Statistics Sierra Leone and UNICEF, 2011).
164. Alternative care options in Sierra Leone include:
 - Residential child care facilities (RCCF) – a number of facilities were established in the post-war years by NGOs, but numbers and prevailing conditions were unknown as they were unregulated;
 - Informal fostering (menpikin) and extended family kinship care
 - Formal stranger foster care
 - Formal adoptions.
165. The most common form of alternative care is kinship care / informal fostering situations (menpikin), followed by foster care, domestic adoption. Placement in RCCFs and inter-country adoption is a last resort (UNICEF-Sierra Leone, 2013).
166. To improve the protection of children, the quality of alternative care, and compliance with internationally and regionally prescribed standards and requirements, the Child Rights Act introduced a stronger legal and regulatory framework. As previously described, since 2007, the Child Rights Act provides that no child may be removed and/or placed in alternative care without an order from the Family Court, thus making the process of removal subject to scrutiny by the courts.
167. Moreover, the act requires that the GSL, acting through the Local Councils, ensure the safety and development of children placed in alternative care, and that their placement be regularly

reviewed. The Act further requires the inspection and registration of all residential care facilities by the Local Council. Unregistered homes are not permitted to operate and receive children into their care. The Local Council is also required to engage in ongoing monitoring of children's homes and where there is a failure to comply with prescribed standards, the registration of the home may be cancelled. Moreover, the act imposes a positive duty on the staff at homes as well as social workers and probationary officers to take promote and assist children in homes to be reunified with their families. The regulatory framework was further strengthened in 2008 and 2009 with the development of Quality Care Standards for children's homes which were aligned to the UN Guidelines on Alternative Care as well as Family Tracing and Reunification Guidelines. This was accompanied by a national effort to strengthen alternative care systems with the technical and logistical support from UNICEF and a consortium of NGOs. Efforts included the strengthening of family tracing and reunification programmes and advocacy and monitoring to ensure RCCFs adhered to quality standards.

168. A 2011 survey of RCCFs by the MSWGCA found that the revised laws were not being implemented adequately. Of the 2159 children identified in 63 RCCFs, 90 percent of the children had been admitted by the RCCF managers without knowledge of the ministerial authorities and without court orders; 55 percent had been admitted for poverty reasons; and 30 percent were admitted because of the death of a carer, despite their being an extended family member who could provide care with follow-up support. Also, there are abnormally high levels of abuse against children in alternative care, including informal foster or menkipin arrangements and in RCCFs. In 2008, it was found that 58% of child abuse involved children in alternative care (UNICEF-Sierra Leone, 2009). The primary reasons for poor implementation were the limited number of social workers across the country (49 per 125,000 people) with poor oversight capacities and infrastructure challenges.
169. Staff of the MSWGCA were subsequently trained to implement the Quality Care Standards and Family Tracing and Reunification Guidelines. The MSWGCA and local councils were supported by UNICEF and partners to develop a Family Tracing and Reunification System which is being led by focal agencies in all districts with the support of NGOs. To augment its capacity constraints, the Ministry has drawn on the support of its NGO partners and concluded Memoranda of Understanding with one designated child protection organisation as a focal organisation to support Family Tracing and Reunification.
170. As a result, significant progress has been made in improving the regulation and monitoring of residential care facilities as well as reunification of children with their families. The MSWGCA has conducted a nation-wide assessment of all RCCFs. The Ministry has registered all RCCFs and has closed down those that do not meet the prescribed standards. Between 2008 and 2013, six RCCFs were closed down and over 650 children were reunified with their families (UNICEF-Sierra Leone, 2013).
171. Formal foster care placements and adoptions through court-monitored processes however remain an infrequent occurrence, given the low capacity to follow the procedures outlined in the Child Rights Act and given the lack of available accredited foster care parents. Monitoring of court-ordered alternative care placements other than in RCCFs is meant to be undertaken

by Child Welfare Committees at a village-level. This is however not happening because of lack of capacity. The majority of alternative care arrangements which take the form of informal foster care arrangements remain largely unregulated and unmonitored because of legal and regulatory gaps and insufficient capacity.

172. An Alternative Care Policy has thus been developed and will be implemented under the guidance of the Alternative Care Task Force to address the identified gaps so as to improve the provision of safe and appropriate alternative care for vulnerable children in Sierra Leone.
173. The starting point of the policy is that the family is the fundamental group of society and the natural environment for the growth, well-being and protection of children. In Sierra Leone child protection efforts should primarily be directed to enabling the child to remain in or return to the care of his/her biological parents, or when appropriate, other close family members. Wherever possible, children should be brought up and cared for by their own parents and families. Carers should be helped to bring up children not able to live with their parents, and siblings should be kept together.
174. Where alternative care placements are necessary, the policy provides clear guidelines to be followed to ensure the safety and protection of children, and wherever possible, their reunification with their families and parents. Guidelines include directions that:
 - 174.1 No child may be placed in alternative care without following prescribed procedures and consulting appropriate authorities;
 - 174.2 No child should be removed for reasons of financial or material poverty, but be seen as a need for the GSL should provide appropriate support to the family concerned;
 - 174.3 All children's homes must comply with prescribed standards and annually inspected.
175. It requires that each Local Council have a Welfare Department with the capacity to manage statutory work, including the supervision of care orders, foster care, adoptions and residential placements.
176. It further requires that the GSL's Welfare Departments should increase the pool of suitable and available foster parents and should ensure all foster placements are formalised through court orders. Each district should identify foster families to look after children who need short-term care and to this end, the MSWGCA will draw up guidelines regulating eligibility criteria, provide information and training for foster parents outline the responsibilities of foster parents and the local council's welfare department. Progress has already been made in the development of networks of foster parents with the support of UNICEF. The Ministry has developed foster care networks in four districts and is in the process of scaling up in another three districts. The network is made up of a group of potential foster parents whose details are recorded in a foster parent register which provides details on their backgrounds, and all have been vetted and trained in foster care.
177. With regards to the practice of menpikin, or informal foster arrangements, which are commonly made between parents and another family (often relatives) for the child to reside with the family; usually for reasons of poverty and pursuit of better services and opportunities

for the children concerned. Give the lack of oversight of these arrangements and given the potential dangers inhering within them, including higher levels of abuse and exploitation of children, the policy provides a framework for advocacy by chiefs, CWCs and social workers to ensure that placements are made so as to secure the best interests of the child.

178. The policy provides further guidelines:

178.1 as to the respective roles and responsibilities for ensuring safe alternative care from the national MSWGCA's Children's Affairs Directorate to the Local Council's Child Welfare Department; to local Child Protection Committees;

178.1 to be followed in deciding whether a child should be placed in alternative care, and if so, what form of alternative care to choose, with the primary consideration being the best interests and participation of the child in the decision that is made;

178.3 for the annual review of all placements; and

178.4 on family support to be provided to parents or extended family members of vulnerable children, including children in child-headed households.

179. Adoptions are very poorly regulated, largely because of high informal fees and cumbersome adoption procedures. In addition, the country has not yet acceded to the Hague Convention on Inter-Country Adoptions, with the results that Inter-Country adoptions are also unregulated and the Adoption Act is outdated and out of alignment with international standards.

180. The GSL developed an adoption White Paper - Government's White Paper on the Findings and Recommendations of the Justice Showers Commission of Inquiry on the HANCI-MAPS Adoption – in 2012. In terms of the White Paper, the GSL undertook to take appropriate measures to review the Adoption Act and accede to the Hague Convention on the Protection of Children and Cooperation in Respect of Inter-country Adoption of 1993. The Alternative Care policy states that the Adoption Act is being reviewed and systems are being put in place to enable the country to sign the Hague Convention.

181. The review of the Act will action the recommendations in the White Paper and ensure that:

181.1 application for leave to take an adopted child out of Sierra Leone made to the High Court is to be granted only on cause shown to the satisfaction of the Court;

181.2 adequate provision be made to ensure that the safeguards provided in the Adoption Act are respected and honored in cases where inter-country adoption applications are made and that such applications conform with the procedural requirements provided for in the Hague Convention of 1993, for inter-country Adoption;

181.3 the Government enter into bi-lateral or multi-lateral arrangements with other Governments who are signatories to the Convention to enhance collaboration with the competent authorities of those States;

181.4 Government takes all appropriate measures through public bodies to provide adequate information on the law regulating adoption in Sierra Leone, to the various communities in the country;

- 181.5 adequate preventive provision is made in the new Adoption Bill to act as deterrent for those likely to contravene the adoption law;
- 181.6 adequate steps be taken by Government or other public bodies to promote the development of adoption counseling and post-adoption services or measures;
- 181.7 provision should be made in the Adoption Bill for a social worker or, in the case of adoptees living outside Sierra Leone, the Sierra Leone Embassy, to monitor adoptees to ensure that their welfare is being catered for;
- 181.8 the persons whose consent is necessary for any adoption are sufficiently counseled and informed of the effect of their consent and in particular that the adoption will result in the termination of any legal relationship between them or their relatives as applicable and the children;
- 181.9 all adoptions are to be done in the best interest of the children;
- 181.10 penalties for contravention of a provision of the Bill be strengthened to serve as a deterrent;
- 181.11 in the event that placement agreement provided for in the Bill is entered into with Sierra Leoneans not habitually resident in Sierra Leone, provision should be made for the supervision of the placement of the child involved in the applicant's country;
- 181.12 procedures be developed for the preparation of a report on the adopted child to establish his/her adoptability and also the background, social environment, family history, medical history and any special needs of the child prior to the application for the adoption of the child; and
- 181.13a central authority (or regulatory or supervisory body) be established in accordance with Part IV of the Hague Convention of 1993.

6.3 Protection against abuse, neglect and exploitation (articles 16 and 27)

- 182. Article 16 of the Charter requires the State to take specific legislative, administrative, social and educational measures to protect children from all forms of torture, inhuman or degrading treatment, especially physical or mental injury or abuse, neglect, maltreatment while in the care of an adult. It further requires that such measures include the establishment of special monitoring units to provide the necessary support to the child and caregivers, as well as other forms of prevention and identification, reporting and referral, treatment and follow-up of instances of child abuse and neglect.
- 183. Article 27 requires further that specific measures be taken to protect children from all forms of sexual exploitation and abuse, including the inducement, coercion or encouragement of a child to engage in sexual activity, the use of children in transactional sex, including prostitution and the use of children in pornography.
- 184. The current child protection system has evolved over time, shaped by Sierra Leone's history. The decade-long civil war saw multiple infringements of the protection rights of thousands of children. An estimated 10,000 children were directly affected by the war as both active combatants and victims. Girls and boys were recruited, were subjected to horrific acts of torture, physical, mental and sexual abuse and exploitation, and were separated from their families.

185. Upon cessation of the civil war, the GSL, together with development partners and civil society started the work of re-building its child protection system which initially focused on identifying and ensuring the immediate protection, recovery and reintegration of children affected by the war. The lead Ministry for Social Welfare, Gender and Children's Affairs (MSWGCA), together with partners such as UNICEF undertook, within the framework of the Disarmament, Demobilization and Reintegration (DDR) Programme, a number of steps to register, trace, provide protection, therapeutic and other basic services, reunify and reintegrate unaccompanied children and children associated with the fighting forces with their families and communities.
186. The National Commission for Resettlement, Rehabilitation and Reintegration (now called the National Commission for Social Action) and a Child Protection Network (CPN) were established under the chair of the MSWGCA to coordinate the planning and delivery of services for children underpinning the DDR programme. The MSGCWA, with support from UNICEF Sierra Leone also established the Gross Child Rights Violations Monitoring Network (GRIVMON) which monitored and reported to the Child Welfare Secretariat within the Ministry, cases of torture, rape and other forms of sexual violence, child labour and other forms of cruel treatment of children.
187. Initial steps included the reception of children into demobilization centres and their placement in Interim Care Centres which served as a bridge to children's reintegration. Through the demobilization process children received services such as health care, psychosocial support for trauma management, family tracing and reintegration services, as well as skills training.
188. Special programmes were established to provide support to girls who were victims of sexual abuse. These provided medical screening, services and counselling. In addition, specialised centres were established to provide support for victims of sexual abuse with infants, including the provision of antenatal care and skills training for the mothers.
189. A number of technical and vocational training institutions were established across the country and a Youth Employment Scheme (YES) was established to provide job opportunities for unemployed youth affected by the war.
190. Between 2002 and 2005/6 a number of further programmes and activities similar to the above-mentioned have continued through the active support and participation of the Child Protection Network (CPN) partners of the Ministry for Social Welfare. Several child-to-child education/counselling activities were conducted, and a resource centre was established to boost research. On the Day of the African Child in 2003 (16 June), the Ministry and its partners, including UNICEF Sierra Leone, the Ministry of Health and Sanitation and the Department of Births and Deaths, launched a programme for the registration of 900,000 children across the nation. Individuals, families, community heads and social workers were fully engaged in the exercise and wide-scale success was reported. The Minister for Social Welfare subsequently promised to use every Day of the African Child to engage the public on specific themes of child rights and welfare.

191. Institutions such as the Truth and Reconciliation Commission (TRC) and the National Commission for War Affected Children (NaCWAC) were established to further provide for war-affected children, hear their stories and help rehabilitate them and reintegrate them into their communities and families. The NaCWAC focused on advocacy, hearing the voices of children, policy development, and establishing institutional links and mechanisms for children's empowerment. It initiated programmes for the promotion and protection of the rights of children affected by the war including the provision of skills training and education, the building of "trauma healing centers" in different parts of the country as well as advocacy projects for street and amputee children (Sulimani, 2006).
192. Towards a similar end, the Special Court for Sierra Leone (SCSL) was established to try those bearing the greatest responsibility for crimes committed in the civil war; many of whom were convicted for the international crime of recruiting children into the armed forces or groups.
193. By the end of 2005 progress had been made:
- 5,651 children, which constitute 96 percent of all children registered for DDR, were successfully reintegrated with their families;
 - 2,788 children benefited from the Community Education Investment Programme;
 - 1,682 separated children were traced to their respective families;
 - 719 street children were provided with shelter;
 - 420 commercial sex workers were given skills training;
 - 172 community based organisations were given certified to work to support children's rights and welfare (Government of Sierra Leone, 2006).
194. Despite efforts described thus far, the decade-long civil war, coupled with economic instability, high levels of corruption and already high levels of poverty created a post-war environment which exposed many children to high levels of violence, abuse, neglect and exploitation. This was driven in part by the aggravating impact of the war on already high levels of social and economic deprivation, the continued separation of children from their families, the reduced availability and capacity of government, family and community protection resources, and the prevalence of harmful customary, religious and social norms and practices.
195. These factors contributed to the heightened vulnerability to and high levels of exploitation of and violence against children, notably child labour, child trafficking, sexual exploitation, female genital mutilation, child marriage, teenage pregnancy and discrimination.
196. Thus, the GSL, under the leadership of the MSGCWA engaged in a more systemic process of reform of its child protection system. Reforms cut across all components of the system, including the legal framework, human resource capacity, delivery vehicles and arrangements, governance and institutional arrangements, and information collection and management. The objective was to strengthen the national protective framework for all children in Sierra Leone, not just those affected by the war, against torture, cruelty, abuse, neglect and exploitation.

197. Whilst the GSL had a number of laws in place which criminalised and imposed penalties for acts of cruelty, abuse, maltreatment, neglect and exploitation of children, these were inherited from the colonial legal system and were as a result, outdated, not responsive to the current circumstances in Sierra Leone, and were not in alignment with the requirements of the ACRWC and the CRC. These included the Prevention of Cruelty to Children Act (chap.31), the Children and Young Persons Act (chap 44) and the Protection of Women and Girls Act (chap. 30). In addition a number of statutory and customary laws directly contravened a number of protection rights guaranteed by the ACRWC and the CRC. These included the Corporal Punishment Act and a number of customary and religious laws, such as those dealing with the age of marriage, the age at which children could consent to sexual intercourse, laws governing the use of corporal punishment and the involvement of children in child labour. On the other hand, a number of positive customary laws and practices, such as the communal care of children and the use of traditional dispute resolution fora and structures which were protective of children had not been mainstreamed into the formal child protection legal framework.
198. The GSL addressed a number of these issues through a process of legal reform which involved the ratification of a number of instruments and development of a number of new policies and laws which considerably strengthened the protection of children against cruelty, inhuman treatment, abuse, neglect and exploitation.
199. The GSL ratified the Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nation's Convention Against Transnational Organised Crime in 2001.
200. In 2003 a National Youth Policy was developed which sought to empower youth and nurture the development of a non-violent and respectful post-war culture through the development of youth associations and job creation schemes.
201. The Recruitment Policy of the Republic of Sierra Leone Armed Forces (2004) and the Armed Forces Recruitment Act of 2006 prohibits the recruitment or enlistment of persons below 18 years of age into the Sierra Leone Armed Forces.
202. The Anti-Human Trafficking Act (2005) was enacted to prohibit and regulate trafficking in and the sale of persons, especially children. The scope of the act, through its definition of exploitation, is sufficiently wide to prohibit any act or conduct amounting to the sale of a child.
203. In 2006, a rights-based National Policy on Child Well-Being was developed which outlined a number of strategies with the objective of securing the survival, protection and best interests of all children in Sierra Leone. It outlines a number of general strategies and calls for the development of a more detailed five-year plan for the implementation of the policy.
204. An overarching law governing child protection and the management of children in conflict with the law, the Child Rights Act (2007), was developed within a child rights framework to

give effect to the rights of children in terms of the ACRWC and the CRC. The Act introduces the following legal innovations and /or amendments:

- 204.1 Section 3(a) of the act imposes a positive obligation on all parents to protect their children from neglect, discrimination, violence, abuse, exposure to physical and moral hazards and oppression. It further requires that all parents ensure that their children are not neglected in their temporary absence, during which time they are obliged to ensure they are cared for by a competent person. In the case of a toddler this may not be anyone younger than 15 years of age. The Act further provides that the State may assist them in the fulfilment of their duties in the case of need.
- 204.2 The Act expressly prohibits any person from subjecting a child to torture or other cruel, inhuman or degrading treatment or punishment including any harmful cultural practices which dehumanise or are injurious to the physical and mental welfare of a child.
- 204.3 Whilst the Act repeals the Corporal Punishment Act, it does not expressly prohibit all forms of corporal punishment. It prohibits and criminalises the correction of children which is “unreasonable in kind or in degree according to the age, physical and mental condition of the child and no correction is justifiable if the child by reason of tender age or otherwise is incapable of understanding the purpose of the correction.”
- 204.4 The act prohibits and criminalises customary practices that are harmful to a child’s health or well-being and expressly prohibits and criminalised child betrothals and marriages.
- 204.5 The act further mandates the National Commission for Children (established by the act) to engage in an ongoing process of review of customary law and practices related to children and to advise the GSL as to necessary legal amendments and innovations to ensure their compatibility with the ACRWC and the CRC.
- 204.6 It further prohibits the use, by any person, of a child in any exploitative labour, which is defined as labour that deprives a child of his or her health, education or development and sets the minimum age for full time employment at 15.
- 204.7 It protects children from involvement in armed or any other kind of violent conflict and sets a minimum age of 18 years for recruitment into the armed forces and further prohibits the use of land mines or any other weapons declared adverse to children by international instruments;
- 204.8 The Act not only prohibits the preceding forms of abuse and/or exploitation, it also makes the commission of the acts a criminal offence subject to a maximum fine of Le 30 million and/or two years imprisonment.
- 204.9 Moreover, the Act encourages all children, parents and any other community member who may be concerned about the welfare and protection of a child to report the matter to the village or village child welfare committee (established by the Act) for discussion and resolution, where possible, through community dispute resolution for a such as the *Bare*.
- 204.10 In a similar vein, and with the express objective of recognising and building on the strength and legitimacy of the chiefs and other traditional authority figures, the act allocates a significant role to these leaders in the Child Welfare Committees (CWCs) and Child Panels established by the act to deal with issues affecting children’s welfare. However, to ensure a balance between respect for traditional practices and the rights and best interests of the child, the jurisdiction of these quasi-judicial structures at a

local level is expressly limited. The act prohibits CWCs and local authorities from dealing with serious cases of child abuse. All cases of murder, rape and other sexual offences must be referred to the police for investigation and prosecution.

- 204.11 The Act obliges all service providers, parents and community members that are aware of cases of child sexual or other forms of abuse to the family support units within the Sierra Leone Police which is in turn required to maintain a register of child abusers and to take special measures to protect the children so reported.
205. The protection provided by the Child Rights Act is further strengthened by the Registration of Customary Marriage and Divorce Act (2007). The latter act amends the customary law governing the marriageable age of children (which is puberty) to align with the ACRWC. It makes 18 years the minimum age of marriage, subject however to the proviso that children under 18 years may marry if they and their parents' consent thereto. In this regard it conflicts with, and is rendered invalid by the Child Rights Act.
206. The Domestic Violence Act (DVA), 2007 strengthens the protection of children against violence in a domestic setting. The act repeals the common law position which regarded domestic violence as lawful if it was "reasonable". The common law and abuse-tolerant customary laws meant that domestic violence was seldom, if ever, reported and accepted as an inevitable part of life. Where matters were reported, the police's family support units could do little but mediate and send women and children back to their violent home environments (Coalition on Women's Rights, 2007). The DVA introduced a fundamental change in that it makes domestic violence a criminal offence. This includes violence against children in a domestic relationship, which would include the use of violence by parents as well as by responsible adults in care institutions such as schools (including corporal punishment). The act provides a number of protective remedies, including mediation, prosecution and protection orders.
207. A Code of Conduct for Teachers and Other Education Personnel was developed by the Ministry of Education, Science and Technology (MoEST) in 2009 which provides direction on the prohibitions, roles and responsibilities of educators and other relevant role players not to abuse or mistreat children in their care, to report cases of suspected abuse and to refrain from the use of corporal punishment and engage in positive disciplinary practices.
208. The Sierra Leone National Commission on Small Arms Act, 2010 was enacted to address the proliferation of small arms in the country. This led to the establishment of the National Commission on Small Arms.
209. Most recently, the Sexual Offences Act, 2012 has substantially increased the level of protection of children against sexual abuse. It has increased the age of lawful consent to 16 years; it has legislated a much wider range of sexual offences against children such as sexual penetration of a child, sexual touching of a child, sexual activity in child's presence, causing a child to watch sexual activity, offences relating to producing, distributing, processing, accessing and using child pornography etc. The act further does away with previously spurious defences allowed by the old colonial laws and substantially increases the penalties and

sanctions in the case of successful prosecutions. The act responds to particular risks faced by girls in Sierra Leone and expressly outlaws abuse of girls by teachers and as well as traditional and religious leaders. The act, in a similar vein to the Child Rights Act, further prohibits the referral of cases of sexual abuse of children to traditional dispute resolution fora such as traditional leaders where, in terms of customary laws, allegations of child abuse could be resolved through the payment of a fine to the victim's family by the accused.

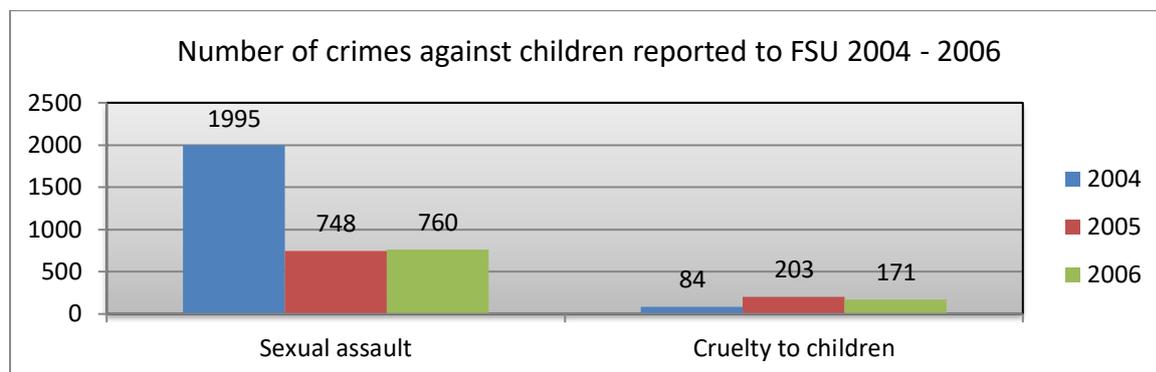
210. The MSWGCA bears the lead responsibility for child protection, together with the support of a host of other ministries (including Health and Sanitation and the Sierra Leone police), traditional and religious leaders and structures, NGOs, CBOs and other members of civil society and informal community structures. The Ministry was restructured to better develop and implement the child protection system legislated in terms of the Child Rights Act. It is made up of five principle directorates - Policy Development and Strategic Planning; Human Resource /Administration of Finance; Social Welfare; Gender; and Children's Affairs. Within each directorate there are a number of specialised divisions for specific tasks or vulnerable groups. The Children's Affairs Directorate comprises the Child Protection, Child Justice and Alternative Care Divisions; whilst the Social Welfare Directorate comprises the Trafficking in Persons, Disability/Elderly Persons and Disaster Relief Divisions. Each of these Divisions are manned or to be manned by a Principal Social Services Officers (PSSO) with years of experience in the Line Ministry or related fields of child protection and welfare. The PSSOs supervise and direct the affairs of both Senior Social Services Officers (SSSOs) and ordinary Social Services Officers (SSOs) who are employed as field officials at a local level within the Line Ministry.
211. Whilst the Ministry is responsible for policy development, oversight, monitoring, setting of minimum standards and development of a human resource strategy for child protection, including training, responsibility for implementation is devolved down to local governments. Each Local Council is responsible for protecting the welfare and promoting the rights of children in their areas and has a small team of Social Development Workers led by a Social Development Officer. They are in turn supported by a number of traditional / community structures recognised and afforded set child protection roles by the Child Rights Act. These include village and chiefdom level Child Welfare Committees (CWCs) as well as Child Panels which are made up of social development workers, traditional leaders and community members and children. There are approximately 260 functioning CWCs across the country (Child Frontiers Limited, 2010).
212. The realisation of child protection objectives in Sierra Leone depends on the active and coordinated participation of all partners. To this end, under the chair of the MSWGCA, a National Child Protection Committee, made up of representatives from all relevant partners, has been established which coordinates and supervises Regional Child Protection Committees in the North, South and Eastern Provinces respectively as well as in the Western Area. The Committee has three thematic sub-Committees - Alternative Care, Child Justice and Trafficking in Persons. It holds bi-monthly meetings to discuss and address policy matters affecting children nationally as well as urgent matters affecting their welfare.

213. A number of tools have been developed to support coordinated provision of services across the different sectors and partners. For example, a National Referral Protocol for Victims of Sexual And Gender Based Violence was developed in 2009 by the MSWGCA. The objective of the Protocol is to ensure that survivors of GBV and domestic violence receive prompt and coordinated responses from service providers; to ensure synergised policy and programme development across regions and districts so as to ensure the provision of holistic support, including free medical care, psychosocial support, protective care and legal services; and to ensure that existing policies and procedures are adhered to by all.
214. Services provided to protect children include prevention and response interventions.
215. The MSWGCA has developed a number of prevention programmes, including advocacy campaigns to raise awareness amongst the public and at a local level of the dangers of different forms of abuse, the laws prohibiting abuse and the roles and responsibilities of families, communities and service providers to ensure children are protected from abuse, neglect and exploitation. The two primary vehicles for the implementation of the prevention and early intervention services are the Ministry's Family Case Work division and the CWCs at a village and chiefdom level.
216. In addition to the prevention services, a number of response services are provided by a number of different ministries and role players.
217. The Child Rights Act stipulates a number of procedures to be followed and essential services that are to be provided, including rehabilitation and reintegration services, once a child is identified as being in need of care and protection. Procedures are prescribed for reporting and responding to cases of children in need of protection, including emergency powers for a welfare officer, accompanied by a police officer, to remove a child to a place of safety and to bring matters before a Family Court where decisions are made about protective interventions. However, overarching protocols and guidance remains to be developed to implement the provisions. In the interim, the National Referral Protocol for Child Victims of Sexual and Gender Based Violence was developed in 2009 through a process of consultation with key stakeholders. It outlines the duties and commitments of all agencies to report and respond to abuse and exploitation of children. NGOs play a key role in the provision of support services, given the severe human, financial and infrastructure constraints faced by the Ministry.
218. The Sierra Leone Police (SLP) play a critical role in the protection of children in Sierra Leone. In terms of a Memorandum of Understanding (MOU) concluded between the SLP and the MSWGCA all police stations are required to establish and maintain a Family Support Unit (FSU). The FSU's are responsible for dealing with juvenile offenders as well as child victims of violence and for monitoring convicted child abusers. In 2014 there are 44 FSUs across the country supported by 358 police personnel. All of the units are meant to be supported by social workers. However, the dire shortage of social workers in the country means that the units currently only enjoy the support of 18 social workers. The role of the social worker is to ensure that processes followed once the crime is reported are child sensitive; that referral

processes are facilitated; and that reintegration of the child is monitored. Each of the FSU's is required to provide a separate interview room for children.

219. The role played by the FSU's is not only reactive, but proactive. They engage with communities, schools and children to promote attitudes and practices that prevent child abuse, neglect and exploitation. They meet with communities and identify and work together to resolve child protection problems as well as engage in awareness campaigns through workshops and other community-based activities at which they provide training on child rights laws and instruments such as the ACRWC and the CRC.
220. There has been substantial training of FSU personnel to ensure that they are respectful of children's rights and needs and are able to provide the necessary services, support and referrals to children and within communities. An FSU Training Manual was developed in 2008 by Sierra Leone Police and the MSWGCA which covers International Human Rights Standards; governing national laws; the principles of abuse, domestic and gender-based violence; the investigation process; service provision for victims and survivors; protection of child victims, witnesses and offenders; and the monitoring process. Each chapter in turn addresses children's rights in context. Substantial investments have been made in training specialised officers to respond to children at risk in an appropriate manner. Although there is no formal pre-service training on child abuse issues, there are plans to introduce a specialised GBV course in the formal police training curriculum (Child Frontiers Limited, 2010).
221. In response to the lack of standing orders or guidelines governing the work of the FSUs, Standard Operating Procedures for the Investigation of Sexual and Domestic Violence Offences were developed by the Sierra Leone Police and development partners. Their purpose is to ensure the adoption of minimum standards of good practice in the investigation of sexual and domestic violence offences across police units, including the FSUs. They relate to the police conduct of investigations into sexual and domestic violence offences. The prescribed procedures are to be observed by FSUs as well as police stations without FSUs. Specific guidelines are provided for victims under the age of 18 years and the Operating Procedures make provision for taking into consideration the wishes of the child and for decisions as to the presence or absence of a parent / guardian.
222. The FSU's have played an increasingly important role in the protection of children in Sierra Leone as is evident from the following statistics as to the number of crimes reported to and addressed by the FSUs.

FIGURE 4: NUMBER OF CRIMES AGAINST CHILDREN REPORTED TO FSU 2004 - 2006. SOURCE: FSU DATA FROM GSL'S ADDITIONAL AND UPDATED INFORMATION ON THE SECOND PERIODIC REPORT ON IMPLEMENTATION OF THE CRC, AUGUST 2007



223. Data is presented below for the period January to December 2013. Data collection systems improved over time as did the range of possible offences against children with the enactment of laws such as the Child Rights, Domestic Violence and Sexual Offences Act, and as such the information provided below is disaggregated in more detail across a wider range of offences.

Table 1: Crimes against children reported to FSUs January to December 2013. Source FSU data SLP

Offence reported	Number reported in Western Area	Number reported in Southern Region	Number reported in Northern Region	Number reported in Eastern Region	Total number reported
Domestic violence	2,073	986	775	837	4,671
Rape	45	7	8	8	68
Unlawful carnal knowledge	65				65
Abduction	10			44	54
Harbouring / procuring	51	24		25	100
Others specific	3	54			57
Indecent assault	25		1	14	40
Child cruelty	45	77	2	26	150
Child dispute	9				9
Absconding	2	22	13	26	63
Abandoning	12		2	3	17
Sexual harassment	44	1	2	1	48
Sodomy	6				6
Child trafficking	11	4		3	18
Child neglect	23	19	3		45
Child stealing	7	3	3	6	19
Kidnapping	4				4
Assault with intent to ravish	1	1	4		6
Incest	9			2	11
Threatening language	245	4	48	38	335
Sexual penetration	591		211	230	1,032
Sexual touching		57	3	4	6

224. Under the National Referral Protocol for Victims of Sexual and Gender Based Violence, the Ministry of Health and Sanitation is responsible for the provision of free treatment for child victims of sexual abuse and violence. An initial assessment is provided by the primary care Peripheral Health Units (PHUs) who refer children in need of additional medical care to hospitals with forensic facilities. However, there are a number of districts where free health services are not provided.
225. Despite the fairly well-developed legislative framework governing child protection in Sierra Leone, many children continue to experience abuse, neglect and exploitation, and the resultant demand for child protection services remains largely unmet because of severe human, resource, capacity and infrastructure constraints.
226. 32 percent of children receive inadequate care in their early childhood. 82 percent of children aged 2-14 years are subjected to at least one form of psychological or physical punishment. 50 percent of children aged 5-14 are involved in child labour. The persistent problem of early marriage violates child rights and contributes to the high rate of teenage pregnancy (38.1 per cent) with health and socio-economic problems. 16 percent of girls ages 15-19 years are married before 15 and 50 per cent before 18 years. Nine out of ten women (88 percent) have Female Genital Mutilation and Cutting (FGM/C) (Statistics Sierra Leone and UNICEF, 2011) (Statistics Sierral Leone , 2014). Although reliable figures are lacking, indications are very strong that sexual abuse of girls is widespread.
227. High levels of abuse, neglect and exploitation in Sierra Leone are driven by social and economic deprivation of families in Sierra Leone, including chronic poverty and food insecurity which fuel family stress and violence. The existing poverty levels are aggravated by high levels of disease and long-term illness such as HIV and AIDS which leaves children without adequate parental care and protection, reduces family income and diminishes the physical and emotional capacity of parents to care for their children. In addition, resilient abuse-tolerant customary attitudes and practices contribute to wide-spread disregard of governing statutes and responsibilities by many people at a community level. These factors drive the need for protection services. Severe resources and capacity constraints within the MSWGCA's and other partners and at a local level severely limit the adequacy of the scale and quality of response services for affected children.
228. The MSWGCA's budget for fulfilment of its responsibilities is low. It has been allocated a recurring 0,8 percent of the overall national budget for the past number of years. Whilst the actual amount allocated has increased in accordance with the increasing size of the national budget; it has not increased as a proportionate share of the budget. The groundwork is however being laid for increased investments in child protection given the prioritisation of child protection as a developmental priority within the Agenda for Prosperity and concomitant commitments to ensure sufficient public funds to realise the plans priority objectives and outcomes.
229. On the capacity front, the MSWGCA is working to improve capacity at a local level, and is in the process (as previously described in Part 2 on General Measures of Implementation) of

developing a national training institute for the child protection sector as well as the development of curricula for the standardised improvement of capacity of all child protection workers across the sectors.

230. At a more fundamental level, the GSL has recognised that the answer lies in a stronger emphasis on prevention by addressing the social and economic drivers of the high levels of abuse and neglect, as well as better use of local resources for the protection and development of children. For this reason the GSL is investing significantly in the development of more expansive social protection policies and programmes for children in households living in poverty. Moreover, it has developed a Child Welfare Policy: Supporting Families and Communities to Protect Children (draft 2013) which refocuses resources and energy on the delivery of effective prevention and early intervention services using existing traditional and community resources; notably with a view to capacitating families and communities to provide a protective and nurturing environment for children.

7. Health and welfare

7.1 Children with disabilities (article 13)

231. Article 13 of the Charter requires the State to take special legislative, administrative and other measures to ensure the dignity of, promote self-reliance and the active participation of children with disabilities in the community; to ensure they receive assistance and access to training, and preparation for employment and recreation opportunities; to ensure their mobility and access to public institutions.
232. The decade-long war resulted in huge increases in the number of people with disabilities, especially because of the atrocities committed included the amputation of victim's limbs. However, many children and adults carried not only visible, but also invisible scars from the civil war in the form of physical and mental health disabilities. A 2002 WHO survey found that in post-war Sierra Leone, 2 percent of the population was psychotic; 4 percent had severe depression; 1 percent had mental retardation; and 1 percent had epilepsy (United Nations, 2007). In 2005, over 550,000 children aged between 2 and 9 years suffered some form of disability (Statistics Sierra Leone, 2006).
233. The GSL was unprepared for addressing the massively increased needs of people who were disabled by the civil war. The post-war Truth and Reconciliation Commission recommended the provision of education and medical support for people with disabilities, especially children.
234. The GSL launched the Sierra Leone Reparation Programme and in 2008 mandated the National Commission for Social Action (NaCSSA) to implement reparation in the areas of health, education and economic empowerment programmes. This resulted in the establishment of a

referral system for medical care for victims requiring emergency medical treatment and the launch of a War Victims Trust Fund. However, severe funding limits mean that many victims and their families have yet to benefit from these initiatives (United Nations Human Rights Office of the High Commission, 2013).

235. The GSL ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2008, marking a shift in its approach to disability from a medical / charity approach to a social and human rights approach.
236. In 2011, the GSL passed into law the Persons with Disability Act which aligns the national legal framework with the State's obligations in terms of the CRPD. The Act guarantees children's rights to, inter alia, inclusive education, equal access to services and free health care. The Act further establishes the National Commission for Persons with Disabilities tasked with ensuring equal opportunities for people with disabilities. It further commits to the establishment of a National Development Fund to provide for the basic rights and welfare of people, including children with disabilities.
237. Other complementary laws enacted to give effect to the welfare of the disabled also include, the Child Rights Act, which prohibits the treatment of disabled children in an undignified manner; the National Youth Commission Act, 2009, which as creates the National Youth Commission to empower youth to develop their potentials, creativity and skills for national development; the Prevention and Control of HIV and AIDS Act, 2007, which, among other things, provides for the treatment, counselling, support and care for persons infected with, affected by or are at risk of infection by HIV and AIDS; and the National Drugs Control Act, 2008, which deals with control and prevention of abuse of narcotic drugs and related issues.
238. The education sector has advanced the rights of children with disabilities through the allocation of grants to schools to accommodate children with disabilities and has committed, in terms of its Education Sector Plan 2007 – 2015 to focus on building additional special schools. In addition, the Special Needs Education Unit for the establishment of Special Schools in the Ministry of Education (MEST), supported by the Leonard Cheshire Home institution, has prepared a six-module curriculum for the training of teachers in teaching pupils with disabilities, set up a computer and braille training centre, and provided quarterly subventions to 12 Special Schools as well as braille textbooks for four primary schools. Also, the University of Makeni (UNIMAK) in Sierra Leone reportedly trains teachers and researchers on special needs courses and the tertiary fees of all children with disabilities are paid in full by the GSL. Despite these innovations, severe resource and capacity constraints means that very few children with disabilities attend school and universities, and where they are accommodated, there are too few qualified teachers, inadequate infrastructure and teaching and learning support materials to meet their needs (Sightsavers and Plan Sierra Leone, 2013). The MOEST is in the process of improving the situation through the transformation of 40 schools into child-friendly schools with basic facilities for children with disabilities. Teachers in these schools will be trained on working with children with special needs.

239. Whilst the 2011 act commits to the provision of free health care for people and children with disabilities, including the provision of assistive devices, severe financial and human resources constraints mean that the GSL has not been able to fulfil these commitments.
240. The MSWGCA established the National Commission for Persons with Disabilities in 2012. One its priority tasks are to ensure the mainstreaming of disability into service policy and provisioning. The combined efforts of the multi-sectoral commission and the Sierra Leone Union on Disability Issues – an umbrella organisation which actively advocates for the rights of people with disabilities – has raised the profile of children with disabilities as a national priority.
241. The gap between the commitments made in terms of the 2011 disability act and the provision of services and support for children with disabilities will be addressed in the next phase of development which will, inter alia, include:
- 241.1 The development of a strategic and implementation plan for the Persons with Disability Act as well as the Education Sector Policy which prioritises the provision of education opportunities for children with special needs;
 - 241.2 Development of a road map for strengthening the capacity and effectiveness of the National Commission for Persons with Disability;
 - 241.3 Building the capacity of health and education sector personnel to meet the needs of children with disabilities through the development of a training manual and curricula;
 - 241.4 Supporting communities, local councils and NGO partners to build capacity at family and community levels of care to provide support for children with disabilities;
 - 241.5 Ongoing advocacy and awareness-raising of communities and families through CWCs; and
 - 241.6 Improving the collection and analysis of data for the monitoring of and development of evidence-based plans of action for children with disabilities.

7.2 Health and health services (article 14)

242. In terms of article 14, the State has committed to:
- a. Ensuring the physical, mental and spiritual health of all children by taking measures, inter alia, to reduce the infant and child mortality rate; to provide children with the necessary medical assistance and health care, with an emphasis on primary health care; to ensure the provision of adequate nutrition and safe drinking water; to combat disease and malnutrition within the primary health care framework; to ensure appropriate health care for expectant and nursing mothers; to develop preventive health care and family life education and provision of services; to integrate basic health service programmes in the national development plans.
 - b. Ensure that parents, children and community leaders are informed and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents.
 - c. Ensure the meaningful participation of non-governmental organizations, local communities and the beneficiary population in the planning and management of basic service programmes

for children and to support the mobilization of local community resources in the development of primary health care for children.

7.2.1 Recognition of health care as a central developmental imperative

243. The GSL recognises the right to health care for children and women as a foundational to the realisation of its developmental objectives. The Agenda for Prosperity commits to the development and implementation of strategies to promote extensive health services, the curtailment of HIV and AIDS and the provision of safe water and sanitation, with special attention to be given to vulnerable groups, including women, children, the disabled, mentally ill and people living in poverty. Furthermore, in moving forward, prosperity “for Sierra Leone will be measured by access to reasonable health care ... for all regardless of age, gender, religion (Government of Sierra Leone, 2013).
244. The GSL has, since the ratification of the ACRWC, taken a number of steps and made significant progress towards the promotion, protection and realisation of the right to health care for children.

7.2.2 Health systems strengthening

245. The impact of the war was felt severely in the health sector. Infrastructure and health systems were damaged and personnel were in short supply, with many professionals having left the country and training of new personnel having come to a near-halt with the destruction of training facilities.
246. The GSL has, with the support of development partners such as UNICEF, the African Development Bank and others, embarked on a process of strengthening the health system, with a specific focus on maternal and child health care, particularly at a primary health care level through:
- 246.1 The rehabilitation and construction of health clinics and hospital infrastructure. The MoHS, with the support of UNICEF, undertook an audit of health facilities to identify which required rehabilitation and which required reconstruction. Through this process the availability of appropriate infrastructure has improved through measures such as:
- The construction of 22 primary care peripheral health units (PHUs) and 5 maternity wings in district hospitals
 - Four PHUs have been renovated and extended to become centres for delivery of quality maternal and neonatal services and new paediatric wings are being constructed in three district hospitals
 - Water and sanitation facilities were installed at 284 PHU clinics in 2012
 - Between 2005 and 2013 the number of functional facilities providing immunisation increased from 450 to 1,200
 - 56 additional cold-chain fridges (including solar-powered fridges designed to overcome electrification challenges in rural areas) were purchased and storage spaces were renovated for central cold room installations to support quality and effective immunization systems (UNICEF Sierra Leone, 2012)

- 246.2 The capacitation of health personnel through strengthened pre- and in-service training as well as the provision of supportive supervision on the job, especially in relation in key areas such as Immunization practice, the Integrated Management of Neonatal and Children's Illnesses (IMNCI), the decentralised Reach Every District approach and inter-personal communication. For example:
- In 2012, on-the-job training was provided to 259 health workers in Emergency Obstetric and Newborn Care and pre-service training was provided to 702 auxiliary nurses (UNICEF Sierra Leone, 2012);
 - 48 national officers were trained who in turn trained 1,200 district service providers on Immunization in Practice in response to a cold chain assessment completed in 2010 (UNICEF Sierra Leone, 2012);
 - 1,500 teachers have been trained to facilitate classes on Sexual and Reproductive Health (SRH), prevention of HIV and AIDS, sexually transmitted infections and teenage pregnancy in schools
 - A total of 235 health workers and implementing partners and 3,666 community health workers were trained on the Community Management of Acute Malnutrition protocol and treatment guidelines. With the support of UNICEF, an on-the-job training strategy was developed to allow staff in each facility to be trained and ensure sustainability of the training, especially to address high staff turnover in the sector. 1,086 members of mothers' support groups have been trained on community-based support to infant and young child feeding in 5 districts and a total of 73 implementing partners' staff were trained on infant and young child feeding in 2012
- 246.3 The recruitment of personnel and the improvement of their working conditions so as to attract and retain qualified staff, especially in under-serviced areas. For example, the salaries of staff in health system were increased alongside the introduction of the Free Health Care Initiative (FHCI) because of the anticipated increased work load.
- 246.4 Improved procurement, provision and distribution of essential drugs for the management of childhood illnesses at facility and community level. By 2012, with the support of UNICEF, essential medical supplies for one million children under the age of 5 years and 230,000 pregnant and lactating women were procured as part of the FHCI. The GSL is, with the support of UNICEF, developing a National Pharmaceutical Procurement Unit to strengthen the Procurement and Supply Management system for health supplies and an act with the same name has recently been passed to support this process. In addition, staff have been trained in Logistics Management Information Systems. The impact has been significant as the number of hospitals reporting no stock-outs of the essential drugs increased to 10 in 2012 and the number of PHUs reporting no stock-out of essential drugs was 48 in 2012.
- 246.5 Strengthened health system monitoring and response systems. With the support of UNICEF, the MoHS introduced decentralised monitoring in four districts. A process is underway to develop and implement Rapid SMS and mobile health surveillance in health facilities as well as more user-friendly modified consolidated data collection tools that may be used at health facilities for all health services. In addition, with the

support of UNFP, health staff have been trained on data collection and management and in computers have been purchased to facilitate centralised reporting.

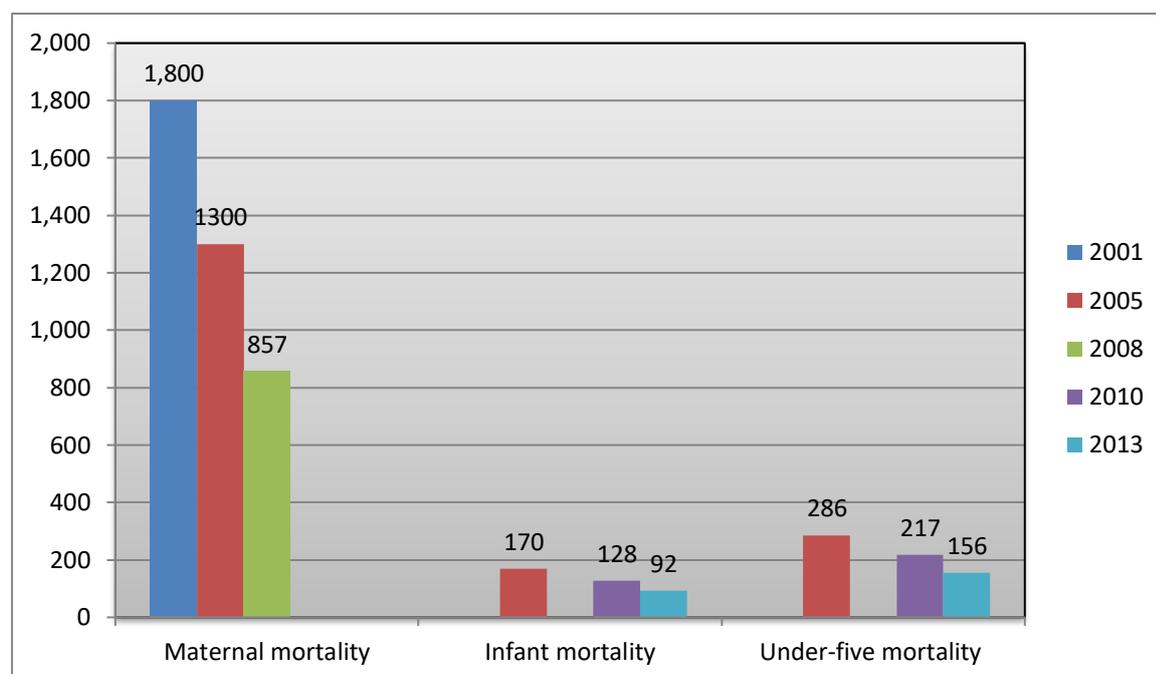
247. Between 2009 and 2010, the total workforce in the public health sector increased from 7,164 to 8,125, representing a 13,4percent increase. Notwithstanding this, however, the country still faces critical shortage of midwives, doctors, laboratory technicians and health information officers over and above the trained and qualified nurses available. To this end too, the health sector has embarked on innovative schemes, such as creating alternative cadres like nurse anesthetists, cataract surgeons, Maternal and Child Health aides as well as contracting doctors and midwives abroad through the South-South Corporation scheme.
248. The MoHS will continue to increase the number of medical doctors, nurses, midwives and maternal and child aides to be trained, equitably deployed and retained in health facilities across the country. The quality of training will continue to be improved through a review of curriculum as well as rehabilitating and constructing training institutions. Given the challenges of geographical access for hard-to –reach communities, priority will be given to training, deployment and supportive supervision of community health workers.
249. Ongoing challenges in relation to monitoring and supervision of the provision of services and procurement of supplies down to a centralised level will be further addressed through increased civil society monitoring and reporting to the MoHS as well as the deployment of the ministries own additional supervisors which form part of the District Health Management Teams in the field.

7.2.3 Maternal, infant and child health

250. Sierra Leone has, with the support of key development partners, taken numerous steps to improve the health and well-being of its youngest children from as early as possible through the provision of ante- and post-natal preventative and curative health services for pregnant and lactating women, infants and young children. Its relevant policies and programmes have targeted the social, economic and leading medical causes of infant, child and maternal morbidity and mortality as well as key access barriers. Responses to the leading medical causes focussed on malaria, respiratory and diarrhoeal diseases (which account for 75percent of under-five mortality) and malnutrition (which is linked with 57percent of child deaths) (Statistics Sierra Leone and UNICEF, 2011). So too, programmes have sought to address the underlying causes of poor access to unsafe drinking water, poor sanitation, hygiene and nutrition. Key access barriers addressed include distance to services, the cost of services, low levels of knowledge and harmful attitudes practices and attitudes.
251. The various initiatives and programmes, described in more detail in the following paragraphs, have made a substantial difference in the health and well-being of mothers, infants and young children. At the time that Sierra Leone ratified the ACRWC, maternal, infant and child mortality rates were extremely high. In 2001, the maternal mortality rate was an estimated 1,800 per 100,000 live births, and infant and under-five mortality rates were 170 and 286 per 1,000 live births (Government of Sierra Leone, 2006) (Government of Sierra Leone, 2013). The

survival of mothers and their children has steadily improved over time as indicated in the following table, with the most recent rates indicating a drop of more than 50 percent in maternal mortality rates down to 857 per 100,000 live births (in 2008), in infant mortality rates to 92 and under-five mortality rates of 156 per 1,000 live births (in 2012) (Statistics Sierra Leone and UNICEF, 2011) (Statistics Sierral Leone , 2014).

FIGURE 5: MATERNAL, INFANT AND CHILD MORTALITY RATES 2001 - 2012. SOURCE MICS 2005 AND 2010 AND DHS 2013 (FOR 2013 DATA)



7.2.3.1 Continental and regional initiatives

252. The GSL has committed to attainment of MDGs 3 and 4: To reduce maternal mortality ratios by three quarters and the under-five mortality rate by two thirds by 2015. It is also a party to the Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa Strategy (CARMMA) which was launched by the African Union Conference of Health Ministers in 2009. The realisation of the MDGs and CARMMA objectives is supported by a number of high level initiatives and national policies, laws and programmes.

7.2.3.2 National policies, laws and programmes

253. The promotion of the health and well-being of mothers, infants and children is afforded the highest priority in Sierra Leone. The office of the First Lady leads a programme focussed on the reduction of maternal and child mortality. The First Lady champions the cause and drives the mobilisation of resources and advocacy to address the issue in especially under-serviced areas and areas marked by very high levels of morbidity and mortality.

254. The Ministry of Health and Sanitation (MoHS) launched the national Reproductive Newborn and Child Health Policy (2011) and Strategic Plan (2011 – 2015) with financial and technical support from UNICEF which identifies maternal and newborn care as a priority area.

255. The GSL has developed a Basic Package of Essential Services encompassing comprehensive antenatal and post-natal health care and services for pregnant women, infants and young children which in terms of the FHCI, since 2010, is available free of charge until a child reaches the age of 5 years.

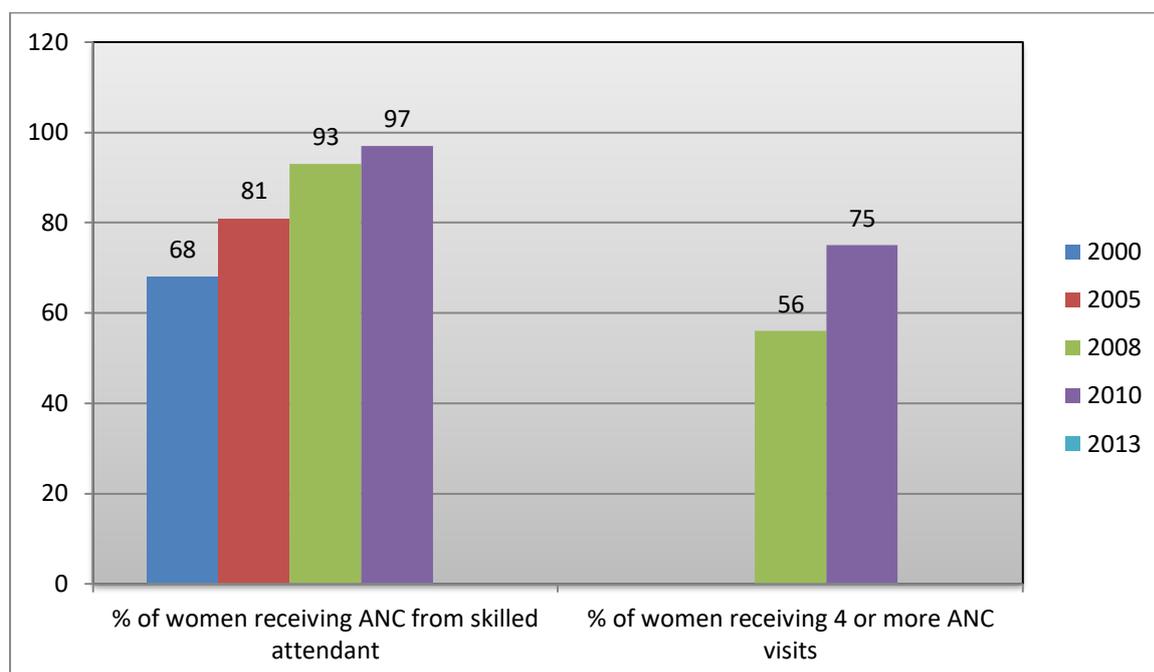
Programmes and services included in the basic package include:

- a. Antenatal care;
- b. Family planning services;
- c. Basic Emergency Obstetric and Newborn Care;
- d. The Expanded Programme on Immunization (EPI) to prevent common childhood illnesses;
- e. Nutritional support, deworming, vitamin supplementation and growth monitoring;
- f. Integrated Prevention of Mother to Child Transmission (PMTCT) programme;
- g. Malaria prevention and treatment;
- h. Integrated Management of Childhood Illnesses (IMCI) such as diarrhoea, respiratory diseases and injuries.

Antenatal and basic obstetric and newborn care

256. The GSL offers a comprehensive package of antenatal care (ANC) services as recommended by the World Health Organisation (WHO). Services include blood pressure measurement, urine testing, blood tests for sexually transmitted illnesses (STI's), weight / height measurements, tetanus toxoid injections and monitoring and the provision of information about the danger signs, symptoms and risks of labour and delivery as well as the need for giving birth with the support of a skilled birth attendant.
257. Various advocacy and awareness-raising programmes have been implemented to encourage pregnant women to attend an antenatal clinic as early as possible (before twenty weeks of pregnancy) and to attend at least 4 times during her pregnancy. These initiatives, combined with focussed infrastructure development and capacity building of health staff has resulted in considerable improvements in the number of women who receive a comprehensive set of essential ANC services.
258. As is evident from the figure below, since 2000 there has been an increase of almost 30 percent in the number of pregnant women who receive ANC from a skilled attendant, jumping from 68 percent in 2000 to 97 percent in 2012. Likewise there has been an increase of approximately 20 percent in the number of women reporting four or more ANC visits during their pregnancies.

FIGURE 6: PERCENTAGE OF WOMEN RECEIVING ANC 2000 - 2013. SOURCE: MICS 2005, 2008 & DHS 2010 & 2013



259. Thus it is clear that there has been a rapid increase in coverage of ANC. However, there are ongoing concerns about the stage at which women present for their first ANC visit. The WHO recommends that the first visit take place before 20 weeks of pregnancy. In 2008 only 30 percent of women reported having attended before 20 weeks (no later data is available as to the relevant rates in more recent years) (Statistics Sierra Leone & MoHS, 2009). In addition, there is concern about the quality of the services provided. In 2010, only 50 percent of women who visited ANC clinics received the full basic set of services recommended by the WHO – that is to say a blood test, urine test and blood pressure assessment.

260. Further challenges include persistent inequalities in terms of access to and the quality of services received by women based on their socio-economic status and geographic location. Women with no or little education, women in rural areas, women in certain districts and regions and women living in the poorest quintiles are consistently less likely than their counterparts to access quality early ANC services or the support of a skilled attendant at birth and/or in a health facility – with their access rates lower than the national average in many instances.

For example, whilst there has been an increase in the percentage of women who give birth with the assistance of a skilled birth attendant from 42 percent in 2000 to 60 percent in 2013, and the percentage of women giving birth in a health facility from 19 percent in 2005 to 55 percent in 2013, many especially vulnerable women have not benefitted equally from the expansive advocacy and programmes driving these increases. Inequities in access are driven by the inequitable distribution of scarce infrastructure and qualified human resources. Despite infrastructure and human resource development initiatives, in 2010 only 57 percent of health facilities were set up to provide skilled care during delivery in terms of infrastructure and

qualified personnel, with inadequacies particularly acute in rural and poorer areas (Statistics Sierra Leone and UNICEF, 2011).

FIGURE 7: PERCENTAGE WOMEN GIVING BIRTH WITH SKILLED ATTENDANTS / IN FACILITY 2000 - 2013. SOURCE MICS 2005 & DHS 2013

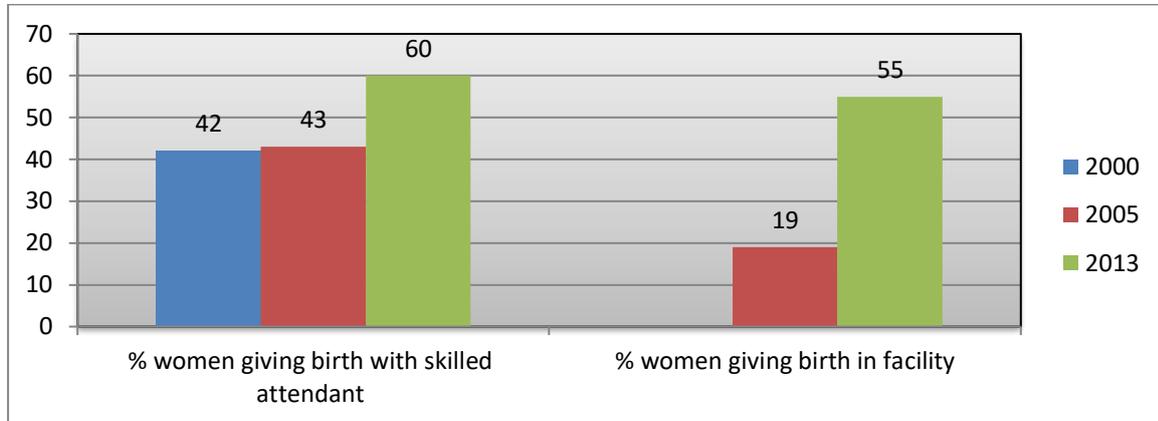
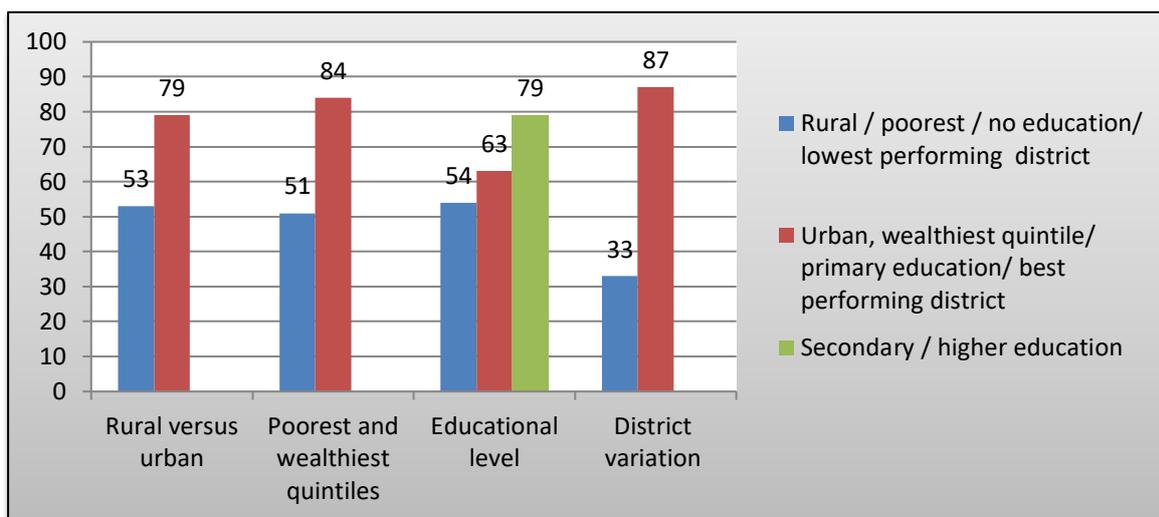


FIGURE 8: INEQUITIES IN ACCESS TO DELIVERY BY SKILLED BIRTH ATTENDANT. SOURCE DHS 2013



Family planning services and fertility in Sierra Leone

261. The GSL recognises that there is an essential link between appropriate family planning and the health of women and their children. It prevents pregnancies that are too early or too late, extends the period between births, and limits the number of children families can safely afford to have. It is therefore critical that all couples and women access information and services appropriate family planning services.
262. The Essential Package of Health care services includes family planning and contraceptive services which are accessed through some government hospitals, outreach clinics, mobile services and community health workers. Whilst the use of contraception remains low in Sierra Leone, with only 17 percent of married women using contraception of any kind, and 16

percent using modern contraception's, family planning services have contributed to a lower national fertility rate (NFR) (Statistics Sierral Leone , 2014). The NFR dropped from 6 or more children per women at the beginning of the millennium to 5 in 2013. However the rate remains higher in rural areas where the average was 5.7 in 2013, compared to urban areas where it was 3.5 children per woman (Statistics Sierral Leone , 2014).

263. Of particular concern to the GSL is the high and increasing early fertility rate among girl-children under the age of 18 years. In 2008 the fertility rate among girls aged 15 – 19 years was 146 per 1,000 live births and this increased to 155 per 1,000 in 2013 (Statistics Sierra Leone & MoHS, 2009) (Statistics Sierral Leone , 2014). As is evident from the table below, in 2010, 32 percent of girls between the ages of 15 and 19 years had begun childbearing, 26 percent had given birth before the age of 19 years, and 7 percent had given birth before the age of 15 years. This is of particular concern given the close link between poor health and other development outcomes for both the young mother and her infant including the lack of educational opportunities to young women, risks to women's health and fertility, and children being born into homes that are not ready for them. 40percent of maternal deaths are the result of teen pregnancies (Statistics Sierra Leone and UNICEF, 2011) and it is the 3rd most common reason for girls dropping out of school. The phenomenon is more common in rural areas and is driven by a combination of factors, including low rates of use of contraception, poverty, low education levels, and harmful traditional and social norms and practices such as early marriage, transactional sex and peer pressure (Government of Sierral Leone, 2013). In 2010, 16 percent of girls were married before the age of 15 years and 50 percent before the age of 18 years, and 25 percent had started engaging in sexual intercourse before the age of 15 years (Statistics Sierra Leone and UNICEF, 2011). Use of contraception amongst young women is very low. It is 8 percent amongst girls aged 15 – 19 years, although this has increased substantially from 1 percent in 2008 (Statistics Sierra Leone & MoHS, 2009) (Statistics Sierral Leone , 2014).

TABLE 2: PERCENTAGE OF GIRLS AGED 15 - 18 WHO HAD A LIVE BIRTH, 2010. SOURCE MICS 2010

Percentage of women age 15-19 who have had a live birth or who are pregnant with the first child, percentage of women age 15-19 who have begun childbearing before age 15, and the percentage of women age 20-24 who have had a live birth before age 18, Sierra Leone, 2010

		Number of women age 15-19				Number of women age 15-19	Percentage of women age 20-24 who have had a live birth before age 18 [1]	Number of women age 20-24
		Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15			
Region	East	29.2	5.7	35.0	7.9	616	40.5	577
	North	30.7	6.8	37.5	7.6	828	43.5	772
	South	29.6	7.6	37.2	10.0	544	42.8	485
	West	13.7	2.7	16.4	3.1	562	19.6	429
District	Kailahun	31.4	7.7	39.1	9.7	220	40.2	200
	Kenema	28.3	5.8	34.1	5.7	251	40.6	235
	Kono	27.5	2.6	30.1	9.1	145	41.0	142
	Bombali	28.6	4.5	33.1	6.5	239	39.3	197
	Kambia	34.5	8.3	42.8	11.2	125	41.3	87
	Koinadugu	28.3	4.2	32.5	7.6	88	37.2	92
	Port Loko	30.9	12.2	43.0	5.5	236	44.5	211
	Tonkolili	32.2	2.1	34.3	10.0	141	51.2	185
	Bo	24.8	7.7	32.5	7.9	258	35.9	223
	Bonthe	34.9	5.3	40.2	7.4	101	47.4	96
	Moyamba	30.2	9.4	39.6	15.7	86	44.3	80
	Pujehun	36.0	7.9	43.9	13.0	99	54.4	86
	Western Rural	25.7	5.2	30.9	5.0	74	36.5	50
	Western Urban	11.9	2.3	14.2	2.9	488	17.4	379
	Area	Urban	20.6	2.5	23.1	4.5	1083	27.4
Rural		30.6	8.3	38.9	9.2	1466	44.6	1409
Education	None	47.4	10.1	57.5	18.4	616	52.8	1151
	Primary	23.2	7.0	30.2	5.6	555	35.8	311
	Secondary +	18.2	3.4	21.6	2.9	1378	17.9	802
Wealth index quintiles	Poorest	38.1	9.3	47.4	13.2	367	50.3	398
	Second	30.0	7.7	37.8	11.0	388	42.0	393
	Middle	34.4	7.2	41.6	7.2	448	47.2	394
	Fourth	25.6	5.0	30.7	6.6	595	41.6	489
	Richest	14.6	2.9	17.4	2.9	752	18.2	589
Total		26.4	5.8	32.2	7.2	2549	38.1	2263

264. The GSL has taken decisive steps at the highest level to bring a halt to early pregnancies. It has developed a multi-sectoral National Strategy for the Reduction of Teenage Pregnancy (2013 – 2015). It is a national coordinated strategy addressing social, economic, cultural and other driving factors through multi-sectoral interventions. It is implemented under the leadership of the President under the supervision of a Multisectoral Coordination Committee, the secretariat for which sits in the MoHS. At a sectoral level, each department will have a focal person responsible for implementation and reporting on sectoral responsibilities and outcomes. The strategy focuses on the review and strengthening of all sectoral policies and laws to better protect adolescents and active community level action to reduce early pregnancies through a combination of improved access to SRHR services, information, education and empowerment for girls. Its goal is, by 2015, to reduce the adolescent fertility rate from 122 /1,000 to 110/1,000 and reduce the number of girls giving birth before the age of 19 years from 34 to 30.

Nutritional support

265. The GSL has long battled the scourge of malnutrition among its children which is estimated to contribute to 37percent of all under-five mortality. It further contributes to poor physical and cognitive development of children and consequently impacts on attainment of national developmental goals. The GSL has thus not only committed to realisation of MDG goal 1: To eradicate extreme poverty and hunger and halve, by 2015, the proportion of people who suffer from hunger. It has also committed, as an integral component of its national poverty reduction strategy to “accelerate the eradication of hunger and malnutrition, with a strengthened focus on women and children from conception to two years of age, to prevent the irreversible effects of stunting” (Government of Sierra Leone, 2013).

266. The National Nutrition Policy and costed Implementation Plan 2012-2016 developed by the MoHS lays out the primary actions required to reduce under-nutrition with an emphasis on the reduction of chronic malnutrition (stunting). In October 2012, the Government of Sierra Leone (GoSL) adopted and launched the Scaling up Nutrition (SUN) initiative, with the aim of scaling up cost-effective, evidence based interventions that improve nutrition during the first 1,000 days between pregnancy and the child's second birthday.
267. The GSL has developed and implemented, with the support of development partners such as UNICEF and others, a comprehensive programme for the prevention and treatment of malnutrition. The programme comprises a facility- and community-based prevention package comprised of growth monitoring, feeding counselling, the promotion of exclusive breastfeeding and appropriate complementary feeding, Vitamin A supplementation, deworming and the promotion of household food production and income generation activities.
268. The MoHS with support from UNICEF and partners is implementing a community-based preventive nutrition package in 13 districts in Sierra Leone. Community support groups/mother support groups (MSGs) have been formed with at least 2 members trained in Infant and Young Child Feeding counseling and active group facilitation skills. These groups conduct Behavioral Change Communication (BCC) on breastfeeding and complementary feeding, provide counseling support to breastfeeding mothers, conduct food demonstrations and promote backyard gardening and other income generating activities. The groups are supported by the creation of "baby friendly communities" and are closely linked to the health facilities and to community health workers. At the same time, the community health workers conduct active screening for malnutrition and refer malnourished children to facilities for treatment.
269. The community based support groups are run by volunteers drawn from the communities who are then trained by local partners. The use of local community members is a key strategy to ensure that services reach into, and are accepted by marginalised communities. Acceptance of the messenger is important in addressing harmful local practices and beliefs that prevent parents from seeking out and making use of available nutritional services. For example, in some communities, the symptoms of malnutrition are associated with witchcraft and affected children are at risk of not being reported or neglected by their parents. Similarly, some women are reluctant to present their malnourished children at facilities for nutritional support for fear of accusations that they caused the condition because of their transgression against the taboo of sexual intercourse whilst breastfeeding. Overcoming such harmful attitudes and practices requires advocacy by trusted community workers.
270. In addition to community interventions, Vitamin A supplementation, growth monitoring and feeding counselling is integrated into routine mother-child facility-based services such as the Expanded Programme on Immunisation programme at primary care Peripheral Health Units (PHUs). At birth, each child's mother is provided with a yellow "Under-Fives Card" which is used to monitor growth, general development progress, Vitamin A and immunisation

coverage, and most recently, the child's HIV status and treatment. Children are meant to receive 2 doses of Vitamin A in the first 12 months of life. In 2013, 73 percent of children had their "Under-five" card (Statistics Sierra Leone , 2014).

271. In addition, Sierra Leone has institutionalized bi-annual Maternal and Child Health Weeks (MCHW) which deliver an integrated package of health and nutrition interventions, including Vitamin A supplementation, deworming, immunizations and screening for acute malnutrition. In order to ensure that all children are reached, especially those in hard-to-reach areas, interventions are preceded by micro-planning involving community members to identify and ensure events cover hard-to-reach areas. During 2012, approximately one million children aged 9 – 59 months received a measles vaccination in addition to Vitamin A and de-worming tablets during the MCHW.
272. The Integrated Management of Acute Malnutrition (IMAM) Programme was introduced in 2007 to address the high rates of severe acute malnutrition (SAM). The programme comprises a community based screening and identification component using a simple measuring of the Mid-Upper Arm circumference. Malnourished children receive Ready-to-Use Therapeutic Food and other essential medicines, plus hospitalisation if necessary through the PHUs. By 2012, 50 percent of PHUs in 7 targeted districts were providing treatment for SAM (UNICEF Sierra Leone, 2012).
273. In addition, children with Moderate Acute Malnutrition receive support through a partnership with the World Food Programme's (WFP) Supplementary Feeding Programme.
274. The MoHS's Directorate of Food and Nutrition, with support from WHO, UNICEF and other development partners incorporated credited nutrition sessions into allied health services training curricula which includes midwifery, nursing and community based maternal and child health workers. This is an effort to ensure that all health personnel have adequate knowledge and skills to provide nutrition services prior to their deployment.
275. Accumulatively, coverage of nutritional interventions has improved as a result of the innovative community-based service delivery models and children's nutritional status, although still tenuous, has improved.
276. There has been a significant increase in Vitamin A supplementation coverage of children aged 6 – 59 months since 2005 from 49 percent to 91 percent in 2010. The coverage does drop off after 6 months however. The lowest coverage is recorded between the ages of 6 and 11 months (76percent) (Statistics Sierra Leone and UNICEF, 2011). There is also variation in coverage, with coverage dropping as low as 36 percent in hard to reach areas.
277. A high coverage (> 90percent) of Vitamin A supplementation (VAS) has been achieved, particularly as a result of the MCHWs. Nevertheless, the coverage of routine VAS is insufficient (36 percent) especially in head-to-reach areas. A high number of children are breastfed in Sierra Leone – up to 97 percent of women continue breastfeeding until their children are 11 months old and up to 55 percent until the child is 23 months old. Exclusive breastfeeding rates are lower – only 32percent of children are exclusively breastfed until the age of 6 months.

However, only 24 percent are given appropriate and adequate complementary food from 608 months necessary for proper growth and development – a key factor in the high levels of malnutrition in children under 5 years (Statistics Sierra Leone and UNICEF, 2011) (Statistics Sierral Leone , 2014).

278. There has been a marginal drop in the rate of stunting among children. In 2005 40 percent and 20 percent of children were moderately and severely wasted. These rates dropped by 2 percent to 38 percent and 18 percent respectively in 2013 (Satistics Sierra Leone, 2006) (Statistics Sierral Leone , 2014). However, the prevalence of wasting among children has remained unchanged and consistently high – with approximately 9 percent of children under the age of 5 years wasted and 4 percent severely wasted in 2013 (Statistics Sierral Leone , 2014).
279. The MoHS is taking a number of steps to improve the nutritional status of its children. It is, with support from UNICEF and partners conducting a national micronutrient survey to establish the levels of micronutrient deficiencies and inform development of policies and strategies. It is also focusing on scaling up training and the roll out of mothers groups in remote areas to continually address programmatic coverage and advocacy gaps. At a more systemic level, the MoHS is in the process of developing an infant and young child feeding strategy which aims to reduce stunting through an integrated multi-sectoral food and nutrition security implementation plan.

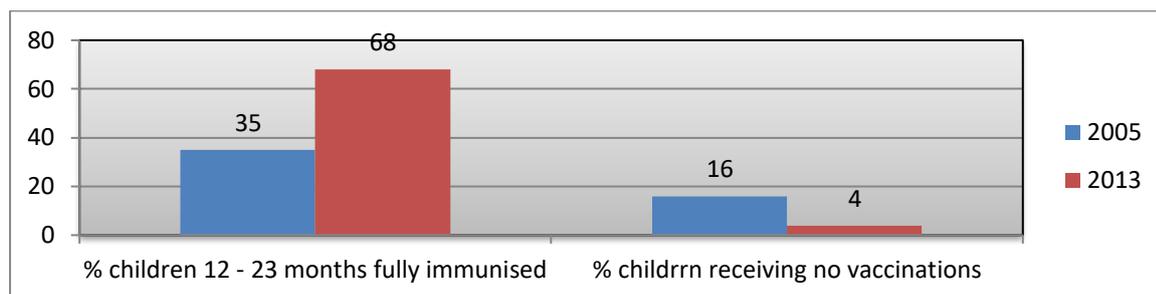
Expanded Programme on Immunisation

280. The MoHS's Expanded Programme on Immunisation (EPI) is aimed at children under the age of one year old, adolescents and women of childbearing age (15 – 49 years). The programme provides vaccines against a number of preventable diseases which are common causes of death and disability amongst children. These include Tuberculosis, Pertussis, Tetanus, Diphtheria, Poliomyelitis, Measles, Yellow Fever, Hepatitis B, Hemphophilus influenza, Pneumococcal pneumonia and Rota-virus diarrhoea. In 2013, the MoHS conducted a Human Papilloma Virus (HPV) demonstration campaign targeting 9 year old girls in one of its health districts (Bo). The success of this campaign will qualify the country to apply to GAVI for a national roll-out of the HPV vaccine within the routine immunization programme for all girls aged 9 – 13 years. In addition, Tetanus Toxoid injections are given to pregnant women to protect infants from neonatal tetanus – a cause of death due mainly to unsanitary conditions at childbirth.
281. The EPI is foundational to the improved health and wellbeing of children in Sierra Leone, not only because it protects them against vaccine-preventable diseases, but also because it provides a delivery platform for the routine delivery of many other high impact and cost-effective interventions which have become integrated into the EPI. Programmes such as deworming, the provision of Lasting Insecticide Impregnated Nets (to protect children against malaria), Vitamin A and the promotion of health family practices have been successfully integrated into the EPI to ensure universal access. The EPI (and all other integrated health programmes) is delivered through facilities as well as a number of delivery vehicles designed

to overcome geographic access barriers such as outreach activities, defaulter tracing and Supplementary Immunization Activities through National Immunization Days and Maternal and Child Health Weeks.

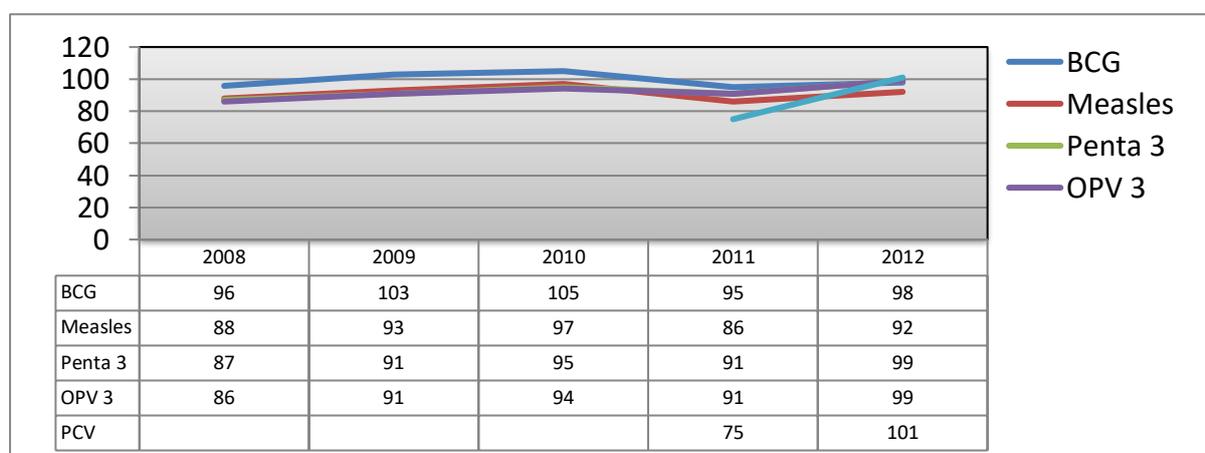
282. The percentage of children between the ages of 12 and 23 months that are fully immunized increased from 35 percent in 2005 (MICS 2005) to 68 percent in 2013 (DHS 2013). The percentage of children who have not received any vaccinations at all decreased from 16 percent in 2008 (DHS, 2008) to 4 percent in 2013 (DHS, 2013).

FIGURE 1: PERCENTAGE CHILDREN IMMUNISED 2005 - 2013. SOURCE MICS, 2005 & DHS, 2013



283. As is evident from the HMIS data below, the GSL has achieved good coverage of Penta-3 and other vaccines over the past five years.

FIGURE 2: VACCINE COVERAGE RATES 2008 - 2012. SOURCE, HMIS DATA



284. Similarly, there has been a substantial increase in coverage of the Tetanus Toxoid vaccine from 78 percent of pregnant women in 2005 (MICS, 2005) to 90 percent in 2013 (DHS, 2013).

285. As a result of the EPI programme, the GSL has seen a significant reduction in the morbidity prevalence and mortality rates for Acute Respiratory Infections, Measles and Polio among children under the age of 5 years. Sierra Leone has not identified any Wild Polio Virus since April 2010 and has achieved Maternal and Neonatal Tetanus elimination status in 2013.

286. In moving forward, the GSL will continue to address the ongoing challenges of higher drop-out rates after first doses and capacity to support the ever-expanding immunisation programme.

It will continue to roll out and strengthen its outreach delivery models and special event campaigns. In addition, the EPI programme is working with other child survival programmes to develop full integrated child survival interventions across service delivery platforms to increase coverage and impact and reduce costs. For example, the Rotavirus vaccine will be integrated into key environmental health and sanitation initiatives such as the WASH campaign.

287. In collaboration with its development partners, the GSL will continue to introduce new and under-used vaccines like the Rota-virus vaccine, HOV, Measles second dose, Hepatitis B at birth and switch from Measles to a combined Measles-Rubella, and from a Tetanus Toxoid to a Tetanus diphtheria vaccine for women of child bearing age.
288. The expansion of the cold chain system at all levels of the health system will be a priority to address findings of an Effective Vaccine Management Assessment and to accommodate the additional capacity needs brought about by the introduction of new vaccines.

Malaria prevention and treatment

289. Malaria is the leading cause of mortality and morbidity among children under five in Sierra Leone. It accounts for about 50% of outpatient treatments, with the mortality attributed to malaria being estimated to 33 percent among the under-5 age group and 25 percent for all ages. The disease is endemic with perennial transmission in all parts of the country: the entire population is at risk with increased severity in children under five and pregnant women (National Malaria Control Program, 2011).
290. The Government of Sierra Leone recognizes malaria as a serious health burden and has The GSL has introduced a number of initiatives to address malaria in children, especially those under the age of five years. These include programmes for:
 - a. Distribution of long-lasting insecticide-treated nets through public health facilities, targeting pregnant women and children under the age of 5 years;
 - b. The provision of prompt effective treatment with ASAQ within 24 hours of onset of symptoms;
 - c. Intermittent preventative treatment in pregnancy (IPTP); and
 - d. Cross-cutting interventions such as behaviour change communications to increase knowledge of prevention and rapid case identification and management.
291. The National Malaria Control Strategic Plan (NMCSP) 2011-2015's vision is to achieve the 'Access to malaria control interventions for all'. The plan's objectives are to increase coverage of prompt and effective treatment of malaria from 50 percent in 2010 to 80 percent for all age groups in 2016; to increase the proportion of pregnant women receiving at least two doses of IPTP from 72 percent in 2008 to 90 percent by 2016; to increase to 80 percent the proportion of the population who take appropriate action to prevent and treat malaria through information education, communication / behaviour change communication by 2016.
292. Before the 2010 LLIN universal coverage mass campaign, net ownership and utilization was low with only 36.6% of the population owning at least one insecticide treated net and only

25.8% of children less than five years of age reporting to have slept under a net in the night before the survey (DHS 2008). During the 2010 mass LLIN campaign 3,2 million nets were distributed. The post-campaign ownership and use survey conducted in 2011 found that 66 percent of households owned at least two nets. However, in 2012 ownership had reduced to 57 percent.

293. Access to treatment was low, with only 30.1% of children under 5 with fever receiving antimalarial treatment (DHS2008). Regarding the prevention of malaria in pregnancy, only 12% of pregnant women received at least 2 doses of SP for the prevention of in pregnancy.
294. The launching of the Free Health Care Initiative (FHC-I) in April 2010 significantly increased the access to malaria treatment for children under five and pregnant women. The initiative complemented the already ongoing support from the Global Fund to make available the Artemisine Combined Therapy (ACTs) and ensured access to health care for children under-5, pregnant and breast feeding women free of charge.
295. The Government of Sierra Leone was awarded the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) Round 10 grant for Malaria. The Ministry of Health and Sanitation (MoHS) along with Catholic Relief Services (CRS) are co-Principal Recipient (co-PR) for this grant. The main responsibilities of the MoHS under this grant include: prompt and effective treatment, procurement and supply management (PSM), health workers' training, community case management of malaria; and prevention and treatment of malaria during pregnancy. CRS's main responsibilities under the GFATM round 10 grant in SL include: strengthening information systems related to malaria essential medicines and commodities, community behavioural change, mass-media communication; and research studies/surveys.
296. The MoHS with the support of UNICEF and other health development partners has progressively introduced the integrated community case management (i-CCM) of malaria, pneumonia and diarrhea since 2010. The i-CCM's aim is to improve access to prompt treatment, especially in hard to reach areas. It is currently rolled out in 6 districts with approximately 6,000 Community Health Workers in hard to reach areas, providing life savings high impact treatment against malaria, pneumonia and diarrhea to children under five in the remote hard to reach communities.
297. The utilization of Rapid Diagnostic Tests (RDTs) for malaria diagnosis has been now rolled out in all public health facilities and by Community Health Workers (CHWs) treating malaria. This is an important step to improve the accuracy of malaria diagnosis and treatment and the rational use of ACTs.
298. The MoHS, with the support of its various partners is implementing complementary activities to strengthen the malaria control interventions. These include:
 - Trainings for District Health Management Teams (DHMTs) and health service providers on malaria case management, including the utilization of RDTs, Integrated Management of newborn and childhood illnesses (IMNCI) and rational ACTs use.

- Community sensitization on malaria prevention and early treatment (e.g. through sensitization teams, local radio jingles)
 - Provision of basic medical instruments and supplies to PHUs and clinics, to enable proper malaria diagnosis (e.g. stethoscope, blood pressure apparatus, test material for malaria, gloves).
 - Provision of bed nets (long lasting insecticide treated nets, LLITNs) to the communities and through routine MCH and EPI clinics
 - Indoor Residual Spraying (IRS) has been piloted in 4 districts by the National Malaria Control Programme (NMCP).
299. In June 2011, six months following the LLIN universal coverage mass campaign, 87 percent of households had at least one LLIN, 73 percent of children under five, and 77 percent of pregnant women, slept under an LLIN the night before the survey respectively. Among households possessing at least one LLIN, 80 percent of children under five, and 88 percent of pregnant women slept under an LLIN the previous night (National Malaria Control Program, 2011).
300. The Malaria Indicator Survey (MIS) 2013 demonstrated a decline in the gains reached with the 2010 Universal coverage LLIN mass campaign in Malaria prevention. According to the MIS, 62 percent of households in Sierra Leone own at least one insecticide-treated net (ITN), noting that almost all mosquito nets in Sierra Leone are LLINs, 37 percent of the Sierra Leonean population have access to an ITN and 39 percent of the population slept under an ITN the night before the survey, while 45 percent of children and 47 percent of pregnant women respectively, slept under an ITN the previous night.
301. Sixty-two percent of pregnant women received intermittent preventive treatment (IPT) for malaria, consisting of at least two doses of SP/Fansidar with at least one dose received during an antenatal care visit, which occurred during the most recent pregnancy
302. Regarding Malaria care seeking behavior and Malaria case management, there is a marked improvement. The MIS 2013 demonstrates that one-third (33 percent) of Sierra Leonean children had a fever in the two weeks prior to the survey. Of these children, 63 percent sought advice or treatment. 84 percent of children under age 5 with fever who received antimalarials for treatment were given the appropriate treatment of Artesunate + Amodiaquine (ASAQ).
303. General knowledge about malaria has increased. Knowledge of malaria among women in Sierra Leone is widespread (96 percent). Nine in ten women are aware that mosquito bites cause malaria. All of Sierra Leonean women reported having seen or heard messages about malaria in the last six months. The most commonly cited source of information about malaria is a government clinic (75 percent), followed by the radio (70 percent), a source in the home (51 percent), and community health workers (50 percent).
304. A number of steps are planned to improve on gains made thus far. These include:

- Implementation, with the support of UNICEF, the second Universal access campaign to distribute over 3.5 million nets in May 2014;
- Expansion of the network of CHWs trained in i-CCM, including case management of malaria and the use of RDTs;
- Continue case management trainings for service providers through the IMNCI trainings and advanced trained in severe malaria treatment in referral hospitals;
- A review and update of policies and guidelines, including those on malaria in pregnancy;
- Intensification of malaria advocacy and behavior change communication at all levels;
- Improve integrated supportive supervision to include malaria activities from National to district level, from district to the PHU level and from PHU to community level; and
- Include malaria treatment and prevention in the package for pre-service training institutions.

7.2.4 The GSL's national response to HIV and AIDS

305. The GSL has for many years addressed the issue of HIV and AIDS as a multi-sectoral issue at the highest political level under the leadership of the National AIDS Commission which is chaired by the President of Sierra Leone.
306. HIV prevalence has stabilized at 1,5 percent of the general population. This translates into approximately 58,000 people living with HIV and AIDS, 5,800 of which are children. Prevalence is higher in urban than in rural areas (2.5 compared to 1 percent) and women, especially pregnant and young women aged 15 – 19 years are disproportionately affected. 2010 Ante Natal Care survey data indicates a prevalence of is 3.2 percent amongst pregnant women and 1,7 percent amongst young women aged 15 – 49 years (compared to 1.2 percent males of the same age) and in 2008 was 1.3% among girls aged 15 – 19 years, while 0% for boys of the same age. There are an estimated 3,300 deaths due to HIV and AIDS and about 26,000 children orphaned by AIDS in the country (UNAIDS, 2012). Early sexual debut and teenage pregnancies are the key causes of the higher risk faced by young women which is compounded by lack of knowledge about HIV and AIDS, low condom use and poor attitudes towards people living with HIV. It is estimated that only 20 percent of the population and 23 percent of young people have comprehensive knowledge about HIV and AIDS. Condom use among 15 to 24 year olds is 12 percent.
307. In 2007, the Prevention and Control of HIV and AIDS Act, 2007 was adopted to “provide for the prevention, management and control of HIV and AIDS, for the treatment, counseling, support and care for persons infected with, affected by or at risk of HIV and AIDS infection and for other related matters”. The Act requires Local Councils to provide community-based HIV prevention and care services within their localities in collaboration with government agencies, NGOs and persons living with or at risk of being infected with HIV/AIDS. It also requires Government to make livelihood and self-help and cooperative programs available and accessible to persons living with the disease and to explore the possibility of providing insurance coverage for them. Various line Ministries retain overall responsibility through the appointment of a focal person attached to the Secretariat.

308. Sierra Leone's HIV and AIDS Strategic Plan 2011 – 2015 documents the State's national plan aimed at achieving zero new infections by 2015, focusing on evidence-based prevention interventions. The Plan is currently under review. The National AIDS Commission Act, 2011 formally establishes and legally mandates the national HIV and AIDS secretariat to oversee the plan.
309. The national comprehensive plan of action which prioritises women, girls and children includes:
- an Elimination of Mother to Child Transmission (EMTCT) programme which was launched by the President in 2010 and which is supported by PMTCT Guidelines;
 - a National Prevention Strategy 2011 – 2015;
 - a National Behaviour Change, Communication and Advocacy Strategy 2011 – 2015;
 - a national education sector policy on HIV and AIDS which integrates HIV and AIDS into the national school curriculum.
310. The EMTCT is a high priority of the GSL. The Office of the First Lady is leading the national EMTCT programme which is guided by a national EMTCT Strategic Plan (2013 – 2015). PMTCT services are integrated into national antenatal care services and are designed in accordance with the new WHO recommendations on ARV treatment for PMTCT – that is all HIV positive pregnant women are treated for life. The testing of pregnant women has been integrated into the biannual mother and child health week since 2011 and media, education and communication activities on PMTCT have been undertaken by the GSL and its partners.
311. A PMTCT Data Quality Audit is being undertaken by the GSL with the support of UNICEF, WHO and UNAIDS. The dual objectives of the audit are to assess the quality of PMTCT data and to describe the estimated need for PMTCT.
312. A national paediatric HIV and AIDS care scale-up plan was launched in 2010 with the objective of increasing the number of health facilities providing paediatric care to 111 by 2014. The national public health laboratory has been upgraded to include early infant diagnosis using the PCR technology.
313. The GSL has made progress in the fight against HIV and AIDS. The GSL has significantly increased coverage of key interventions, as is evident from the table below.

TABLE 3: COVERAGE OF KEY HIV AND AIDS INTERVENTIONS 2011 TO 2012. SOURCE PROGRAMMATIC DATA 2012 NACP ANNUAL REPORT AND UNGASS (2011) NATIONAL AIDS CONTROL PROGRAMME (NACP) REPORT 2012

Coverage	2011	2012
% of HIV-positive pregnant women who received ARV to reduce the risk of mother-to-child transmission during pregnancy and delivery	74	93
% of HIV-positive pregnant women who receive a COMPLETE COURSE or ARV to reduce the risk of MTCT during pregnancy and delivery	NA	36
% of infant born to HIV positive women who are provided with ART to reduce the risk of HIV transmission during breastfeeding		1.47
% of infants born to HIV/infected women started cotrimoxizole prophylaxis within two months of birth	23,4	13,28
% of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	n/a	2.69
% of eligible adults currently receiving ARV	44	41
% of eligible children currently receiving ARV	21	27

314. The preceding initiatives have contributed to the GSL's halting of the spread of HIV, reducing prevalence among pregnant women, almost doubling the number of pregnant women that are tested as a result of integration of testing into ANC services, significantly increasing Early Infant Diagnosis; and reducing new infections among children aged 0 – 14years from 1187 new infections in 2007 to 315 in 2012.
315. The next major step for the GSL is to roll out universal ARV treatment. There are a number of challenges that will have to be overcome to realise this objective, including weak laboratory capacity and the limited number of health facilities providing ARV treatment and PMTCT services. At present, out of the 1,200 facilities, only 131 are providing ARV treatment and 687 are providing PMTCT services and only 19 out of 131 hospitals provide HIV paediatric care. The lack of facilities is compounded by limited human resources – only 1,374 health care providers have the skills to deliver PMTCT services and only 10 have been trained on HIV paediatric care (UNGASS, 2012). Poor supply chain management leads to regular stock outs of drugs. Overall, the low prevalence of HIV makes it difficult to attract funding and domestic funding is limited to approximately 8 percent of the total Global Fund counterpart funding.
316. In moving forward, the GSL will, together with its partners such as UNICEF:
- Will continue steps towards becoming the first African country to implement the Test for All, Treatment for All Strategy (universal access to testing and treatment). All partners are currently working on a concept note and the road map.
 - Continue to implement the national EMTCT Strategic Plan, including implementation of PMTCT option B+, scale up of EID and pediatric HIV treatment and care.

- Continue efforts to increase the retention and follow up all HIV positive clients through the existing community actors (support groups, community groups, community Health Workers).
- Reduce youth vulnerability to HIV through effective implementation of the national prevention and behavior change communication strategies including the establishment of youth friendly health services to achieve universal access and reverses the spread of HIV.
- Continue and extend support to NGOs working with children and adolescent living with HIV.
- Review data collection and analysis, establish data quality improvement approach.
- Intensify teacher training to facilitate HIV and AIDS prevention and Sexual and Reproductive Health promotion including life skills education in schools.
- Strengthen adolescents' data collection and analysis to guide programming.
- Collaborate and strengthen relations to integrate HIV in the national protection programme in particular to children who are HIV positive.

7.2.5 Adolescent health services

317. The GSL recognises that the disease burden and health indicators of adolescents and youth in Sierra Leone are alarmingly high. Notable in this regard are the disproportionately high fertility rates, higher HIV and AIDS prevalence, especially among girls, unsafe abortions, teenage pregnancies and attendant increased mortality and morbidity, sexual abuse, mental illness and substance abuse and other delinquent behaviours.
318. The GSL has, with the support UNICEF, taken a number of steps to develop and implement programmes addressing the health-needs of youth and adolescents. The measures have sought to target both the causes and the consequences of the health issues faced by young people in Sierra Leone.
319. The Child Rights Act makes express provision for access to information for adolescents on sexuality. A number of programmes targeting the sexual and reproductive health of adolescents have been rolled out, including the national strategy on teenage pregnancy, the provision of sexual and reproductive health information through the school curriculum and a number of communication and advocacy behaviour change programmes (discussed previously in this report). In order to support the roll out of adolescent-appropriate services, the MOHS prepared the National Standards for Adolescent and Youth Friendly Health Services, 2011 as “a tool to accelerate the implementation of the adolescent health strategic plan” for quality health service provision.
320. Socio-cultural norms and traditional beliefs and practices which inform harmful gendered behaviours and engender a culture of silence around issues of sexuality present a significant challenge to addressing adolescent health issues in Sierra Leone. In an effort to address these underlying causes, the MoHS has, together with partners such as UNFPA and others, galvanized support from traditional and religious leaders to engage communities in family planning and women's health issues (Shepherd, 2013).

321. Within the context of HIV and AIDS and teenage pregnancy, the GSL will continue to increase awareness among teenage boys and girls, on the merits of condom usage, birth control, family planning and, above all, quality education.
322. With reference to substance abuse, the GSL enacted the National Drugs Control Act, 2008, to control and prevent abuse of narcotic drugs and related issues as noted earlier. The establishment of the National Drug Law Enforcement Agency coupled with attendant ongoing awareness-raising and sensitization campaigns on drugs and substance abuse are aimed at, inter alia, addressing problems of adolescent substance abuse and related health issues.

7.2.6 Water and sanitation

323. Access to adequate water and sanitation is key to the prevention of diseases and malnutrition amongst children.
324. The GSL has taken a number of steps to improve access to water and sanitation for children and their families in Sierra Leone.
325. The MOHST has a dedicated health and sanitation unit which focuses on interventions, under the community-led total sanitation project, to prevent water-borne diseases as well as promote water and sanitation safety and sensitisation. A number of environmental health officials monitor community-level water and sanitation service, facilities and hygiene.
326. In addition, through targeted infrastructure development, there has been considerable increase in access to clean water. In 2010, 57 percent of people used improved water sources compared to 47 percent in 2005.
327. The Energy and Water Resources sector, working within the framework of country's National Water and Sanitation Policy, aims to extend coverage of improved drinking water to 74 percent of the population and adequate sanitation to 66 percent by 2015.

7.2.5 Responses to cross-cutting challenges to access to health services

328. Whilst there is a relatively good range of health policies, laws and programmes making an essential package of health care services available to children and their caregivers, access to these services is hampered by a range of factors. These include the cost of health services, distances to health facilities, customary practices and attitudes that inhibit use of the practices and lack of knowledge of the services that are available and their importance for the survival and development of children to their full potential.

The GSL has responded to these challenges through the measures described hereunder.

7.2.5.1 Free Health Care Initiative

329. The Free Healthcare Initiative (FHC-I) was launched in April 2010. It makes available free health care to pregnant women and children up until the age of five years. By 2011, 1,206,224 children under the age of five years had benefitted from the policy

7.2.5.2 Health education and advocacy

330. The MoHS has a dedicated health education unit which cuts across all programmes. It plans and implements awareness-raising education and advocacy regarding available services, with a specific view to increase demand. Campaigns target families, communities, traditional leaders with messages aimed at promoting good health and information about services and the importance of using these. The unit plans the social mobilisation components of programmes and at district level, there are health education officers working with the District Health Management Teams to ensure that the interventions flow down from national to district-level.
331. The unit and supporting team members make use of a variety of media as well as social and communication structures within communities. The use of the latter vehicles are important for ensuring that messages reach into, especially hard-to-reach communities and for ensuring the acceptability of the messages, especially where the messaging may be seen to conflict with religious or traditional beliefs, customs or values.

7.2.5.3 Involvement of the community in health services

332. Whilst the GSL has developed, and continues to develop stronger preventative and curative health care policies for the improved survival, health and well-being of its children, it faces persistently high maternal, infant and child morbidity and mortality rates. Key reasons include poor decentralised implementation of the policies and programmes down to community and home levels, insufficient human resources to support effective implementation, and poor demand due to low levels of knowledge and resistance linked to traditional customary and religious attitudes, practices and beliefs.
333. A key strategy adopted by the MoHS to address these barriers is through the development, capacitation and mobilisation of community resources in the form of community health workers as an integral component of the national health system. Over the past decade, numerous programmes have drawn on community members to support the implementation of various primary health care programmes, including maternal and newborn child health, nutritional support, and sanitation and hygiene promotion.
334. Community health workers are drawn from the local community to fulfil a key support role to the formal health system in the provision of information, identification of vulnerable households, the provision of basic medical supplies and services, advocacy and awareness-raising as to the availability and value of available medical services, as well as facilitating access to social services aimed at addressing the social and economic determinants of improved child health
335. The MoHS is not the only ministry which uses community health workers. Recently, the MoHS developed a Policy for Community Health Workers in Sierra Leone, 2012. The purpose of the policy is to ensure coordination, alignment and standardisation of the work performed by different community health workers. It defines their respective roles and responsibilities and

provides a standard modular training programme which all community health workers are required to complete.

7.2.5.4 Involvement of NGOs and children in health service provision and monitoring

336. The GSL recognises that the acceptability and accessibility of health services depends in communities and children accepting them. This in turn requires that their inclusion in the development and design of programmes capable of responding to community challenges and concerns. For this reason, at a planning stage, the MoHS draws in its partners, including NGOs and community structures, from an early stage. For example, the District Health Management Teams and Local Councils draw up plans with the input of local partners and community structures. This process is replicated at a national level.

7.2.5.5 The health budget

337. The GSL has allocated an increased budget to health care, specifically to increase the scale and reach of essential children's health services and to ensure they reach marginalised communities.

338. In 2014, the GSL allocated a budget of Le 99,1 billion and 7,1 billion to the Ministries of Health and Sanitation and Water Resources respectively to provide strengthened and more effective health, water and sanitation services to the people of Sierra Leone (Minister of Finance and Economic Development, 2013).

339. To improve access to piped water and sanitation, the GSL has allocated, in 2014, an amount of Le 7,1 billion to the Minister of Water Resources and development partners a further US\$ 37,3 million for project to improve access to piped water and improve water and sanitation infrastructure and services (Minister of Finance and Economic Development, 2013).

340. The money allocated to the MoHS included Le 36,8 billion to improve access to quality and basic health services, including Malaria, HIV and AIDS, TB and Leprosy Prevention and Control; Le 24,8 billion for reproductive and child health care services which includes Le 20,1 billion for the FHC programme and Le 18,1 billion for Tertiary health care. Le 17,8 billion has been allocated for the delivery of devolved health services in local communities.

341. Development partner contributions to the 2014 health budget amount to US\$63,2 million for various projects, including the Reproductive Child Health Project, the Maternal Child Health Project and the transformation of three tertiary hospitals and the PHC Support Project. The GSL is providing Le 2,0 billion for refurbishing public hospitals.

342. The MoHS has developed a funding compact to ensure that funds sourced from development partners are used to address priority health issues.

7.3 Social security and child care services

343. A number of recent developments mark a significant policy shift in Sierra Leone towards the development of a holistic child protection and welfare system premised on a preventative framework of action. The emerging framework targets the elimination of the social and economic determinants of children's current state of vulnerability, especially the most marginalised, to poor health, poor education, and high levels of violence, abuse and exploitation.
344. The GSL has until recently adopted a more reactive approach to the promotion of children's rights. This was, in part necessitated by its particular history. It has however recognised that the near-universal scale of vulnerability and the fact that this is shaped by social and economic determinants requires a more holistic and preventative approach aimed at remediating the underlying structural drivers of the vulnerability of all children in Sierra Leone – notably poverty, weakened family and parental environments, and lack of access to routine services. The key interventions include the development and provision of a promotive social protection platform, the use of existing indigenous community structures and platforms to provide an accessible and credible service delivery platform where children and their families live, and the provision of quality early childhood development services.

7.3.1 Social protection for children

345. The national Agenda for Social Protection was recently developed by a multi-agency Steering Committee under the leadership of the National Commission for Social Action (NaCSA). The agenda, which will be implemented through a partnership of government, civil society and the private sector, will focus on reducing the social and economic vulnerability of a full spectrum of people living in crisis situations, notably 'vulnerable and excluded children'. The Agenda aims to ensure the development and support of those living in poverty, the unemployed (including unemployed youth), people living with a chronic illness or disability through livelihood programmes and conditional cash transfers. This Agenda supports the National Youth Policy (2003) which commits to the empowerment of youth in the post-war setting through the development of youth associations and job creations schemes.
346. Within the framework of the Agenda for Social Protection, the GSL has, together with its key development partners such as UNICEF and the World Bank agreed to prioritise the provision of cash transfers to extremely poor households with children. It is expected to cover 14 percent of households in Sierra Leone whose total household expenditure falls below the poverty line of Le 925,000 per adult per annum. The provision of social security to the targeted beneficiaries is scheduled to commence in 2014. It will be phased in and will initially be rolled out in 4 districts based on the absolute number of extremely poor households with children.
347. Initially the transfer will be in the amount of US\$15 dollars per household per month (which covers about 25percent of household expenditure). The programme is intended to complement and enhance access to, the efficacy and the impact of the existing social protection programme of services for children such as free health care and free primary education. The cash transfers will enable families to cover the opportunity costs which must

be covered to access these free benefits, such as transport and additional education costs such as uniforms. In addition, the programme will work closely with the education, health and other sectors to ensure that recipient families have the necessary information and adequate support to benefit from other social services.

348. There will be no co conditionalities attached to receipt of the benefit. It will be complemented through the provision and encouragement of recipients to access information and attend meetings on nutrition and education. Registration and payment will be electronic. Strong use will be made of cell phone technology to address physical access barriers.

There is some uncertainty as to the projected time line for scaling up the provision of social security. At present more donors are coming on board. The programme is currently supported by the World Bank (US \$10 million), UNICEF (US\$ 0,3 million) and the GSL (US\$1 million). The GSL anticipates that after two years there will be adequate information and evidence and a technical foundation for scaling up nationally.

7.3.2 A focus on early childhood care and education

349. The GSL recognises that it has a duty to provide temporary care for children in the daily absence of their parents whilst at work and elsewhere. The Child Rights Act devolves responsibility for the establishment and regulation of safe and nurturing day care centres to Local Councils. It further requires and mandates local councils to develop by-laws for the operation of day-care centres within their jurisdiction. The operation of an unregistered day-care centre is a criminal offence subject to a fine or imprisonment.
350. In Sierra Leone a significant number of children do not receive adequate temporary care in their parent's absence. A recent study of parental behaviour in relation to the care and development of young children aged 0- 6 years indicates that 5.5 percent of children under 15 months are left without an adult and 3.8 percent of children in this age group are completely left on their own in the house. These proportions are higher at 10.5 percent and 8.5 percent respectively among children aged 15 months and above (Seurat, 2013).
351. At present there is little information available as to the number of registered day-care facilities or the state of progress on the development of by-laws at a local council level. It is expected that these provisions of the act will be more vigorously implemented once a national Early Childhood Development Policy has been adopted.
351. The process for the development of a national Early Childhood Care and Education policy has already commenced. The GSL, with the support of UNICEF is laying the foundations for the development of a public ECD system and programme to address the survival, development and well-being of young children aged 0- 6 years (until they enter formal schooling). The programme will focus on two elements, that is parenting support at a community level as well as formalised and structured pre-school. In terms of the national White Paper on Education and the Education Sector Strategic Plan, pre-school for children from the age of three years is prioritised and considered as part of basic education. The national policy will secure the public provision of this essential developmental service to ensure a massive increase in the rate at which, especially vulnerable children living in poverty and in rural areas, access early

childhood education services. At present, only 14 percent of children aged 3 – 5 years access pre-primary education. The majority of children currently access the service through private unregulated providers.

8. The right to education, leisure and cultural activities

8.1 The right to education, leisure and cultural activities (articles 11 and 12)

352. The African Charter on the Rights and Welfare of the Child requires the State to realise, respect and promote the right of every child to an education, leisure and cultural activities by inter alia:

- a. Making education available and accessible to all children, especially the most vulnerable, by providing free and compulsory basic education; providing secondary education in its different forms and making it progressively free and accessible to all; making higher education accessible to all on the basis of capacity and ability; encouraging regular attendance and reducing drop-out rates; and taking special measures to ensure equal access to education for female, gifted and disadvantaged students. With regards to female learners, the State is obliged to ensure, as far as possible, that girls who fall pregnant whilst at school are supported to return to school and complete their education (article 11(6)).
- b. Ensuring that school or parental discipline is administered with humanity and with respect for the inherent dignity of the child and in conformity with the Charter (article 11(5)).
- c. Ensuring that the education system and curriculum are designed and implemented so as to promote the child's personality, talents and mental and physical abilities to their fullest potential; promote respect for human rights and fundamental freedoms; preserve and strengthen positive African morals, traditional values and cultures; prepare the child for responsible life in a free society in a spirit of understanding, tolerance, dialogue, mutual respect and friendship amongst all ethnic, tribal and religious groups; preserve and promote national independence and African Unity and solidarity; develop respect for the environment; and promote the child's understanding of primary health care.
- d. Ensuring that all individuals have the liberty to establish independent educational institutions, subject to the proviso that they may be required to conform to minimum educational standards set by the State.

353. The right of all children in Sierra Leone to education is widely recognised and protected at the highest levels. It is recognised and protected by the Constitution, the Education Act (2004), the Child Rights Act (2007) and the National Education Policy and White Paper on Education (2010). Moreover, the realisation of the rights of all children to education is recognised as a central developmental pillar. The Agenda for Prosperity (2013 -2018) identifies universal quality education, especially for the most marginalised, as a fundamental enabler for the attainment of the national development objectives of becoming a middle-income country with at least 80percent of its people living above the poverty line by 2035.

354. In recognition of the importance of the right to education, the GSL has committed, in the next five years to invest in and reform the educational system, especially basic education, to ensure quality learning and adequate human resource development (Agenda for Prosperity (2013 – 2018)).
355. The preceding national commitment marks the next stage in the evolution of the education system in Sierra Leone. It marks a renewed commitment to more systemically address a number of challenges which persist after a decade of protracted efforts to rebuild and strengthen an education system, which like other sectors of society, suffered significant damage during the 11 year civil war.
356. Even before the war, Sierra Leone’s education system was marked by massive exclusions and inequities with only approximately 40 percent of children of school-going age in school (Pemagbi, 2010). The situation deteriorated further after the war. The start of the millennium saw thousands of children who had been directly involved in and/or affected by the war living in extremely difficult conditions which impacted negatively on the enjoyment of their right to education. Many children were displaced refugees; many more were separated from their parents; many had missed out on years of schooling, were working or living on the streets, were involved in commercial sexual trade and activities, were involved in child labour; and were living in severe poverty. These factors, combined with the destruction of education infrastructure and systems translated into very low levels of educational access, retention, completion and quality of education at all levels of the education system for the majority of children in Sierra Leone.
357. The cessation of the civil war in 2002 coincided with the ratification by the GSL of the ACRWC. Under the leadership of the Ministries of Education Science and Technology (MEST) and Local Government (MLG) the GSL started the process of rebuilding its education system and infrastructure aimed at improving the availability, access, quality, inclusivity and the management and administration of all levels of the education system – from primary to tertiary levels.
358. The ensuing decade saw a number of legal, programmatic and budgetary developments aimed at improving the realisation of the right to education for children.
359. Legal, programmatic and budgetary developments included the following:
- 359.1 Subscription to EFA and MDG development initiatives – with commitments to make basic primary education universally free and compulsory as well as improve access to quality early childhood care and education.
- 359.2 The development and implementation of a number of post-war interim / emergency programmes to rectify a number of the problems. These included:
- the Community Education Investment Programme (which benefited 2,788 children);

- the Complementary Rapid Education Programme (CREP) which ensured the enrolment of 11,857 children in 184 educational centres (Government of Sierra Leone, 2006); and
 - The provision of educational materials and support by UNICEF Sierra Leone for all registered separated children and children involved as soldiers in the war.
- 359.3 The introduction of a fee free primary education policy in 2002/03.
- 359.4 The enactment of the Education Act in 2004 which:
- makes basic primary education and three years of junior secondary school (JSS) compulsory
 - makes neglect by a parent to send a child to school during his or her compulsory years a punishable criminal offence;
 - makes primary education free and free and commits to move progressively to free junior secondary schooling;
 - aims to improve access for especially marginalised children (particularly girls and women); and
 - aims to improve the quality of education.
- 359.5 The passing of the Local Government Act in 2004 which decentralised the administration and management of primary education to local councils so as to make education planning and implementation more responsive and democratic. Local councils are responsible for recruitment and payment of teachers, the provision of textbooks and teaching materials and the rehabilitation and construction of schools.
- 359.6 The development of a number of policies to address the underlying barriers preventing especially vulnerable children from accessing, remaining at, completing and/or doing well at schools. Children targeted include those living in poverty, the girl-child and children with disabilities. Targeted barriers include the cost of education and social and cultural norms and practices. Policies and programmes include:
- The provision of free primary education for all children at public primary schools and the payment of fees at JSS for girls for three terms in JSS 1, two terms in JSS2 and one term in JSS3. Examination fees are also paid by the GSL, including the end of SSS exams. A number of SSS offer subsidized boarding and SSS fees are subsidised for girls studying Maths and Science
 - The implementation of a School Feeding Programme coordinated by the MEST at 1,365 schools nation-wide.
- 359.7 Programmes and campaigns specifically targeted at improving access, retention and school completion for girls. Girls' educational opportunities, access, retention, performance are much poorer than for boys, especially at secondary education levels because of socio-cultural values that favour boys over girls, early pregnancies,

early marriage, poverty, the breakdown of family structures and the lack of proper understanding among families and communities of emerging issues of rights (Pemagbi, 2010). The MEST and its partners such as UNICEF have developed and implemented numerous programmes and initiatives such as free schooling for girls at JSS level, the payment of their public examination fees and multiple advocacy strategies to promote the education of the girl child such as the Girls Education Week Celebrations. The Girl-Child Support programme covers the cost of tuition for girls for three terms in JSS1, two terms in JSS2, and one term in JSS3. In addition, to complement this support, in about 25percent of JSS schools in the most disadvantaged districts, children at JSS level are supported by development partners with additional incentives and a school improvement package aimed at increasing retention, completion and learning outcomes. For girls specifically, a subsidy is provided to cover fees for terms that are not funded by government.

- 359.8 The latter campaign aims to inspire parents and communities to send their daughters to school and support them to complete school as well as inspire girls to aim for school completion. In addition, the Girl Child Award is an award scheme to publicly recognise and motivate upper primary school girls who do well in their promotional examinations to complete school, to inspire other girls to emulate them and to motivate parents and communities to encourage and support girls. Between 2005/5 and 2009/10, 2,566 awards were made. The latter awards were a success; they motivated the beneficiaries to continue to study hard, gave them a sense of recognition and elevated their self-confidence; inspired improved educational outcomes through the generation of competition; and inspired parents to send girls to school and encourage their regular attendance (Pemagbi, 2010).
- 359.9 The development and implementation of the Education Sector Plan: A road map to a better future (2007 – 2015) which focussed on interventions to realise universal basic education and improve the quality and decentralised administration of education.
- 359.10 Infrastructure development and the provision of Learning and Teaching Materials (LTMs) projects included the SABABU project which, with the support of the World Bank and African Development Bank resulted in the rehabilitation and reconstruction of 101 JSS level schools and the provision of 240,663 sets of core JSS textbooks.
- 359.11 The quality of education has been addressed through the short-term revision of the JSS curriculum; the training of teachers through initiatives such as distance education programmes by teacher training colleges to enable teachers to acquire the Higher Teacher Certificate, the development of a needs-based teacher training programme and a teaching curriculum in Maths and Science

360. After a decade of development a number of review processes were undertaken which culminated in the next phase of legal, policy and plan development to address the implementation challenges and deficiencies in the systems as it had evolved.
361. The Prof Gbamanja Commission of Enquiry was established in 2009 to assess the state of junior and secondary school education and identify factors contributing to poor access and educational outcomes, and review the education system. The commission recommended a number of changes to address systemic weaknesses and challenges, including the strengthened public provision of pre-pre-primary education and its inclusion in the basic education system; the establishment of a Teacher Service Commission and an Institute of Education; the banning of all access courses; the removal of the two shift system; a reduction in the number of subjects from nine to seven;
361. This led to the Development of a White Paper on Education in 2010 and correlating amendments to the national Education Policy which refocus efforts to enhance the quality of educational inputs and outcomes at all levels and to create a system that can produce a generation of young people equipped with the skills and knowledge necessary to drive the development and prosperity of the country.
362. Key changes to which the GSL committed included the restructuring the educational system from 6-3-3-4 to 6-3-4-4, recognising pre-school as an essential component of the basic education system, and allowing for an additional year at senior secondary level to promote the quality of education; phasing out the dual shift system once additional classrooms and facilities are available; maintaining payment of examination fees for junior and secondary school pupils and providing them with textbooks and other learning materials; and banning all access examinations for tertiary institutions.
363. In addition, a short-term revision of the curriculum for JSS core subjects was undertaken to make them more relevant and responsive to development needs. More systemically however, a comprehensive National Curriculum for Basic Education is being developed and is at finalisation stage which will bring about more holistic and systemic changes to the school curriculum at all basic education levels.
364. In testimony to the GSL's commitment to improved education, the budgets supporting the preceding and related initiatives have grown substantially in the past years. Education expenditure increased between 2004 and 2011 from 3.3 to 3.5 percent of GDP in 2011. In 2011, it comprises 29 percent of public recurrent expenditure. The latter is above average for other low income countries (with an average of 22 percent (MEST, 2013). Primary education receives the highest share (49.3 percent) of recurrent education spending, highlighting the sustained priority given to the sub-sector.
365. Moreover, the GSL has committed to further increasing its investments in education in line with the prioritisation of improved educational outcomes in its Agenda for Prosperity. The MOEST also anticipates higher investments in education as new investments in mining are expected to result in higher projected GDP growth rates, providing opportunities for greater revenue generation (MEST, 2013).

366. Donor contributions have played a critical role in the national development budget, contributing 96 percent of the development budget between 2008 and 2011. Systems were developed to improve coordination of donor funding to support national educational priorities. An Education Sector Support Fund (ESSF) was established in 2008 to pool resources for basic education. It is a special pooled account that is managed by the MEST with oversight by the MOFED: Its objectives are to:
- a. Expand access
 - b. Improve quality
 - c. Enhance sector coordination and management
367. The improvement of access to and the quality of education is a priority for the GSL and it accordingly has allocated significant percentage of its annual 2014 budget to education. In 2014, a total amount of Le 168,9 billion has been allocated to the MoEST which includes:
- Le 29,4 billion in grants to tertiary education institutions;
 - Le 10,5 billion for subsidies for university students
 - Le 5,7 billion for WASCE examination fees (to benefit 42,600 students)
 - Le 7,5 billion for the Girl Child Programme (to benefit 132,000 girls)
 - Transfers of Le 29,1 billion to local councils for payment of exam fees for the NPSE to benefit 94,000 pupils (Le 3,3 billion); Le 10,2 billion for school fee subsidies; Le 1,2 billion for teaching and learning materials; Le 4,2 billion for exam fees for BECE; Le 650 million for science equipment; Le 1,7 billion for primary and Le 1,5 billion for secondary text books
 - Le 1,5 billion for Government Libraries
 - Le 2,5 billion for educational development (Minister of Finance and Economic Development, 2013).
368. The poor state of the education system at the beginning of the millennium meant that statistics were not routinely collected thus making it difficult to provide an accurate picture of the state of education at the time of ratification of the ACRWC. Based on available data, the preceding developments yielded positive access, retention and completion returns, as well as reduced inequities in educational opportunities for marginalised children:
- Pre-primary enrolment rates increased from 4 percent in 2004 to 8.4 percent in 2011 (MEST, 2014)
 - Primary enrolments doubled between 2000/01 from just over 600,000 to almost 1,2 million in 2010/11 (largely as a result of the fee free primary education policy in 2002/3)
 - Enrolments at JSS have increased four-fold from 60,000 to more than 108,000
 - At SSS level enrolments have increased from 23,000 to 108,000 over the decade in question
 - Primary completion rates increased from 55 percent in 2004 to 73 percent in 2011
 - Primary pupil: teacher ratios dropped from 61 to 31 between 2004 and 2011
 - The percentage of children transitioning from primary to JSS increased from 72 percent to 77 percent
 - The transition rate from JSS to SSS increased from 14 percent to 50 percent
 - Repetition rates at SSS level dropped from 11 percent to 5 percent

- The SSS completion rate increased from 4 percent to 30 percent.

369. In summary then, at the end of 2011/ beginning of 2012, the MOEST had made significant gains:

369.1 It improved access to primary and junior secondary schooling in under-served areas particularly;

369.2 It had also made small, but noteworthy gains in gender parity at all levels of schooling;

369.3 Completion and transition rates improved at all levels. At primary school the proxy completion rate improved from 67 percent in 2007 to 76 percent in 2010/11 and the primary to junior-secondary transition rate increased from 59 percent to 77 percent in the same time period.

370. Key challenges at the end of 2011 included insufficient schools to meet the growing demand for secondary school, staff shortages, insufficient text books and materials, ongoing curriculum challenges and a number of other factors linked to the overarching challenge of the poor quality of educational outcomes (MEST, 2014).

371. As can be seen from the following table, the quality of education, based on pass rates, is low in Sierra Leone.

TABLE 4: NPSE AND BECE PASS RATES 2005 - 2011

NPSE and BECE Pass Rates by Gender and Gender Parity Index, 2005-11

	NPSE			BECE		
	Pass Rate (%)		GPI	Pass Rate (%)		GPI
	Male	Female		Male	Female	
2005	74.2	68.8	92.71	51.1%	41.1%	0.80
2006	75.2	69.2	91.97	—	—	—
2007	74.7	69.4	93.02	63.3%	53.3%	0.84
2008	76.4	70.8	92.63	50.6%	44.5%	0.88
2009	76.0	72.6	95.61	54.0%	43.2%	0.80
2010	75.9	72.5	95.54	54.9%	43.2%	0.79
2011	76.7	72.7	94.81	54.9%	43.2%	0.79

Source: MEST, 2012 for NPSE, WAEC/BECE results and authors' computations.

372. The MOEST engaged with the challenges and developed a new and revised education sector strategic plan. The Education Sector Implementation Plan for the Years 2014 – 2016 provides for a set of strengthened interventions to achieve the sector's priority goals, which include, inter alia:

- Increasing the pre-primary gross enrolment ratio from 6 percent in 2011 to 13,5 percent in 2016
- The proportion of Grade 3s able to read and understand an age-appropriate text and able to perform computations appropriate to their level to equal 50 percent by 2016
- Increasing the primary completion rate from 73 percent to 86 percent by 2016

- Decreasing the primary pupil:teacher ratio from 61 in 2004/5 to 33 in 2016
- Reducing the number of senior secondary repeaters by 5 percent.

373. The Plan sets out a comprehensive set of interventions to achieve its objectives cutting across improved infrastructure, improve education of teachers, increased provision and regulation of procurement of learning materials, the introduction of a formal pre-school year, strengthened implementation and monitoring of the fee free policy, and the strengthening of planning, budgeting and monitoring capacity and systems.

9. Special Protection Measures

9.1 Children in emergency situations (articles 23 and 25)

374. Articles 23 and 25 oblige the State to take all necessary measures to ensure that refugee and internally displaced children receive appropriate protection and humanitarian assistance; to cooperate with international organisations to protect and assist children refugee children to trace their parents or relatives; to ensure that where no parents are found, the child in question receives the same protection as any other child temporarily or permanently deprived of his or her family environment.

375. Measures taken by the State in furtherance of its duties are spelt out in detail in the substance of this report. As a result of these, the State notes:

- That all officially internally displaced children have been resettled and re-integrated into society, leading to the dissolution of the National Commission for War-Affected Children (NaCWAC) which is in the process of being replaced with the National Commission for Children (NCC).
- That in order to protect refugee children, separated or unaccompanied minors, the State has enacted the *Refugees Protection Act, 2007* (Act No. 6), section 9 of which, inter alia, provides special protection to female refugee applicants and separated/ unaccompanied minors by granting them the right to a female interpreter and appropriate treatment (in the case of refugee women) as well as the right to an independent and authorized representative to provide for the best interests of separated or unaccompanied refugee children, in addition to other appropriate administrative procedures applicable to them within the country.

9.2 Children in armed conflict (article 22)

376. This matter is dealt with extensively in the preceding substantive parts of the report.

9.3 Children in contact with the law, victims and witnesses (article 17)

377. As previously mentioned in the report, the age of criminal responsibility was, as per the common law, ten years. That is, children under the age of ten were regarded as incapable of committing a crime, but those older than ten were seen as capable of criminal conduct. The Child Rights Act increased the age of criminal responsibility to 14 years. The act, together with the Children and Young Persons Act (Cap 44, 1960) along with an initial Child Justice Strategy developed in 2006 make provision for a number of protective measures for children older than 14 years that come into contact with the criminal justice system and for child witnesses and victims.
378. The Child Rights Act aims to make the justice system more accessible to and protective of children. As previously mentioned, the majority of children have been excluded from the formal justice system, with matters affecting their welfare and alleged child offenders having been referred to traditional dispute resolution structures which have not been regulated by law. The Child Rights Act formalises and integrates traditional dispute resolution fora into the child protection framework and introduces certain requirements to secure the protection of the rights of children that come into contact with these structures, as either alleged offenders or victims or witnesses. In addition, it creates additional child-friendly formal judicial structures for the hearing of matters affecting the protection and welfare of children.
379. The act establishes village and chiefdom-level Child Welfare Committees (CWCs) made up of a combination of local social welfare officials, traditional and religious leaders, NGOs, community members and children. The CWC are responsible for monitoring and promoting child welfare and protection. It is further afforded jurisdiction to consider and decide certain complaints regarding the protection and welfare of children as well as minor offences committed by children. Its jurisdiction is expressly limited to the provision of advice or instruction and only in respect of less serious matters. It has no jurisdiction over cases of murder, treason, sexual offences such as rape and indecent assault and felonies related to serious damage to property, injury to persons and other serious crimes as may be gazetted. Moreover, CWCs are prohibited from passing sentences, punishing, imposing a fine, ordering damages or imposing any other sanctions on. Any serious matters must be referred for prosecution and adjudication through the formal justice system.
380. The act further establishes Child Panels which are also granted “non-judicial functions to mediate in criminal and civil matters which concern a child as may be prescribed under the Act”. The act makes provision for the diversion of children accused of committing less serious offence to the Child Panels and away from the formal justice system. The Panels are made up of a combination of local level social welfare officers, members of the local traditional governance decision-making structures, including the Chiefdom and Local Councils and women’s organisations and community members. Their jurisdiction is limited to a non-judicial role of mediating and facilitating resolution of criminal and civil matters and reconciliation between a child offender and his or her victim through traditional restorative justice remedies such as an order for an apology, restitution, and/or community guidance of the child for a period of up to six months.

381. In addition, the act makes provision for the establishment of an additional formal specialised court – the Family Court – which is to be constituted by a magistrates supported by four other members with expertise in the area of children’s rights. Family Courts are tasked with the determination of whether a child is need of care and protection and for making alternative care orders as well as the determination of matters related to parentage, custody, access and maintenance of children.
382. The act makes all traditional and Family Court processes subject to the best interests of the child and stipulates that all structures must consider the views of the child, and allow him or her to participate in the decision-making process to the extent permitted by the child’s age and maturity. In addition, it requires that all CWCs and courts handling a matter involving children expedite the proceedings so as to finalise them as quickly as possible.
383. It further requires that Family Court proceedings be as informal as possible and should be conducted as an enquiry rather than through adversarial processes. Moreover, all children are entitled to legal representation in a Family Court and to have his or her privacy protected. The latter procedural requirements are not expressly applicable to informal processes.
384. The act not only seeks to make a wide range of regulated justice fora available and accessible to children in contact with the law, it makes provision for child-friendly investigative procedures prior to the matter moving to the courts. The act extends the role of the Family Support Units (FSUs) beyond its child abuse remit to dealing exclusively with the receipt and investigation of offences allegedly committed by children.
385. In 2011, there were 260 functioning CWCs across the country and in 2013 there were 44 FSUs. The Child Panels and Family Courts have not yet been established, and given current resource constraints within the justice system, they are not likely to be established in the short term. Whilst all FSUs are meant to be staffed by a specialised police officer and a social worker to ensure the appropriate treatment and protection of children, in 2011 only 8 police stations enjoyed the services of a social worker.
386. CWCs and the FSUs have received training on their respective roles and responsibilities. There has, in particular, been much attention given to the training of FSUs, with special attention given to strengthening the capacity of FSUs to protect the right and follow protective procedures related to child victims and offenders. Initiatives include the development and roll-out of a FSU training manual with a dedicated module on child victims and offenders; the development of a reference handbook of guidelines on sexual and GBV case-management, with a specialised section on child victims and witnesses; and in the context of children in conflict with the law the FSUs have received specialised information and training, including the circulation of a memorandum to all SLP personnel in 2008 informing them of the extended FSU mandate and their roles and responsibilities and the development of a Criminal Case Management Handbook requiring the police to notify a child’s parents or guardian immediately once they have been arrested. Training on children in conflict with the law is not integrated into the police’s pre-service training (Child Frontiers, 2011).

387. Thus, in summary, the legal and institutional framework for the protection of children in contact with the law has been considerably strengthened. In principle, in terms of the Children and Young Person's Act, the 2005 Child Justice Strategy and the Child Rights Act, the law makes provision for the following protection of children in conflict with the law from the point of reporting and investigating the crime through the dedicated and specialised FSUs until sentencing.
388. Children under the age of ten years may not be charged at all and should not have any contact with the criminal justice system. There have been a number of challenges in the implementation of this principle, notably low knowledge of the law governing the minimum age or poor understanding of the implications of the age limit, as well as difficulties with determining the age of children. Given the low rate of birth registration, very few children that are in conflict with the law have birth certificates attesting to their age. The GSL has addressed this issue through the development of Age Assessment Guidelines (2010) which provide guidance and clear procedures for determining a child's age using available evidence. A number of magistrate's, police prosecutors, probation officers and social workers have received training on the guidelines.
389. The following protection is provided for those older than 14 years:
- Children accused of committing a crime are entitled to bail and to be released into the custody of their parents (which is a practice often employed by the police where they can trace parents). Non-custodial alternatives for the supervision of children pending their trial are limited, especially for the most vulnerable children whose parents cannot be found or refuse to act as surety.
 - They are to be kept separately from adult detainees whilst in police custody and should be transported separately from adults as well. A lack of sufficient and appropriate facilities makes this particularly difficult to observe.
 - Children awaiting trial are meant to be placed in remand homes and approved schools. There are currently two remand homes operated by the MSGWCA, one in Freetown and one in Bo. With the support of development partners, both remand homes have been refurbished and vehicles purchased to transport the young people to court. However, the MSGWCA struggles to meet staffing requirements and operational costs to ensure their effective functioning (Child Frontiers, 2011). Thus whilst there have been some improvements in the conditions at the remand homes, the facilities are rudimentary and access to education, psychosocial support and recreation is very limited. The limitation in the number of available remand homes means that many children are kept in prison cells (often with adults) for the duration of their trials.
 - Diversions of children away from the formal justice system is, in principle, available to the Child Panels. However the Panels have not yet been established. As such, whilst the GSL is committed to diversion, it does not have any structured mechanisms for diverting children from the formal justice system

- A special juvenile court has been established in Freetown which is in a building separated from the main court houses. Courts hearing matters involving children should, as far as possible, be housed separately or sit at different times to other courts.
- Whilst children have a right to legal representation, this is not guaranteed because of the cost of securing a lawyer. The Legal Aid Act has been enacted to address this issue.
- Whilst there are a number of non-custodial sentencing options available for children and these are used by the courts, there are no guidelines or direction to courts for decisions in this regard, or articulating the principle that a prison sentence should be a measure of last resort.
- Children who are imprisoned are entitled to, as far as possible, be housed separately from adult prisoners, and to receive physical, educational, medical and psychosocial support as well as reintegration and reunification services.
- Whilst direction is provided to Family Courts to ensure proceedings are as informal and non-adversarial as possible, there are no similar formal and express guidelines governing the procedures in Magistrate's and High Courts hearing matters involving child offenders. Both the Child Justice Strategy and the National Juvenile Justice Strategy call for the development of a protocol for the judiciary handling children's matters. Whilst this has not yet been developed, many of the magistrate's and High Courts have made special arrangement to make the environment more friendly and not intimidating, especially for victims and child witnesses. For example, at the magistrate's courts, the magistrate sits on the same level as the child rather than on an elevated bench. And cheerful colours are used in furnishings. Space is also made available for social welfare personnel and for the family, and many courts have a separate mediation room. Often in the case of child witnesses, to protect their privacy their evidence will be heard in chambers and not in open court. Moreover, there is an informal process whereby GBV cases involving children are expedited and dedicated Saturday sessions reserved for cases involving child victims to ensure a speedy resolution of the matters.

390. Whilst the legal protection that is provided in principle, is quite extensive, in reality, resource and capacity constraints which are compounded by a number of legal gaps translate into the infringement of many of the preceding protections and procedures.

391. Limited updated data is available on the number of children in conflict with the law. Historical data shows that the number of children in conflict with the law facing formal trial has increased 44 percent over three years: 3,678 in 2007 to 4,892 in 2008 and 5,309 in 2009 (Audet, 2010). Their right to due process is often undermined due to significant delays. While the minimum age of criminal responsibility is 14 years, some children aged below 14 are apprehended, interrogated by police, charged to court, and convicted. Children whose cases are charged to court often face months of proceedings before the matter is finally adjudicated. The average length of a juvenile trial that continues through to sentencing is 178 days. For cases of simple larceny, trials range from 81 to 212 days from January to July 2010. The average length of trial prior to discharge for want of prosecution is 61 days. Further, the vast majority of children do not have access to legal counselling. Consequently children are criminalized by the judicial justice system.

392. Diversion rarely takes place and children are still routinely sentenced to adult prisons despite it being illegal, usually when there is a conflict over the age of a young person. Extremely limited services are available to reintegrate children in conflict with the law back into their family and community.
393. Children awaiting trial are placed in two available Remand Homes and an Approved School. An assessment of these facilities confirmed there were 32 children in the remand home in Freetown, 11 in Bo, and 49 in the approved school. Despite some improvement in these facilities the conditions are rudimentary and access to education, psychosocial support, and recreation is almost non-existent. Access to alternatives to detention outside Freetown and Bo region are extremely limited with children awaiting trial and often spending months locked in the police cells, routinely mixed with adults.
394. To address many of these issues, a revised Child Justice Strategy (2013-2017) was developed and was approved by the Vice President Leadership group in 2013. The strategy aims to ensure commensurate, fair, effective and efficient justice for every child in contact or at risk of contact with the criminal justice system. This policy links the broader justice sector reform to the child protection system strategy and addresses diversion, alternatives to detention, and makes provision for community based rehabilitation and reintegration.
395. A number of innovations and interventions are contemplated within the framework of the strategy to address the preceding challenges. These include the following:
- Development of child friendly spaces and procedures at all police stations, social welfare offices, prosecutors, and in the judiciary: The Strategy includes detailed guidance on the handling of children’s cases for all justice sector actors.
 - Dissemination and implementation of the National Child Justice Strategy 2013-2017.
 - Development and implementation of diversion policy for justice agencies and traditional authorities.
 - Development of guidelines and standard operating procedure for handling and mediation of children who are in conflict with the law
 - Promotion of Community Child Friendly Legal Aid through the development of integrated child-friendly legal aid services through a partnership with civil society partners for Justice paralegals, and through developing child justice courses as part of the nascent paralegal curriculum.
 - Development of appropriate technology and training materials targeting police and court officials
 - Strengthening of routine data collection tools and information: Police and courts to be supported to collect data for children in contact and conflict with the law.

9.4 Protection from economic exploitation, specifically child labour

396. In addition to the introduction minimum ages for child and hazardous labour through the Child Rights Act, as previous described, the GSL has ratified the International Labour Organisation’s (ILOs) Conventions 138 (on the Minimum Age for Admission to Employment) and 182 (on the Prohibition and Immediate Action for the Elimination of the Worst Forms of

Child Labour). Pursuant to ratification of the ILO conventions, the Ministry of Labour and Employment established a dedicated Child Labour Unit.

397. Despite the strengthened legal framework, child labour rates have remained consistently high over the past 15 years. 50% of children aged 5 – 14 years engaged in child labour in 2000. This dropped marginally to 48% in 2005 and then increased again back up to 50% in 2010 (Statistics Sierra Leone, 2001) (Statistics Sierra Leone and UNICEF, 2011).
398. Implementation of the Child Rights Act is challenged by the devolution of responsibilities to local councils which are expected to protect the welfare and promote the rights of children within their jurisdiction. Fulfilment of responsibilities is made difficult by lack of capacity as well as poor coordination and collaboration at a national and sub-national level amongst key partners responsible for interventions which cut across sectors, such as education, social welfare, labour and mines.
399. The GSL has taken action to address the situation. In 2011 Child Labour Survey was undertaken by Statistics Sierra Leone in collaboration with the Ministry of Labour and Social security with technical assistance from International Labour Organization (ILO) through its International Programme on the Elimination of Child Labour (IPEC). The main objective of the study was to analyse the current child labour situation in Sierra Leone so as to generate detailed up-to-date statistics on working children to inform further and effective policy and programme development.
400. The results of the study as to the number and percentage of children involved in child labour in 2011 are provided in the following table. The results confirm the MICS data, showing that in 2011, 55% of children aged 5 – 17 years were engaged in child labour and 22% were engaged in hazardous work.

TABLE 5: NUMBER AND PERCENTAGE DISTRIBUTION OF CHILDREN 5 TO 17 BY SEX AND CHILD LABOUR STATUS. SOURCE: STATISTICS SIERRA LEONE, NATIONAL CHILD LABOUR SURVEY, 2011

Child labour status	Sex					
	Boys		Girls		Total	
	Number	%	Number	%	Number	%
In employment	571,805	57.5	499,218	52.2	1,071,023	54.9
Child labour	467,534	47.0	427,894	44.8	895,428	45.9
Hazardous work (5-17 years)	221,742	22.3	207,034	21.7	428,776	22.0
Other Child labour (5-14 years)	245,792	32.5	220,860	29.4	466,652	31.0
Not Child labour	104,271	10.5	71,324	7.5	175,595	9.0
Other non-child labour (15-17 years)	90,661	37.8	61,250	29.9	151,911	34.1
Permissible work (13-14 years)	13,610	12.0	10,074	8.8	23,684	10.4
Not in employment	319,317	32.1	366,965	38.4	686,282	35.2
Total	995,259	100	955,503	100	1,950,762	100

401. The Ministry of Labour and Social Security, supported with funds from the European Union launched the TACKLE (Tackling Child Labour through Education) Project in 2010. The primary objective of the project was to coordinate efforts, policies and programmes on child labour matters. The project led to the establishment of the Child Labour National Technical Steering Committee to coordinate efforts, policies and programs on child labour matters. It has 3 key results areas: Strengthening the legal and institutional frameworks; improving the GSL's capacity to formulate and implement child labour strategies; and to engage in targeted activities to tackle child labour. An evaluation at the end of the project period concluded that it had succeeded in:
- Strengthening the legal and institutional framework through the establishment of a national technical steering committee on child labour comprised of multi-sectoral role players such as Ministries of Labour and Social Welfare, Gender and Children's Affairs, civil society and trade unions. The technical steering committee played a strong advocacy role which contributed to the ratification of the two ILO conventions, the dissemination of information and the coordination of networks among the partners.
 - The capacity of the team making up the Child Labour Unit in the Ministry of Labour's capacity was increased and training was provided to stakeholders. In addition, the capacity of Local Councils was strengthened to develop and implement bye-laws dealing with child labour. Support was provided by the Technical Committee to Local Councils such as the Freetown City Council (FCC) and its partners to develop and implement The Freetown City Council Employment of Children Byelaws, 2010 which regulate the employment of children at a local level and assign roles and responsibilities in line with the Child Rights Act.
 - The Technical Committee also provided support at a local level for role players to sensitize the public about the dangers of involving children in hazardous labour at the expense of their education.
 - Through two targeted programmes aimed at the prevention and the removal of children from child labour and reintegration into communities and schools benefited approximately 200 children.
402. Whilst the rate of child labour has remained consistent, through the TACKLE project and related initiatives, the GSL succeeded in increasing the number of children involved in child labour who continued to attend school. Between 2005 and 2010 there was an increase in school attendance for children involved in child labour from 50 to 76 percent (Statistics Sierra Leone, 2006) (Statistics Sierra Leone and UNICEF, 2011).
403. Many of the past initiatives, such as TACKLE, were however projects with a limited life span. The Ministry of Labour is, through its Child Labour Unit and in collaboration with the MSWGCA, developing a National Action Plan for the Elimination of the Worst Forms of Child Labour 2013 – 2017. The plan establishes a framework for sustained multi-sectoral action by government departments, civil society and other role players to prevent and protect children against the most common and harmful forms of child labour, including in the areas of agriculture, mining, child prostitution, domestic services and children's involvement in urban and informal economies. A draft plan was developed in 2012 which has since been revised,

taking into account recent research, including the National Child Labour Survey. The plan will shortly be approved by partners and then will be ready for implementation.

404. In moving forward, the GSL will, working with the support of partners such as UNICEF and the ILO:

- Amend the labour laws to align with the Child Rights Act provisions regarding minimum ages of, and protection against child labour.
- Assess the drivers and impact of child labour and migration on children's rights to education, health, social welfare and protection, especially in the alluvial and large scale mines.
- Develop minimum standards and protocols for the extractive industry to mitigate the impact of child labour on children.
- Generate socio-economic opportunities for vulnerable communities, including life skills and livelihoods provision through adolescent clubs.
- Strengthen the child protection structures mandated and/or established by the Child Rights Act such as the Local Councils and Child Welfare Committees to specifically identify and respond to cases of child labour.
- Continue to advocate at a community level about the dangers of the worst forms of child labour and empower communities, through the CWCs, Local Councils, NGOs and government officials to address the issue.

9.4 Protection of children living on the streets

405. In 2012, a survey conducted by Street Child Sierra Leone estimated that there were 49,000 children (2 percent of all children) in Sierra Leone living on the streets in regional and district centres. The phenomenon of street children in Sierra Leone is highly visible and has been growing over the past years especially in district headquarter towns which is experiencing high rates of urbanisation.

406. Street children are routinely exposed to various forms of violence, exploitation and abuse and struggle to access basic services for their survival, development, protection and participation in issues that affect their development. Street children are often involved in worst forms of child labour, are usually without shelter; girls are frequently involved in transactional sex, are exposed to illicit use and trafficking of narcotic drugs and are vulnerable to trafficking rape and victimization from police and adults on the streets. Often they are forced to beg for families. The protection of street children is a critical challenge for Government and communities in Sierra Leone.

407. The problems of street children are varied and complex and have raised many concerns at national, regional and district levels. More than half of the cases of children in conflict with the law involve children on the streets. Interventions to address the growing problem of street children have largely been ad hoc and uncoordinated. In many cases development of the interventions have not been guided by evidence. Also the interventions lack the capacity to effectively and holistically assist children living on the street, who have been identified as one of the most vulnerable groups of children.

408. There is a lack of information on the situation and characteristics of street children, as well as evidence of effective programming. The Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and local councils, which is responsible for child welfare and protection issues including street children, acknowledge that there is limited information available. The MSWGCA has identified street children as a priority area of concern. At the same time they also have limited capacities to respond to the scale of the problem: currently there are 42 social workers or one social worker to 1150 street children.
409. Traditional protection mechanisms, such as Child Welfare Committees at chiefdom level, are overwhelmed by the scale and extent of the problem and have limited services available to respond to the complex myriad of challenges faced by street children.
410. The GSL, with technical and logistical support from UNICEF, and a consortium of NGOs including Family Homes Movement, St. George's Foundation, Ben Hirsch, and Christian Brothers, DCI-SL, Street Child, GOAL-SL and Don Bosco in 2008/2009 supported national efforts to strengthen alternative care systems (including for street children) in Sierra Leone.
411. The Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) strengthened the legal framework for street children through the development of the many policies and strategies referred to through the course of this report. These include Quality Care Standards for Children Living in Children's Homes in 2009; the National Alternative Care Policy; the draft Child Welfare Policy awaiting cabinet approval in 2013. The Quality Care Standards for Children Living in Children's Homes and the Alternative Care Policy are aligned to the UN Guidelines on Alternative Care. The Child Welfare Policy provides guidelines for working with children, families and communities for the prevention of and response to violence, exploitation and abuse and strongly emphasises strengthening families and communities to prevent breakdown and separation of children.
412. The Ministry has improved coordination of child protection services at district, regional and national levels to guide the provision of services for street children and other vulnerable groups of children and has established a Street Children's Project to oversee the provision of services to street children. The project in Freetown and Makeni identifies, documents, provides interim care, traces and reunifies street children with their families and communities.
413. Government with technical assistance from UNICEF has established a family tracing and reunification network in all districts and identified a focal FTR organization in each district. The network also works through decentralised Child Welfare Committees which bring together traditional leaders, and community stakeholders and a child representative. Through the network, Family Tracing and Reunification (FTR) can be conducted effectively so that referrals can be done appropriately to agencies based on their location and capacity. A FTR system aims to ensure systematic data collection, analysis and management of data (on separated and unaccompanied children) to ensure appropriate actions and monitoring of such actions.

414. The MSWGCA with technical support from UNICEF is undertaking a qualitative study on the situation of street children, to identify the causal factors for children living on the streets, the problems they are faced with, the services available to them, the capacity of NGOs and government ministries providing services to street children, and the factors inhibiting their access to essential services. This information will provide evidence that will guide the development of systemic interventions to prevent and respond to children living on the streets.
415. As a result of the preceding initiatives, between 2010 to 2012 the MSWGCA identified and reunified 117 children (108 boys and 9 girls) with their families. There is no information on how many street children have been supported by NGOs in interim or drop-in centres.
416. In addition, the MSWGA and local councils are more aware of their roles and responsibilities, the inequities faced by vulnerable groups of children especially street children and the importance of strengthening the child protection system to respond to the needs of all children.

9.5 Children of imprisoned mothers (article 30)

417. The GSL, acting through the MSWGCA allows mothers with infants to keep their children with them in prison. It provides the mothers and infants with medical, psycho-social and parenting support.
418. However, given the poor conditions in prisons, the Ministry endeavours to place the children with their extended families once they are older.

9.6 Children victims of harmful social and cultural practices

419. This issue has been dealt with extensively in preceding sections of the report.

9.7 Protection against discrimination for children belonging to minority groups

420. This issue has been dealt with extensively in preceding sections of the report.

9.8 Children who need special protection on account of being in risky or vulnerable conditions

421. This issue has been dealt with extensively in preceding sections of the report.

10. Responsibilities of the child (article 31)

422. The social order in Sierra Leone is founded on reciprocal recognition and respect for each other's rights. This applies equally to children who are expected to recognise and fulfil their responsibilities to each other, their families, and communities.
423. Section 45 of the Child Rights Act provides that all children, subject to their age, ability and evolving capacities have a duty to contribute to family cohesion, respect for their parents and other people, to exhibit diligence towards their studies and work and strengthen the positive cultural values of their communities.
424. Parents and family members are required, in terms of the Child Rights Act, to provide guidance to children to fulfil their responsibilities.
425. The State too bears a responsibility to ensure that children, through the school education system, children are aware of, not only their rights, but also their responsibilities. The education curriculum plays a key role in this regard. After the war it was revised to play a role in peace building through inclusion of information on children's responsibilities to respect the rights of others, engage in national building and to strengthen positive cultural values of their communities.
426. The GSL makes active use of the various children fora and networks, such as the CFN, described previously in this report, to engage children around and promote fulfilment of their responsibilities.

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