

## **Sierra Leone**

### **Stakeholder Report on Sierra Leone – Submission by World Vision Sierra Leone For Universal Periodic Review, 24<sup>th</sup> Session, 2016**

#### **Child Health and Child protection**

Sierra Leone's post war recovery gains and development efforts have suffered a severe set back following the outbreak of the Ebola Virus Disease in May 2014. The social and economic effects of the Ebola outbreak, including the effects on the health system, have taken a particularly high toll on children's health, nutrition and protection, and future development prospects.<sup>i</sup>

Prior to the outbreak of the Ebola Virus Disease, The Government of Sierra Leone had set ambitious targets to address child and maternal mortality as well as to accelerate human development under the Agenda for Prosperity. Progress had been made in socio-economic development, to improve children's situation and to improve the country's maternal and under-five mortality rates through schemes such as the Free Health Care Initiative for pregnant and breastfeeding women and children under five years.<sup>ii</sup>

The scale and severity of the Ebola outbreak has significantly disrupted Sierra Leone's socio-economic development, devastated the health system which was ill-equipped to handle such an outbreak, and has interrupted progress towards the Agenda for Prosperity goals and targets.<sup>iii</sup> As the country now moves towards recovery, it is critical to prioritize building up a strong and resilient health system which can provide essential health services for mothers and young children and is prepared to handle future outbreaks of diseases like Ebola as well as child protection as short, middle and long term plans are being developed, funded and implemented.

#### **A) Scope of International Obligations**

In line with its obligations under the Convention on the Rights of the Child, the Government has taken measures to address chronic malnutrition, child and maternal mortality, and birth registration.

In 2010, Sierra Leone made a commitment under the Every Woman, Every Child strategy of the UN Secretary-General, which aims to end all preventable deaths of women, children, and adolescents by 2030 while improving their overall health and well-being. In 2010, Sierra Leone committed to, among other things, increasing access to health facilities to pregnant women, newborns and children under five by 40 percent through the removal of fees as well as developing a Health Compact to align development partners around a single country-led national health strategy.

In addition, Sierra Leone further reaffirmed its commitment at the London Family Planning Summit in 2012, where they stated:

“Sierra Leone commits to increasing its annual health budget from 8% to 12% by 2013 and gradually thereafter until the Abuja target of 15% is met. Within that it is committed to increasing the family planning budget from 0.42% in 2012 to 1% by 2020, recognizing that this will be 1% of a projected increasing budget for health overall. Private sector providers and training more health workers will help scale up family planning services and community outreach to marginalized populations, including young people. Voucher schemes will be piloted with a view of enabling the poorest to get access. Civil society groups will play a key role in advocacy and monitoring availability and access to voluntary family planning”

## **B) Constitutional and Legislative Framework**

The Human Rights Commission of Sierra Leone (HRCSL) and the National Human Rights Institution (NHRI) were established by an Act of Parliament in 2004 (Act No. 9 of 2004) with the purpose of protecting and promoting human rights in Sierra Leone.

### **I. Investment in the Health System**

The government flagship Free Health Care scheme for under-five, pregnant women and breastfeeding mothers gives free access to health service at the point of delivery. Health facilities utilization increased by 60% compared with 2009.<sup>iv</sup> The increase itself is a significant milestone, however the annual budget allocation to the health sector was still fluctuating between 7.9 % in 2009 to 10% in 2014, and efforts to meet the Abuja target to allocate 15 % of total budget to health have not been realised.<sup>v</sup>

As a result, the health budget has been insufficient to provide enough skilled health workers, drugs and equipment to manage the increase in service utilization, and services have been delivered at a compromised standard, making full implementation of the Free Health Care initiative challenging. The health system was thus poorly equipped and resourced and was unable to cope effectively when Ebola struck.<sup>vi</sup>

### **II. Maternal and Child Health**

The Demographic and Health Survey (DHS) 2013 indicates that the under-five mortality rate in 2013 was 156 per 1,000 live births, which is considerably higher than the Millennium Development Goal (MDG) target of 95 per 1,000 live births. The maternal mortality rate for 2013 was 1165 per 100,000 live births, to be compared with the MDG target of 580 per 100,000 live births.<sup>vii</sup>

Before the outbreak Sierra Leone had the highest maternal mortality ratio and the second highest child mortality rates in the world.<sup>viii</sup> Prior to the outbreak of Ebola, 59.7% of deliveries were assisted by skilled birth attendants.<sup>ix</sup> However, UNICEF has reported that access to skilled birth attendants has dropped by 30 % since the outbreak. Health service utilization dropped significantly during the outbreak, since many women and children abandoned the use of health facilities because of fear of contracting Ebola and many health workers left their duty stations due to fear of being infected at the start of the outbreak<sup>x</sup>, reversing the increase in utilization achieved through the Free Health Care initiative.<sup>xi</sup> However, as the situation stabilizes it is critical that women and children have access to essential care of adequate quality, and that efforts are made to

rebuild confidence in the health system to increase utilization to improve maternal and child health.

The 2013 DHS indicates that six in ten households have access to an improved source of drinking water, with higher prevalence in urban settings compared to rural settings. The sanitary situation remains challenging, with huge disparities between urban and rural settings. On a national level 10.6% of households have an improved sanitation facility, which they do not have to share with other households. However whilst 21.9% of households in urban settings have improved sanitation, only 5.4% of those in rural areas enjoy such improvements.<sup>xii</sup>

Malaria prevalence remains a continuing concern in Sierra Leone, although there have been some improvement in recent years. The DHS 2013 indicates that 64% of households own at least one insecticide-treated net. However, this increase in the number of households that own such nets has not translated to a reduction in the incidence of malaria. A possible explanation could be that only 15% of households have enough long-lasting insecticide-treated nets to cover each family member.<sup>xiii</sup>

### **Recommendations:**

- The Government should provide adequate and predictable funds to the Ministry of Health and Sanitation to effectively implement the Health Sector Recovery Plan 2015 – 2020 which focuses on implementing the Basic Packet of Essential Health Services and the component of the Agenda for Prosperity that deals with human development.
- The Government should ensure that the provision of Free Health Care is sustainable and accessible to provide quality health services to all children and women, in order to reduce child and maternal mortality. The Government should build on the successes of the Free Health Care initiative to address the problems of infant and maternal mortality, malnutrition, acute respiratory infections, and diarrhea and to protect children from, inter alia, malaria including by ensuring that they sleep under insecticide-treated mosquito nets.
- Government data collection and monitoring systems should be strengthened in order to better assess progress and make further improvements of the health sector.
- Maternal, child and adolescent health issues must be prioritized at the national level through strategic integration into national policies.

### **III. Nutrition and Food Security**

Sierra Leone had been making progress in improving access to adequate nutrition for children. Prior to Ebola, the percentage of children under five years old suffering from chronic malnutrition or stunting had dropped from 44 % to 38 % between 2008 and 2013. The 2013 DHS illustrated that children born to educated parents are less likely to be malnourished compare to children born to uneducated parents.<sup>xiv</sup> However, malnutrition rates among children were still alarmingly high, with severe effects on child health and psychological and physical development. The increased scarcity of food due to Ebola puts pregnant women and young children at higher risk of malnutrition.<sup>xv</sup> Children who are malnourished from pregnancy to age two may never catch up with

their peers, even with proper nutrition later. Children's access to food and adequate nutrition must thus be prioritized during recovery in the short, medium and long-terms.

### **Recommendations**

- Efforts must continue to address maternal and child malnutrition during the recovery and transition phase in order to improve all aspects of child health, nutrition and development.
- The Government must continue to strengthen its policies and programs to address the situation of the most vulnerable children living in rural or remote areas of the country – particularly their access to adequate nutrition.
- Food assistance and nutrition interventions for pregnant women and young children should be prioritized, including essential nutrition interventions such as maternal micronutrients and Vitamin A for children aged under two years.

### **IV: Birth Registration**

Birth registration provides security and protection to children, as it creates the necessary legal identity for them to access health care, education and the legal system. Various measures have been taken by the Government to increase the rate of birth registration. According to the 2013 DHS, birth registration is now 76.7% in Sierra Leone - 76% in rural areas and 80% in urban areas.<sup>xvi</sup> Although this represents a success to be celebrated, one in four children still remain unregistered due to inadequate registration forms in rural areas as well as poor understanding of the importance of birth registration. Currently only 33.8% of registered children have a birth certificate.<sup>xvii</sup> There is still significant room for improvement in order to reach universal coverage, and ensuring that all children who are registered also receive a birth certificate, and providing children with this critical legal protection should be prioritized during the recovery and transition phase.

### **Recommendations**

- The Government must provide logistics to ensure birth registration are strengthened while giving special attention to those in the rural areas through providing the opportunity for late registration thus free of charge, mobile registration centers and financial assistance.

### **V: Child Protection**

The Government of Sierra Leone enacted the Child Rights act in 2007. The act makes provision for Social Workers in every district across Sierra Leone.<sup>xviii</sup> At the moment, there are about 48 social workers in 144 chiefdoms across the country, which is grossly inadequate.<sup>xix</sup> This is partly due to the lack of sufficient budget allocated to the Ministry of Social Welfare Gender and Children's Affairs (MSWGCA) from the national budget. Meanwhile, World Vision Sierra Leone recognizes the efforts the MSWGCA to increase the number of technical staff at the district and national levels. World Vision Sierra Leone commends the MSWGCA for developing the National Child Welfare policy, Alternative Care Policy and Child Justice Strategy in 2014 which provide frameworks for children in care placement and those that are in conflict with the law to receive necessary protection and support. The development by MSWGCA of a database to

collect and share information on children affected by Ebola Virus Disease is a significant milestone which will help improve child protection programming in Sierra Leone. This database provides daily updates for communities and various agencies on Ebola-affected children to help inform programming. Building on this success, the government of Sierra Leone could further improve child protection from exploitation and abuse during the Ebola recovery phase by expanding this database to cover all children in Sierra Leone.

### **Recommendations**

- Budget allocation to the Ministry of Social Welfare Gender and Children's Affairs must be increased in order to enhance the Ministry's capacity to respond to child protection issues at community, district and national levels.
- The Ministry of Social Welfare Gender and Children's Affairs must increase the number of social workers at chiefdom level to effectively respond and support communities in dealing with child protection issues.
- The Ministry of Social Welfare Gender and Children's Affairs must be encouraged to develop and implement national implementation plans and provide sufficient budget for the implementation of the Child Welfare policy, Alternative Care policy and the Child Justice strategy
- The Ministry of Social Welfare Gender and Children's Affairs should expand the child protection database for Ebola-affected children to capture all forms of abuse against children and expand the coverage to all children in Sierra Leone. This will help government and agencies to understand and properly plan interventions to address a broad range of issues against children.

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<sup>i</sup> UNDP (2014) Road to Recovery

<sup>ii</sup> Ministry of Health and Sanitation (2015) Health Sector Recovery Plan (2015 – 2020)

<sup>iii</sup> UNDP (2014) Road to Recovery

<sup>iv</sup> Amy Maxmen (2013) "Sierra Leone's free health-care initiative: work in progress", *The Lancet*, Volume 381, Issue 9862

<sup>v</sup> Ministry of Finance and Economic Development. Sierra Leone Annual Budget Speeches 2009–2015

<sup>vi</sup> UNDP (2014) Road to Recovery

<sup>vii</sup> Statistics Sierra Leone and ICF International (2014) Sierra Leone Demographic and Health Survey 2013

<sup>viii</sup> UN (2014) UN Millennium Development Goals Report 2014

<sup>ix</sup> Statistics Sierra Leone and ICF International (2014) Sierra Leone Demographic and Health Survey 2013

<sup>x</sup> IRIN, Ebola effect reverses gains in maternal, child mortality, 8 October 2014; UNDP (2014) Road to Recovery

<sup>xi</sup> Amy Maxmen (2013) "Sierra Leone's free health-care initiative: work in progress", *The Lancet*, Volume 381, Issue 9862

<sup>xii</sup> Statistics Sierra Leone and ICF International (2014) Sierra Leone Demographic and Health Survey 2013

<sup>xiii</sup> *Ibid.*

<sup>xiv</sup> *Ibid.*

<sup>xv</sup> WFP (November 2014). 'How Can We Estimate the Impact of Ebola on Food Security in Guinea, Liberia and Sierra Leone?'; UNDP (2014) Road to Recovery

<sup>xvi</sup> Statistics Sierra Leone and ICF International (2014) Sierra Leone Demographic and Health Survey 2013

<sup>xvii</sup> *Ibid.*

<sup>xviii</sup> CRA (2007) Child Rights Act 2007

<sup>xix</sup> MSWGCA programme documents 2014