



# **Government of the Republic of Sierra Leone**



## **Millennium Development Goals Progress Report 2010**



## Foreword

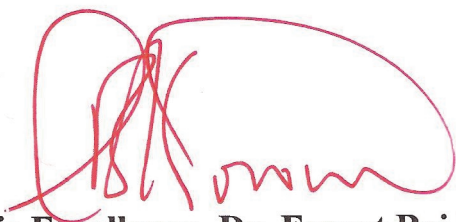
I have the honour, as the Head of State of the Republic of Sierra Leone, to share with you the second Millennium Development Goals (MDGs) Report on behalf of the Government and people of the Republic of Sierra Leone. The MDGs represent a most determined effort in history to galvanize commitment to a common set of development targets. Our people's aspiration for a better life are very well engraved in these MDGs; and that puts the achievement of these goals at the very heart of our program for a better Sierra Leone.

The race towards achieving the MDGs started in 1990. Sierra Leone lost the first decade of working towards the goals due to a devastating conflict. Since then, the country has made significant efforts to reduce poverty and eventually to achieve the MDGs.

On my assumption of office as President in 2007, I made achievement of these goals an utmost priority. My program for the socio-economic transformation of my country- the Agenda for Change- fully takes onboard the MDGs. The recent global food and financial crises stalled our progress across some sectors. But our determination to overcome these challenges is unshakable. We have made a commitment to our people and to the world, and we will stay the course. We have made some progress; this month, we are receiving an MDG award for the outstanding leadership, commitment and progress toward achievement of MDG Goal 6- Combating HIV/AIDS, Malaria and Other Diseases.

Sierra Leone's achievements to date are attributable to the clear vision and effective implementation of development policies, working in collaboration with our development partners to promote economic growth and human development.

This report is an outcome of a collaborative undertaking by the Government, Civil Society and UN. It gives readers both home and abroad a sense of the road travelled as well as the challenges ahead. It is my hope that it serves as a veritable input into a national dialogue on meeting the remaining challenges in our unrelenting endeavour and determination to achieve the MDGs in Sierra Leone.



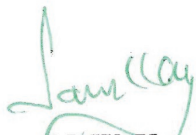
**His Excellency, Dr. Ernest Bai Koroma**  
**President of the Republic of Sierra Leone**

## Acknowledgements

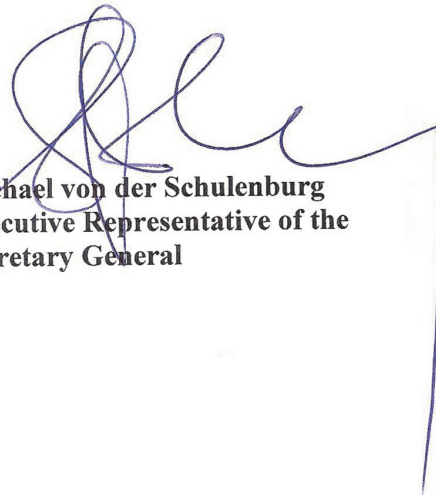
**W**ithout the concerted effort of several individuals and organizations, the preparation of the second MDGs report on Sierra Leone, would not have been possible. While some facilitated access to very useful information and data, others provided incisive contributions to the discussions that ensured the high quality of the report.

We wish to thank all Government Ministries, Departments and Agencies, and Civil Society for their relentless efforts in providing relevant data and insightful contributions especially during the development of the “achievement acceleration framework”.

Our sincere thanks also go to the donor community which in diverse ways exhibited strong interest and support to the development agenda of the government. Of particular value was the collaboration between the UNCT and the Ministry of Finance and Economic Development as well as the steadfast commitment of staff of the UNDP in country and other stakeholders in the entire process. We also acknowledge the contributions of numerous people whose names, for practical reasons, do not appear.



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## Acronyms

ACP	African, Caribbean and Pacific States
ACT	Amodiaquine Combination Therapy
ADB	African Development Bank
ADI	African Development Indicators
AfDF	African Development Fund
AGOA	African Growth and Opportunity Act
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ARV	Anti-retroviral
ASREP	Agricultural Sector Rehabilitation Project
AU	African Union
BeMOC	Basic Emergency Obstetric and Neo Natal Care
CAADP	Comprehensive African Agricultural Development Programme
CAC	Chiefdom AIDS Committee
CBD	Convention on Biodiversity
CEDAW	Convention on the Elimination of all kinds of Discrimination Against Women
CeMOC	Comprehensive Emergency Obstetric and Neo Natal Care
CITES	Convention on International Trade in Endangered Species of Wild Fauna and Flora
CWIQ	Core Welfare Indicator Questionnaire
DAC	District AIDS Committee
DACO	Development Assistance Coordination Office
DDR	Disarmament, Demobilisation and Reintegration
DFID	Department for International Development
DFPP	Diversified Food Production Project
DHS	Demographic and Health Survey
DOT	Direct Observation Treatment
DWCP	Decent Work Country Programme
ECOWAS	Economic Community of West African States
EFA	Education for All
EIA	Environment Impact Assessment
EPA	Environmental Protection Agency
EPA	Economic Partnership Agreements
EU	European Union
EU-ACP	European Union-African Caribbean and Pacific Cooperation
FGM	Female Genital Mutilation
FHCI	Free Health Care Initiative
GDP	Gross Domestic Products
GER	Gross Enrolment Ratio
GNI	Gross National Income
GOSL	Government of Sierra Leone
HDI	Human Development Index
HDR	Human Development Report

HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
ICUs	Intensive Care Units
IDA	International Development Association
IDB	International Development Bank
IEC	Information, Education and Communication
IHP	International Health Plus
ILO	International Labour Organisation
IMF	International Monetary Fund
IRS	Indoor Residual Spraying
ITNs	Insecticides Treated Nets
JICA	Japan International Cooperation Agency
JSS	Junior Secondary School
LDCs	Least Developing Countries
MAFFS	Ministry of Agriculture, Forestry and Food Security
MCH	Maternal Child Health
MDGNA	Millennium Development Goals Needs Assessment
MDGs	Millennium Development Goals
MDRI	Multilateral Debt Relief Initiative
MEAs	Multilateral Environmental Agreements
MEYS	Ministry of Education, Youths and Sports
MFN	Most Favoured Nation
MICS	Multi-Cluster Indicator Survey
MMR	Maternal Mortality Rate
MOFED	Ministry of Finance and Economic Development
MOHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare Gender and Children Affairs
NAC	National HIV/AIDS Council
NAS	National Aids Secretariat
NEPAD	New Partnership for African Development
NER	Net Enrolment Ratio
NES	National Export Strategy
NGOs	Non Governmental Organisation
ODA	Overseas Development Assistance
PHUs	Peripheral Health Units
PMCT	Prevention from mother to child transmission
PPG	Public and Publicly guaranteed
PPP	Purchasing Power Parity
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
RBM	Roll Back Malaria
RCPRP	Rehabilitation and Community Based Poverty Reduction Project
RFCIP	Rural Finance and Community Project
SLARI	Sierra Leone Agricultural Institute



SLDHS	Sierra Leone Demographic Health Survey
SLEDIC	Sierra Leone Export Development and Investment Cooperation
SLHDR	Sierra Leone Human Development Report
SLHFSS	Sierra Leone Household Food Security Survey
SLIHS	Sierra Leone Integrated Household Survey
SLTU	Sierra Leone Teachers Union
SMEs	Small and Medium Enterprises
SSL	Statistics Sierra Leone
SSS	Senior Secondary School
STDs	Sexually Transmitted Diseases
TBA	Traditional Births Attendants
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations AIDS
UNCBD	United Nations Convention on Biological Diversity
UNCCD	United Nations Convention to Combat Desertification/Land Degradation
UNCLOS	United Nations Convention on the Law of the Sea
UNCT	United Nations Country Team
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNFCCC	United Nations Framework Convention on Climate Change
UNICEF	United Nations Children's Fund
UNJV	United Nations Joint Vision
UPE	Universal Primary Education
USA	United States of America
USAID	United States of America International Development
VCCT	Volunteer Confidential Counselling Team
WB	World Bank
WHO	World Health Organisation
WDI	World Development Indicators

## Executive Summary

Sierra Leone has made notable progress towards the achievement of many of the MDGs, but it will not attain the majority of them by 2015. The MDGs are designed to measure development progress between 1990 and 2015. The first decade of this period was lost to the civil war, which had a devastating impact on the social and economic fabric of the country and is a major factor for not achieving the MDGs in Sierra Leone. Consequently, if the 1990 baseline was rigorously used, it would be impossible to achieve the Poverty Reduction, Education and Health MDGs, to name but a few examples.

The report, therefore, primarily measures progress from the end of the civil war. However, frequent lack of coherent, consistent and reliable statistics makes it difficult to make assessments in key areas, such as net enrollment in primary schools and the prevalence of hunger. This underscores the fact that Sierra Leone needs to strengthen institutional capacity and mechanisms for effective monitoring and evaluation of progress across all the MDGs.

Of the eight MDGs, only one (HIV/AIDS, Malaria, TB) will probably be achieved, but only with regards to HIV/AIDS. Malaria and TB are still a huge problem. With sustained effort, an additional three MDGs (child mortality, maternal mortality and development partnership) have the potential for being achieved. Goal 2 (education) is inconclusive due to limited information. The final three (poverty & hunger, gender equality, and environmental sustainability) are unlikely to be met, and most likely will not be met.

### MDG 1: Eradicate extreme poverty and hunger.

This goal will not be met. Absolute poverty has fallen from around 70 percent after the war to around 60 percent by 2007, but would need to fall to below 40 percent (lifting 20 percent of the population out of poverty in 5 years) to reach the target.

The employment to population ratio has remained constant at 40-45 percent, indicating that the absorptive capacity of the labour market in Sierra Leone is very limited. This is so because of low investment and the fact that many of the people seeking jobs lack relevant education and or skills that are in high demand.

While there has been a fall in the poverty ratio, the malnutrition ratio (measured as underweight children under five) does not seem to have fallen.

### MDG 2: Achieve Universal Primary Education.

This goal is inconclusive due to limited data available to assess progress towards relevant indicators. Following the end of the war, gross enrollment rose significantly and for a while exceeded 100 percent as older students returned to school. Net enrollment also rose but now seems to have leveled off at between 62 and 69 percent. The yearly enrollment in each of the years 2006 to 2008 remained constant around 62 percent. Drop-out rates are high, notably among girls reaching puberty.

### MDG 3: Promote Gender Equality and Empower Women.

This goal will not be met. Near gender balance has been achieved in gross primary enrollment, but with a higher drop-out rate among girls, female completion rates are subsequently much lower. Boys enroll and complete secondary school at a higher rate than girls. Even with an immediate turnaround, parity cannot be reached by 2015. Other forms of discrimination against women still exist and women are generally less empowered than men.

**MDG 4: Reduce Child Mortality.**

This goal may be met with increased and sustained effort. Following the war, under-five child mortality was estimated at 267/1000 (2005), the highest in the world. A more recent survey (SLDHS) estimates child mortality at 140. This is a major achievement and if sustained Sierra Leone might reach a target below 100 and therefore close to the target of 95 by 2015. A similar fall was noted for infant mortality. The new Free Healthcare Initiative should help create and maintain momentum for progress toward this goal.<sup>1</sup> This goal may be met with effective delivery of ongoing programmes and increased financing.

**MDG 5: Improve Maternal Health.**

This goal may be met with increased and sustained effort. In 2000 the maternal mortality ratio was 1800/100,000 births, the world's highest. A 2008 DHS study puts this number at 857, a dramatic drop (see also footnote 1). As with child mortality the Free Healthcare Initiative should increase the possibility of achieving the target of around 450/100,000 in 2015. This goal may be met with effective delivery of ongoing programmes and increased financing.

**MDG 6: Combat HIV/AIDS, Malaria and other diseases.**

This goal is likely to be partly met. The targets for combating HIV/AIDS will be met, but reducing malaria and TB will lag behind. HIV prevalence appears to have been stabilized at a rate of just over 1.5 percent of the general population, with pockets of higher prevalence among certain groups. Treatment options are widely available free of charge, but fear of stigma appears to be a larger obstacle to effective treatment than access.

While there has not been much progress in reducing the incidence of malaria, there are no indications that the disease is growing in frequency. Planned campaigns – providing treated bed-nets, etc. – should at least help stabilize and possibly start to reverse incidence. The TB prevalence rate is difficult to assess because of stigma, but the treatment success rate is encouraging (average 85 percent).

**MDG 7: Ensure environmental sustainability.**

This goal will not be met. Remaining forest cover is currently less than 5 percent of total forest and cannot be reversed by 2015. Sustainable development principles should be incorporated into policies and programmes for reversal of the loss of environmental resources. Many sustainable principles have already been incorporated into Law and policies, but require medium to long term implementation.

Biodiversity is still being lost in many parts of the country. Progress is being made in rural water supply, but is still a long way from reaching its target. Major towns, with large populations, are without safe drinking water. The proportion of people with access to safe drinking water has leveled off at 50 percent in 2008. The MDG target for 2015 is 73 percent.

**MDG 8: Develop a Global Partnership for Development.**

This goal, while a global one, may be met locally with sustained effort. Sierra Leone enjoys strong support and partnership from the international community, with ODA levels remaining stable at around US\$65 per capita. All Development Partners have endorsed the Government's Agenda for Change, and new support strategies (UN Joint Vision, AfDB/WB Joint Assistance Strategy) are fully aligned with it. A new Aid Policy has been approved by Government and endorsed by all Development Partners. In this regard, regular Government/Development Partners meetings now

1. The latest survey is regarded as reliable, but the possibility of an earlier survey overestimating the numbers has been raised. If so, progress would have been less dramatic.

take place. However, some challenges remain, especially in the predictability of disbursements and alignment of assistance with the Government's priorities and budget. Additionally, in terms of market access, US imports (2009) from Sierra Leone which entered duty free on a Most Favoured Nation (MFN) basis increased to 94.4 percent, up from more than 50 percent in 2001.

### Challenges and Recommendations

Significant constraints that continue to impede progress in achieving the MDGs in Sierra Leone are poor infrastructure, lack of reliable electricity supply and weaknesses in social services delivery. Equally important are governance and capacity constraints in the public sector, including corruption, resulting in a very inefficient civil service. To achieve the MDGs, whether on time or later, it is central to maintain and increase robust economic growth, preferably to the 10 percent per annum range. This level of growth is particularly important for reducing poverty and hunger as well as enhancing employment creation. With nearly two-thirds of the population depending on agriculture for its livelihood, it is clearly the largest economic sector in the country, accounting for almost half of the country's GDP. Growth in agriculture is particularly important, due to its very direct link with poverty and hunger, which is highest in agricultural communities. Accelerating growth calls for improvements in business environment, including removing administrative barriers and other issues identified under the "Doing Business" initiative, such as access and collateralization

Achieving the MDGs in health (child and maternal mortality), education, water supply and management of natural resources is to a large extent dependent on the ability of the state (central and local government) to finance and deliver public services. Currently the government's domestic revenues are well below what is needed to achieve the MDGs. The capacity and motivation to deliver quality services in the public sector is also well below what is required.

In order to ensure improved affordability of better services, domestic revenue generation must be scaled up toward the planned 13.5 percent in 2012, through increased collection by the National Revenue Authority (NRA); conservative, judicious and transparent use of waivers and concessions; vigorous collection of revenue from licenses and concessions (mining, fisheries and communications). New possibilities of revenue generation which do not harm competitiveness should also be explored, in order to further increase domestic revenue beyond the 13.5 percent target. The long awaited civil service reform, which includes a *rightsizing* of the civil service, notable pay improvements for key professional positions, a stronger linkage between performance and pay, incentives to encourage service in remote and often difficult and poor parts of the country will also enhance better services delivery.

Strengthening and accelerating the devolution of public services to local authorities and helping to build their capacity is recommended for more timely and effective delivery in primary education, health care, water supply, rural roads and other MDG related services (e.g., textbooks and materials on time for the start of the school-year, drugs and other health supplies available in health care centers, roads passable during the rainy season).

Disadvantages, notably women's living conditions, should be addressed through targeted services and initiatives. For instance, programs to increase girls primary and secondary school completion, improve maternal health, and to fight harmful cultural practices.

While Sierra Leone is endowed with great natural beauty and natural resources (water, marine life, animal life) much of it is under pressure from immediate and urgent human needs. If managed well, these natural *riches* can be a source of jobs and income over time, while, at the same time be preserved for future generations.

The Government and Development Partners have slowly moved towards a more coherent relationship, with the recent Consultative Group Meeting in London an important milestone in this process. The new Aid Policy and implementation strategy provide a good platform for harmonization, alignment and effectiveness. This should provide mutual accountability and respect among all stakeholders. A frank and open, but respectful, dialogue on key development issues should be encouraged.

Monitoring and evaluation of progress on all the MDGs has remained a serious challenge. Development of appropriate institutional mechanisms is required to improve data collection and reporting in the future.

## Status at a Glance

### Sierra Leone's Progress Towards Achieving the Millennium Development Goals

GOAL/TARGET	Indicator	Current Status	2015 Target	Status	Feasibility of achieving the Goal
<b>Eradicate Extreme Poverty and Hunger</b>	Proportion of population living below US\$1.00 per person per day	60%	40%	Off track	Will not be met
	Poverty Gap Ratio	29%	0%	Off track	
	Poorest Quintile Share in National Consumption	-	-	Off track	
	Prevalence of Underweight Children	21%	0%	On track	
	Proportion of population below minimum level of dietary energy consumption	26%	0%	Off track	
<b>Achieve Universal Primary Education</b>	Net Enrolment in Primary	61.7%	100%	Off track	Inconclusive
	Proportion of Pupils Starting Grade1 Reaching Grade 5	-	-	Off track	
	Literacy Rate (15-24yrs)	43.5% (female) 69% (male)	100%	On track	
<b>Promote Gender Equity and Empower Women</b>	Ratio of Girls to Boys in Primary Education	1.01	1	On track	Will not be met
	Ratio of Girls to Boys in Secondary Education	0.78	1	On track	
	Ratio of Literate Women to Men 15 – 24 Years Old	0.63	1	On track	
	Share of Women in Wage Employment in non-Agriculture Sector	-	50%	-	
	Proportion of Seats Held by Women in Parliament	14.5%	30%	Off track	
<b>Reduce Child Mortality</b>	Under-five mortality rate	140 per 1,000	95 per 1,000	On track	May be met with increased and sustained effort
	Infant Mortality rate	89 per 1,000	50 per 1,000	On track	
	Proportion of 1 year old children immunized against measles	59.7%	100%	On track	

GOAL/TARGET	Indicator	Current Status	2015 Target	Status	Feasibility of achieving the Goal
Improve Maternal Health	Maternal mortality ratio	857 per 100,000	450 per 100,000	On track	May be met with scaled up and sustained effort
	Proportion of births attended to by skilled health personnel	42%	100%	On track	
Combat HIV and AIDS, Malaria and other diseases	HIV prevalence among 15 – 24 year old pregnant women	1.5%	0%	On track	Likely to be met but only with regard to HIV/AIDS.  Malaria and TB will lag behind
	Ratio of orphans to non-orphans in school	0.6	1	On track	
	Prevalence and deaths rates associated with Malaria	-	0%	-	
	Access to Malaria Treatment	30.1%	100%	Not on track	
	Proportion of Household with at least one ITN	25.8%	-	On track	
	Death rates associated with Tuberculosis	-	-	-	
	Proportion of TB Cases under DOTS	-	100%	-	
Ensure Environmental Sustainability					Will not be met
	Proportion of land covered by forest	<5%	-	Off track	
	Proportion of area protected to maintain biological diversity	8%	-	Off track	
	Proportion of population using solid fuel	-	0%	Off track	
	Proportion of population with sustainable access to an improved water source	50%	73%	On track	
	Proportion of population with access to improved sanitation	13%	65%	Not on track	
	Slum population as percentage of urban population	-	-	On track	
Develop Global Partnership for Development	Net ODA as a percentage of Real Gross Domestic Product	30%	-	On track	Global goal, may be met locally with, sustained effort.
	Unemployment of 15 – 24 year old (urban)	-	-	Off Track	
	Telephone lines subscribers per 100 population		-	On track	
	Cellular subscribers per 100 population	13%	-	On track	



## Introduction

When the millennium declaration was launched in 2000, Sierra Leone was undergoing nationwide disarmament, demobilization and reintegration (DDR) of its ex-combatants. The country's decade long civil war was coming to an end and was officially declared over in early 2002. During the first decade of the Millennium Development Goals (MDGs) reference, Sierra Leone was going in the wrong direction. The brutal conflict created an immense setback to human development and virtually crippled the economy which experienced persistent negative growth rates throughout much of that period. The economy contracted by about 50 percent and social indicators deteriorated badly.

The average citizen had survived on the equivalent of a meagre 38 US cents a day<sup>2</sup> and Sierra Leone ranked at the bottom of the Human Development Index (HDI) out of 177 countries until 2007 when it surpassed Afghanistan and Niger out of 182 countries. Since then, considerable progress has been made at consolidating peace and security. These efforts yielded relatively high economic growth rates in the after-war years, averaging 7 percent before showing a slight decline to 5.5 percent in 2008 and 4.5 percent in 2009 on account of the global crises.

The impact of the global crises was felt through a decline in export revenue, remittances and capital flows. In addition, the country also experienced dwindling domestic production, especially in the mining sector which resulted in higher levels of unemployment. This was more evident in the Eastern and Southern Provinces where mining is an important source of employment. Sierra Leone's mining export revenue experienced a decline of 19 percent during the same period. Projections for 2010, however, portray considerable gains and with the worst of the crises declared over, the country is on its way to recovery. The crisis was, however, not the only obstacle slowing down growth and development. Serious structural weaknesses in governance and capacity, in the delivery of public services and in infrastructure provision played a significant role as well.

At present, poor infrastructure continues to be a major obstacle to growth in Sierra Leone. The road network, badly damaged before and during the war, is still in bad shape. Lack of good feeder/rural roads is a major bottleneck to growth in agriculture. In 2008, less than 10 percent of the population had access to electricity and only half the population had access to safe water.

The adult illiteracy rate is currently around 60 percent and youth unemployment is about 46 percent.<sup>3</sup> Moreover, about 60 percent of the population live below the poverty level with infant and maternal mortality rates lingering near the bottom of global rankings.

While notable progress is being made, Sierra Leone is unlikely to achieve most of the MDGs in 2015. Goal 6 is likely to be met but only with regard to combating HIV/AIDS while reduction of malaria and TB will lag behind. Goals 1, 3, 7 will not be met. Goal 2 is inconclusive due to limited information. On the other hand, Goals 4, 5 and 8 may be met with sustained effort (see Table 1).<sup>4</sup>

Information from various surveys indicates that widespread poverty as a result of high rates of unemployment and illiteracy are the key factors that continue to slow down overall progress in the country's performance to achieve the MDGs. Enhancing transparency and maintaining efforts to rein in corruption are also equally important to accelerate progress.

2. IDA (2009) Sierra Leone: Recovering from years of conflict (<http://siteresources.worldbank.org/IDA/Resources/IDA-SierraLeone.pdf>)

3. Ministry of Labour, 2008.

4. All these are based on progress since the end of the civil conflict



Table 1: Status of MDGs in 2010

GOALS	MDG 1 Poverty & Hunger	MDG 2 Primary Education	MDG 3 Gender Equality	MDG 4 Child Mortality	MDG 5 Maternal Mortality	MDG 6 HIV/AIDS, Malaria & TB	MDG 7 Environment	MDG 8 Partnerships
Will not be met	X		X				X	
Inconclusive		X						
May be met with sustained effort				X	X			X
Likely to be met						X		

Despite the global crises, the Government has demonstrated its commitment to stay the course of sustained macroeconomic stability and enhanced growth with prudent economic policies and wide ranging structural reforms through its “Agenda for Change” (PRSP II, 2008). The Agenda for Change articulates Government’s plans for the country’s development, and prioritizes four strategic areas—enhancing national electricity; developing the national transportation network; enhancing productivity in agriculture and fisheries; and sustaining human development, notably health, education and water. As these four pillars address the prevailing weak economic and social indicators as well as infrastructural bottlenecks, they facilitate the achievement of the MDGs.

The UN Joint Vision (UNJV), with all UN agencies delivering as one, was developed to support the implementation of the Government’s Agenda for Change. Similarly, the Joint Assistance Strategy of the African Development Bank and the World Bank is aligned with the Agenda for Change. Country programmes of other development partners have also been streamlined to promote the development agenda of the Government.

It is estimated that up to \$19 billion in total investments might be required to achieve the MDGs from 2007 to 2015 (MDGNA,<sup>6</sup> 2008; PRSP II). In view of current donor commitments, the financing gap is estimated at about \$17.6 billion. Compared to an annual GDP of approximately \$2.5 billion, the financing gap represents approximately seven years of GDP, an insurmountable gap.

#### Agenda for Change

*The Agenda for Change (PRSP II), is the government’s strategy for development and poverty reduction. The strategic priority areas—enhancing national electricity; developing the national transportation network; enhancing productivity in agriculture and fisheries; and sustaining human development, notably health, education and water—greatly facilitate the achievement of the MDGs.*

*Growth in agriculture is in particular expected to lower income poverty and hunger significantly while improved road connections and provision of energy will create better growth conditions. Higher school enrollment and completion, notably for girls, improved child and maternal health and access to clean water are objectives in themselves, but will also contribute to economic development.*

5. Sustained effort refers to “effective delivery of ongoing programmes and initiatives”.

6. MDGs Needs Assessment

This second MDGs progress report reviews the status of all the MDGs against the target date of 2015, taking into account the new challenges Sierra Leone faced during the period directly after the crises. The report is the outcome of a collaborative undertaking by the Government of Sierra Leone, the United Nations Country Team (UNCT), the World Bank, African Development Bank, other development partners and Civil Society Organizations.

Measuring progress made towards achieving the goals is constrained by significant absence of relevant data particularly for the civil war years and the early years of peace. Available data is inadequate and often not up to date. Consequently, progress assessments are at times only best estimates of progress. Given the impact of the decade-long civil war on, say, mortality rate, using 1990 as a baseline is often irrelevant. Instead, progress can be more reasonably measured against outcomes at the end of the war where such data is available. As a result, the year against which progress is measured is not the same for all MDGs. Where data is available, a graphical presentation is provided showing the actual and the desired trends.

As with the first MDGs status report published in 2005, this report assesses progress and highlights priority areas for further policy interventions. It should also help in strengthening advocacy and renewing political commitments towards achieving the MDGs despite setbacks caused by the lingering effects of the conflict and the global economic downturn.

The report is organized into 10 chapters based principally on the eight MDGs. For each goal, the status and trend of progress are reviewed; the challenges, supportive environment, and the priorities for development assistance are identified. An acceleration framework that will enhance progress towards achieving the MDGs is summarily presented under each goal detailing in practical terms key priority interventions during the remaining five years, potential challenges and solutions to those challenges. The acceleration framework was completed at a workshop of government and domestic and international stakeholders, which deliberated over two days. While representing prevailing views in sectors relevant to each MDG, the framework is not an official Government list of immediate priorities. Separate chapters as annexes are also provided on the impacts of the global financial crisis, climate change and assessment of good practices.

#### Box 1.0: Key Indicators on Sierra Leone

Key Indicators	Value	Year
Population	5,559,853	2008
Annual population growth rate	2.5%	2008
GDP per capita in US\$	351	2008
Poverty headcount ratio (% of population below poverty line)	70%	2004
Unemployment Rate (% of labour force)	5.7% <sup>7</sup>	2007
Gross Primary Enrolment	147%	2007
Net Primary Enrolment	62%	2008
Ratio of girls to boys in primary education	1:1.2	2008
Adult Literacy	39%	2008
Access to safe drinking water (%)	50.5%	2008
Access to safe sanitation (%)	13%	2008
Life expectancy at birth (years)	48	2008
Maternal Mortality Rate (per 1,000)	857	2008
Under-five mortality Rate (per 1,000)	140	2008
Infant Mortality Rate (per 1,000)	56	2008
Forest cover	<5% <sup>8</sup>	2007
Human Development Index (HDI)	0.36	2007
Source: SLIHS, 2004; MICS <sup>9</sup> 3, 2005; CWIQ, 2007; USAID, 2007, SLDHS, <sup>10</sup> 2008;		

7. CWIQ, 2007 (Core Welfare Indicator Questionnaire)

8. USAID, 2007 Biodiversity and Tropical Forest Assessment Report

9. Multiple Indicator Cluster Survey

10. Sierra Leone Demographic Health Survey

# Goal 1:

## Eradicate Extreme Poverty and Hunger

### BOX 1.1:

Target 1A: Halve between 1990 and 2015 the proportion of the population whose income is less than \$1 a day						
Indicators	2004	2005	2006	2007	2008	Target
Proportion of population below \$1 (PPP) per day	70%	-		60%	-	40%

### Trend and Inequality Analysis

Poverty reduction is the linchpin for achieving all of the other MDGs. The level of poverty in Sierra Leone is still very high despite continued efforts of the government to reduce the proportion of people whose incomes are less than US\$1 (PPP) per day, including accelerating growth and investment in areas such as agriculture that are important to the poor, improving quality and access to essential social services, promoting employment and industry, mitigating rising income inequalities and strengthening the capacity for data collection needed for poverty monitoring and evaluation.

The 2004 Sierra Leone Integrated Household Survey (SLIHS, 2004) indicated that 70 percent of the population is poor (live on less than US\$1/day). A more recent survey using the CWIQ approach, conducted in 2007, indicated a notable fall in poverty to around 60 percent, the exact outcome being dependent on whether an asset or consumption based approach is used. The PRSP II poverty estimate is 66 percent<sup>11</sup> (47% in urban areas versus 79% in rural areas) and that rural areas account for the largest proportion of the poor (73%, versus 61% of the population). While the assessment indicates notable progress in reducing poverty, this MDG will almost certainly not be met by 2015. According to the PRSP II, the estimated reduction in poverty is not generally evident at the street level. As a result, the new household survey planned to be conducted in 2010 and 2011 will confirm whether poverty has significantly reduced, as the CWIQ survey indicated.

The SLIHS 2004 shows that 26 percent of the population is extremely poor (33% rural and 15% urban). In 2007, the average person's total consumption fell short of the minimum consumption level necessary to escape poverty by 27 percent (PRSP II).

The MDGNA report in 2008 indicated that nationwide, the poverty gap index<sup>12</sup> was 29 percent, showing a high incidence and depth of poverty, and was particularly high in rural areas where it was 34 percent. Bombali and Kailahun both had poverty gaps above 40 percent (precisely 50% and 42%, respectively), showing a serious disparity between regions. The CWIQ 2007 shows that 10.7 percent of households were in the poorest quintile. The rural areas accounted for the highest proportion of households living in absolute poverty (51%). At the regional level, about 12.8 percent of the poorest households were located in the Southern Region followed by the Eastern Region (12.0%) while 18.8 percent of the richest households were in the Western Region followed

11. Weighted average

12. The mean distance below the \$1(1993 PPP US\$) a day poverty line

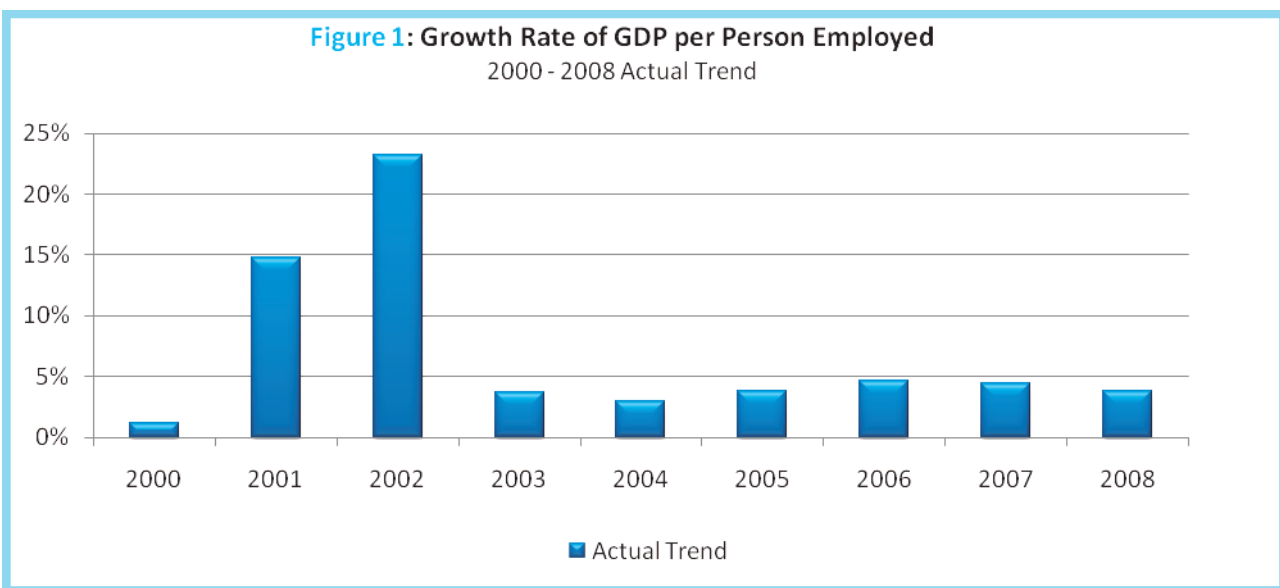
by the Northern Region (17.3%). Rural areas in the Western Region tend to have higher levels of poverty in comparison to Freetown (PRSP II).

Given a population of 5.5 million,<sup>13</sup> the MDGNA report gauged the financial resources required to eradicate poverty in Sierra Leone under a perfectly targeted transfer to an estimate of Le1.1 trillion (about US\$361 million) per year over the period 2007 – 2015. Certainly, since a perfect transfer is not feasible, the resources required to eradicate poverty are significantly higher than the estimated amount.

**BOX 1.2:**

<b>Target 1.B: Achieve full and productive employment and decent work for all, including women and young people</b>						
Indicators	2004	2005	2006	2007	2008	Target
Growth rate of GDP per person employed	3%	3.8%	4.7%	4.4%	3.8%	
Employment-to-population ratio	41.91%	41.84%	41.75%	42%	42%	

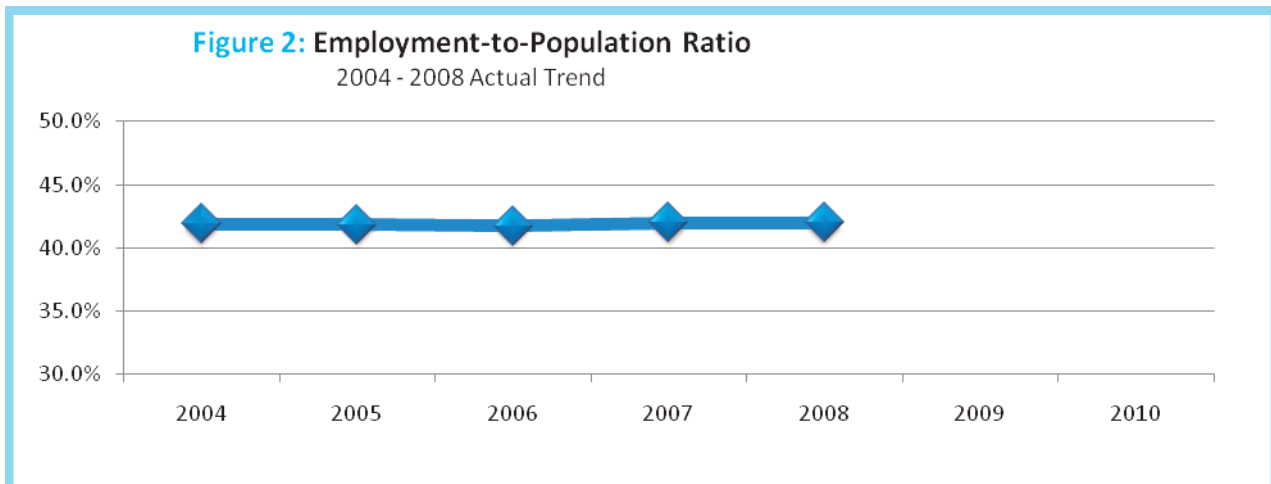
The last Labour Force Survey in Sierra Leone was conducted in 1989, rendering it irrelevant for current employment analysis. As most people work in smallholder agriculture or the informal sector, employment statistics are hard to collect and unreliable.



Source: World Development Indicators, World Bank

Figure 1 above shows the GDP growth rate per person employed. In most years it is lower than overall GDP growth, indicating scarcity of capital. The labour market has not been able to absorb the supply of labour due to a variety of reasons, such as lack of access to finance, poor infrastructure, but also lack of critical skills in the existing labour force caused by lack of education and/or lack of relevant education.

13. MAGNA estimates are based on a total population of 4.9 million inhabitants from the 2004 Population Census



Source: World Development Indicators, World Bank

Figure 2 shows a steady population to employment ratio of about 42 percent from 2004 to 2008, underscoring the fact that the unemployment situation in the country is not improving because of the aforementioned reasons

Heston et al. (2009) estimate that every percentage increase in GDP will lead to an increase in total employment of 0.38 percent. Based on the 2007 level of employment of 2.3 million workers, it implies then that at the current real GDP growth rate of about 5 percent, it would take roughly 13 years to add 800,000 additional jobs to the economy. In order to meet the MDGs in 2015, annual growth rates of over 10 percent would be required.

Among the employed, self employment is the largest domain, accounting for 50 percent of all employment. Closest to this are household work 13.4 percent and unpaid family work 11.2 percent. Paid employees account for less than 6 percent of total employees. Although employment types are not categorized by skills area, an acceleration of human development would require opening up opportunities in other sectors such as the service industry, manufacturing and mining to provide many more high paying jobs that can rapidly enhance the standard of living of the population.

#### On Youth Unemployment

*The level of youth unemployment in Sierra Leone is among the highest in the West African sub-region. The number of youth seeking jobs in 2007 was put at 500,000 (ILO, 2008) and in 2008 youth unemployment was estimated at 45.8 percent (Ministry of Labour, 2008).*

*Government's worry is that the high unemployment and underemployment situation particularly that of the large youth population could undermine development and threaten the existing peace.*

*Addressing youth unemployment in Sierra Leone can be improved by understanding the sources of economic growth and how such growth translates into employment.*

*In the short term, government is responding to youth unemployment by means of 'Semi-capital' programmes (cash for work) that are similar to what the ILO defines as 'labour-intensive public works'. These programmes are designed such that wages and salaries are the major element of expenditure (e.g., the National Commission for Social Action (NaCSA) programmes).*

*In the medium to long term, key interventions are in investment in infrastructure, skills and growth areas as highlighted in the Government's Agenda for Change. The recently established Youth Commission and the National Youth Secretariat will provide the institutional framework for coordination and oversight of youth related interventions in the country.*

*Country programmes of FAO, UNDP, WFP, the World Bank and GTZ are supporting the full range of youth employment activities, including cash for work, skills improvements, supply and demand matching, reintegration of youth into agriculture – and capacity building for Government and CSOs to manage youth employment programmes.*



There are wide gender disparities among the types of employment. Of the 1.3 million women and girls in the economically active population as well as the 47 percent who are self-employed, 35 percent are either unpaid family workers or household workers (compared with 12% of males). Women workers dominate these categories, which generate meagre or no incomes. Thus, women typically earn less from employment than men do. More men have access to paid jobs (76%) than women who are still left out of jobs which males have traditionally dominated, and tend to have low or no income.

Agriculture is the main source of employment, accounting for about 55 percent followed by trade, 14 percent; community-related services, 4.4 percent and mining 3.6 percent (largely excluding artisanal mining, which employs huge numbers, informally, both full and part time). Although agriculture is the dominant economic sector, most of the jobs are low-paying subsistence activities. Much as these jobs are essential and need to be performed, a parallel rise in the number of jobs at the higher level in this sector (e.g., in agribusiness, as farm managers or technicians) would increase income.

There are concerns that the high unemployment and underemployment, particularly that of the large youth population, could undermine development and threaten the existing peace.<sup>14</sup> However, even among the employed, the majority of the jobs provide little relief from poverty in view of the very low remuneration.

**BOX 1.3:**

<b>Target 1.C: Halve, between 1990 and 2015, the proportion of People who suffer from hunger</b>						
Indicators	2004	2005	2006	2007	2008	Target
Prevalence of underweight children under-five years of age	20%		-	-	23.6%(male) 18.8% (female) 21.1% (total)	

Progress towards reducing the proportion of people who suffer from hunger in Sierra Leone by half in 2015 is still a daunting challenge. However, current and expected growth in agriculture (subsistence as well as commercial), and recent inflow of private sector investments in the mining and agribusiness sectors are expected to improve livelihoods and boost the acquisition of food.

SLDHS 2008 indicates that 21 percent of children under-five years were underweight. Nationwide MICS 3 2005 states that 40 percent are stunted (too short for their age), and 9 percent are wasted (too thin for their height). According to the SLDHS 2008, 36 percent of children under-five are stunted and 10 percent of children under five are wasted. The SLDHS further shows that under-weight is higher among boys (23.6%) than girls (18.8%), and higher among rural children (23.1%) than urban dwelling children (15.7%).

A programme for the management of acute malnutrition was established in 2007, and to date there are 101 outpatients feeding centres across the country. 31,089 severely malnourished children have been successfully treated and discharged. Sensitization and in-service training on breastfeeding promotion is ongoing and a nutrition surveillance system has been established countrywide.

14. Youth unemployment in Sierra Leone, World Bank , 2009 , page 1

The prevailing problem of food insecurity<sup>15</sup> in Sierra Leone is, however, for the most part a matter of economic access, i.e., adequate purchasing power. Food insecurity is a problem in only a few communities where market centres are absent. In 83 percent of the villages (SLHFSS,<sup>16</sup> 2008), people interviewed did not think that buying the food needed would be a problem at any time provided that the family had money. As indicated in the PRSP II, there has been a steady increase in domestic food production and it is estimated that the share of households with adequate food consumption has increased from 56 percent in 2005 to 71 percent in 2007. With regard to the production of specific crops, the level of rice (the staple food) self-sufficiency in the country increased from 57.4 percent to 71 percent between 2002 and 2007 and continues to rise. The production of root and tuber crops (mainly cassava and sweet potato) is currently in excess of national demand, which along with the increase in rice production, indicates that diversification in food production and consumption may be as important for nutritional standards as increased production alone.

## Major Challenges

**G**iven the incidence and depth of poverty in Sierra Leone, the challenge to reduce extreme poverty is enormous and mainly centred around the need to accelerate economic growth at a rate that should exceed the population growth rate by several percentage points. The country's GDP growth of between 6-7 percent per annum in recent years is impressive, but with an annual population growth rate of 2.5 percent, pulling out of poverty is a very slow process. The Agenda for Change indicates that even if Sierra Leone is to maintain a steady growth rate of 6.5 percent per annum, the country's GDP per capita will still stand at \$350 by 2018 implying that the majority of Sierra Leoneans will still live on less than \$1 per day. In order to reduce poverty significantly in the medium term and improve on the lives of Sierra Leoneans, the country needs to achieve an annual growth rate of 10 percent or more per annum.

As already articulated in the PRSP II, current national development efforts are focused on the creation of an enabling macroeconomic environment that will enhance the generation of broad-based employment opportunities by the private and public sectors as well as investment in human capital and social services as the basis for socio-economic development. Priority has been placed on the key drivers of growth: provision of effective and reliable electricity; upgrading transportation networks; improving agricultural productivity and competitiveness; and accelerating human development through improvement in education, health, water and sanitation. Enhancing transparency and maintaining efforts to rein in corruption are also equally important. Achieving these objectives hinges critically on the availability of adequate resources and as such underscores the importance of strengthening the domestic revenue mobilization drive, especially at times of uncertain foreign aid flows.

The problem of achieving full and productive employment and decent work for all, including women and young people, in Sierra Leone hinges on accelerating growth and investment in areas such as agriculture that are important to the poor, improving quality and access to essential rural social services, promoting rural employment and industry and strengthening the capacity for monitoring and evaluation of the country's employment situation.

In the immediate term, policy formulation should target promotion of growth that makes efficient use of labour, notably agriculture, and invests in the human capital of the poor. Both elements are essential. The first provides the poor with opportunities to use their most abundant asset—labour. The second improves their immediate well-being and increases their capacity to take advantage

15. A condition that arises from a lack of enough income and other resources for food

16. Sierra Leone Household Food Security Survey

of the created possibilities.

In the long term, however, policies should focus on developing required human capacities and infrastructure for adjusting the economy towards industrialization, given that manufacturing is the backbone of sustainable economic development. Such long term strategies should be in line with action programmes that would lead to movement of SMEs from the informal to the formal sector.

## **Supportive Environment**

**T**he Government is committed to eradicating extreme poverty as articulated in the Agenda for Change. The Government is also demonstrating political commitment in terms of rapidly moving agriculture forward to ensure that both the quality and quantity of output are increased, making farming more profitable for the farmers and food available at affordable prices for all. To this end, the government has initiated policies, programmes and projects that will ensure increased food production, poverty reduction and sustainable development in the country.

The Comprehensive African Agricultural Development Programme (CAADP) has been launched in Sierra Leone within the framework of the AU and NEPAD to map out and speed up the process of implementation of activities as part of the country's general development efforts aimed at sustained economic growth as well as eradicating poverty and hunger from African countries. The Government of Sierra Leone (GoSL) has allocated 9.9 percent of its budget in 2010 to agriculture in line with the AU's Maputo Declaration target of 10 percent.

There are several agricultural and anti-poverty projects under the Presidential Initiative Small-holder Commercialization Programme (SCP) that is currently being implemented in all 14 districts in the country with the overall purpose of increasing agricultural production, income generation, poverty reduction and combating malnutrition.

The multi-ministerial SCP is being implemented under the Ministry of Agriculture, Forestry and Food Security (MAFFS) and in strategic alliance with donors which fund NGOs. Some of the SCP projects are the Rural and Private Sector Development Project (RPSDP), Diversified Food Production Project (DFPP), Agricultural Sector Rehabilitation Project (ASREP), Rehabilitation and Community Based Poverty Reduction (RCPRP), the Rural Finance and Community Improvement Projects (RFCIP), EU Food Facility but also smaller projects from Irish Aid, Italian Cooperation and inputs from Governments of Germany, China and Japan—to name a few. Several UN agency projects are also implemented under the SCP umbrella including FAO, WFP and UNIDO.

The establishment of the Sierra Leone Agricultural Research Institute (SLARI), as an agricultural research coordinating body established by an act of parliament in 2007 with the mandate for agricultural research and technological breakthroughs for the major food crops and livestock is laudable. The vision of SLARI is finding solutions to hunger, malnutrition and poverty.

## **Priorities for Development Assistance**

**T**o achieve the target of halving poverty by 2015, Sierra Leone needs to focus on pro-poor macroeconomic policies and scale up investment in agriculture and infrastructure to ensure sustainable economic growth. Such a framework should lay emphasis on agriculture in order to arrest, in the immediate term, a situation of widespread and escalating poverty and hunger and hence to achieve the MDG target by 2015.



The Agricultural sector is crucial in addressing issues of food security, poverty reduction and economic growth through employment creation and hence provides opportunities for individual income growth in a country where there is abundant natural endowment for agricultural productivity. Improving this sector calls for an appropriate policy framework that is focused on the following:

- **Increased agricultural production:** Emphasis should be on areas where Sierra Leone is well endowed, such as rice, cocoa, cassava and palm oil.
- **Effective management of the fishery sector:** Strengthen Monitoring, Control and Surveillance activities to protect its marine resources and attract quality investors.
- **Promote growth in agriculture and fisheries:** Attract new investments, domestic and foreign, and by increasing productivity and market access for existing farmers – and access to the European markets for fisheries. In agriculture continued investments in feeder roads, in post-harvest equipment, improved crop and seed varieties, and dissemination of knowledge are important, along with access to finance.
- **Energy supply:** Continue and increase investments in electricity generation, upgrade the effectiveness of transmission/distribution, and ensure that tariffs are sufficiently high to avoid subsidies, yet competitive.
- **Rural infrastructure and support:** Improve the road network, notably feeder roads, invest in post harvest infrastructure, and in services for better quality of life in rural areas (health, education, water) and extension services.
- **Productive and social safety nets:** Focus on using various programmes such as food for work, cash for work, school feeding, purchase for progress and other activities to reduce the risk of severe food insecurity.
- **Investments:** Continue to promote investments across all economic sectors, including natural resources, while seeking to maximize government revenue, employment and local benefits from such investments.

**Table 2: Achievement Acceleration Framework for Goal 1**

Priority Interventions	Challenges	Solutions	Responsible Party
Promote growth through private sector development	<ul style="list-style-type: none"> <li>• Poor infrastructure</li> <li>• Weak judicial system and legal system</li> <li>• Poor social service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Improve transportation network and provide reliable electricity supply</li> <li>• Maintain macroeconomic stability</li> <li>• Strengthen judicial and legal system</li> <li>• Improve social service delivery</li> </ul>	Government and development partners
Increase food production	<ul style="list-style-type: none"> <li>• Limited incentives for investment in agriculture</li> <li>• Lack of enabling environment for agriculture production</li> <li>• (poor infrastructure and extension services and limited input supply market)</li> </ul>	<ul style="list-style-type: none"> <li>• infrastructural development,</li> <li>• Tax exemption on all inputs for agricultural production.</li> <li>• Rehabilitation of the agriculture extension service in the country.</li> <li>• Promote private sector investment in agricultural marketing.</li> </ul>	Government and development partners

Table 2 contd.

Priority Interventions	Challenges	Solutions	Responsible Party
Strengthen governance institutions	<ul style="list-style-type: none"> <li>• Changing of negative attitude towards service delivery</li> <li>• Weak knowledge based capacity in the public service</li> <li>• Required financial support for reforms</li> </ul>	<ul style="list-style-type: none"> <li>• Enforcement of laws and penalties to ensure compliance with systems and procedures in public offices</li> <li>• Provision of funds to support needed reforms</li> </ul>	Government and development partners
Improve domestic revenue mobilization	<ul style="list-style-type: none"> <li>• Low tax compliance</li> <li>• Weak Capacity to generate domestic revenue</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness raising and enforcement of regulations to promote tax compliance</li> <li>• Build the capacity of the National Revenue Authority</li> </ul>	Government and development partners

## Goal 2:

### Achieve Universal Primary Education



#### BOX 2:

<b>Target 2.A:</b> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling						
Indicators	2004	2005	2006	2007	2008	Target
Net enrolment ratio in primary education	63%	69%	-	-	62%-	100%
Proportion of pupils starting grade 1 who reach last grade of primary	-	11%	-	-	13%	100%
Literacy rate of 15-24 year-olds, women and men	-	-	-	-	44% (women) 70% (men)	

Source: SLIHS, 2004; MICS3, 2005; SLDHS, 2008



## Trend and Inequality Analysis

Sierra Leone is making progress in achieving the goal of Universal Primary Education (UPE) with major increase in gross primary and secondary enrolment since the end of the war. However, significant effort is still required to simultaneously maintain quality as well as address the problem of significant number of school drop-outs. The government places emphasis on UPE and progressively increased expenditure between the period 2000 and 2005. Expenditure on education rose from 8 percent of the annual budget in 2000 to 11.3 percent in 2005 (Martin and Kyrili, 2009). Furthermore, the government introduced free primary education in 2003. The Education Sector Strategy of 2007 was rewarded with financial support from the global Education for All- Fast Track Initiative.

Gross primary enrolment increased dramatically with the introduction of free primary education in 2003. It has stayed high, consistently exceeding 100 percent, which indicates that a good number of over-age (and under-age) students are seeking primary education. The total enrolment numbers are still showing a modest annual increase, as do national pass completion numbers. The Net Enrolment Rate (NER) improved from 63 percent in 2004 (SLIHS, 2004) to 69 percent in 2005 (MICS3, 2005) but subsequently dropped to 62 percent in 2008 (SLDHS, 2008). Primary completion rate increased from 11 percent in 2005 (MICS3, 2005) to 12.9 percent (11.3% female and 14.5% male) in 2008 (SLHDS, 2008). The increase in enrolment between 2004 and 2005 could be as a result of expansion of the SABABU<sup>17</sup> projects into more remote communities.

It should be noted that the net enrolment numbers for different years were compiled with different methodologies and are hardly comparable. It is, therefore, difficult to assess whether they represent any trend toward or away from achieving Target 2A. The apparent fall in net enrolment between 2005 and 2008 may, however, indicate that the early gains may be hard to sustain. The ratio of girls to boys in primary education was maintained from 1:1.2 in 2004 (SLIHS, 2004) as against the medium term target of 1:1 in 2005 (MICS3, 2005). Improvement has been made in the ratio of girls to boys in Junior Secondary School (JSS), reducing from 1:1.5 to 1:1.4, meanwhile, the primary pupil/teacher ratio deteriorated from 52:1 in 2004 to about 67:1 in 2005<sup>18</sup> (UNDP, 2009).

In 2000, the literacy rate in Sierra Leone was estimated at 30 percent for male and 21 percent female (MICS2, 2000). The western area, including Freetown, had the highest literacy rate (69 percent) whereas the provinces had literacy rates ranging between 15 and 20 percent (MICS3, 2005). In 2008, overall, 58 percent of women and 46 percent of men had no education, only 25 percent of women and 28 percent of men have some primary education and men were almost twice as likely as women to have attended secondary school (SLDHS, 2008). In the age category of 15-24 years, literacy rate was 43.5 percent for women and 69.6 percent for men. It is apparent from the gloomy statistics that Sierra Leone will not be able to eradicate illiteracy in the age category of 15-24 years in the foreseeable future.

17. SABABU Education Project was set up in 2003 to undertake the reconstruction and rehabilitation of basic education facilities including primary and secondary

## Major Challenges

**F**or Sierra Leone to achieve the goal of universal primary education there are numerous challenges to be overcome, particularly in ensuring that the quality of education is improved, including significantly improving teacher/pupil ratios and teacher training; that all children of school going age are enrolled now and that those already in school go through the complete course of primary education. The following are the key areas that the Government should continue to address:

### **Inadequate financing, weak capacity and logistics:**

This has resulted in poor learning environments; inadequate infrastructure for instructional delivery (classroom space, teacher accommodation, and libraries); high teacher to pupil ratio; high pupil to book ratio; high prevalence of volunteer teachers; and inadequate basic learning materials. Delivery of books and learning materials is also a recurring challenge, along with teacher absenteeism and low skills. The education sector still requires increased financial support for more school infrastructure in remote communities in order to ease the problem of over-crowding in urban community schools and to also eliminate the two shift system that does not guarantee quality standards. The Government has removed the ceiling on teacher recruitment but the delay in approval of new teachers and hence payment of their salaries still remains a huge challenge. The devolution of primary education to local councils is expected to lead to improvements in the provision of education over time.

### **Poor conditions of service for teachers, causing low teacher morale, absenteeism and high staff turnover rate from schools:**

Many teachers in Sierra Leone complain of poor conditions of service, notably in rural areas, and the majority have low job satisfaction. To address this situation, negotiations are in progress to improve teacher's conditions of service, including an increase in teachers' salaries based on a standard condition of living which the ministry and the Teachers' Union are currently negotiating.

### **A Significant number of children of school going age are out of school:**

A recent UNICEF (2008) report indicates that 30 percent of children of primary school-going age are still out of school.<sup>19</sup> Many of those who eventually access schooling do not complete. Some of the causes of the non-attendance include hidden and indirect costs, cultural barriers to girl child education and child labour. This large number of out-of-school children is especially worrisome because of the impact it will have on the other MDGs. Evidence shows, for instance, that an increase in the share of mothers with a primary or secondary school education is associated with a reduction in the child mortality rate, and educated parents have better nourished children.

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18. UNDP (2009) Beyond the Mid Point, Focusing UNDP Support for Achievement of the MDGs (Report MDG Forward Looking Review: case of Sierra Leone)

19. The Country Status Report for Sierra Leone 2006, Population Census 2004



## Supportive Environment

The Government of Sierra Leone has declared its commitment to achieving the education for all by 2015 targets. It has prepared the Education for All (EFA) action plan which serves as the key strategy for efforts to achieve EFA. A number of policies and legislations have been passed (for instance, the Education Act 2004 and the Child Rights Act 2007), making basic education compulsory, with penal procedures for those hindering it. The introduction of the free primary school policy in 2001 has had a marked positive impact on the enrolment of boys and girls (for the period for which the data is available for confirmation).

A key vehicle for investments in education, the Sababu Education Project was set up to restore basic education and to provide vocational skills training and constructing new schools as well as reconstructing schools and vocational skills training facilities that were destroyed during the war. At the end of the five years of SABABU project intervention in 2010 it is expected that a total of 6,447 teachers will have been trained and approximately 1,495 schools will have received assistance<sup>20</sup> under the rebuilding and rehabilitation component.

To improve the delivery of basic education services, the GOSL has recently constituted the Gbamanja Education Review Commission for the current 6-3-3-4 education system. The on-going implementation of the Education Sector Plan 2007-2015 should enhance access to primary school level education.

A gender-approach, with special focus on the girl child has also made this goal achievable and is being effectively backed up with awareness raising and the punishment of individuals who sexually tamper with girls in schools. The results of the study on Out-of-School Children in Sierra Leone show that sexual harassment and abuse in schools, by teachers and peers, are reasons why girls drop out or are taken out of school by their parents.

The government is receiving and maximizing assistance received from various bilateral, multilateral and non-governmental organizations. Much of the funds received from these partners emphasize the promotion of universal primary education. This is an opportunity for the achievement of this goal.

## Priorities for Development Assistance

Government acknowledges basic education as a significant factor in achieving economic growth and poverty reduction. To achieve the MDG 2 goal of UPE by 2015, development assistance from international agencies/partners such as the World Bank, African Development Bank UNESCO, UNICEF, USAID, DFID and others need to focus more clearly on meeting the major challenges of quality within Sierra Leone's educational system through the following measures:

- Increase spending on education and transfers to local councils for primary education. Ensure efficient use of resources, including timely delivery of textbooks and materials
- Improve teachers' conditions of service, including salaries, and introduce results measurements. Provide better pay for teachers in rural and remote locations.
- Explore incentives to ensure children, especially girls, enroll and stay in school until completion.

20. SABABU programme: [http://www.daco-sl.org/encyclopedia/1\\_gov/1\\_2/meys/MEST\\_sababu\\_update05pps](http://www.daco-sl.org/encyclopedia/1_gov/1_2/meys/MEST_sababu_update05pps)

**Table 3: Achievement Acceleration Framework for Goal 2**

Priority Interventions	Challenges	Solutions	Responsible Party
Elimination of the shift system in the schools	Inadequate financing for construction of additional schools.	<ul style="list-style-type: none"> <li>• Increase government budgetary allocation to the education sector</li> <li>• Solicitation of assistance from donors</li> </ul>	MoFED, MYES and development partners.
Reduce the number of out of school children.	<ul style="list-style-type: none"> <li>• Negative attitude of parents towards education.</li> <li>• Cultural tradition not favouring the education of the girl child.</li> <li>• Poverty.</li> </ul>	<ul style="list-style-type: none"> <li>• More effective enforcement of the Education Act in pursuit of compulsory Basic Education should be enforced</li> <li>• Awareness raising to promote positive attitude towards education.</li> </ul>	MEYS, MSWGCA, Local Councils
Improve quality of education	<ul style="list-style-type: none"> <li>• Inadequate financing</li> <li>• Inadequate skilled professionals especially trained teachers.</li> <li>• Poor teachers' conditions of service</li> <li>• Ineffective discipline in schools</li> <li>• Low school subsidies</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit more trained personnel</li> <li>• Train existing staff</li> <li>• Effectively enforce penalties against professional misconduct.</li> <li>• Improve teachers conditions of service.</li> <li>• Increase school subsidies and effectively monitor for proper use.</li> <li>• Establish the teaching service commission to handle all professional matters pertaining to teachers.</li> </ul>	MEYS
Expand School feeding programme to more schools	Inadequate financing.	MEYS and World Food Programme to explore avenues for additional food supply.	MEYS and WFP
Improve coordination of development assistance.	Absence of plans and strategies for coordination of development assistance.	Development and enforcement of plans and strategies for improve coordination among development partners.	MEYS
Promote early childhood Development Education	Low level of awareness about the importance of early childhood education	<ul style="list-style-type: none"> <li>• Awareness raising</li> <li>• Training of personnel (teachers)</li> <li>• Provision of necessary facilities</li> </ul>	MEYS

## Goal 3:

### Promote Gender Equality and Empower Women



Orientation meeting on minimum quota for women

#### BOX 3:

**Target 3.A:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicators	2004	2005	2006	2007	2008	Target
Ratios of girls to boys in primary, secondary and tertiary education	-	101% (primary), 78% (secondary)	-	-	84.9% (combined)	100%
Proportion of seats held by women in national parliament	-	8.8%	15.0%	14.5%	14.5%	30%



## Trend and Inequality Analysis

Gender parity in education has improved. Great effort has been made to narrow wide disparities realized in the early 1990s. In 2003, the gender parity gap reduced for primary education. Of the number of children enrolled in primary school, 58 percent were boys and 42 percent were girls. Combining both primary and secondary schools, 63 percent of those enrolled were boys and 37 percent were girls (MDG Report, 2005). Gender parity index (girls: boys) sharply increased thereafter to 101 percent in primary school and 78 percent in secondary school (MICS3, 2005). Such dramatic increase in the attendance of girls was as a result of affirmative action of the government to allow every girl child to go to school. Primary education school fees for all children were abolished in 2001 and in 2003, full support was provided for all girls entering the Junior Secondary School in the Eastern and Northern Regions because these regions were recording low numbers in attendance.

Gender parity in non-agricultural employment is still low despite the fact that significant progress is being made to improve the situation. In 2001, the proportion of women in non-agricultural employment was 7.5 percent (MDG Report, 2005). There was significant increase to 23.2 percent in 2005 (World Bank, 2009). Table 4 below shows employment by grades and gender in the public service taken as an example. The table illustrates clearly that the proportion of women in non-agricultural employment is significantly lower than that of men at all levels and that the share of women occupying senior level positions is discouragingly too low – (13% women compared with 87% men).

**Table 4: Employment by Grades and Gender in the Public Service**

Level	Male	% male	Female	% female	Total
Junior	8865	61	5556	39	14421
Middle	741	78	205	22	946
Senior	322	87	46	13	368
Total	9928	-	5807	-	15735

Source: Human Resource Management Office, Government of Sierra Leone

Such wide disparities are to a very large extent due to social and cultural barriers discriminating against women in education and skills training. In addition, the marital status of the woman is a significant factor in determining whether a woman will be in employment or not. About 80 percent of women who are married or divorced, separated, or widowed were more likely to be employed compared to 42 percent for unmarried women (SLDHS, 2008).

Standing in stark contrast with women in other post-conflict countries in Africa, such as Liberia and Burundi, Sierra Leonean women have not been able to achieve more equitable political representation at different levels of government to respond to the need to meet goal three. However, with time it is hoped that the situation will improve. The number of women holding political offices has been fluctuating with an increasing trend. Female representation in parliament rose from 6 percent in 1995 to 15 percent in 2005 but declined to 13 percent in 2008 (SLHDR, 2007). In 2008, a woman was appointed to the office of Chief Justice and the current Chairperson of the National Electoral Commission appointed in 2004 is a woman. In 2010 female representation in Parliament

was 14 percent and in the Cabinet, 2 women held Ministerial positions and 4 others were Deputy Ministers.

## Major Challenges

**A**s in many other developing countries, the status of women in Sierra Leone is immersed in deep cultural discrimination by traditional customs and laws which must be overcome in order to enhance parity on the gender landscape. Specifically, some of the major challenges are:

- Traditional gender discriminatory laws, paternalistic culture, traditions and practices which discriminate against women in primary decision-making in households.
- Various forms of domestic violence that continue to affect women in society.
- The problem of enforcing the implementation of policies on gender mainstreaming and the advancement of women.
- The lack of a systematic approach to design, planning and implementation of interventions in gender related issues in Sierra Leone.
- The low budgetary allocations to the Ministry of Gender.

## Supportive Environment

**S**ierra Leone embraced the Beijing Declaration and is making progress in establishing the relevant policy framework to promote gender equality and empowerment of women. The creation of the Ministry of Social Welfare, Gender and Children's Affairs in 1996 and a parliamentary sub-committee on gender affairs reflected the commitment of the government to ensuring gender equality and empowerment of women. In 2007 the government enacted, the Domestic Violence Act, the Devolution of Estates Act, the Registration of Customary Marriage and Divorce Act and the Child's Right Act. All of these Acts have been specifically tailored to address issues of abuse against women. Women are traditionally not accorded equal rights with men in chieftaincy matters. As a result in 2009, the Chieftaincy Act was passed in Parliament to allow women equal rights with men in chieftaincy matters.

Furthermore, plans are underway to enact the Sexual Offences and Matrimonial Causes Act while on the 23<sup>rd</sup> of January 2009, the Registration of Customary and Divorce Act received presidential assent. A draft national action plan has been adopted for the implementation of the UN Security Council Resolution 1325. In 2010 the Ministry of Social Welfare, Gender and Children's Affairs, in consultation with the relevant UN agencies, finalized a four year strategic plan covering the period up to 2013 and the President, Ernest Bai Koroma, formally launched the plan on the 8<sup>th</sup> of June. In the Local Government Act 2004 specific provisions require at least 50 percent female representation in the District and Ward Development Committees.

## Priorities for Development Assistance

**T**o achieve the target of promoting gender equality and empowering women by 2015, the following national priorities need to be addressed:

- Sustain gender equality in education at all levels, particularly at secondary and tertiary levels, and without compromising quality. As such, education must remain a priority sector in the national budget so as to improve completion rates for boys and girls.

### Goal 3: Promote Gender Equality and Empower Women

- Strengthen advocacy campaign strategies to do away with culturally entrenched attitudes that discriminate against women. In addition, domesticating the already ratified international conventions, protocols and declarations on gender issues would help consolidate all efforts towards achievement of gender equality and empowerment.
- Enforce the application of affirmative action or the quota system as recommended by the Truth and Reconciliation Commission's Report 2004 to facilitate the achievement of targets in Parliament and other political decision making offices.
- Provide adequate resources, instituting coordination mechanisms, monitoring and evaluation of programmes both in gender-specific and gender-related sectors in the country. Carry out needs assessment for the gender sector that is limited to gender specific interventions.

**Table 5: Achievement Acceleration Framework for Goal 3**

Priority Interventions	Challenges	Solutions	Responsible Party
Abolition of Traditional gender discriminatory laws	Culture, traditions and religious beliefs	<ul style="list-style-type: none"> <li>• Domesticate the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)</li> </ul>	Government of Sierra Leone
Enforcing the implementation of policies on gender mainstreaming and advancement of women	Inadequate knowledge based capacity in gender mainstreaming	<ul style="list-style-type: none"> <li>• Training in gender mainstreaming</li> <li>• Development and implementation of policies in gender mainstreaming</li> </ul>	Government of Sierra Leone and development partners.
Promote awareness against gender based violence	Culture, traditions and religious beliefs	<ul style="list-style-type: none"> <li>• Design suitable adult literacy programs and encourage women's participation</li> <li>• Ensure that punitive action is taken against those involved in sexual harassment and abuse of girl child in schools</li> </ul>	Government of Sierra Leone and development partners.
Implementation of the 30% quota for women in elective and appointed positions as recommended by the Beijing Platform for Action and the Truth and Reconciliation Commission.	High illiteracy rate among women and Women not given opportunity to participate freely in decision making	<ul style="list-style-type: none"> <li>• Encourage more women to attend adult literacy programmes</li> <li>• Implementation of programmes specifically targeting poverty reduction amongst women</li> </ul>	

## Goal 4:

### Reduce Child Mortality



Mothers benefiting from the Free Health Care Initiative

#### BOX 4.1:

##### Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicators	2004	2005	2006	2007	2008	Targets
Under-five mortality rate	-	267	-	262	140	95
Infant mortality rate		158	-	-	89	50
Proportion of 1 year-old children immunised against measles		63			58.8%(male); 60.7%(female) total 59.7%	



## Trend and Inequality Analysis

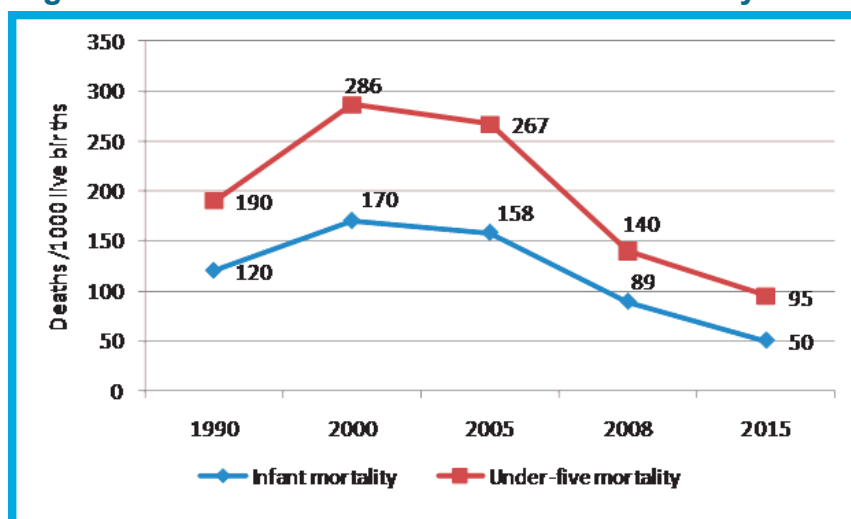
Until recently Sierra Leone had the world's highest child mortality rate of 262 per 1000 live births; almost double that of Liberia – a post conflict neighbouring country whose child mortality rate was 133 per 1000 live births. MICS2, 2000 indicated under-five and infant mortality rates of 286 and 170 per 1000 live births respectively. In 2005 there was slight improvement in both indicators showing a decrease in under-five mortality rate to 267 and infant mortality rate to 158 (MICS3, 2005).

In light of such startling statistics, both government and development partners became concerned and embarked on rapid results interventions to improve the situation. Thus, by 2008, Sierra Leone's neonatal mortality rate was 36 per 1,000 live births and the post-neonatal mortality rate was 53 per 1,000 live births (SLDHS, 2008). The child mortality rate was 89 per 1,000 children surviving their first birthday.<sup>21</sup>

The SLDHS report further indicates that mortality rates at all ages of childhood show a strong relationship with the length of the preceding birth interval. The under-fives mortality is three times higher among children born in less than two years after a preceding sibling than among children born four or more years after a previous child. This fact underscores the need for greater awareness and adoption of appropriate family planning methods for increased child survival especially among families with very low income levels.

Figure 4 below shows the trend of both infant and under-five mortality rate for the years indicated. An infant mortality rate of 50 per 1000 live births and an under-five mortality rate of 95 per 1000 live births are projected for 2015. Given the prevailing determination of the Government and the huge support of development partners to reduce child mortality, perhaps with scaling up of child health interventions and sustained efforts to address health system bottlenecks, Sierra Leone is likely to meet this goal.

**Figure 4: Trend in Under-five and infant mortality<sup>22</sup>**



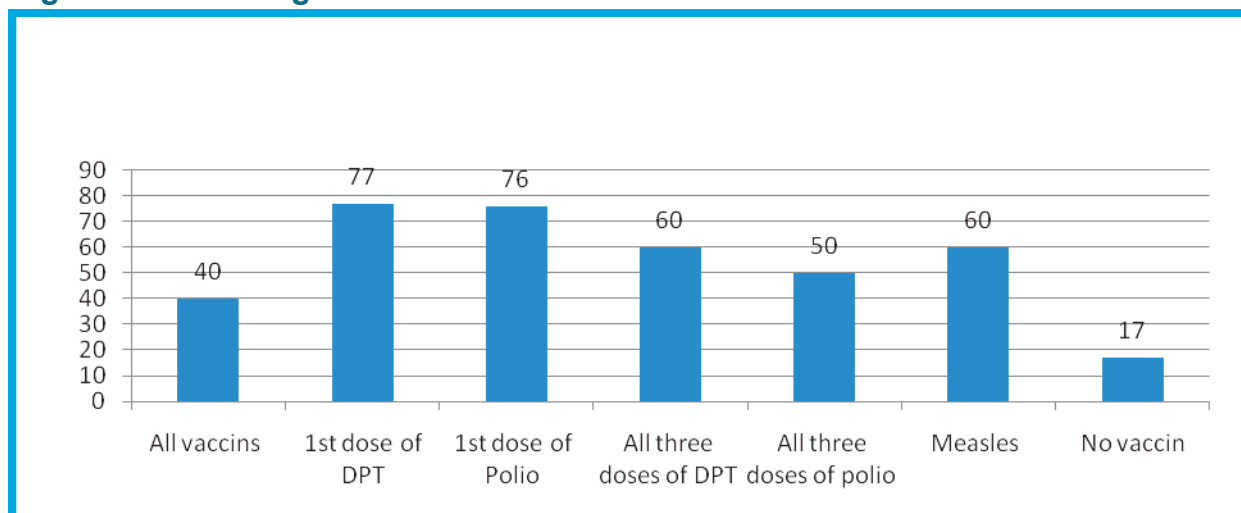
Source: MICS2, 2000; MICS3; 2005 and SLDHS; 2008

21. The methodology of assessment for both infant and under-five mortality were not the same in 2005 and 2008 which may explain part of the fast drop in mortality rate. But the 2008 methodology (SLDHS) is the one used internationally to measure mortality rates, and therefore to be accepted.

22. The 2015 figures are estimated using the year 2000 as baseline.

The percentage of children that received full immunization remained low, fluctuating from 39 percent (MICS2, 2000), to 35 percent (MICS3, 2005) and 40 percent (SLDHS, 2008). Figure 5 below shows the percentages of children that received various vaccines as indicated in the SLDHS, 2008 report. The low number of children that received full immunization implies that more effort should be made to increase awareness among mothers on the importance of vaccination to increase uptake of all antigens. Measles immunization coverage decreased from 63 percent in 2005 (MICS3, 2005) to 60 percent in 2008 (SLDHS, 2008).

**Figure 5: Percentages of children that received various vaccines**



Source: SLDHS Report, 2008

## Major Challenges

A reduction in the under-five mortality in Sierra Leone requires considerable efforts with regard to health service delivery capacity of the country measured in terms of political commitment and availability of much needed resources. Continued reversal of the incidence of under-five mortality is fraught with several challenges. These include:

- Adequacy of number of trained health professionals in paediatric health care.
- Availability of adequately equipped health infrastructure including accommodation for staff especially in the rural areas.
- Reducing the high levels of illiteracy of mothers.
- Adequate medicines, essential supplies and other equipments.
- Effectiveness of coordination and supportive supervision among personnel.

## Supportive Environment

There is strong commitment by government to improve the health care delivery system which is supported by substantial bilateral and multilateral donor assistance. In cooperation with donor agencies, the government has undertaken rehabilitation and construction of health care delivery infrastructure, and provision of equipment and supplies. Programmes to control childhood illnesses and deaths have been considerably strengthened, and

include strong Information, Education and Communication (IEC) components.

Furthermore, the Reproductive Health and Expanded Immunization Programme of the Ministry of Health and Sanitation, has been extended countrywide. In addition, the Government launched the Free Health Care Initiative (FHCI) in April 2010 for all pregnant women, lactating mothers and children under five years old, with the main focus of ensuring the provision of a package of fully subsidized services, free of charge at point of service delivery. This is supported by five sets of auxiliary interventions aimed at ensuring, (i) continuous availability of equipment, drugs, and other essential commodities; (ii) continuity of adequate number of qualified health workers; (iii) information, education and communication (IEC) activities to allow people to exercise their rights to demand free quality health services; (iv) monitoring and evaluation; and (v) adequate management.

The Government hopes to sustain the FHCI through the signing of a National Health Compact linked to the International Health Partnership Plus (IHP+) to which Sierra Leone became a member on May 17<sup>th</sup>, 2010. By the signing of the compact, Sierra Leone has agreed to ensure that all existing and future investments in health care are based on one validated country health strategy. This will assure partners' commitments; improve harmonisation of aid; improve coordination between governments, national stakeholders and development partners; strengthen transparency and mutual accountability of all development partners; and reduce complexity and transaction costs for health services delivery.

## Priorities for Development Assistance

**A**lthough positive strides have been made to reduce the infant and child mortality in the country, the level is still very high. For further improvements, a holistic approach to the problem would include the following:

- Scaling up of child and infant health and newborn care interventions, including integrated management of newborn and childhood illnesses.
- Increasing and sustaining immunisation coverage of all antigens to 80 percent and above in all the streets of the country using the reaching every district approach.
- Improving human resource development for effective delivery in paediatric health care.
- Provision of more infrastructure, including housing facilities, for health personnel.
- Provision of more logistics, equipment, medicines and medical supplies
- Awareness-raising through more effective information, education and communication.

Table 6: Achievement Acceleration Framework for Goal 4

Priority Interventions	Challenges	Solutions	Responsible Party
Improve human resource development	Inadequate trained and skilled health professionals in paediatrics health care available in country to provide the training.	<ul style="list-style-type: none"> <li>Source out specialists to provide training in country</li> <li>Trained more health staff in paediatrics care.</li> </ul>	Ministry of Health and Sanitation (MoHS) and development partners.
Improve physical Infrastructure	Inadequate health sector financing	<ul style="list-style-type: none"> <li>Increase government budgetary allocation in accordance with the Abuja Protocol which is 15% of national budget.</li> <li>Increase resource mobilization for the health sector</li> <li>Improve coordination of complementary assistance from development partners</li> </ul>	MoHS and development partners.
Improve Information Education and Communication (IEC)	<ul style="list-style-type: none"> <li>Inadequate health sector financing</li> <li>Lack of communication specialist.</li> <li>Strengthen the health education unit of MoHS</li> </ul>	<ul style="list-style-type: none"> <li>(See above)</li> <li>Development of innovative strategies to improve IEC among the population</li> </ul>	MoHS and development partners.



## Goal 5: Improve Maternal Health



Pregnant women and mothers at a health centre following the launch of the free health care policy

### BOX 5.1:

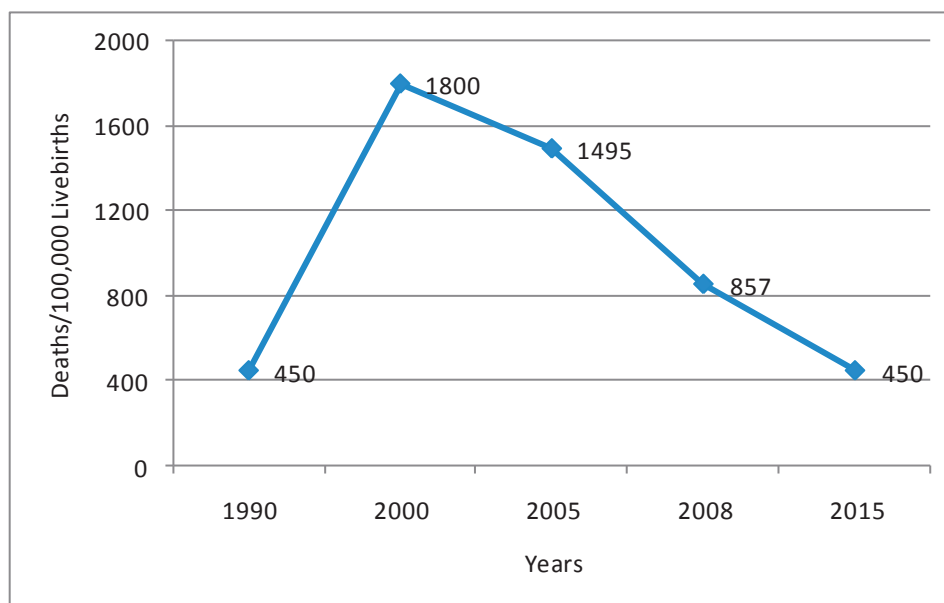
**Target 5.A:** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicators	2004	2005	2006	2007	2008	Target
Maternal mortality ratio	-	495	-	-	857	450
Proportion of births attended by skilled health personnel	-	43%	-	-	42%	

## Trend and Inequality Analysis

With a maternal mortality ratio (MMR) of 1800 annual deaths per 100,000 live births in the year 2000 (MICS2, 2000), Sierra Leone was rated among the highest in the world. However, as Figure 6 shows, the situation has continued to improve. The MMR in 2005 was estimated at 1495 annual deaths per 100,000 live births (MICS3, 2005) and in 2008, it was estimated at 857 deaths per 100,000 live births (SLDHS, 2008). The target level of MMR in 2015 is 450 deaths per 100,000 live births. Given current improvement in the health sector, especially with the introduction of the FHCI policy for pregnant women, lactating mothers and children under five years, the MDG target of reducing the MMR by three-quarters, with reference to the peak in 2000 is likely to be achieved, but with difficulty.

Figure 5: Trend in Maternal mortality<sup>23</sup>



Source: MICS2, 2000; MICS3, 2005 and SLDHS, 2008

The extremely high MMR in Sierra Leone in 2000 and the preceding years may be partly due to the civil conflict which made it practically impossible to deliver any health care service. This was particularly so in the mid 90s when a greater part of the country was under the control of the rebels. Other factors include user fees; illiteracy; inadequate number of comprehensive and basic emergency obstetric and neonatal care facilities; long travel times to health centres given poor road conditions; women's poor nutrition and care before and during pregnancy; poorly trained and motivated staff; and lack of equipment, supplies and staff. Lastly, UNICEF estimates that over 90 percent of women in Sierra Leone have undergone female genital mutilation (FGM), which can contribute to obstructed labour and maternal mortality.<sup>24</sup>

23. The 2015 figures are estimated using the year 2000 as baseline.

24. Statistic Sierra Leone and UNICEF March 2007.

## BOX 5.2:

Target 5.B: Achieve, by 2015, universal access to reproductive health						
Indicators	2004	2005	2006	2007	2008	Target
Contraceptive prevalence rate	-	5%	-	-	8%-	30%
Adolescent birth rate	-				34%-	
Antenatal Care coverage (at least one visit and at least four visits)	-	81%	-	-	87%	
Unmet need for family planning	-	21%-	-	-	36% (women)	

Although 87 percent of mothers received Antenatal Care (ANC) from trained health professionals, yet a similarly high percentage of births (72%) were delivered at home, 25 percent were delivered in health facilities (mostly public sector facilities), and only 42 percent (67% urban, 33% rural) of births were delivered with the help of a health professional (i.e., doctor, nurse/midwife or MCH aid). Forty-five percent were delivered by traditional birth attendants (SLDHS, 2008).

The Report further indicates that 56 percent of mothers made four or more ANC visits, about 20 percent made one to three ANC visits, and 7 percent made no ANC visit. Thirty percent of mothers visited ANC in the first three months of pregnancy, 41 percent made their first visit in the fourth or fifth month, 17 percent made their first visit in the sixth or seventh month and 1 percent of women made their first visit in their eighth month of pregnancy or later. The survey results further show that use of ANC services is positively related to women's level of education and wealth status. Ninety-five percent of women with secondary or higher education received ANC services from a health professional, compared with 85 percent of women with no education. Similarly, women in the highest wealth quintile are more likely to receive ANC from health professionals than those in the lowest wealth quintile (96% and 82%, respectively).

The SLDHS, 2008 report indicates that 34 percent of all adolescent women aged 15-19 have already had a birth or were pregnant with their first child at the time of the survey (28 percent had had a live birth and 6 percent were pregnant with their first child). Moreover, adolescent childbearing was positively related to age, with 11 percent of women aged 15 having begun childbearing compared with 54 percent of women aged 19. In addition, childbearing among adolescents in rural areas was about twice as high as in urban areas (44% and 23%, respectively).

In Sierra Leone, many people know about at least one method of contraception, but the number of contraceptive users is very low. The survey indicates that only 8 percent of married women were using a contraceptive method during the time of the survey. Contraceptive use among sexually active unmarried women was much higher (34%). Contraceptive prevalence was 5 percent (MICS3, 2005) and 8.2 percent (SLDHS, 2008). Condom use with non-regular partners was 20 percent (MICS3, 2005) and at last high risk sex was 22.4 (SLDHS, 2008)

Furthermore, the SLDHS 2008 report indicates that 28 percent of married women who were not using a contraceptive intend to use family planning in the future, 48 percent did not intend to use a family planning method, and 23 percent were unsure. The most common reasons for not using

a contraceptive method according to the survey, were opposition to family planning by spouse (14%), desire for more children, lack of knowledge of methods, and fear of side effects (11 per cent each). However, according to the report, there continues to be considerable scope for increased use of family planning in Sierra Leone. Overall, 36 percent of married women in Sierra Leone have an unmet need for family planning, most of which was due to a desire for spacing births (21%) rather than a need for limiting births (15%).

## Major Challenges

Efforts and programmes aimed at addressing the high incidence of maternal mortality are faced with the following challenges:

- Inadequate number of trained health professionals in obstetric health care.
- Inadequate health infrastructure, including accommodation for staff especially in the rural areas.
- Low level of awareness about issues on maternal health.
- Inadequate supply of drugs, essential supplies and other equipment.
- Ineffective coordination among personnel and supportive supervision of staff.

## Supportive Environment

The current situation is supportive of maternal health and welfare services. The existing political commitment is supported by substantial bilateral and multilateral donor assistance. A “Reduction of Maternal Mortality Association”, comprising medical professionals, and “Maternal and Child Health Projects” is in place. As already explained in Goal 4 above, the FHCI policy for pregnant women, lactating mothers and under five children encompasses maternal health.

## Priorities for Development Assistance

- Equipping more Primary Health Units to provide safe pre, intra and post delivery services.
- Improving human resource development for effective delivery in obstetric care.
- Provision of more infrastructure, including housing facilities for health personnel.
- Provision of more logistics, equipment, medicines and medical supplies.
- Awareness-raising through more effective information, education and communication.

Table 7: Achievement Acceleration Framework for Goal 5

Priority Interventions	Challenges	Solutions	Responsible Party
Improve human resource development	Inadequate trained and skilled health professionals in obstetric care available in country to provide the training.	Source out specialists to provide training in country	MoHS and development partners.
Improve physical Infrastructure	Inadequate health sector financing	<ul style="list-style-type: none"> <li>• Increase government budgetary allocation in accordance with the Abuja Protocol which is 15% of national budget.</li> <li>• Increase resource mobilization for the health sector</li> <li>• Improve coordination of complementary assistance from development partners</li> </ul>	MoHS and development partners.
Provision of more logistics, equipment, medicines and medical supplies	Inadequate health sector financing	(See above)	MoHS and development partners.
Improve Information Education and Communication (IEC)	<ul style="list-style-type: none"> <li>• Inadequate health sector financing</li> <li>• Lack of communication specialist.</li> </ul>	<ul style="list-style-type: none"> <li>• (See above)</li> <li>• Development of innovative strategies to improve IEC among the population</li> </ul>	MoHS and development partners.



## Goal 6:

### Combat HIV/AIDS, Malaria and Other Diseases

#### BOX 6.1:

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS						
Indicators	2004	2005	2006	2007	2008	Target
HIV prevalence among population aged 15-24 years	-	1.5%		-	1.5%	
Condom use at last high-risk sex		-	-	-	10% (female) 22% (male)	

#### Trend and Inequality Analysis

##### HIV/AIDS

Between 2000 and 2005 the HIV prevalence rate rose from 0.9 percent to 1.5 percent (UNGASS Progress 2010). The prevalence rate among the age category 15-24 years obtained in 2008 was 1.5 (SLDHS, 2008) indicating that Sierra Leone has a low-level HIV epidemic and it seems to have stabilized.

According to the 2008 SLDHS report, overall, 1.7 percent of women and 1.2 percent of men are HIV-positive. HIV prevalence is higher among women than men in both urban and rural areas. Urban areas have a higher prevalence level of 2.1 percent as compared to rural areas of 1.3 percent. Factors such as high unemployment rate, a large population of youth, denial and high level of risk behaviour are the main causes of rapid increase in prevalence in urban areas.

Although 69 percent of women and 83 percent of men have heard about HIV/AIDS, only 17 percent of women and 28 percent of men aged 15-24 years have comprehensive, correct knowledge of HIV/AIDS (SLDHS, 2008).

The proportion of men and women using condoms during high risk sexual intercourse in 2008 was 10 percent and 22 percent for females and males, respectively (SLDHS). The number of children orphaned by AIDS in Sierra Leone is estimated at around 13,000 in 2008 and the ratio of school attendance of HIV orphans to non-orphans of age 10-14 years are 0.7 (male) and 0.6 (female) (SLDHS). Antiretroviral (ARV) drugs are freely available, but stigma issues are prevalent. As a result, the victims do not come for treatment.

#### BOX 6.2:

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases						
Indicators	2004	2005	2006	2007	2008	Target
Incidence and death rates associated with malaria	-	-	-	8,857	-	
Proportion of children under 5 sleeping under insecticide-treated bed nets	-	5%	-	23%	25.8%	
Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	-	45%	-	-	30.1%	

## Malaria

**M**alaria is endemic in the country and it is the most common cause of illnesses and deaths, especially in children. Over 80 percent of the population had contracted it at one point in time. The number of reported cases of illnesses and deaths associated with the disease are very high but there are no reliable statistics to indicate accurate figures. Proximate determinants such as use of mosquito nets have been used to estimate the prevalence and levels of malaria in the country.

Addressing the problem of malaria is being undertaken on two fronts. At the preventive level, Insecticide Treated Nets (ITNs) are provided alongside the promotion of general environmental sanitation. At the curative level, ACT and quinine are readily made available.

The percentage of children under five years that slept under ITNs increased from 5 percent in 2005 (MICS 3, 2005) to 25.8 percent (22% urban, 30% rural) in 2008 (SLDHS, 2008). However, during the same period, the proportion that received appropriate anti-malaria treatment decreased from 45 percent (MICS 3, *ibid*) to 30.1 percent (SLDHS, *ibid*).

## TB

**N**ormally, data collection on TB infection cases is weak because of the stigma attached to the disease. Few patients come forward for routine examinations and tests. Table 8 below shows a slowly increasing prevalence and incidence rate of tuberculosis in Sierra Leone.

**Table 8: Prevalence and Treatment of TB in Sierra Leone 2004 - 2009**

Year	2004	2005	2006	2007	2008	2009
Registered cases	5863	6930	8208	9623	11021	11870
Defaulter rate (%)	8.9	8.9	5.8	5.8	6.2	7
Treatment success rate (%)	83	85	85	87.1	89.3	86.4
Case detection rate (%)	42	46.7	45	52.1	89.3	46.9

Source: WHO Annual reports Leprosy and TB control Programme

The number of detected TB cases fluctuated within the range of 42 percent in 2004 to 52 percent in 2007. Detection rate of 89 percent in 2008 seems exceptionally high suggesting that there could have been problems with data collection in that year. With the exception of 2008, detection rate in Sierra Leone is far below 70 percent case detection rate target set by the World Health Organisation (WHO). One ray of hope however is also that treatment success rate of more than 80 percent throughout the period under review is very encouraging.



## Major Challenges

Challenges faced by the country in meeting its goals on combating HIV/AIDS, Malaria and Tuberculosis need special attention as they do not only cover individuals, but the collective effort of the country and its partners.

- Stigma and discrimination associated with HIV/AIDS and TB.
- Inadequate trained and skilled health professionals in HIV/AIDS available in country to provide the training.
- Negative attitude among health professionals in the other sectors towards HIV/AIDS and TB cases.
- Low level of awareness to influence positive behaviour change.
- Inadequate funding to support full-scale implementation of the malaria programme.
- Weak monitoring and evaluation.
- Weak capacity for malaria and TB diagnoses, especially for multidrug resistant TB.

## Supportive Environment

The government of Sierra Leone has made a strong political commitment to combat the HIV/AIDS, Malaria and TB epidemics. These efforts led to the establishment of the National HIV/AIDS Council (NAC) in 2002, and the development of special programmes on malaria and TB as part of the national health delivery system.

The National Strategic Framework for HIV/AIDS control focuses on five priority areas, including:

- Prevention of new infections.
- Treatment, care and support to people infected and/or affected families and communities.
- Human and legal rights of infected persons.
- Decentralized implementation of HIV/AIDS programme.
- Research, monitoring and evaluation.

The GOSL launched the Roll Back Malaria (RBM) initiative in 2002 and formed a Task Force to provide technical support to the programme. With the support of development partners, the National Malaria Strategy has been developed for the timeframe 2004 – 2008, with seven priority areas of intervention measures for malaria control and prevention, including:

- Management of malarial illness.
- Multiple disease prevention, which includes vector control by use of insecticide-treated mosquito nets (ITNs) and control of malaria in pregnancy.
- Advocacy, information, education, communication and social mobilization.
- Partnership strengthening and programme management.
- Capacity building.
- Operational research; and
- Monitoring and evaluation.

As part of this plan, the MOHS has endorsed the use of effective drugs for treatment in Sierra Leone—ACT. The Government has instituted a tax waiver on the importation of nets into the country. This is done in a bid to increase supply of ITNs, and make them affordable. Development partners have also contributed by supplying some ITNs for distribution at subsidized costs to pregnant women and children under five in deprived areas of the country.

## Priorities for Development Assistance

One major target of the MDG is, “*Have halted and begun to reverse the spread of HIV and AIDS by 2015*”. To address the spread of new HIV infections, promote safe blood transfusion, VCCT and prevention from mother to child transmission (PMCT) requires a multi-pronged approach. NAS, in collaboration with the Ministry of Health and Sanitation and all stakeholders, should work towards educating people on how to prevent HIV infections through sensitization campaigns at all levels. To facilitate the reversal of the epidemic, three main areas of intervention have been identified, namely: prevention, care and support.

### HIV/AIDS Control

- Increase HIV/AIDS awareness to influence positive behavioural change
- Increase access to voluntary confidential counselling and treatment and testing
- Stigma reduction through awareness and the implementation of the HIV/AIDS prevention Act
- Training of staff to provide the above mentioned services
- Provision of test kits, ARVs, and other medical supplies at health facilities across the country
- Operational research on drug resistance, discordance, new drivers of the epidemic and survival rates

### Malaria Control

- Scale up malaria case management including home management of malaria using Community Health Volunteers.
- Multiple Disease Prevention
  - a. Distribution and use of Insecticides Treated Bednets
  - b. Indoor Residual Spraying (IRS)
  - c. Intermittent Treatment of Pregnant Women
- Advocacy, Information, Education and Communication and Social Mobilization
- Program Strengthening and Partnership
- Monitoring and Evaluation

### Tuberculosis Control

- Establish more centres for DOTS (Directly Observed Treatment Short course) across the country
- Establish more diagnostic centres
- Increase the awareness level on TB
- Effective integration of TB into the national health delivery systems

**Table 9: Achievement Acceleration Framework for Goal 6**

Priority Interventions	Challenges	Solutions	Responsible Party
Increase HIV/AIDS awareness to influence positive behavioural change	Inadequate health sector financing	Enhance resource mobilization effort for HIV/AIDS	MoHS and development partners.
Increase the access to voluntary confidential counselling and treatment and testing	Stigma and discrimination associated with the disease	<ul style="list-style-type: none"> <li>• Effective implementation of HIV/AIDS prevention Act</li> <li>• Strengthen public awareness on HIV/AIDS</li> </ul>	MoHS and development partners.
Improve human resource development	Inadequate trained and skilled health professionals in HIV/AIDS available in country to provide the training.	Source out specialists to provide training in country	MoHS and development partners.
Provision of test kits, ARVs, and other medical supplies at health facilities across the country	Inadequate health sector financing	Enhance resource mobilization effort for HIV/AIDS	MoHS and development partners.
Effective integration of HIV/AIDS control Programme into the national health delivery system.	Negative attitude among health professionals in the other sectors.	Enforce compliance through effective administrative discipline.	MoHS and development partners.
Effective integration of HIV/AIDS control programme into public and private sectors	Low HIV awareness to influence positive behaviour change	Multi-sectoral approach	MoHS and all other line ministries
Malaria (Scaling up of all Malaria Control)	Inadequate funding to support the full scale implementation of the Malaria Program	Advocacy to increase Government budgetary allocation to the Malaria Program	MoHS and development partners.
Improve advocacy, information, education and communication and Social Mobilization	High illiteracy level	Undertake innovative campaign strategies to increase the level of awareness on TB	MoHS and development partners.
Strengthen the health management information system (HMIS)	Parallel information system	Support of the national HMIS management	MoHS and development partners

Table 9 contd.

Priority Interventions	Challenges	Solutions	Responsible Party
Program Strengthening and Partnership	<ul style="list-style-type: none"> <li>• Weak coordination among partners and the National Malaria Control Program</li> <li>• Weak Monitoring and Evaluation</li> <li>• Ineffective Logistics Management Information Systems</li> <li>• Weak Capacity for Malaria diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Tax exemptions for Malaria control commodities including the private sector</li> <li>• Strengthen the Roll Back Malaria (RBM) partnership coordination</li> <li>• Develop a Roll Back Malaria Donor Mapping</li> <li>• Training of staff in M&amp;E</li> <li>• Provision of adequate equipments</li> <li>• Integration of Malaria Control M&amp;E into the National M&amp;E systems</li> <li>• Integrate the supply chain management into Logistics Management Information System</li> <li>• Training of staff and provision adequate laboratory equipments</li> </ul>	MoHS and development partners.
Establish more centres for DOTS (Directly Observed Treatment Short course) and TB diagnosis across the country	Inadequate health sector financing	Government to increase budgetary allocation to TB and its related activities	MoHS and development partners.
Reduce growing incidence of multidrug resistance on TB	<ul style="list-style-type: none"> <li>• High level of illiteracy and hence low level of awareness</li> <li>• Capacity to diagnose Multi Drug Resistant (MDR) TB</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness on the causes and consequences of drug resistant TB</li> <li>• Carry out operational research to find out the extent of resistance to TB</li> <li>• Strengthen laboratory capacity to diagnose MDR</li> </ul>	MoHS and development partners.
Effective integration of TB into the national health delivery	Negative attitude among health professionals in the other sectors.	Enforce compliance through effective administrative discipline.	MoHS and development partners.
Ensure that more TB patients show up for treatment.	Stigma and discrimination associated with the disease	Strengthen public awareness on TB	MoHS and development partners.

## Goal 7:

### Ensure Environmental Sustainability



Artisanal mining of diamonds in Kono District

### Trend and Inequality Analysis

The actual forest cover in Sierra Leone is not known. However information from various sources indicates that deforestation in Sierra Leone has led to a decrease of forest cover from an estimate of 70 percent, decades ago to less than 5 percent in recent years (USAID, 2007).

Logging and slash-and-burn agriculture and cutting of trees for use as fuel wood are the primary causes of deforestation<sup>25</sup> in the country. The savannah is limited to the northern parts of the country and is increasingly being subjected to frequent and uncontrolled fires. The combined effects of poor farming practices such as shifting cultivation, recurrent bushfires, and overgrazing, along

25. Sierra Leone Biodiversity Strategy and Action Plan, 2003



with increasing population and ensuing shortening of fallow periods of land, have all been identified as contributing factors to land degradation. In addition to the increasing demand for agricultural land, urban development has increased the requirement for timber and fuel wood, which has led to additional deforestation. Demand for housing land is the main cause of deforestation in the Western area. Both artisanal and industrial mining have also affected land resources in mineral-rich areas. With population pressure and commercial logging, the rate of exploitation has far outstripped the rate of regeneration by natural means. The result is deforestation and an acute threat to biodiversity.

There appears to be a lack of cultural awareness of the value of the existing natural resources and the need to protect them for a sustainable future. The shift away from sustainable natural resource management practices can be attributed partially to the decade-long civil war and the resulting lack of adequate livelihoods and ensuing poverty.



Fire wood for sale on the roadside in the provinces

Most of the moist and semi-deciduous forests are located within protected areas, often on mountaintops and slopes. The table below shows designated reserves corresponding to the main ecosystems in Sierra Leone.

**Table 10: Summary of Established Reserves by Ecosystem**

Ecosystem Type	Number of Reserves	Total Land Area	Categories Represented
Montane	2	43,720	National Park, Game Reserve
Rainforest	27	124,789	Forest Reserve, National Park, Game Reserve, Game Sanctuary
Savanna	3	113,500	National Park, Game Reserve, Game Sanctuary
Wetland	13	350,677	Strict Nature Reserve, Game Sanctuary, Game reserve, National Park, Important Bird Area
Marine	1	300,000ha	Inshore Exclusion Zone (IEZ)

Source: USAID, 2007

The table above shows that Sierra Leone currently has 46 main forest reserves and conservation areas. The Biodiversity and Tropical Forest Assessment Report of 2007 by USAID indicates that most of the reserves are inadequately protected and managed. The report further states that the area within Sierra Leone dedicated as forest reserves is estimated at 284,591 ha, while areas additionally proposed as forest reserves cover 36,360 ha. Protected or community forests situated



on chiefdom land but managed by the Forestry Division are estimated at 11,800 ha. The Biodiversity Strategic Action Plan (BSAP), 2003 also indicates an additional 300,000 hectares of wetland and marine ecosystem protected area which are mainly of the mangrove ecotypes. As a result, the total land area designated for some form of natural resource management or protection represents approximately 8 percent of the land area. Only two of the areas, Outamba Kilimi National Park (OKNP) and Tiwai Wildlife Sanctuary (TWS), have been elevated to the status of national park and wildlife sanctuary, and both fulfil the International Union for the Conservation of Nature and Natural Resources (IUCN) classification system. Other areas such as the Gola forests and the Loma Mountains, including Mount Bintumani have been proposed for conservation as national parks or game reserves.

In Sierra Leone, no reliable post-war estimates of population size and distribution of any endangered species exist. Protection of endangered species still appears only symbolic, with only limited circumstances in which management of the habitat appears to be restricting the hunting of endangered species. Fines and punishment associated with protecting endangered species are neither sufficient nor enforced throughout the country. As a result, most of the wildlife populations are likely to be significantly depleted outside of protected areas as a result of over-hunting and habitat destruction.

Nevertheless, records available, though outdated, show that Sierra Leone has 15 species of primates, 11 of which are forest species and 6 of which are threatened, according to the Biodiversity Action Plan. These include the western chimpanzee (*Pantrogodytes verus*), the black and white colobus monkey (*Procolobus polykomus*), red colobus monkey (*Colobus badius polykomos*), diana monkey (*Cercopithecus diana*), and olive colobus monkey.

Sierra Leone has 18 species of antelopes, nine of which are threatened. These include the jentinks (*Cephalophus jentinki*) and zebra duikers (*Cephalophus zebra*). Other threatened species of mammals include one species of forest elephant (*Loxodonta africana cyclotis*), which is believed to be almost extinct, West African manatee (*Trichechus senegalensis*), pygmy hippopotamus (*Hexaprotodon liberiensis*), leopard (*Pantera pardus*), an endemic frog (*Bufo cristiglands*) found in the Tingi Hills, and an endemic toad (*Cardioglossus aureolli*) found in the Western Area Peninsula Forest.

Relatively few endemic invertebrates are known to exist. They include two dragonfly species, *Argiagrion leoninum* and *Allohizucha campioni*, and the rare giant swallow-tail butterfly, *Papilio anti-machus*, which reaches its western limit in Sierra Leone.

### BOX 7.1

<b>Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</b>						
<b>Indicators</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Targets</b>
Proportion of population using an improved drinking water source	53%	47%	53%	59%	50%	73%
Proportion of population using an improved sanitation facility	-	30%	11%	-	13%	65%

While the proportion of households with sustainable access to an improved water source increased from 47 percent (84% urban, 32% rural) (MICS3, 2005) to 59 percent in 2007 (UNHDR, 2007), it again decreased to 50 percent (86% urban, 26% rural) in 2008 (SLDHS, 2008). According to the Ministry of Energy and Water Resources, in order to meet the MDG targets, annual increments of about 3.0 percent and 3.9 percent of the population having access to improve water sources and sanitation respectively, are needed. The majority of Sierra Leonean households do not have access to improved sanitation and the situation continues to deteriorate (see Box 7.3). Between 2005 and 2008 the proportion of the population with improved sanitation decreased from 30 percent (MICS3, 2005) to 13 percent (24% urban, 6% rural) (SLDHS, 2008).

Sierra Leone's urban centres (mainly in Freetown) are developing at an unprecedented rate, with corresponding increasing levels of urban dwellings, small-scale businesses and resulting pollution from sewage. As a result, improving sanitation is faced with the challenge of rapid urbanization coupled with inadequate infrastructure and services for solid waste disposal. In the urban and peri-urban areas, the mushrooming of spontaneous/unplanned settlements, accommodating a huge proportion of the city's population (approximately 2-3 million), is compounding the problem associated with urban environmental management and planning. There is considerable urban degeneration due to poor housing facilities, poor coverage of water and sanitation as well as waste management for the poor.

Over the past years, the government, together with NGOs and other partners, has embarked on several projects to improve the living conditions in these areas. In order to address this problem adequately, reliable data is, however, needed. This can be handled through, for instance, establishing urban observatories to report on slum conditions.

To reverse the current trend of environmental degradation, the integration of the principles of sustainable development into the country's policies and programmes becomes a priority. Specific areas that would need attention are access to safe water and sanitation, provision of decent and affordable housing, provision of alternative sources of energy to both rural and urban populations, waste management, reversing biodiversity loss and land degradation and minimizing air and water pollution.

The country has also endorsed and signed several international conventions and protocols including: Convention on Biological Diversity (CBD), United Nations Framework Convention on Climate Change (UNFCCC), United Nations Convention to Combat Desertification/Land Degradation (UNCCD), Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), Convention on Wetlands of International Importance (the Ramsar Convention), The Cartagena Protocol on Biodiversity, United Nations Convention on the Law of the Sea (UNCLOS), Basel Convention, Vienna Convention and Montreal Protocol, and the Stockholm Convention on Persistent Organic Pollutants. These conventions and protocols are at different stages of implementation, but in general implementation is slow as many have not been ratified or harmonized with the laws, policies and programmes in Sierra Leone. As a result the country trails far behind in the implementation of the provisions of these conventions.

## Major Challenges

In ensuring environmental sustainability, the major challenges include the following:

- Strengthening the newly created Environmental Protection Agency (EPA) at both national and local levels to ensure effective implementation of the Environmental Protection Act (2008), as well as linking EPA with other legal instruments to make environmental protection and management effective in pursuit of sustainable national development.

- The challenge is to develop a comprehensive energy policy and strategy that address the country's energy problems, more specifically, the provision of renewable energy for use in the rural areas.
- Environmental education and awareness raising campaigns have had little impact on environmentally friendly behaviour of citizens.

## Supportive Environment

Sierra Leone's participation at the 1992 Rio Conference on Environment and Development was a milestone in raising national awareness on the need to integrate environment and development. Follow-up summits, such as the World Summit on Sustainable Development held in Johannesburg resulted in the implementation of a plan of action for environmental sustainability. The creation of the Environmental Protection Agency (2008) provides the basis for designing effective national programmes for environmental protection and management. The recent enactment of the Environmental Protection Agency Act 2008 has also created a framework conducive to implementing programmes on the environment.

Government strategies to address the challenges in the sustainable utilization of forest ecosystems are embodied in the National Environmental Action Plan 1995, the Forestry Act of 1988, Wildlife Conservation Act 1990, the National Biodiversity Action Plan 2003, and the Environmental Protection Act 2000, 2008. All of these are aimed at conserving and sustaining the nation's forest and wildlife resources. The provision of safe water and sanitation in deprived rural areas is a traditional area for donor support through NGOs and other development partners.

Current decentralization promises to create better service delivery, implementation and enforcement of signed international treaties, protocols, conventions and enacted laws. Government is also releasing land for low-cost housing in an effort to reduce the growth of slums.

## Priorities for Development Assistance

Achievement of the MDG targets requires addressing the following:

- Capacity building of institutions involved in the coordination and implementation of these MEAs.
- Capacity building in data collection and analysis.
- Building capacities and awareness at local and national levels, including local government councils and other stakeholders, to implement environmentally sustainable practices and integrated ecosystem management practices.
- Provide support to develop a *national water and sanitation strategy* that targets the protection and conservation of water supplies across Sierra Leone.
- Investment in low-cost housing schemes and technologies.
- Encourage the use of energy-efficient technologies (for example, solar panels, biogas, biomass conversions).
- Addressing bio hot spots and the creation of full national parks in Gola and Loma.

**Table 11: Achievement Acceleration Framework for Goal 7**

Priority Interventions	Challenges	Solution selection	Responsible Party
Reduce biodiversity loss; achieving, by 2010, a significant reduction in the rate of loss	<ul style="list-style-type: none"> <li>• Inefficient management of forest reserves and high dependence on fuel wood</li> <li>• Lack of political will to review, update and enforce existing environmental conservation policies and laws</li> </ul>	<ul style="list-style-type: none"> <li>• Domesticate the MEAs into national programmes and plans;</li> <li>• Increase advocacy for enforcement of regulations on conservation of biodiversity.</li> <li>• Promote community awareness on biodiversity conservation.</li> </ul>	Government of Sierra Leone.

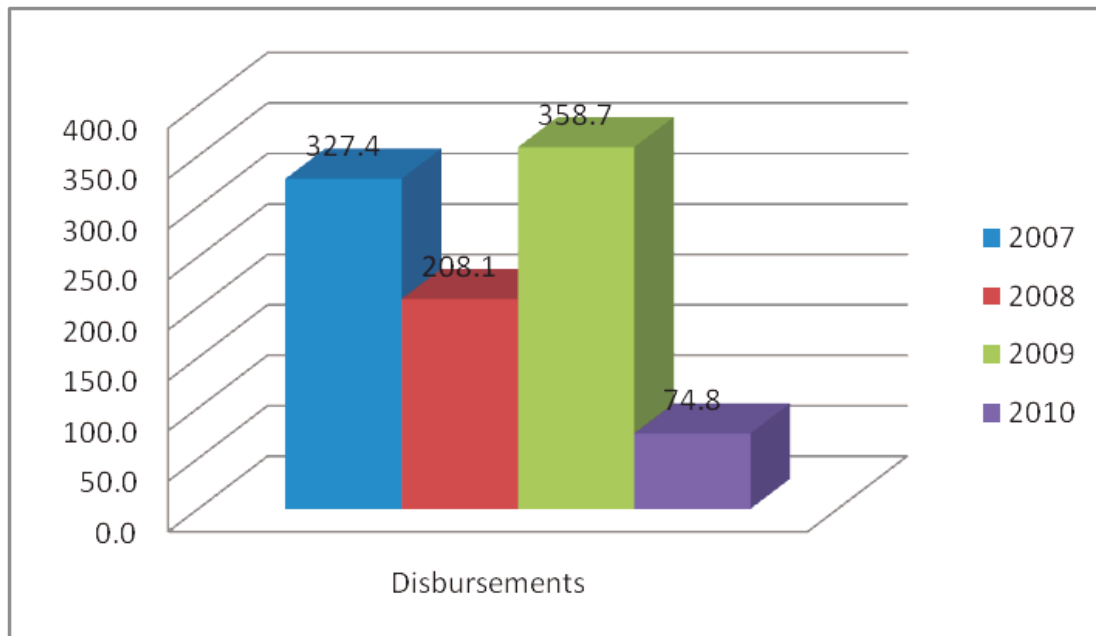
## Goal 8:

### Develop a Global Partnership for Development

#### Trend and Inequality Analysis

Millennium Development Goal 8 is the commitment of developed countries to provide assistance to the developing world measured in terms of aid flows, trade and debt relief. Developing countries for their part are expected to reciprocate with a commitment to effective aid management, good governance and sincere determination for development and poverty reduction.

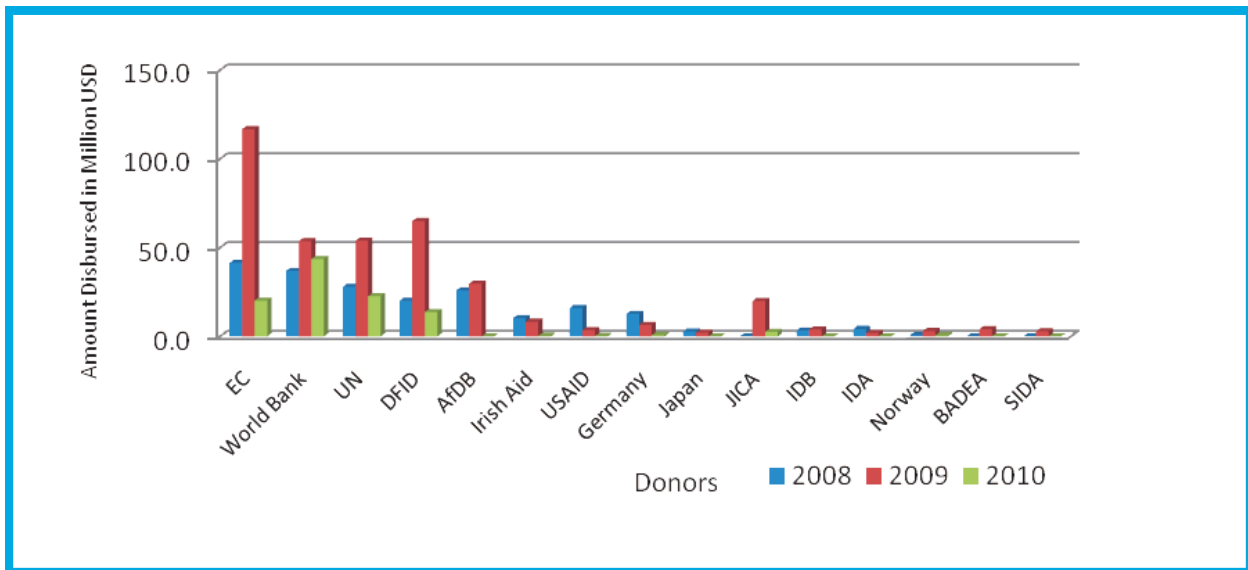
Figure 7: Development Assistance Disbursements 2007-2010 (\$M)



Source: Ministry of Finance and Economic Development

In 2005, a report by the then Ministry of Finance indicated that ODA to Sierra Leone was equivalent to around 30 percent of Gross National Income (GNI). While the absolute numbers have remained similar, they have fallen slightly in relative terms, as the economy has grown. Figure 7 shows total annual aid flow into Sierra Leone from 2007–2010. The main donors during this period were the EU, DFID, UN, the World Bank and IMF, African Development Bank, Irish Aid and USAID and Germany. The UK, USA and recently Germany and Ireland account for almost 70 percent of bilateral ODA, with DFID by some way the most significant bilateral donor. Such reliance on a small number of donors can create risks of aid volatility.

Figure 8: Disbursement by Top 15 Donors 2008-2009

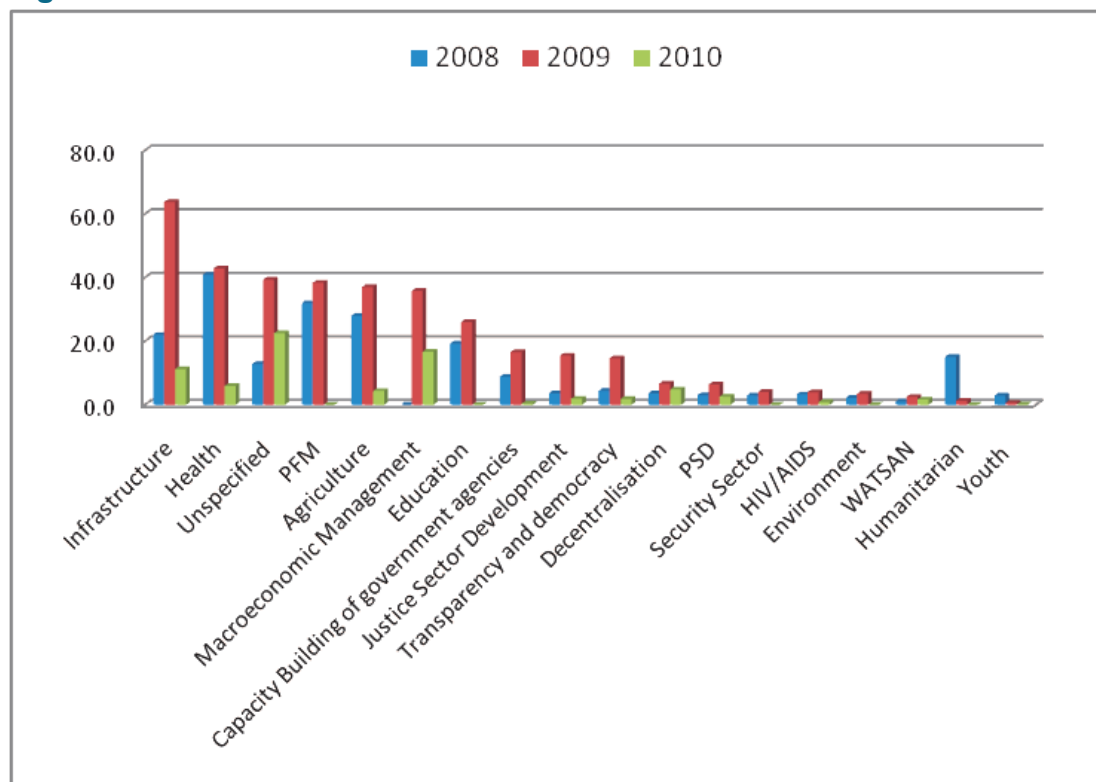


Source: Ministry of Finance and Economic Development

Aid inflows were estimated at 7.4 percent of GDP in 2008 equivalent to US\$29 per person. According to the Gleneagles Scenario, foreign assistance will likely increase to 22 percent of GDP by 2010, which is the amount of resources required to move Sierra Leone out of poverty (PRSP II). A recent study by the IMF on the macroeconomic implications of scaling up aid under the Gleneagles Scenario indicated that increase in aid inflows will have a significant positive impact on growth and poverty reduction without a major and lasting negative effect on macroeconomic stability. However, absorptive and administrative capacity building challenges need to be addressed. Figure 8 below shows ODA sector allocations for the period 2008– 2010.



Figure 9: Disbursement to Sectors 2008-2010



Source: Ministry of Finance and Economic Development

Sierra Leone has constantly ranked at the bottom of the UN Human Development Index and is highly donor-dependent. Public external and domestic debts continue to be a burden on the economy. The country's total external debt from various multilateral, bilateral and commercial agencies including arrears has decreased from US\$ 1.7 billion in 2004 to US\$ 1.2 billion in 2005; it then rose again to US\$1.7 billion in June 2006. The country is currently experiencing a decreasing trend in total volume of debt, i.e., from US\$1.8 billion in 2005 to US\$0.6 billion in 2008 as shown in Table 12 below.

Table 12: Sierra Leone's Total Volume of External Debt (US\$ m)

	2005	2006	2007	2008
<b>Multilateral</b>	1,100.7	1,100.7	258.6	288.7
<b>Bilateral (Paris club)</b>	353.7	350.8	-	-
<b>Bilateral (Non-Paris Club)</b>	55.0	54.5	29.4	37.4
<b>Commercial</b>	254.0	237.8	235.8	254.0
<b>Total</b>	1,763.4	1,743.8	523.8	580.1

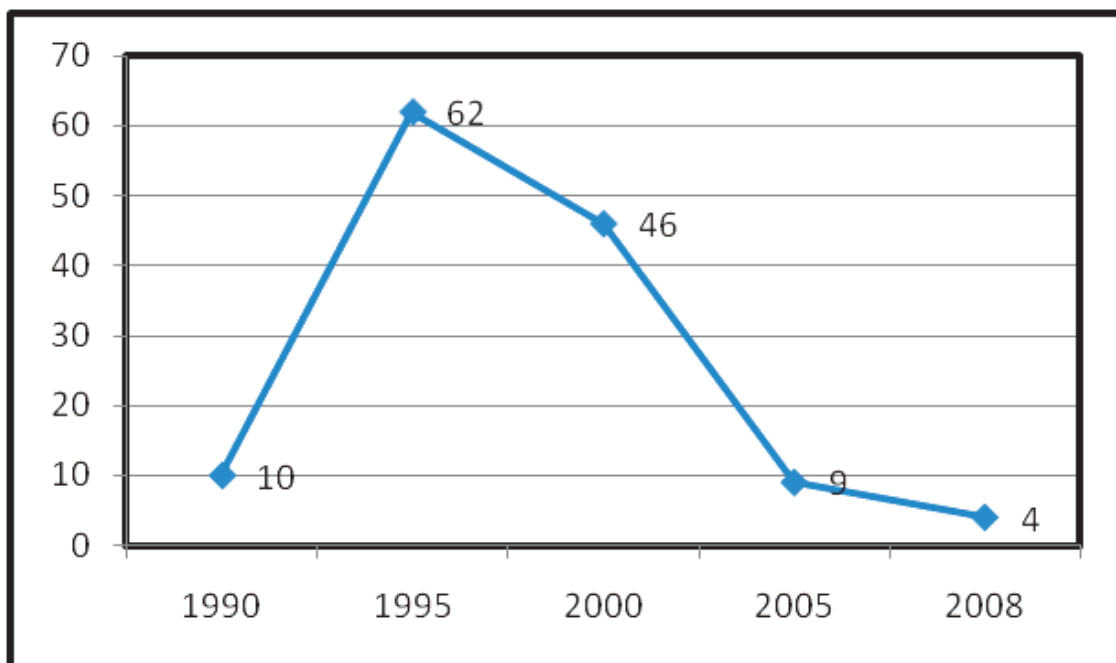
Source: MoFED and BSL, 2008

The latest debt sustainability analysis, completed in June 2008, characterized Sierra Leone’s risk of debt distress as “moderate”. The main risks of debt sustainability appear to be potentially low output or export growth, and/or large external shocks. Related risks can be reduced through continued reliance on concessional financing, export diversification, a gradual reduction of the domestic debt stock, the development of domestic debt and prudent borrowing policies in order to avoid potential risks for debt sustainability.

In 2002, Sierra Leone sought debt relief under the enhanced Heavily Indebted Poor Countries Initiative (HIPC) and reached a completion point in December 2006. Interim debt relief of US\$ 13.1 million was delivered to Sierra Leone from March 2002 to October 2005. The total estimated debt relief under the HPIC and Multilateral Debt Relief Initiative (MDRI) debt cancellation was US\$ 1559.9 million from IMF, IDA and AfDF creditors. Enhanced diminution is required to obtain desired impact on the pace and quality of growth and human development consistent with the requirements of meeting the MDGs.

It is noted that debt services (PPG [Public and Publicly Guaranteed] and IMF only) as a percentage of exports of goods and services, excluding worker’s remittances, declined from 62 percent in 1995 to 4.3 percent in 2007, depicting the increasing difficulty and inability of the country to fulfil its repayment obligations (see Figure 9).

**Figure 10: Debt Service (PPG and IMF only), percent of export, excluding workers’ remittances**



Source: World Development Indicators 2009

Market access, as of 2009, was 94.4 percent of US Imports from Sierra Leone entered duty free on a Most Favoured Nation (MFN) basis, up from more than 50 percent in 2001.

Telecommunications facilities used as proxy indicators for target 8F, especially cellular phones, have improved significantly. Evidence indicates that between 2001 and 2009 the number of cellu-

lar operators have increased from 2 to 5. Based on the World Bank 2007 World Development Indicators, the number of cellular phone subscribers was 13 per 100 people and the number of internet users per 100 people was 0.2—well below global averages. Whilst usage of computers by government ministries, companies and nongovernmental organizations is increasing, computer use in universities as well as junior and high schools is still very limited and needs urgent attention. It has been suggested that increased access to internet/computer would help enhance the country's competitiveness.

## Major Challenges

To strengthen the economy and address MDG 8, major challenges include:

- The Development Assistance Coordination Office (DACO) is responsible for collating information on aid flows to Sierra Leone, from development partners to government. This has proved a challenging task given the government's limited capacity and indications are that the system is not yet working effectively.
- Enhanced market access from ACP/EU Economic Partnership Agreement (EPA) negotiations.
- To extract maximum benefits from New Partnership for African Development (NEPAD) for Sierra Leone.
- Improvement in good governance and security to attract Foreign Direct Investment.
- In addition, government faces daunting challenges of easing constraints to production posed by: weak infrastructure, inadequate extension services, weak and ineffectual legal regulatory system, poor economic management practices and corruption.

## Supportive Environment

**A**n investment code enacted in 2004 which provides increased visibility for Sierra Leone's progress in creating an environment conducive to investment and poverty reduction.

The government has embarked on an export promotion drive through its New Export Strategy in addition to the strengthening of the Sierra Leone Export Development and Investment Corporation (SLEDIC) which is serving as a "one-stop-shop" that simplifies business registration and minimizes transaction cost.

The country has also obtained the AGOA Visa for textiles and garments in April 2004 and export opportunities through other initiatives such as those afforded through the European Union – African Caribbean and Pacific (EU-ACP) cooperation, World Trade Organisation and Economic Community of West African States (ECOWAS).

## Priorities for Development Assistance

Achievement of MDG targets requires addressing the following:

- Enhance effective aid coordination
- Increase utilization of opportunities provided by NEPAD and other regional organizations
- Enhance effective negotiation of national and international contracts

**Table 13: Achievement Acceleration Framework for Goal 8**

Priority Interventions	Challenges	Solution selection	Responsible Party
Enhance effective aid coordination	Inadequate staffing of DACO and low level supply of required logistics.	<ul style="list-style-type: none"> <li>Recruitment and training of appropriate staff for DACO</li> <li>Provide appropriate equipment and logistics for development and management of DAD</li> <li>Training of relevant staff of MDAs and development partners for collection and reporting of data to DAD</li> </ul>	Relevant MDAs
Limited access to EU and other developed markets for export .	International trade barriers	<ul style="list-style-type: none"> <li>Improve quality of products for exports</li> <li>Continue on going regional trade negotiations with EU and other developed countries but focusing on areas of national comparative advantage</li> </ul>	Government of Sierra Leone.
Increased utilization of opportunities provided by NEPAD and other regional organizations	Weak in country institutional arrangement to handle NEPAD issues.	<ul style="list-style-type: none"> <li>Establishment of NEPAD focal point institution in Sierra Leone.</li> </ul>	Government of Sierra Leone.
Promote women's rights issues in Sierra Leone as a compliance criterion for funding sources.	Culture, tradition and religious beliefs.	<ul style="list-style-type: none"> <li>Effective implementation of policies and greater awareness on gender issues</li> </ul>	Government and development partners
Enhance effective negotiations of national and international contracts.			Government and development partners

## Conclusion and Key Recommendations

Sierra Leone will reach one, and possibly three, of the 8 MDGs. This should not take away from the fact that significant progress has been made on most MDGs, including the reduction of poverty, reduction of child and maternal mortality, fighting HIV/Aids and enrolling children in school. The tragic civil war, which devastated the economy and the social fabric moved the country away from the goals throughout the 1990s. Since then an impressive turnaround has taken place.

In each section of this report, various conclusions have been presented and recommendations made. The key ones are summarized below. They focus on the broad actions, cutting across sectors and MDGs, which are likely to make a difference in the effort to achieve as many MDGs as possible and as quickly as possible.

**Accelerate Growth:** To achieve the MDGs, whether on time or somewhat delayed, it is central to maintain robust economic growth and increase it, preferably to the 10 percent per annum range. This level of growth is particularly important for achieving the poverty, hunger and employment MDG, but also for other goals. Growth in agriculture will be particularly important, due to the very direct link with poverty and hunger, which is highest in agricultural communities. Accelerating growth calls for action on several fronts.

- Continue improvements in business environment, including removing administrative barriers and other issues identified under the “Doing Business” initiative, including land access and collateralization
- Continued macro-economic stability, low inflation and competitive, but stable, exchange rate, and an improved financial sector
- Promote growth in agriculture and fisheries, by attracting new investments, domestic and foreign, and by increasing productivity and market access for existing farmers – and access to the European markets for fisheries. In agriculture, continued investments in feeder roads, in post-harvest equipment, improved crop and seed varieties, and dissemination of knowledge are important, along with access to finance
- Continue and increase investments in electricity generation, upgrade the effectiveness of transmission/distribution, and ensure that tariffs are sufficiently high to avoid subsidies, yet competitive. Continue investments in the road network, notably feeder roads, the port and the airport, all of which are important facilitators for economic growth.
- Continue to promote investments across all economic sectors, including natural resources, while seeking to maximize government revenue, employment and local benefits from such investments

**Strengthen public service delivery:** Achieving the MDGs in health (child and maternal mortality), education, water supply and management of natural resources is to a large degree dependent on the ability of the state (central and local government) to finance and deliver public services. Currently the government’s domestic revenues are well below what is needed to achieve the MDGs. The capacity and motivation to deliver quality services in the public sector is also well be-

low what is needed. This calls for the following actions:

- Improve ability to afford better services by increasing domestic revenue toward the planned 13.5 percent in 2012, through improvement of collection at NRA; conservative, judicious and transparent use of waivers and concessions; vigorous collection of revenue from licenses and concessions (mining, fisheries and communications). Also explore new possibilities for revenue, which do not harm competitiveness, in order to further increase domestic revenue beyond the 13.5 percent target.
- Improve the capacity to deliver better services, by implementing a long awaited civil service reform, which would include a rightsizing of the civil service, notable pay improvements for key professional positions, a stronger linkage between performance and pay, incentives to encourage service in remote and often difficult and poor parts of the country.
- Strengthen and accelerate the devolution of public services to local authorities and help build their capacity to deliver primary education, health care, water supply, rural roads and other MDG related services more timely and effectively (e.g. textbooks and materials on time for the start of the school-year, drugs and other health supplies available in health care centers, roads passable during the rainy season).
- Address disadvantages, notably women's living conditions, through attentive services and initiatives, e.g. programs to increase girls primary and secondary school completion, programs to improve maternal health, programs to fight harmful cultural practices.

**Protect and build on Sierra Leone's natural resource endowment:** Sierra Leone is endowed with great natural beauty and natural resources (water, marine life, animal life), much of which is under pressure from immediate and urgent human needs. If well managed, however, these natural riches can be the source of jobs and income over time, while being preserved for future generations. Key actions needed include

- Controlling the urban encroachment in the Western Peninsula, to ensure future quality of the forest cover, animal life and beaches, all of which can bring great economic benefits. Implement existing programs for environmental hotspots such as the Gola forest, the Loma Mountains, etc.
- Enforcing the environmental legislation fully to ensure all mining is done responsibly, returning land back to its original conditions, where possible, and respecting community interests and rights
- Vigorous surveillance of the ocean to protect marine resources from over and illegal exploitation, and forceful implementation of legal measures
- Education and information campaigns to reduce practices harmful to nature, including slash and burn cultivation, uncontrolled cutting of forests for firewood, encroachment into sensitive areas, cutting of mangrove, etc.

**Continue strengthening the development partnership:** Government and Development Partners have significantly moved toward a more coherent relationship, with the London Conference an important milestone. The new Aid Policy and implementation strategy provide a good platform for moving forward. They should be fully implemented and respected by all. A frank and open,



but respectful, dialogue on key development issues should be encouraged.

**Strengthen capacity for monitoring and evaluation:** Monitoring and evaluation of progress on all the MDGs has remained a serious challenge throughout the process. Development of appropriate institutional mechanisms, including strengthening of statistical systems, is required to improve data collection and reporting in the future.

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#### Impact of the Global Financial Crisis on the MDG Progress

Like most countries in Sub-Saharan Africa, Sierra Leone was not affected by the first round effects of the global financial and economic crisis as the country's financial system is not integrated with the global financial system. The impact of the crisis was felt through the external/trade sector in the form of fall in commodity prices, weak exports and decreased inward remittances. The mining sector, which accounts for about 20 percent of GDP was particularly hard hit.

The weak global demand and the associated fall in commodity prices reduced the demand for the country's mineral exports, resulting in a contraction in mining output and exports. Though total exports increased by 7 percent due to a stronger than expected performance in agricultural exports, mineral exports dropped by 19 percent in 2009. The fall in mineral export earnings combined with the decrease in remittances reduced the availability of foreign exchange in the economy, causing the exchange rate to depreciate by about 28 percent during the year. Given that a large proportion of consumption falls on imported goods, the sharp depreciation of the local currency—the Leone—against the major currencies, has caused a massive rise in consumer prices. It is expected, however, that considerable gains will be realised in 2010, thus indicating signs of recovery.

The impact of the global financial crisis was most adversely felt in the area of inward capital flows. Foreign direct investment and portfolio investment which include remittances were estimated to fall by about 25 percent in 2009 over the previous year from a peak of 69 million US dollars in 2007. This regime is expected to improve slightly in 2010. With an estimated *diaspora* community of about half a million people—most of them highly skilled professionals—Sierra Leone is highly dependent on remittances. The current precarious unemployment situation in the advanced countries has undeniably caused a reduction in remittance flows as reflected in the overall inward flow of capital. The combined effect of the contraction in mining output and exports, remittances and foreign direct investment resulted in the slowdown of real GDP growth to 4.2 percent in 2009 from 5.5 percent in 2008.

Given its high dependency on aid, with annual aid flows at 30 percent of GDP (excl. IMF facilities) versus the low-income country average of 6-7 percent, Sierra Leone is also very sensitive to aid reductions and would have been reliant on additional donor financing to close budget deficits, if the crisis had prolonged. This was particularly important as having failed to substantially capitalize on the commodity boom Sierra Leone, unlike many commodity exporters, had not built up reserves on which it could draw for countercyclical smoothing.

Even before the current financial crisis, the government had lost ground in achieving the MDGs due largely to the prolonged and devastating civil conflict. Currently, there is no social protection policy in Sierra Leone. There is no clear definition of what types of programmes would fall under a social protection agenda in the country or what the objectives of a social protection policy would aim to achieve. In the absence of public safety nets, the poverty situation is likely to worsen in the medium-term because of the fall in remittances. The situation is likely to be aggravated by the incidence of jobless *diaspora* returnees amplified by the loss of jobs in the mining sector due to the closure of mines and the cutback in mineral production. This is more evident in the Eastern and Southern Provinces where mining is an important source of employment.


**Annex II:**

## Impact of Climate Change on the MDG Progress

**T**he impacts of climate change threaten to make some of the MDGs harder to achieve and could roll back progress in other areas.

Although forecasting the future climate with precision in West Africa is difficult, partly as a result of a lack of base line data and very few weather stations (Brown & Crawford, 2008) the impacts of human-induced climate change in Sierra Leone appear to be growing.

A recent report by the Government noted erratic rainfall caused acute water shortages in Freetown and its environs in 2006 and floods in Port Loko and Kambia Districts in 2004 (GoSL 2009). Meanwhile the report noted that sea level rise could damage infrastructure and cause increased erosion in coastal areas, as well as increased risk of land and mudslides.

The effect of climate change on water availability, agricultural productivity and population distribution could have an impact on every one of the MDGs.

The push to eradicate extreme poverty and hunger (Goal 1) for example requires increasing agricultural productivity and access to food. But given Sierra Leone's high dependence on rain-fed agriculture, food production in the country is intimately tied to rainfall. Changing rainfall patterns and sea level rise could damage agricultural lands and make Sierra Leone's food supply even more insecure.

Meanwhile, the health related goals (4 – reduce child mortality, 5- improve maternal mortality and 6 – combat HIV/ AIDS) Malaria and other diseases are vulnerable to the impacts of climate change on food security and water availability; water-borne diseases associated with reduced water quality due to floods and drought; more favourable conditions for the spread of vector-borne and air-borne diseases; and the direct link between temperatures and heat stress (UNDP, 2010).

Goal 7 on environmental sustainability is another goal that could be dramatically affected by climate change causing fundamental alterations in ecosystem relationships, changing the quality and quantity of available natural resources, and reducing the productivity of ecosystems. This is particularly significant in Sierra Leone where a large proportion of the population rely on these resources for their day-to-day survival and livelihoods (UNDP, *ibid*).

The final goal, on developing a global partnership for development, is critical if the impacts of climate change are to be tackled effectively. In particular international donors need to ensure that funding for climate change adaptation is additional to development commitments so that it does not displace or replace other development priorities.




**Annex III:**

## Assessment of Good Practices that Accelerate Progress on the MDGs

**T**he eight Millennium Development Goals are interdependent and inextricable-acceleration of progress in one goal often speeds up progress in the others. For instance, in households where women are illiterate, child mortality rate is higher. This suggests the existence of a linkage between education, the empowerment of women and health. Similarly, rising poverty, high level of illiteracy especially among women and youth unemployment are the most crucial issues that continue to impede overall progress in the MDGs.

In recognition of the extreme relevance of education as an important pre-requisite for overall human development, the government is accelerating education through affirmative action – ensuring that every girl child goes to school. Primary education school fees for all children were abolished in 2001 and in 2003, full support was provided for all girls entering the Junior Secondary School in the Eastern and Northern Regions because these regions were recording low numbers in attendance. Secondly, the school feeding programme supported mainly by WFP has been very helpful since the 1970s - encouraging school attendance and performance of children in primary school.

Furthermore, in order to arrest high levels of child and maternal mortality rates which in 2007 were the highest in the world, the Government launched the Free Health Care Initiative (FHCI) for all pregnant women, lactating mothers and children under five years of age in April 2010. The main focus of the initiative is to ensure the provision (to the target groups) of a package of fully subsidized services, free of charge at point of service delivery. This is supported by five sets of auxiliary interventions aimed at ensuring (i) continuous availability of equipment, drugs, and other essential commodities; (ii) continuity of adequate number of qualified health workers; (iii) information, education and communication (IEC) activities to allow people to exercise their rights to demand free quality health services; (iv) monitoring and evaluation; and (v) adequate management.

The Government hopes to sustain the FHCI through the signing of a National Health Compact linked to the International Health Partnership Plus (IHP+) to which Sierra Leone became a member on May 17<sup>th</sup>, 2010. It is believed that the signing of the compact will ensure that all existing and future investments in health care are based on one validated country health strategy, which will assure partners commitment; improve harmonisation of aid; improve coordination between governments, national stakeholders and development partners; strengthen transparency and mutual accountability of all development partners; and reduce complexity and transaction costs for health services delivery.

## Annex IV:

## MDG Monitoring and Evaluation Capacity

GOALS/TARGETS		ELEMENTS OF MONITORING AND EVALUATION ENVIRONMENT					
		Data Gathering Capacities	Quality of Recent Information	Statistical Tracking Capacities	Statistical Analytical Capacities	Capacity to Incorporate Statistical Analysis into Policy	Monitoring and Evaluation Mechanisms
Eradicate Extreme Poverty & Hunger	T: 1A	Weak	Weak	Weak	Fair	Fair	Weak
	T: 1B	Weak	Weak	Weak	Fair	Fair	Weak
	T: 1C	Weak	Weak	Weak	Fair	Fair	Weak
Achieve Universal Primary Education	T: 2A	Weak	Weak	Weak	Fair	Fair	Weak
Promote Gender Equality & Empower Women	T: 3A	Fair	Fair	Fair	Fair	Fair	Fair
Reduce Child Mortality	T: 4A	Fair	Fair	Fair	Fair	Fair	Fair
Improve Maternal Health	T: 5A	Fair	Fair	Fair	Fair	Fair	Fair
	T: 5B	Fair	Fair	Fair	Fair	Fair	Fair
Combat HIV/AIDS & Other Major Diseases	T: 6A	Strong	Strong	Strong	Fair	Fair	Fair
	T: 6B	Weak	Weak	Weak	Weak	Weak	Weak
	T: 6C	Weak	Weak	Weak	Weak	Weak	Weak
Ensure Environmental Sustainability	T: 7A	Weak	Weak	Weak	Weak	Weak	Weak
	T: 7B	Weak	Weak	Weak	Weak	Weak	Weak
	T: 7C	Weak	Weak	Weak	Weak	Weak	Weak
	T: 7D	Weak	Weak	Weak	Weak	Weak	Weak
Develop a Global Partnership for Development	T: 8A	Fair	Fair	Fair	Fair	Fair	Fair
	T: 8B	-	-	-	-	-	-
	T: 8C	-	-	-	-	-	-


**Annex V:**
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## Annex VI:

### Participants at the Two-Day Consultative Workshop on The National MDG Progress Report

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