



# Convention on the Rights of the Child

Distr.: General  
22 September 2016

English only

---

## Committee on the Rights of the Child

Seventy-third session

13-30 September 2016

Item 4 of the provisional agenda

Consideration of reports of States parties

### List of issues in relation to the combined third to fifth periodic reports of Sierra Leone

Addendum

### Replies of Sierra Leone to the list of issues\*

[Date received: 13 September 2016]

---

\* The present document is being issued without formal editing.

GE.16-16337(E)



\* 1 6 1 6 3 3 7 \*

Please recycle



**In this section the State party is requested to submit its responses to the following questions.**

## **Part I**

- 1. Please provide information on the measures taken to implement the National Child Protection Policy and the National Action Plan for Children. Please also provide on the establishment of the National Children's Commission, particularly on its mandate, funding, staffing and coordination role and on its relationship with the Human Rights Commission for Sierra Leone with regard to the monitoring of children's rights.**

1. The Ebola Outbreak derailed virtually all ongoing development plans of the State including the National Child Protection Policy. However, currently, the State has developed a National Child Welfare Policy in 2014. The Child Welfare Policy establishes an overarching, long-term vision of a more comprehensive system to support families and communities in promoting the rights and protection of children in Sierra Leone. The State was in the process of developing a National Action Plan when Ebola struck in 2014. For the same reason implementation of the National Child Welfare Policy was severely disrupted. However, State Party is committed to developing an implementation strategy for this established policy as well as the National Child Protection Policy itself in 2017.

2. Part 2, Section 1 Subsection 4, of Child Rights Act (CRA) of 2007 called for the establishment of a body to be known as National Commission for Children (NCC). The Commission was officially established in July 2014, but due to the Ebola Outbreak, could only become operational in February 2015. It has a Mandate to monitor and coordinate the implementation of the CRC and the African Charter on the Rights and Welfare of the Child; to oversee the implementation of part three of the Child Rights Act of 2007; and to advise Government on policies aimed at the improvement of the condition or welfare of children in Sierra Leone.

3. Moreover, Part 2, Section 1 Subsection 18, of the CRA 2007 stipulates the Funds for the Commission; it thus reads: "The activities of the Commission under this Act shall be financed by a fund which shall include moneys appropriated by Parliament for the purposes of the Commission; gifts or grants from donors; income from any investment by the Commission". And since the establishment of this Commission in July, 2014, 80% of the source of funds for the Commission have been moneys appropriated by parliament with only 20% had been gifts and grants from donors. The Ebola Outbreak and subsequent downturn in the economy, left the State severely constrained financially and with limitations on how much of its programmes could be implemented. However, despite the economic constraints, it is very clear that the State is highly committed to maintaining the NCC especially its independence.

4. Furthermore, Part 2, Sections 1, 2 Subsection 15, explains the Staff composition of the Commission; it reads thus: "The commission shall have a Secretariat which shall provide administrative, secretarial and other support for the Commission, the Commission shall also employ in the secretariat such other staff upon such terms and conditions as it may determine".

5. The Commission currently has a staff capacity of 12 individuals that include; one Commissioner and a Deputy Commissioner whose functions are to provide leadership in management and conduct of day-to-day business or activities of the Commission. The Commission also has a chairman whose function is to chair meetings that bring together the twelve other elected and nominated members of Commission (Part 2, Paragraph 6, Sec 1 and Sub Sec a –h. CRA, 2007).

6. Part 2, Section 16 of the CRA, 2007 calls for the establishment of provincial or district offices for the efficient performance of its functions; however, this has not been materialized due to Government financial constraints, so the Commission is only located in Freetown as of now.

7. With the Commission's coordination role, it has been organizing meetings that bring together relevant MDAs, NGOs, to discuss on emerging and burning child protection concerns. The commission also as part of its coordination role has been building on existing structures (National Child Protection Committee, Child Justice Committee) by providing technical support to these existing structures in responding to child protection issues such as; child labour, early marriage etc. The coordination between the National Children's Commission and the Human Rights Commission of Sierra Leone has been a joint monitoring and supervision of child related activities including in State detention settings (correctional centres, police cells, courts).

8. The relationship between the National Commission for Children and Human Rights Commission of Sierra Leone is very cordial in responding to issues relating to children's rights.

2. **Please provide the Committee with updated information on the budget allocation for child-related programmes and explain the steps taken to ensure that all line ministries adopt child-friendly budgeting. Please inform the Committee about the measures taken to combat corruption. Please also provide update information on the Case Management System, and the web-based Child Protection Information Management System, and on the financial technical and human resources allocated for the maintenance and operationalization about the Child Protection Information Management System.**

9. The 2007 Child Rights Act provided for the welfare and protection of children in the country through effective support from Local and Central Government institutions in sections 39 and 40.

10. In reviewing the expenditure pattern of the Government of Sierra Leone since 2012, focusing primarily on the Health (11%), Education (14%), Agriculture (14%) and Social Welfare, Gender & Children's Affairs (less than 1%), it is evident that more extensive advocacy campaigns on child friendly budgeting are needed to improve the current situation. Children's issues need better prioritising by those who prepare and approve the National Budget.

11. In 2016, Government with support from UNICEF produced the first Child Poverty Report for Sierra Leone that is comprised of seven dimensions of poverty (health, nutrition, education, housing, water, sanitation and information). It should provide the rationale for budget allocation at all levels. The report provides detailed analysis and differentials with respect to national, regional, district, gender and age.

*Please see Annex I for a current breakdown of expenses per Line Ministry.*

12. In an attempt to tackle corruption at the highest level, in addition to the stringent clauses in the 2009 Anti-Corruption Act provisions, two additional programmes are now being institutionalized. These include:

- Pay No Bribe Campaign and
- Development of Service Charters (by all Service Providers)

13. The "Pay No Bribe Campaign" was launched by the President on the 20th February 2016. The Campaign would primarily ensure that Service Charters for key institutions and agencies nationwide are printed and disseminated so that citizens are aware of services

provided with costs and expected service delivery time. These two initiatives, it is hoped, will contribute effectively in the fight to tackle corruption in the country.

*For statistical breakdown of number of children affected by Ebola, please see Annex VI.*

14. In December 2014, the African Development Bank provided funds for the Provision of Technical Assistance to the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA). The overall objective of the agreement was to strengthen the coordination capacity of the MSWGCA to oversee and provide timely and child friendly interventions for Ebola affected children through a standardized case management service delivery framework that would include identification and assessment, case planning, services and referrals, follow-up home visits, and closure of cases (children) that no longer need support. Funding from the AFDB has been instrumental in supporting activities that have led to:

- Establishment of a case management system at all levels – A Standard Operating Procedure for case management with clearly defined steps in case management (including identification and registration, assessment, planning, services, follow-up and case closure) was developed and approved by the MSWGCA to be used nationally by government and civil society organisations. Standard tools for each step in the case management process were also developed and approved for use by the government and development partners. It is however yet to be successfully implemented for reasons of deep-seated corruption & deceit by officials in positions of trust. The Sierra Leone Police and the Anti-Corruption Commission are currently investigating these officials.
- Setting up of a child protection information management system that should facilitate the confidential management and monitoring of children and services provided to each child at national and district level. Regional coordinators and case managers at district level should oversee information management by monitoring compliance of government and NGO staff in the use of the software. Through this system, all child protection data should be collected, stored, analysed, managed and shared through a web based database known as “Primero” which allows for real time sharing of children's information, services provided and monitoring/follow-up. The child protection information management system should provide credible, consistent, verifiable data that will provide evidence to guide monitoring, planning and decision making. To enhance functionality and sustainability of the system, UNICEF supported the MSWGCA to procure computer servers, laptops, solar equipment and internet connection in all 14 districts. This infrastructure is to help enhance communications between MSWGCA district offices and the head office in Freetown. It is also yet to be efficient; again for reasons of corruption.
- Strengthening the social welfare work force – During the Ebola period, the MSWGCA recruited and deployed 157 Social workers at chiefdom level to address the perennial problem of lack of staff to provide protection services at community level. MSWGCA and child protection partners were trained in case management and the application of a Standard Operational Procedure for case management. It had limitations in that there was little or no oversight supervision of the contracted staff by senior officials. There was neither appraisal nor documented monitoring of the work of the contracted social workers. At the end of the Contract in June this year, there was no appraisal or continuous evaluation documentation that could have been used to report on efficacy of the entire exercise.

15. All these systems were unsuccessful due to understaffing, poor oversight and deep corruption which latter is now being investigated by the Anti-Corruption Commission and the Sierra Leone Police.

16. As a way forward, the balance of the AfDB funds is to be applied to a new expanded program that aims at recruiting six hundred (600) Social Workers to be deployed nationwide in a 4 months programme of delivery of social services that will run alongside continuous evaluation and monitoring by the Ministry's highest levels of leadership. The concept calls for four months of intense Data Collection on social issues with a special focus on children. Advocacy is already in place to secure funding that could enable continuing the 600 Social Workers program beyond the 4 months for which funds are already ringfenced from the AfDB.

**3. Please elaborate on the progress achieved in removing from the constitution all provisions that are discriminatory against children. Please also provide detailed information on the targeted measure taken and the awareness-raising campaigns run to eliminate traditional attitudes and laws that discriminate against children.**

17. State initiated a constitutional review process and a Constitutional Review Committee (CRC) was established with the mandate to review the 1991 Constitution of Sierra Leone and other related issues. Like just about every other programme in the State, the review of the Constitution was also derailed by the Ebola Outbreak but resumed its work after the Outbreak was declared over. Following nationwide consultations at all sectors and across all levels, the proposed version of the reviewed constitution has recommended for the removal of all discriminatory laws against women and children and more importantly, it suggests for access to basic services like health and education to be justiciable rights. The CRC Secretariat is now conducting final consultations with the people on the proposed version.

18. Additionally, the Child Rights Act of 2007, has repealed a number of statutory provisions that constitute discrimination and violation of children's rights. These include the following:

- The Corporal Punishment Act, 1953 (Cap.41) repealed in Section 33(3) of the Child Right Act, 2007
- The Children and Young Persons Act, 1945 (Cap 44) repealed in Section 61 of the CRA, 2007

19. The MSWGCA coordinates and organizes public awareness on children's rights to change attitudes and practices that discriminate against children. These include radio, television campaigns, local and national children's conferences and regional stakeholders' consultation meetings as well as specific advocacy events to mark the following days:

- Day of the African Child on June 16<sup>th</sup>
- World Day Against Child Labour – June 12<sup>th</sup>.
- International Day of the Girl Child in October 11
- Sixteen Days of Activism Against GBV in November 25<sup>th</sup> – December 10<sup>th</sup>.
- Commemoration of the UNCRC Day – November 20<sup>th</sup>.
- International Children's Day of Broadcasting – (First Sunday of March every year)

20. During the commemoration of the above events, policy makers at the highest levels highlight emerging issues that affect the children of Sierra Leone. In June 2015, Day of the African Child (DAC) celebrated in Koinadugu with the theme "End Child Marriage", the Honourable Vice President shone a specific spotlight on government's commitments to End Child Marriage amongst other issues affecting children. The exercise catapulted the issue to that of a national debate and has culminated in ongoing efforts to remove loopholes in the law that enables parents to marry off children under the age of 18 years.

21. During the DAC 2016 on the theme “Conflict and Crisis: Protecting All Children’s Rights”, the Honourable Minister of Social Welfare Gender and Children’s Affairs Dr. Sylvia Olayinka Blyden, a trained medical doctor, for the very first time in the History of the State, used her annual National Broadcast message to passionately address forced and under-aged FGM. The 6 minutes broadcast was also shared on social media and it went instantly viral on social media. The broadcast was intended to keep those citizens who would not take part in the commemoration abreast with the scope of the advocacy event and other public events. We will be remiss if we fail to mention that at every public opportunity, MSWGCA will seize the opportunity to remind the public on how CRA 2007 and other already-existing laws can be used to combat forced and underage FGM.

22. To send a clear message on the Ministry’s commitment to combat harmful traditional practices against children, the geographical location of the advocacy events mentioned above are rotated in a bid to bring on-board decision makers, stakeholders and the children themselves so that after the celebrations, the children and all stakeholders can work as a formidable team to effect change in their respective communities. The theme of the event is usually also a very strong deciding factor as to where the event will hold. For example, child marriage being prominent in northern Koinadugu, was where the issue of child marriage was specifically highlighted by the Honourable Vice-President in June 2015.

23. During the launch of the African Union Campaign to End Child Marriage in Sierra Leone held on the 17th August 2016, the Honourable Vice President of the Republic of Sierra Leone reaffirmed government’s commitments to protect and promote the rights of children as enshrined in government’s flagship program in Pillar Six of the Agenda for Prosperity. This event brought together delegates from the African Union, representatives of various Ministries, Departments Agencies; Child Protection Partners, Women’s group, Children’s group, Civil Society groups, Religious and traditional leaders to name but a few.

**4. Please provide updated information on measures taken to explicitly prohibit corporal punishment in all settings, on effort taken to strengthen education for parent, and care givers on alternative methods of discipline, and on initiatives aimed at raising awareness of the issue in society.**

24. Government has made progress in developing laws and policies that prohibit the use of corporal punishment against children in both schools, domestic settings and judicial and penal institutions. These include the Child Rights Act 2007; Section 33 (3) has repealed the Corporal Punishment Act and also criminalizes torture, degrading and inhuman treatment of children. The repeal of Corporal Punishment Act bans the use of corporal punishment as a sentence. The Domestic Violence Act 2007- prohibits all forms of violence against children in any domestic relationship. The National Code of Conduct for Teachers prohibits all forms of corporal punishment of children in schools.

25. The MSWGCA in collaboration with line Ministries and partners are engaging on sustained national wide campaign in all settings to raise awareness to end corporal punishment.

26. The MSWGCA, line ministries and development partners regularly carryout ongoing programmes that includes community engagement with parents, caregivers and religious leaders on the effect of corporal punishment on the physical and mental development of a child, and to educate communities about child abuse including some traditional methods of discipline; and also work with traditional leaders to make bye-laws that will compel people to end such practices. National awareness raising programmes on violence against children are ongoing and children are part of the campaign process and also encouraged to report such cases.

**5. Please provide information on the measures taken to strengthen the technical and operational capacity of the Family Support Units. Please also provide information on systems for early detection and prevention of child abuse at the community level including on community based-child protection mechanisms and on what support and rehabilitations services the state party provides for child victims.**

27. A range of interventions have been implemented in the past few years to strengthen the technical and institutional capacity of the Family Support Unit, through training, mentoring, provision of equipment and supplies, including vehicles and motorbikes, and support for responding directly to specific incidents related to violence against women and children.

28. In 2012, the Sierra Leone Police launched a National Standard Operational Procedures to Respond to Sexual and Gender Based Violence Crimes, which is a national police document that guides the appropriate steps, including reporting, documentation, investigation, and criminal charges, in line with current national legislation. The SOPs include a set of SGBV case management guidelines, age assessment guidelines, copies of the relevant national legislation, and National Referral Protocols on GBV.

**Technical capacity**

(i) Twenty two (22) FSU/SLP officers were trained on sign language in 2014 with support from development partners.

(ii) Database training was conducted for twenty (20) FSU/SLP officers with support from Justice Sector Coordination Office (JSCO) in March 2014 as an efforts to strengthen the data collection systems of the FSU in 2016.

(iii) Development partners supported a training for fifteen (15) FSU/SLP officers and regional coordinators on monitoring and evaluation practice.

(iv) Two hundred and fifty (250) FSU/GD officers were trained on the SOP on investigation of Sexual Gender Based Violence with support from JSCO.

(v) Basic training on Sexual Gender Based Violence investigating skills for one hundred FSU/SLP officers.

(vi) Psychosocial counselling and trauma healing training for 40 FSU/SLP officers with support from development partners.

**Operational capacity 2012-2015**

(i) In assessing and evaluating the handling of SGBV cases by FSU personnel, countrywide monitoring on SGBV cases was carried out targeting FSU staff with support from development partners in 2014.

(ii) Courts monitors are assigned to the court (Magistrate and High Courts) countrywide.

(iii) To respond, fast track and investigate sensitive FSU cases, Major Incident Response Teams (MIRT) were established at the Family Support Unit (FSU) Headquarter in Freetown in December 2014.

(iv) Establishment of regional FSU coordinators in 2013 to supervise and coordinate FSU stations in their regions to respond to cases of SGBV.

(v) Introduced the 2014-2016 annual work plan targeting FSU donor partners to help robustly address SGBV cases countrywide with support from development partners in December, 2014.

(vi) To strengthen case investigation and case follow up, one coordination vehicle and 67 motorbikes were distributed to 67 out of the 68 FSUs nationwide and they are still operational.

29. The State has established structures at community level to detect, prevent and respond to child abuse cases. These include the Child Welfare Committees (CWCs) and Children's Forum Network. The Child Welfare Committees (CWCs) are established in all chiefdoms, but the functions of these structures were adversely affected by the Ebola Outbreak. Despite this challenge, Kambia, Moyamba and Koinadugu districts have been restructured and now have functional CWCs in all their individual chiefdoms. The Children Forum Network- a national child-led advocacy group has been engaging in advocacy and community outreach campaigns against child abuse.

30. Government still recognizes the Memorandum of Understanding (MoU) prepared by the MSWGCA and a local NGO called Advocacy Movement Network (AMNet), Paramount Chiefs, the Family Support Units (FSUs), and Child Welfare Committees in certain chiefdoms of Sierra Leone, and the National Referral Protocol on Gender-Based Violence (GBV) -path ways to Service Provision for Survivors of SGBV.

31. The Legal Aid Board is in the process of recruiting paralegals and deploying them in all 149 chiefdoms and Western Area (at least two per chiefdom) to conduct mediation and peaceful settlements of conflicts; and to identify and facilitate prosecution of child abuse cases reported from the communities.

32. The State has developed the National Referral Protocol on GBV including sexual violence which establishes the referral pathway for victims and outlines each agency's role in the coordination of services. The government of Sierra Leone has also established and continues to develop the Child Protection Case Management System that ensures any case of child abuse can be given adequate support so that the victim can have access to appropriate services. The MSWGCA has established Family Tracing and Reunification (FTR) networks in all districts and identified focal agencies to support the ministry to monitor and coordinate FTR. It is now promising to be effective especially with the use of closed social media groups. This has helped to facilitate FTR cases in Bonthe and Port Loko District respectively.

33. The government has passed the Sexual Offences Act 2012 which gives victims of sexual violence free access to medical examination and treatment. The Domestic Violence Act 2007 makes similar provision for victims of domestic violence. The Criminal Procedures Act is being repealed to also consider including midwives in the definition of "qualified medical practitioner" in order to address the shortage of doctors carrying out the medical examinations for victims among other things. The MSWGCA also works with NGO partners to increase victim's access to these and other services. For example, Defence for Children International has Socio-legal Defence Centers where victims can receive legal advice, psychosocial first aid and support to access justice. Don Bosco has shelter for girls who are victims of violence; the Rainbo Centers provide free medical examination and treatment of victims of sexual violence and Legal Access for Women Yearning for Equal Rights and Social Justice (LAWYERS) provides victims with legal assistance.

- 6. Please explain what measures have been taken to better implement and enforce the Sexual Offences Act of 2012, particularly by the police, and provide information on cases reported/convictions, access to legal aid and measures taken to strengthen the judicial system so that it can better deal with cases of sexual abuse of children. Please also explain any steps taken to counter the under reporting of cases and out of court settlement. Please also explain steps taken to explicitly prohibit in law and prosecute FGM and to outlaw the forced initiation of girls into the Bondo/Sande secret societies.**



34. The number of Family Support Units (FSU) across the country has expanded from 43 in 2014 to 68 units in 2015/2016 nationwide. The police have also established Major Incident Response Teams (MIRT) in Western Area to respond and investigate sensitive SGBV cases countrywide in support of FSU Units. Internal training is regularly being provided for FSU Officers in handling SGBV and other related offences. FSU Officers work with Community Relations Departments of the Sierra Leone Police and child protection organizations to sensitize communities on the Gender Laws and the Sexual Offences Act. The unit also conducts school sensitization programmes.
35. The Ministry of Justice in collaboration with Sierra Leone Police has engaged in training of Investigating Officers attached to Family Support Unit nationwide. The training includes inter-alia, investigating skills, prosecution, and the elements of the offenses in the Sexual Offences Act No. 12, 2012, Domestic Violence Act No.20, 2007, the Child Rights Act 2007, and is dealing cautiously with children as offenders / victims, considering the age of criminal responsibility of a child, pursuant to section 70 of the said Child Rights Act.
36. The FSU coordinates with the Legal Access for Women Yearning for Equal Rights and Social Justice (LAWYERS) to provide free legal services to victims of SGBV in locations where LAWYERS operates. FSU works with Justice Sector Coordinating Department to provide a Child Emergency Respond Fund to help ensure that child victims receive services countrywide. There is a dedicated State Counsel assigned by the Attorney General to give legal advice on SGBV matters.
37. Currently the Legal Aid Board provides legal services to children in conflict with the law throughout their detention and trial processes. According to the LAB periodic report during the first half of 2016 mid-year review, there was a dramatic statistical increase through which the legal aid board provided specialized legal aid services to children in conflict with the law. In the year 2015, a grand total of 50 children received legal services but in sharp contrast, by only the middle of the year 2016, over 180 children in conflict with the law, have received legal assistance. This indicates a massive increase on the targeted number as compared to 2015.
38. The State has introduced Court sittings on Saturdays to deal with cases of juvenile. Meanwhile, the prosecutions division in the Ministry of Justice is judiciously prioritising legal advice on children for the relevant authorities, for instance MSWGCA.
39. The Ministry of Justice in collaboration with the Sierra Leone Police and Ministry of Social Welfare Gender and Children's Affairs with the support of International and Local Agencies has contributed immensely in fulfilment and enforcement of the relevant provisions of Child Rights Act 2007 by advising, providing written legal opinions, for the Sierra Leone Police Family Support Unit in connection with case and enquiry files, referred to the Attorney General and Minister of Justice.
40. There is a significant judicial reform taking place to improve access to justice for citizens in Sierra Leone including children. The judiciary has completed a massive recruitment of new magistrates and judges and is in the process of deploying them across the country. Almost every district now has a resident magistrate and some districts with large cities such as Bo, Makeni and Kenema have two resident magistrates. The Ministry of Justice is also recruiting more State Counsels that prosecute crimes. With this trend it is hoped that matters before the court will now proceed more efficiently, which will reduce the length of time for adjudication and conclusion of cases. The MSWGCA will lobby with the Ministry of Health to put adequate measures in place for victims of sexual violence to receive free medical examination and treatment. Special court sessions are now held on Saturdays for trials of SGBV cases.
41. The Ministry of Justice always strongly advises complainants/victims not to compromise offences relating to the Rights of a Child to prevent reoccurrence.

42. The MSWGCA and other MDAs are continuously engaging local & traditional leaders, and community engagement (meetings, workshops, etc.) on mechanisms for reporting, the benefits of reporting and advising them on the harmful effects of settling cases out of court.

43. More Family Support Units have been established: now 67 across the country. Both the FSUs and the Police Partnership Boards engage with communities on the services they provide, what they do, the relevant laws, and how to report a particular incident, in order to raise public awareness and build confidence. A database system has been established to capture cases reported countrywide.

44. Female Genital Mutilation has a widespread practice in the State and studies have shown that well over 80% of the population and from all possible social and economic classes practice it. The state continues to engage best practice models for prohibiting forced initiation for underage girls and this includes the use of existing laws against child cruelty and torture. The Attorney General is currently reviewing the Police investigation of alleged cases of under-aged FGM in Tonkolili district during the month of August 2016 – for possible prosecution of the parents of the children subjected to such.

45. The Child Rights Act 2007 also prohibits any form of torture, inhuman and degrading treatment of children. Government agencies are signing MoUs with Paramount Chiefs and Soweis (FGM practitioners) to stop FGM of children and to continue monitoring Bondo secret society initiation ceremonies to ensure that no child is initiated into the society. Development partners are currently supporting MSWGCA to develop a national strategy on reduction of FGM/C especially amongst girls under the age of 18 years. A previous draft failed to consider moral sensitivities around proposals (eg: deliberately portraying women who underwent FGM as being undesirable to men of high social standing). It received widespread condemnation especially after a sitting Cabinet Minister went on record to say a man of his class would not marry any woman who had been subjected to FGM. That effectively sullied the majority of women in the country as not fit for marriage and created a headache for good governance. The State needs majority of Women not to feel belittled by any strategy. Therefore, the Strategy is now being done to fall within purview of Agenda for Prosperity programme that is accepted by all citizens. The State does not want an anti-FGM strategy only in name but one that produces results.

**7. Please provide information on the implementation of the National Alternative Care Policy for Children, particularly with regard to establishing and implementing minimum standards for the operation of residential care homes and regulating informal care (men pikin). Please clarify what the State's financial, technical and human resource support is for the Trust Fund for Child Welfare and for the Ministry of Social Welfare, Gender and Children's Affairs strategic plan for 2013-2017. Please also provide information on the adoption procedures, the implementation of the new adoption law and the steps taken to promote domestic adoption.**

46. State party has developed a range of national policies and strategies to further strengthen the protection and welfare of children, which includes the 2014 Alternative Care Policy. The Alternative Care Policy includes regulations, quality standards for the care and protection of children in children's homes, as well as inspection guidance for approvals and regular monitoring/supervision of children's homes. To facilitate the implementation of the Policy, State party has recruited four Alternative Care Officer to monitor alternative care placements and residential homes to ensure compliance with the minimum standards as enshrined in the Policy. As part of the roll out of the Alternative Care Policy, the Ministry of Social Welfare, Gender and Children's Affairs in collaboration with Child Protection have been engaged in raising awareness on the Alternative Care Policy.

47. In Sierra Leone, the laws that regulate the adoption process are enshrined in the Adoption Act of 1989. It requires that a person who intends to adopt a child in Sierra Leone should hire the services of a lawyer, who will prepare an application to the High Court of Sierra Leone and also notify the Chief Social Development Officer (Chief Social Services Officer), or the Director of Children's Affairs stating the intention of the person (clients) to adopt a child from Sierra Leone. The notification letter is to be issued not less than six months prior to the adoption of the child. An Adoption Court Order from the High Court of Sierra Leone must be issued at the end of the process.

48. The Ministry of Social Welfare, Gender and Children's Affairs through the Children's Affairs Directorate will carry out the requisite social investigations upon which the High Court will release the Court Order. The social investigation requires comprehensive details of the child to be adopted, biological parent(s) or guardian, and the prospective adoptive parent. The biological parent(s) or guardian must sign a parental consent form relinquishing all parental rights and responsibilities to the prospective adoptive parents; the Ministry will give attestation in place of consent for abandoned children.

49. Prior to this, the concept of adoption must be thoroughly explained to the parent(s) or guardian in their respective languages so they will understand the implication involved once the adoption has taken place. The ministry will thereafter prepare a case history, status report, attestation and reply to the notification which usually goes in a formal approval for the adoption. Before this, the child must undergo not less than a six-month fostering period with the prospective adoptive parent(s) with supervision from the Ministry and the Magistrate Court to ensure that the prospective adoptive parent is suitable enough to adopt the child. A supervision Court Order from the Magistrate Court is given to that effect.

50. The granting of an Adoption Order is the sole discretion of the High Court of Sierra Leone and once an adoption order has been issued it is final and irreversible.

51. Moreover, the following documents are required of the child to be adopted: birth certificate, passport pictures, report card and medical report. The biological parent(s) or guardian should supply a photocopy of their National Identity Card, and the prospective adoptive parent(s) should give a photo copy of their National Identity Cards, passport, marriage certificate, employment letter, police clearance, bank statement, properties etc. The High Court, at the end of the successful adoption will send a copy of the Court Order to the Ministry of Social Welfare, Gender and Children's Affairs.

52. There was a review of the Adoption Act 1989, was done 2010 where consideration of the Hague Convention concerning international adoptions was discussed. The Ministry of Justice continues to work on the draft for an eventual amendment of the existing act. The government placed a moratorium on adoption in order to improve measures for proper adoption and prevent child trafficking through false adoption schemes. Though the moratorium has been recently lifted, adoption is now done through strict procedures (as above). Government is currently reviewing the Anti-Human Trafficking Act of 2005 whilst further preparing to ratify the Hague Convention on Inter-Country Adoption.

**8. Please provide updated information on how the needs of children with disabilities are reflected in the National Policy for the Protection of Persons with Disabilities and the Persons with Disability Act. Please also provide information on the mandate and activities of the recently established National Commission for Persons with Disabilities and National Development Fund for Persons with Disabilities, with regard to children. Please inform the Committee about services for children with mental health problems.**

53. There is currently no National Policy for the Protection of Persons with Disabilities. The 2011 Disability Act identifies substantial barriers to accessing services for children

with disabilities: for example the majority of service providers and protection agencies do not have the skills or resources to meet their needs and ensure equal access to protection and services.

54. Section 18 of the Disability Act mandates compulsory screening for children at health centres: “any child who visits a health centre for medical treatment shall be screened for the purpose of detecting early signs of disability”. The CRA also guarantees protection for disabled children in section 30.

55. The Persons with Disability Act, 2011 established the National Commission for Persons with Disability; to prohibit discrimination against persons with disability, achieve equalization of opportunities for persons with disability and to provide for other related matters bordering on education, health, accommodation, transportation, accessibility etc.” Since the establishment of the National Commission of Persons with Disability in June 2012, the following have been amongst its activities.

(a) The National Commission for Persons with Disability was part of the technical working team of the 2015 National Census Survey; the Commission provided technical support on how the survey tools must capture issues of disability;

(b) The 3rd of December every year is the “International Day for Persons with Disability”. The Commission has been championing the celebration of this day every year since its inception in 2012. This day has always been an opportunity for the commission to bring public attention to the challenges and issues affecting persons with disability country wide. The day also offers disabled children an opportunity to come together to discuss issues affecting them. An outcome of the National Disabled Children Conference organized during the IDD is a position paper that is submitted to the relevant Government Ministries and Agencies for action. Some of the issues captured in that position paper were but not limited to:

- (i) Educational institutions must be disabled friendly;
- (ii) Learning and teaching materials must also be disabled friendly;
- (iii) Government should train special needs teachers;

(c) The Commission has been collaborating with the Ministry of Education Science and Technology on the implementation of (Sec 14 (1) of the Disability Act 2011) which guarantees that disabled persons are qualified for automatic scholarship support for enrolment in public tertiary institutions. Scholarships have thus been provided to all disabled persons that are qualified for tertiary education admission since the inception of the Sierra Leone Persons with Disability Act 2011.

56. There is no existing National Development Fund to address the plight of Persons with Disabilities. Notwithstanding that, the National Commission for Persons with Disabilities has commenced discussions with development partners in order to convene a donor partners meeting in which the setting up of the National Development Fund for Persons with Disability will better discussed.

57. Additionally the National Commission for Persons with Disabilities intend to start sensitizing the public on the importance and scope of the Fund.

58. The Ministry of Health and Sanitation, in collaboration with development partners provided an intensive training for 21 nurses on basic mental health assessment, screening, counselling, and services. The nurses have been posted to each of the 14 district hospitals (plus 7 in Freetown). Basic and mid-level mental health services are provided to all adults, children and adolescents in the district, inclusive of child and adolescent friendly mental health services. In addition to the District mental health nurses, there are four nurses who have been completed master’s level training in child and adolescent mental health. There is

a specific child and adolescent mental health services clinic and outreach service at the Ola Doring children's hospital the main paediatric referral hospital run by one these trained nurses and supported by development partners. The District mental health nurses can refer complicated cases to the service or phone for advice.

59. The national Mental Health and Psychosocial Support Strategy and Minimum Package of Services has been finalized, and implementation is ongoing. In the past year, an estimated 50,000 EVD affected children benefited from the provision of basic psychosocial support provided by the MSWGCA and partners through the implementation of this strategy. Mental health issues requiring advanced clinical care and medication are referred to the national psychiatric hospital in Freetown, where medications and in-patient treatment are provided.

60. State party also provides financial and technical support towards the day to day running of the Hosetta Abdalla School for mentally challenged children. This institution provides services such as educational facilities, psychosocial support and recreational support to name but a few.

61. The needs of other categories of children with disabilities are also catered for by state, for example the Milton Margai School for the Blind set out to provide educational and other capacity building facilities to children with visual impairment. Similarly, the National School for the Deaf has a mandate to promote and protect the right of speech and hearing impaired children

- 9. Please inform the Committee about measures taken to ensure access to proper medical treatment for children with HIV/AIDS. Please also provide updated information about initiatives taken to reduce the under-five and maternal mortality rates and chronic malnutrition, and on access to clean water. Please also provide information on special health services for Ebola survivors, particularly children, and on their special needs.**

#### **Interventions to protect children from HIV in Sierra Leone**

62. Prevention of Mother-to-Child Transmission (PMTCT) started in Sierra Leone in 2004 within the National AIDS Control Programme (NACP). The objective is to prevent HIV transmission from an infected mother to her child. All pregnant women are tested/screened for HIV at ante-natal clinics. All HIV positive pregnant women are given Antiretroviral Drugs (ARVs) during Anti Natal Care (ANC), at delivery and after delivery, and the HIV exposed infant is given Nevirapine (NVP) syrup within 72 hours. Thereafter, the child is followed up and tested at 6 weeks, 12 months and 18 months respectively. With current calls for option B+, all HIV positive pregnant women are given ART.

#### **Paediatric HIV care initiatives**

63. Early Diagnosis of HIV in Infants was an increasing priority for PMTCT and treatment programmes worldwide. The 2010 revised WHO guidelines recommended that all HIV-infected children less than two years of age should receive ART irrespective of CD4 count or WHO clinical staging. This recommendation further increases the importance of Early Infant Diagnosis and access to early diagnostic services for infants.

64. Until 2011 this facility was lacking in Sierra Leone. Through partnership with CDC/APHL and UNICEF, resources were mobilized to develop the capacity of the National Public Health Reference laboratory to undertake Early Infant Diagnosis using the PCR. As a result, a pilot phase of Early Infant Diagnosis was started in August of 2011 in five facilities in the country; Rokupa Govt. Hospital, Ola Doring Children's Hospital, Marie Stopes Aberdeen (all in Freetown), Makeni Govt. Hospital, and Kailahun Govt. Hospital.

65. An analysis of the pilot result was done in early 2012 demonstrating the intervention to be successful, though with some challenges.

66. As a result a core team was set up to plan a roll out of the Early Infant Diagnosis, and additional hospitals in the Western Area and in the District were selected for the roll out. Sensitization meetings were held with stakeholders at each site before the start of the services to ensure ownership and continuity. Currently there are 146 Health Facilities providing Paediatric and EID services in Sierra Leone.

*For statistics and data on children affected/infected by HIV, please see Annex IV.*

67. Sierra Leone still has one of the highest maternal mortality ratios (MMR) and under-five mortality rate (U5MR); estimated MMR in 2015 was 1,360 per 100,000 live births (WHO, 2015)<sup>1</sup> and U5MR was 120 per 1000 live births<sup>2</sup>, the still birth rate (SBR) is also 24.4 per 1000 live births<sup>3</sup>. Prior to the EVD outbreak, progress had been made in increasing uptake of essential maternal health services along the continuum of care. Approximately 54% of all deliveries were conducted in a health facility, 76% of pregnant women completed four ANC visits (ANC4), and 73% of women had a post-natal visit within two days of birth. Sierra Leone has gradually moved from an EVD focus strategy to a comprehensive health intervention approach which includes maintaining a resilient zero through emergency preparedness, reduction of maternal and child mortality, environmental sanitation, nutrition, malaria, immunization/vaccination and other prioritize health areas through community engagement. Concurrent with efforts to improve HRH and quality of health service delivery, there is a clear need to increase demand for RMNCAH services among women and adolescents, and increase community accountability for the quality of such services.

68. The Government has prioritized the reduction in maternal and child mortality as one of the key result areas targeting an annual reduction of at least 10% yearly in 2016 and 2017 through improving HRH; an expanded scope for the CHW programme, improving lifesaving drugs and commodities availability; reducing teenage pregnancy; establishment of an ambulance referral service; and the upgrade of facilities to provide EmONC services. An additional cross-cutting intervention is to strengthen HMIS and use of data for evidence based planning and budgeting.

69. In addition, Government with support from development partners is implementing the following initiatives aimed at reducing child and maternal mortality:

- **Free Health Care Initiative (FHCI)** – Provides free healthcare services to children under-five years, lactating mothers, and pregnant women.
- **Maternal death surveillance and response (MDSR)** – Aims to eliminate preventable maternal mortality by obtaining and using information on each maternal death to guide public health actions and monitor their impact.
- **Emergency Obstetric and New-born Care (EmONC) Training for midwives** – To equip health staff with the required knowledge and skills to provide quality emergency obstetric and new-born care (EmONC) services.

---

<sup>1</sup> Trends in Maternal Mortality: 1990 to 2015, WHO.

<sup>2</sup> IGME, UNICEF 2015.

<sup>3</sup> National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: A systematic analysis, Blencowe et al, 2016.

- **On the job training (OJT) of healthcare workers** – Training of healthcare workers in the following areas: antenatal care (ANC), labour and delivery, postnatal care (PNC), nutrition, adolescent sexual reproductive health etc.
- **Facility Improvement Team (FIT) Assessment** – Half yearly assessment of health facilities on their readiness to provide EmONC services based on seven enablers.
  - Water and Sanitation
  - Electricity
  - Referral
  - Staffing
  - Drugs and Supplies
  - Blood and Laboratory
  - Equipment for Special Procedures

*For a statistical breakdown of data on child/infant mortality, please see Annex III.*

**Chronic Malnutrition: Initiatives aimed at improving the nutritional status of children aged 6-69 months and their mothers**

70. During the past five years, the State through the Ministry of Water Resources has embarked on a nationwide campaign to enhance access to clean water especially in remote rural areas where the population largely depends on wells and streams as a source of drinking water.

71. Amongst the measures taken to promote a nationwide access to clean drinking water are as follows:

- The establishment of pipe-borne water supply in all regional headquarter towns: North (Makeni), South (Bo) and East (Kenema).
- Water Treatment Services for remote communities where access to pipe borne water is absent.
- Mobile Water Services to deprived (urban) communities. The Ministry in collaboration with partners has been providing mobile water services to deprived communities in urban areas where access to clean water is a challenge. Also during the EVD outbreak, the ministry provided mobile water services to EVD quarantined homes.
- Programmes that promote adherence to infection prevention and control.

72. Ebola Virus Disease Survivors (including children) are provided with free health care through the Comprehensive Programme for Ebola Survivors (CPES) and they are given preferential treatment at all health centres across the country including for ailments that have nothing to do with post-Ebola complications. These include treatment for a range of Ebola-related complications and supplementary diets for malnourished children. There is an established referral pathway for those with specialized care needs starting from Community level to Regional and or national medical centres. This includes free transportation and housing for all survivors referred for specialized care services.

10. Please provide the Committee with updated information on the:
- (a) Implementation of the National Standards for Adolescent- and Youth Friendly Health Services, of 2011;
  - (b) Measures taken to address the high rate of teenage pregnancy;
  - (c) Action taken to legalize abortion, and make it accessible to adolescent girls, and on measures taken to provide adolescents with sexual and reproductive health information;
  - (d) Measures taken for prevention and care, in respect of children and young people who use drugs and consume alcohol.
- (a) The national standards for Adolescent and Youth Friendly Health Services (AYFHS) was developed in 2011 with minimum package of services to be provided by service delivery points such as Community Health Centres, Community Health Posts, and Maternal and Child Health Posts.

73. The minimum packages includes:

- Sexual and Reproductive Health (SRH)
- Sexually Transmitted Infection (STI/HIV)
- Nutrition
- Mental Health
- Substance Abuse
- Gender Violence
- Growth and Development

74. The minimum packages define the extent to which all these services defined should be provided at each level.

75. However, for the programme to ensure effective implementation of these services, the Ministry of Health has conducted the following activities:

- Conducted training for different cadres of health service providers on Adolescent and Sexual Reproductive Health (ASRH) using the national training kit adapted by World Health Organization (WHO)
- Establishment and upgrading of Adolescent and Youth Friendly Health Centres across the country (over 50 established; process is still ongoing)
- Development and printing of informational and educational materials
- Training of peer educators nationwide
- Conducted outreach services for adolescents on SRH issues
- Development of a national life skills training curriculum that is currently being rolled out to all government agencies and NGO partners, can be used for literate and illiterate audiences. TOT was recently conducted
- The new Adolescent Health Policy is under development



76. Partners that are complementing the effort of Government in health service delivery are now familiar with the standards required in the provision of health services to adolescents. 2015 data from the National Secretariat for the Reduction of Teenage Pregnancy shows that the number of visits to adolescent health friendly centres has increased significantly countrywide. In addition, the intake of family planning commodities and STI medications amongst adolescents has increased significantly due to the establishment of the adolescent friendly health centres. (Source: MOHS National Standards for Adolescent and Young People Friendly Health Services 2011, Teenage Pregnancy Secretariat S/L Report 2015).

- (b) **As measures to address the high rate of Teenage pregnancy, State mobilized all concerned partners and engaged all sector of the population in a nationwide effort to target adolescent and young people. A multi-sectoral committee was formed, involving all concerned ministries as well as key development partners and the adolescents themselves to develop a comprehensive National Strategy for the Reduction of Teenage Pregnancy. The Strategy covers issues related to social protection, health, gender inequality, discrimination, and lack of access to services, and aims to reduce number of girls who have a birth before age 19 from 34% (SLDHS) to 30% by 2015.**

77. The National Strategy for the Reduction of Teenage Pregnancy was implemented as part of the sector approach to reduce maternal mortality and launched by the President, Dr Ernest Bai Koroma on the 13th May, 2013. However, the National Strategy for the Reduction of Teenage Pregnancy 2013/2014 is currently under review and a new strategy is being developed for subsequent years.

78. A National Secretariat for the Reduction of Teenage Pregnancy was also established by his Excellency the President comprising of five line ministries namely:

- Ministry of Health and Sanitation
- Ministry of Social Welfare, Gender and Children's Affairs
- Ministry of Education, Science and Technology
- Ministry of Local Government and Rural Development
- Ministry of Youth Affairs

79. Four hundred teachers were trained on sexual, reproductive and adolescent health issues, and over 100 adolescent girls, teachers and parents were sensitized through the "No Sex for Grades Campaign". In addition, an assessment of contributing factors of teenage pregnancy was undertaken by the Ministry of Health and Sanitation and development partners. Report into the root causes of teenage pregnancy was just completed and launched.

80. A major communication campaign on national radio and Television in reducing teenage pregnancy and community level sensitization about accessing contraception and respecting young girls rights is ongoing nationwide. There is also free access to contraception/family planning for adolescent and young people. Both the Child Rights Act (2007) and the Sexual Offences Act (2012) prohibit sexual abuse of children, and the Sexual Offences Act has slated age of consent for sex as 18. The Family Support Unit of the Sierra Leone Police has the mandate to investigate all crimes against children including those of sexual nature.

- (c) **There is now an Abortion Bill that requires further debate and wider consultations with people including the inter-religious community in order to ensure that it takes into account the acceptance of majority of the citizens. The president has asked members of Parliament and those promoting the bill to carry out further consultations on the bill before it can be passed.**
- (d) **The State has enacted the National Drugs Control Act 2008 establishes the National Drug Law Enforcement Agency; to provide for the control of and prevention of abuse of narcotic drugs; to implement the provisions of the international drug control conventions and to provide for other related matters. National sensitization/awareness raising campaigns on the harmful effect of alcohol, drug abuse, and prevention is ongoing. Capacity building training workshops for school children and teachers as well as Sierra Leone Police (FSU and Community Police) on alcohol and drug abuse prevention.**

81. The State has developed a National Youth Policy 2014 as a National Framework that aims at ensuring all development interventions are youth friendly. The policy provides for comprehensive counselling services for affected and vulnerable youth that are involved in drugs and substance abuse. The State through the Ministry of Youth Affairs and the National Commission for Youth is implementing and monitoring programmes to reduce drug and substance abuse challenges amongst young people and children.

82. Support from UNFPA on sexual reproductive health programmes targeting ghettos and to transform them to wisdom clubs. Workshop for peer educators was carried out in 2015 targeting sixty ghettos in the western and northern region.

83. The Ministry of Youths Affairs signed an MOU with the Legal Aid Board in understanding some crimes and its legal implications by engaging young people on the use of drugs and alcohol consumption.

84. The Ministry of Youths Affairs has established youth structures such as; chiefdom youth councils, district youth councils, zonal youth councils, and National youth councils for the prevention and care of young people and children who use harmful drugs.

**11. Please provide information on measures taken to:**

- (a) **Promote early childhood education for children under 5 years of age;**
- (b) **Eliminate all costs for education, as well as gender and regional disparities;**
- (c) **Address the high number of dropouts, particularly among pregnant girls;**
- (d) **Abolish the Ministry of Education’s discriminatory policy (instituted in March 2015) of barring pregnant girls from attending schools and sitting their Basic Education Certificate examinations;**
- (e) **Address sexual abuse of children, mostly of girls, by teachers.**

85. The Education Act of 2004 Part II Section 5(1), makes provision for Pre-primary education defined as the “education given to pupils between the ages of three and six years in kindergarten or nursery schools” the State through the Ministry of Education Science and Technology, included ECD as a priority sector in the Education Sector Plan (ESP) for 2014-2018. In addition, MEST with support from UNICEF and the World Bank, has reinvented process to finalize an ECD policy and initiated the process to develop the National Early Childhood Care and Education (ECCE) Minimum Standards (for 3-5 year olds), and National ECCE Curriculum (for 3-5 year olds). With support from development

partners, series of workshops and trainings of relevant stakeholders including teachers on this policy have also been conducted.

86. In addition Kits for Early Childhood Education were also distributed to all government and government assisted schools nationwide. The technical capacity of Teachers on the use of the kits have also been enhanced through training. A Training of Trainers on the Minimum Standards for the Operations of Early childhood Education Centres have also been conducted and will soon be rolled out nationwide.

87. Currently, early learning centers are privately owned limiting access for vulnerable and disadvantaged children especially in rural areas. To address this challenge MEST in collaboration with development partners has designed a Community-based ECD Pilot Project that is being implemented in resource poor pilot communities in four target Districts of Bombali, Port Loko, Koinadugu and Moyamba.

88. The State has passed into law the Education Act of 2004; Part II Section 3 (3), and the Education Policy on the Elimination of all Cost for Education. Prior to the Ebola outbreak all government and government assisted schools including Primary, and Junior Secondary Schools had been run on a free education basis. Teaching and Learning Materials were also supplied to all these schools as a way of ensuring that all school pupils' benefit from the Free Education Policy as enshrined in the Education Act of 2004.

89. Although the ratio of girls to boys in primary schools has improved, completion rates remain low: 22% of school-aged children are out of the system. The Gender Parity Index (GPI) is 1.01 at the primary level and 0.78 at the secondary education level signifying major gaps in secondary education. Government continues to address the regional or gender disparities in the implementation of the Education policy except for Higher Education, where girls pursuing Pure Science Disciplines were offered grants-in-aid by the government.

90. In addition to government policies in promoting girls' education, the school curricula has been expanded to include new topics such as Peace and Conflict Education, Life Skills in Religious and Moral Education lessons, and schools Guidance and Counselling Sessions. Gender-equality concerns including sexual and reproductive health are embedded under emerging issues within Social Studies lessons.

91. In 2013, the Government of Sierra Leone (GoSL) developed a National Strategy for the Reduction of Teenage Pregnancy. It was endorsed and supported by the President and recognized the crucial importance of pregnant girls being able to sit exams and the harm that is caused to girls who cannot continue with education due to pregnancy.

92. The Education Ministry developed a policy which restrained School Authorities from allowing school going pregnant girls whose pregnancy is visible from attending regular schooling. This measure was adopted partly because it is a way of dissuading other girls from getting pregnant while in their secondary school levels.

93. During the Ebola outbreak, a significant number of girls became pregnant and those whose pregnancy was very visible were not allowed to take their Basic Education Certificate Examination, or attend regular school. A rapid assessment conducted in 2015 showed that over 18,100 adolescent girls between the ages of 10 and 19 became pregnant during the Ebola, out of which over 10,100 were school-going at the time of school closure due to Ebola. However in order to ensure that pregnant girls as well as lactating child mothers, and those girls who lost their pregnancy in the process of its development attain the same level of learning while in their states, the State Party through the Education Ministry, established Learning Centres nationwide for both primary and secondary schools. The state hired and trained qualified teachers from regular schools on Four Core Subject areas in the school curriculum in order to teach and ensure the smooth functioning of the

learning centres. Moreover, the Ministry of Social Welfare, Gender and Children's Affairs played a major role in the entire process, in advocacy and providing psychosocial counselling services to pupils in the centres. Between 2015 and 2016, 14,500 adolescent pregnant girls were enrolled in 310 center nationwide. In January 2016, 5,072 re-entered schools after being assessed in those learning centres, 510 dropped out from centres, while 8,918 of them that continued at the centres up to their closure in August 2016 are been assessed, and would be absorbed into mainstream schooling at the beginning of the new academic year in September 2016.

94. Although girls are allowed to return to school after they have given birth, they lack financial means or family support to actually go back to school. Without adequate support such as cash transfers, scholarships, stipends, education subsidies and bursaries, vulnerable teenage mothers will permanently drop out from school without completing basic education, perpetuating an intergenerational cycle of poverty.

95. Qualified teachers from regular schools were hired and trained on the Four Core Subjects in order to teach and ensure the smooth functioning of the learning centres. A stipend was given to those teachers manning the centres as motivational incentives. Moreover, the Ministry of Social Welfare Gender and Children's Affairs played a major role in the entire process, in advocacy and providing psychosocial counselling to pupils in the centres. These learning centres were closed down at the end of August 2016 following examinations conducted for the girls. The districts Deputy Directors of Education will thereafter issue out letters of admission to various schools that will subsequently enable children to be absorbed into the normal school system due in September 2016.

96. Although supply-side factors have a major impact on school access and retention, demand-side factors also affect schooling patterns. Poverty is ranked as the main reason why children are out of school or drop out of school in Sierra Leone, followed by parental death, which signifies the decline of a family's economic resources. Direct costs of schooling (fees, transportation, meals, education inputs, uniforms, and so on) may restrict households' ability to send their children to school.

*For a statistical breakdown of education data, please see Annex VI.*

97. The Sexual Offences Act of 2012 Section 19, 20, 21 & 22 provides stringent punitive measures for sexual offenses against children. In 2009, the Ministry of Education Science and Technology with support from partners, developed 16 pages Code of Conduct for Teachers and other Education Personnel. Paragraphs 2.2.2 of the Guiding Principles and Responsibilities of Teachers and other Education Personnel urged all to fully adhere to the Child Rights Act 2007 etc., Paragraph 2.2.3 (c) explicitly urged all teachers to established and maintain zero tolerance for all forms of sexual and gender-based violence against children, amongst other things.

98. Enforcement of the 2012 Sexual Offences Act 2012 through reporting and referral mechanisms is ongoing though sexual violence remains a widespread phenomenon with over half of all girls in Sierra Leone having experienced some form of sexual abuse by the age of 18. Therefore the GoSL and development partners will continue to tackle School-Related Gender-Based Violence (SRGBV) that examines some traditional harmful practices, involves teachers, students, parents, community members and local organizations. As stated inter-alia, Critical to addressing SRGBV is the development or reform of codes of conduct for teachers and students that prohibit all forms of violence and provide effective procedures for reporting, monitoring and working with victims and perpetrators.

- 12. Please provide updated information on the resources allocated and measures taken to address the problem and root causes of children in street situations and issues related to their situation, including substance abuse programmes, HIV/AIDS screening and health services, reunification with their parents when in their best interests and interim care.**

*For update on the resources allocated to address the problem and root cause of children in the street, please see annex II.*

99. The State through the line Ministry and development partners continued to engage families, communities, children and stake holders through the media and community outreach programmes on the dangers and threats faced by children living in street situations and its subsequent social implications.

100. To further address the problem of street children, MSWGCA with the support of development partners have been providing Family Tracing and Reunification support services. Focal agencies (NGOs and INGOs) for Family Tracing and Reunification have been identified in all 14 districts of the country and are all functional in their respective districts.

- 13. Please provide updated information on the implementation of the National Action Plan for Elimination of the Worst Forms of Child Labour (2013-2016) and on the impact of by-laws developed at the community level on the various forms of child labour that are traditionally practiced.**

101. The State through the Ministry of Labour and Social Security has established the Child Labour Unit in 2010; this unit is now taking the lead in ensuring that actions following the ratification of the two International Labour Organization Conventions on Child Labour i.e. Minimum Age Convention (138) and the Worst Forms of Child Labour (182) are met. Its mandate includes: taking the lead in national efforts to enhance local capacity to address child labour, ensure the integration of child labour issues into national policies and programmes, formulate action plans on the development and wellbeing of children, and monitoring of workplaces.

*For a statistical breakdown of child labour data, please see Annex II.*

102. A Child Labour National Technical Steering Committee has been formed in the Ministry of Labour and Social Security. The committee comprises of tripartite partners: 1) Employers and Workers Organizations; 2) Child Protection Partners; and 3) key Ministries such as Ministry of Labour and Social Security, Ministry of Education, Science & Technology, Ministry of Youths and Sports, Ministry of Social Welfare Gender and Children's Affairs, Ministry of Agriculture and Food Security, and Ministry of Local Government. Following several consultations and workshops with relevant stakeholders and line ministries, a National Action Plan against the Worst Forms of Child Labour including Child Trafficking was developed, finalized and validated. However the implementation of this Action Plan has been rescheduled to commence in 2016-2018.

- 14. Please provide information about what measures have been taken to implement the Committee's previous recommendations under the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC/C/OPSC/SLE/CO/1).**

103. The government is currently reviewing the Anti-Human Trafficking Act of 2005 to include provisions on the sale of children among other gaps that have been identified in the Act.

104. Child prostitution and child sex tourism have been addressed under the new Sexual Offences Act of 2012 Section 30 (a & b).

105. Similarly, child pornography has also been addressed under the Sexual Offences Act of 2012 Section 28.

106. Generally, the State has made some progress in implementing the previous recommendations of the CRC/OPSC/SLE/CO/1. The specific areas include:

- Establishment of a data collection system at the Ministry of Social Welfare Gender and Children's Affairs for all child protection issues using the Primero Software. This system is decentralized and supported with internet services.
- As part of capacity strengthening of the Ministry of Social Welfare Gender and Children's Affairs, the State in 2014 recruited 79 qualified Professionals to fill existing vacancies in various directorates of the Ministry. The recruited Officials include among others; the Regional Child Protection Officers, Regional Alternative Care Officers and Regional Child Justice Officers.
- The National Commission for Children, has been established and fully operational.
- Government has increased the capacity of the Births and Deaths secretariat and has decentralized registration of children at birth. In each of the 149 chiefdoms in the country there is at least one PHU responsible for registration of children at birth. This has increased the number of children registered at birth. Beyond EVD, the successful integration of birth registration (BR) into the Polio campaign for the first time in Sierra Leone in July 2016 resulted in the registration of 252,214 children under-five years old. In addition, the National Office for Births and Deaths Registration registered 107,599 children by October 2015 through routine BR.
- Whilst the adoption law is currently being reviewed, government has asked the MSWGCA to facilitate adoption under strict procedures following the lift of moratorium on adoption.
- Government also continue to ensure increased access to services (medical, shelter, FTR, education) for victims/survivors of sexual gender based violence.
- The Ministry of Social Welfare Gender and Children's Affairs and development partners have been providing training for border security and immigration officials on child trafficking and OPSC. They have also been raising awareness of border communities on OPSC and child trafficking.
- Government will consider working on other recommendations that have not been addressed before the next report for OPSC is due.

**15. Please provide information about what measures have been taken to implement the Committee's previous recommendations under the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/SLE/CO/1).**

107. With respect to OPAC, government has made the following progress in implementation of the last recommendations of the protocol (CRC/C/OPSC/SLE/CO/1).

- As stated inter-alia, the capacity of the Ministry of Social Welfare Gender and Children's Affairs has improved and is now in a better position to coordinate child rights programmes.
- There is a system in place at the Human Rights Commission and the National Children's Commission to carry out independent monitoring on child rights issues including OPAC.

- Development partners have been providing training for security officials such as police and military officers on child rights and OPAC.
- Birth registration system has improved, all children can now be registered which improves our capacity as a country to properly plan for them.
- The government has established the Department of Peace and Conflict Studies at Fourah Bay College, the University of Sierra Leone to train citizens on how to address conflict and promote peace. NGOs have also been supporting government to establish peace clubs at schools in order to reduce violence among youths.
- The government is also planning to review the Child Rights Act in order to criminalize the use of children in hostilities.
- Government will consider working on other recommendations that have not been addressed before the next report for OPAC is due.

## Part II

**In this section, the Committee invites the State party to provide a brief update (no more than three pages) on the information presented in its report regarding:**

- (a) **New bills and laws, and their respective regulations;**
- (b) **New institutions and their mandates, and institutional reforms;**
- (c) **Recently introduced policies, programmes and action plans, and their scope and financing;**
- (d) **Recent ratifications of human rights instruments.**

108. The State has made progress in the enactment of the Sierra Leone Correctional Services Act 2014.

109. Abortion Bill 2016: (now awaits presidential approval)

110. Criminal Procedures (Bill) 2014.

### **National Commission for Children (NCC)**

111. As a State Party to the United Nations Convention on the Rights of the Child (CRC) and the African Charter (AC), Sierra Leone committed itself to undertake appropriate legislative measures for the implementation of the children's rights. This resulted in the enactment of the Child Rights Act (CRA-2007).

112. Pursuant to Part II Section 1 (4) of the Child Rights Act 2007. The State has established the National Commission for Children in 2014.

113. Mandate: "the object for which this commission is established is to monitor and coordinate the implementation of the Convention and the Charter, to oversee the implementation of Part III of this Act, and to advice government on policies aimed at the improvement of the condition or welfare of children in Sierra Leone, compatible with the Conventional Charter", (section 11 subsection 1 CRA-2007).

### **National Commission for Persons with Disabilities (NCPD)**

114. In pursuant of Part II Section 2 Subsection 1 of the Persons with Disability Act, 2011: the State party has established the National Commission for Persons with Disability in June 2012. Its mandate includes: to prohibit discrimination against persons with disability, achieve equalization of opportunities for persons with disability and to provide for other related matters” (source Disability Act 2011).

### **Legal Aid Board (LAB)**

115. The Legal Aid Board was formally established by an Act of parliament called the Legal Aid Act 2012, but it became operationalized in May 2015.

116. The mandate; “Being an Act to provide for the establishment of the Legal Aid Board, to provide accessible, affordable, credible, and sustainable legal aid services to indigent persons and for other related matters”.

### **Policies**

117. State party has also facilitated the establishment of the following policies that specifically seek to address the needs of children in accordance with the Convention on the Rights of the Child:

(i) *Alternative Care Policy 2014*

(a) Programs

- Training of trainers on the alternative care policy (2014)
- Monitoring of Alternative Care Centers and Placement
- Family Tracing and Reunification (FTR)

(b) Action Plans

- Training workshop for service providers on alternative care
- Basic counselling services to separated or abandoned children, SGBV victims and children that come in contact and conflict with the law
- Training of Child Welfare Committees (CWC’s)

(c) Scope

118. These programs and action plans will be implemented nationwide.

(ii) *Child Welfare Policy 2013*

(a) Programs

- Training of Trainers on the Child Welfare Policy
- Social Support to vulnerable families (poor and deprived)
- Monitoring on the implementation of the Child Welfare Policy

(b) Action Plans

- Target training of community structures and stakeholders on the policy (CWC’s, religious leaders, traditional leaders and local authorities)
- Community awareness campaigns/engagement on the Policy



## (c) Scope

119. A rollout of the policy will be undertaken nationwide.

120. Since 2012, Sierra Leone has not ratified or domesticated any law(s) specifically related to the rights of a child.

121. National Civil Registration Authority Act (2016) – is a new law unifying all civil registration functions in Sierra Leone to include Birth registration and Adoption. The Civil Registration in Sierra Leone is being spearheaded by the Minister of Internal Affairs, relevant MDAs and development partners.

## Part III

### Data, statistics and other information, if available

1. **Please provide consolidated budget information for the past three years on budget lines relating to children and the social sectors, as well as under the various ministries, indicating the percentage of each budget line in terms of the total national budget, gross national product and geographic allocation. Please also provide information on measures taken to ensure that the authorities are guided by the principle of the best interests of the child in their budgetary decisions.**

*Please see annex II table 3.*

2. **Please provide, if available, updated statistical data, disaggregated by age, sex, ethnic origin, national origin, geographic location and socioeconomic status, for the past three years, on the number of children:**
  - (a) **Engaged in child labour in the informal economy, breaking the information down by type of work, including hazardous work;**

*Please see Annex I table 1 & 2.*

- (b) **Who are victims of human trafficking, sale and sexual penetration.**

*Data available is twenty seven (27), males=3, females= 24.*

3. **Please provide, if available, updated statistical data, disaggregated by age, sex, socioeconomic background, ethnic origin and geographical location, for the past three years, on the number and/or rates of:**
  - (a) **Infant mortality and child mortality;**

*Please see Annex III table 4 & 5.*

- (b) **Sexually transmitted infections, including HIV/AIDS;**

*See Annex IV table 6 & 7.*

- (c) **Child survivors of Ebola and children orphaned by Ebola;**

*See annexes VI & VII.*

(d) **Allocation of resources to the primary health-care system;**

*Please see Annex I.*

(e) **Enrolment and completion rates, in percentages, of the relevant age groups in pre-primary schools, in primary schools and in secondary schools.**

*See Annex V table 8 & 9.*

**In addition, the State party may list areas affecting children that it considers to be of priority with regard to the implementation of the Convention.**

122. Below are list of areas affecting children that State party considers to be of priority with regard to the implementation of the Convention:

- Lack of an effective nation-wide Social Workforce that can effectively monitor, report on and serve children in need.
- Emergence of a highly vulnerable class of children numbering tens of thousands who are either Orphans who lost one or both of their parents to Ebola or became affected in one way or the other by the Ebola Outbreak.
- Continued efforts to increase access to education through reduced cost and elimination of social and economic barriers.
- Strengthen delivery of the Free Health Care Initiative and include adolescent in some of its provisions, particularly around Sexual and Reproductive Health Services.
- Improve the situation for children in contact and conflict with the law, in terms of the processes and provisions for temporary detention facilities and correctional facilities for juvenile offenders that fulfil their rights – essentially implement the Sierra Leone Child Justice Strategy.
- Harmonization of the marriage laws, and enforcement of the laws, other educational, public engagement activities to raise awareness on the harmful effects of early marriage.
- Continued actions to address gender based violence, child sexual abuse, and teenage pregnancy, which is often linked to the previous two issues- with a stronger focus on adult men and boys, in terms of prevention and response, and resources allocated to the FSU, MSWGCA, MoHS and government agencies involved in GBV response.
- Linked to the above, stronger measure to address corporal punishment, not only in school, but in the home with creative approaches to motivating behaviour change.
- Stronger measures to enforce child labour laws and address it in both the formal and informal context.
- Specific support for the National Commission on Disabilities to fulfil its mandate.

## Acronyms and meaning

CRA	Child Rights Act
NCC	National Commission for Children
NCPD	National Commission for Persons with Disability
INGO	International Non- Governmental Organization
NGO	Non -Governmental Organization
SOA	Sexual Offences Act
EVD	Ebola Virus Disease
DAC	Day of the African Child
UNCRC-	United Nations Convention on the Rights of the Child
FGM-...	Female Genital Mutilation
ARVs-	Anti-Retroviral Drugs
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
ESP	Education Sector Plan
MoHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare Gender and Children Affairs
MEST	Ministry of Education Science and Technology
OPSC	Optional Protocol on the Sales of Children
UNICEF	United Nations International Children Emergency Fund
ACC	Anti-Corruption Commission
LAB	Legal Aid Board
AYFHS	Adolescent and Youth Friendly Health Services
SRH	Sexual Reproductive Health
SSL	Statistics Sierra Leone

## Part III: Annexes: Statistical data tables

1. Please provide consolidated budget information for the past three years on budget lines relating to children and the social sectors, as well as under the various ministries, indicating the percentage of each budget line in terms of the total national budget, gross national product and geographic allocation.

### Annex I: Sierra Leone Government Budgetary Allocation

#### Sierra Leone government budgetary allocation

	FY2013	FY2014	FY2015
Details	Actual Q1 - 4 Leones in Millions	Actual Q1 - 4 Leones in Millions	Budget Q1 - 4 Leones in Millions
Social services	191,278.00	261,804.9	319,710.50
<b>Ministry of Education, Science and Technology</b>			
Improving access to and quality education		36456	50,266.30
Grants-in-Aid	4,400.00	9160	12,630.00
Pre-Primary and Primary Education	1480	2072	2856.9
of which grants to Handicapped Schools	1020	1428	1969
Secondary Education	12,210	21,234	29,277.9
of which Grants-in-Aid to boarding schools	4950	6930	9555.2
of which examination fees to WAEC for WASSCE	4500	5700	7859.3
of which girl child programme	2400	7500	10,341.2
Diet for Boarding Homes Schools	4950	5548	6862.5
Total Children Budget	17,820	27,106	36,587.2
Total MEST Budget	136,980.00	168916	202,613.90
Real GDP	17,284,922.00	2,1543,000	22,190,000.00
Children Budget as a Percentage of Real GDP	0.10%	0.13%	0.16%
<b>Ministry of Health and Sanitation</b>			
Primary Health Care Services	5190	9266	11377.8
of which malaria prevention and control	3500	5900	7244.6
STI/HIV/AIDS prevention control programme	1050	1970	2419
Reproductive and Child Health Care Services	16,830.00	24,762.00	5,724.50
of which: Free Health Care Programme	13,500.00	20,100.00	750.0
Support to Children Hospital	42.5	1500	1913.6
Immunization Programme/EPI	2000	2,800.00	3438.1
Total Children Budget	20092.5	32270	15765.3
Total MoHS Budget	38,968.00	71313.9	52,006.60
Real GDP	17,284,922.00	21543000	22,190,000.00
Children Budget as a Percentage of Real GDP	0.12%	0.15%	0.07%

*Sierra Leone government budgetary allocation***Ministry of Social Welfare, Gender and Children's Affairs**

Social Protection Programme		4004	4339.7
Diets for Approved School & Remand Home	320	448	485.6
Programme for Disabled Persons	1000	1800	1950.9
Gender and Children's Affairs	960	1344	1456.7
of which Gender and Children's Programme	640	896	971.1
Children's Commission	1240	1736	1581.6
of which child orphans	1000	1400	1217.4
Total Children Budget	3200	4880	4989.2
Total MSWGCA Budget	5420	7590	8226.4
Real GDP	17,284,922.00	21543000	22,190,000.00
Children Budget as a Percentage of Real GDP	0.02%	0.02%	0.02%

**Transfers to Local Councils**

Pre-Primary and Primary Education	13027	16,428.90	22165.5
of which: Examination Fees to WAEC for NPSE	2,380.00	3,314.20	3,787.30
of which Government and Government Assisted schools	10,647.00	13,114.70	18,378.10
School fees subsidies	8647	10,224.70	13684.4
Textbooks	1000	1,740.00	2779.6
Teaching and Learning Materials	1000	1,150.00	1914.2
Secondary Education	5,025.50	6,370.00	8,488.10
of which: Examination Fees to WAEC for BECE	3,500.00	4,240.00	6,045.30
of which Textbooks	1,000.00	1,480.00	1,700.00
of which science equipment's	525.50	650.00	742.80
Total Children Budget	18052.5	22798.9	30653.6
Total Local Councils Budget	80,000.00	71,437.40	88,585.70
Real GDP	17,284,922.00	21543000	22,190,000.00
Children Budget as a Percentage of Real GDP	0.10%	0.11%	0.14%

*Source:* Ministry of Finance and Economic Development.

2. Please provide if available updated statistical data, disaggregated by age, sex, ethnic origin, national origin, geographic location and socio economic status for the past three years on the number of children engaged in child labour in informal economy, breaking the information down by type of work including hazardous work.

**Annex II: Number and percentage distribution of children 5 to 17 years old by region and child labour status**

<i>Child labour status</i>		<i>Eastern</i>	<i>Northern</i>	<i>Southern</i>	<i>Western</i>	<i>Total</i>
In employment	No.	342,754	436,398	231,007	60,863	1,071,022
	%	55.2	60.9	58.6	27.7	54.9
Child labour	No.	273,612	365,101	203,239	53,476	895,428
	%	44.1	51.0	51.6	24.3	45.9
Hazardous work (5-17 years)	No.	113,192	173,124	102,464	39,995	428,775
	%	18.2	24.2	26.0	18.2	22.0
Other Child labour (5-14 years)	No.	160,420	191,977	100,775	13,481	466,653
	%	33.2	35.0	32.0	8.5	31.0
Not Child labour	No.	69,142	71,297	27,768	7,388	175,595
	%	11.1	10.0	7.0	3.4	9.0
Other non-child labour (15-17 years)	No.	59,955	61,282	24,601	6,073	151,911
	%	43.6	36.6	31.2	10.0	34.1
Permissible work (13-14 years)	No.	9,187	10,015	3,167	1,315	23,684
	%	13.9	11.5	7.3	4.1	10.4
Not in employment	No.	213,262	225,866	122,777	124,478	686,383
	%	34.4	31.5	31.2	56.6	35.2

Source: SSL, Sierra Leone National Child Labour Survey, 2011.

**Number and percentage distribution of children 5 to 17 years old by sex and child labour status**

<i>Child labour status</i>	<i>Sex</i>					
	<i>Boys</i>		<i>Girls</i>		<i>Total</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
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
<b>Total</b>	<b>995,259</b>	<b>100</b>	<b>955,503</b>	<b>100</b>	<b>1,950,762</b>	<b>100</b>

Source: SSL, Sierra Leone National Child Labour Survey, 2011.

3. Please provide, if available, updated statistical data, disaggregated by age, sex, socioeconomic background, ethnic origin and geographical location, for the past three years, on the number and/or rates of:

3 (a) Annex III: Infant mortality and child mortality

**Early childhood mortality rates by socioeconomic characteristics**

123. Infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Sierra Leone 2013.

**Infant and Under-five mortality rate in Sierra Leone: SLDHS 2013**

		<i>Infant Mortality Rate [1]</i>	<i>Child mortality</i>	<i>Under-five Mortality Rate [2]</i>
Region	East	127	83	200
	North	96	77	165
	South	118	65	175
	West	107	56	157
	Kailahun	110	85	186
	Kenema	147	91	224
	Kono	110	69	171
	Bombali	71	45	113
District	Kambia	75	61	131
	Koinadugu	113	100	202
	Port Loko	101	82	175
	Tonkolili	106	93	190
	Bo	119	62	173
	Bonthe	55	23	77
	Moyamba	144	64	199
	Pujehun	130	101	217
	Western Rural	124	59	176
	Western Urban	103	55	152
Area	Urban	105	60	158
	Rural	112	78	181
	None	112	77	180
Mother's education	Primary	104	70	167
	Secondary+	102	50	147
	Poorest	116	79	186
Wealth index quintiles	Second	110	75	177
	Middle	117	82	189
	Fourth	103	73	168
	Richest	100	48	144
	<b>Total</b>			

*Source:* SLDHS 2013 Survey.

**3 (d) Annex IV: HIV/AIDS: Children under 15 years receiving ART**

<i>District</i>	<i>Currently on Treatment</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	
Bo	22	18	40
Bombali	29	25	54
Bonthe	0	1	1
Kailahun	3	5	8
Kambia	16	18	34
Kenema	57	65	122
Koinadugu	2	2	4
Kono	13	14	27
Moyamba	6	4	10
Portloko	6	8	14
Pujehun	10	19	29
Tonkolili	5	4	9
Western Rural	0	0	0
Western Urban	135	157	292
<b>Total</b>	<b>304</b>	<b>340</b>	<b>644</b>

**HIV/AIDS Secretariat, June 2016: Adults (15-49 years) receiving ART**

<i>District</i>	<i>Currently on Treatment</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	
Bo	366	535	901
Bombali	259	968	1227
Bonthe	63	172	235
Kailahun	44	310	354
Kambia	187	538	725
Kenema	381	1032	1413
Koinadugu	78	261	339
Kono	210	780	990
Moyamba	53	148	201
Portloko	133	433	566
Pujehun	41	203	244
Tonkolili	120	395	515
Western Rural	262	1034	1296
Western Urban	1530	4210	5740
<b>Total</b>	<b>3727</b>	<b>11019</b>	<b>14746</b>



3 (g) **Annex V: Enrolment and completion rates, in percentages, of relevant age groups in pre-primary schools, in primary schools and in secondary schools**

**Educational attainment of the female household population  
Percent distribution of the de facto female household population age 6 and over  
by highest level of schooling attended or completed and median years completed,  
according to background characteristics, Sierra Leone 2013**

<i>Background Characteristic</i>	<i>No Education</i>	<i>Some Primary</i>	<i>Completed primary<sup>1</sup></i>	<i>Some secondary</i>	<i>Completed secondary<sup>2</sup></i>	<i>More than Secondary</i>	<i>Don't know/missing</i>	<i>Total</i>	<i>Number</i>	<i>Median years completed</i>
<b>Age</b>										
6-9	28.7	70.1	0.3	0.2	0.0	0.0	0.8	100	4707	0.3
10-14	16.0	64.3	8.0	11.3	0.1	0.0	0.2	100	4442	3.0
15-19	19.9	13.1	9.1	54.8	2.7	0.2	0.2	100	3933	6.4
<b>Residence</b>										
Urban	32.2	24.7	5.5	26.1	5.8	5.0	0.5	100	10,146	3.4
Rural	60.2	25.6	3.7	9.5	0.4	0.2	0.5	100	20730	0.0
<b>Region</b>										
East	54.2	26.6	4.1	12.9	1.3	0.6	0.3	100	6,977	0.0
North	56.9	24.6	3.8	12.6	1.0	0.8	0.3	100	12020	0.0
South	54.3	27.1	4.5	11.5	1.2	0.9	0.6	100	6,651	0.0
West	29.0	23.0	5.7	27.4	7.3	6.9	0.8	100	5227	4.5
<b>Localities</b>										
Kailahun	53.5	30.0	4.6	10.7	0.5	0.2	0.6	100	2,019	0.0
Kenema	53.5	25.9	3.9	13.7	1.7	1.1	0.2	100	3,257	0.0
Kono	56.2	24.1	3.8	13.9	1.4	0.4	0.1	100	1701	0.0
Bombali	48.2	25.2	4.7	18.8	1.6	1.5	0.1	100	2614	0.0
Kambia	64.3	21.9	4.5	8.7	0.3	0.2	0.1	100	1,386	0.0
Koinadugu	65.6	23.3	2.4	7.2	0.3	0.2	0.9	100	1484	0.0
Port Loko	56.4	24.8	3.8	12.8	1.1	0.9	0.2	100	3,661	0.0
Tonkolili	57.3	25.7	3.4	11.7	0.9	0.5	0.5	100	2875	0.0
Bo	47.0	29.3	4.9	15.0	2.0	1.6	0.3	100	2,632	0.0
Bonthe	61.8	21.7	3.5	10.6	0.8	1.1	0.6	100	1,195	0.0
Moyamba	58.9	26.1	5.4	8.2	0.6	0.1	0.7	100	1,643	0.0
Pujehun	56.4	29.1	3.3	9.3	0.3	0.4	1.2	100	1181	0.0
Western Rural	37.7	24.0	6.6	23.0	4.3	3.4	1.0	100	877	2.4
Western Urban	27.2	22.7	5.5	28.3	7.9	7.6	0.7	100	4350	4.9
Poorest	66.4	23.1	3.2	6.7	0.2	0.0	0.5	100	5882	0.0
Second	63.2	24.2	3.5	8.6	0.2	0.0	0.4	100	5,976	0.0
Middle	57.1	27.5	4.1	10.2	0.4	0.2	0.5	100	6074	0.0
Fourth	46.0	28.3	4.9	18.0	2.0	0.7	0.3	100	6355	0.3
Richest	25.4	23.5	5.8	29.6	7.5	7.5	0.6	100	6587	5.1
<b>Total</b>	<b>51.0</b>	<b>25.3</b>	<b>4.3</b>	<b>15.0</b>	<b>2.1</b>	<b>1.8</b>	<b>0.5</b>	<b>100</b>	<b>30876</b>	<b>0.0</b>

Note: Total includes 14 women with information missing on age.

<sup>1</sup> Completed grade 6 at the primary level.

<sup>2</sup> Completed grade 3 at the senior secondary school level.

**Educational attainment of the male household population**  
**Percent distribution of the de facto male household population age 6 and over**  
**by highest level of schooling attended or completed and median years completed,**  
**according to background characteristics, Sierra Leone 2013**

<i>Background Characteristic</i>	<i>No Education</i>	<i>Some Primary</i>	<i>Completed primary<sup>1</sup></i>	<i>Some secondary</i>	<i>Completed secondary<sup>2</sup></i>	<i>More than secondary</i>	<i>Don't know/missing</i>	<i>Total</i>	<i>Number</i>	<i>Median years completed</i>
<b>Age</b>										
6-9	33.1	66.0	0.1	0.3	0.0	0.0	0.4	100	4975	0.1
10-14	19.0	60.7	7.6	12.4	0.1	0.0	0.3	100	4875	2.8
15-19	17.9	13.2	6.2	58.4	3.6	0.5	0.2	100	3283	6.9
<b>Residence</b>										
Urban	22.3	23.9	4.1	30.0	11.1	8.1	0.5	100	9126	5.7
Rural	50.5	28.3	3.8	14.2	1.7	1.1	0.4	100	18989	0.0
<b>Region</b>										
East	45.1	26.6	3.5	18.2	4.0	2.1	0.4	100	6530	0.5
North	45.6	28.5	3.8	17.3	2.5	2.1	0.3	100	10749	0.3
South	47.6	27.5	4.0	15.1	2.9	2.0	0.7	100	6104	0.0
West	18.5	22.7	4.5	30.8	13.2	9.8	0.7	100	4732	6.6
<b>District</b>										
Kailahun	43.0	29.8	4.2	7.2	3.8	1.4	0.7	100	1782	0.7
Kenema	45.9	23.7	3.6	19.1	4.6	2.7	0.3	100	3201	0.5
Kono	46.1	28.7	2.7	17.6	3.1	1.7	0.1	100	1547	0.1
Bombali	38.1	29.3	4.8	21.4	2.9	3.3	0.1	100	2422	1.6
Kambia	52.0	26.2	4.4	14.4	2.0	0.9	0.1	100	1259	0.0
Koinadugu	58.0	24.9	2.5	11.8	1.3	1.0	0.5	100	1308	0.0
Port Loko	43.0	29.2	4.0	18.5	3.1	2.0	0.1	100	3147	0.6
Tonkolili	46.1	29.7	2.9	16.4	2.4	1.9	0.6	100	2613	0.1
Bo	37.7	30.3	4.6	19.5	4.8	2.8	0.2	100	2194	1.3
Bonthe	56.9	21.9	3.8	12.8	1.8	2.4	0.4	100	1166	0.0
Moyamba	49.4	28.0	4.4	13.7	2.1	1.4	1.1	100	1601	0.0
Pujehun	54.8	27.3	2.5	11.2	1.5	1.4	1.3	100	1143	0.0
Western Rural	25.1	25.7	7.7	27.7	7.0	5.7	1.1	100	811	4.7
Western Urban	17.1	22.1	3.8	31.7	14.4	10.6	0.6	100	3921	7.2
<b>Poorest</b>										
Poorest	60.8	24.6	3.7	9.6	0.7	0.2	0.3	100	5390	0.0
<b>Second</b>										
Second	51.7	29.5	3.6	12.9	1.3	0.5	0.5	100	5523	0.0
<b>Middle</b>										
Middle	46.1	29.9	3.8	16.3	2.2	1.2	0.5	100	5599	0.1
<b>Fourth</b>										
Fourth	36.0	28.3	4.2	23.5	4.7	2.9	0.4	100	5563	2.0
<b>Richest</b>										
Richest	15.1	22.3	4.2	32.8	13.9	11.2	0.5	100	6034	7.4
<b>Total</b>	<b>41.3</b>	<b>26.9</b>	<b>3.9</b>	<b>19.3</b>	<b>4.8</b>	<b>3.4</b>	<b>0.5</b>	<b>100</b>	<b>28115</b>	<b>1.1</b>

*Note:* Total includes 7 men with information missing on age.

<sup>1</sup> Completed grade 6 at the primary level.

<sup>2</sup> Completed grade 3 at the senior secondary school level.

## 3(e) Annex VI: Table 10 – Child Survivors of EVD

	<i>District</i>	<i>Number</i>
	Bo	15
	Bombali	238
	Bonthe	0
	Kailahun	349
	Kambia	6
	Kenema	26
	Koinadugu	30
	Kono	4
	Moyamba	19
	Port Loko	325
	Pujehun	1
	Tonkolili	14
	Western Rural	53
	Western Urban	130
	<b>Total</b>	<b>1210</b>
Sex	Boys	659
	Girls	551
	<b>Total</b>	<b>1210</b>

*Source:* MSWGCA-May 2015 Survey. (This Data is due for re-verification following reports of Children left out from the Survey).

## 3(e) Annex VII: Table 11

	<i>District</i>	<i>Double Orphan</i>	<i>Single Orphan</i>
	Bo	65	143
	Bombali	122	219
	Bonthe	0	2
	Kailahun	317	748
	Kambia	14	57
	Kenema	30	98
	Koinadugu	20	182
	Kono	8	33
	Moyamba	48	165
	Port Loko	502	535
	Pujehun	36	64
	Tonkolili	31	178
	Western Rural	376	622
	Western Urban	89	354
	<b>Total</b>	<b>1658</b>	<b>3400</b>
Sex	Boys	834	1711
	Girls	824	1689
	<b>Total</b>	<b>1658</b>	<b>3400</b>

*Source:* MSWGCA. (This Data is due for re-verification following reports of Children left out from the Survey.