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ABBREVIATIONS AND ACRONYMS

AfDB	African Development Bank
ART	Anti-retroviral Therapy
BECE	Basic Education Certificate Examination
CCT	Conditional Cash Transfer
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CMAM	Community-based Management of Acute Malnutrition
CWGs	Cluster Working Groups
CWIQ	Core Welfare Indicators Questionnaire Survey
Dec Sec	Decentralization Secretariat (of the Government of Sierra Leone)
DEPAC	Development Partnership Committee
DFID	Department for International Development (UK)
DMCs	Disaster Management Committees
DMD	Disaster Management Department
DOT	Directly Observed Treatment (of TB)
DSDP	Decentralized Service Delivery Program (World Bank)
EC	European Community
ECD	Early Childhood Development
ECE	Early Childhood Education
FHCI	Free Health Care Initiative
GAI	Global Adaptation Index
GTZ	<i>Deutsche Gesellschaft für Technische Zusammenarbeit</i>
HDI	Human Development Index
IDA	International Development Association (World Bank Group)
IDB	Islamic Development Bank
ILO	International Labour Organization
IRCBP	Institutional Reform and Capacity Building Project
KFW	<i>Kreditanstalt für Wiederaufbau</i>
LGFD	Local Government Finance Division (of MoFED)
M&E	Monitoring and Evaluation
MAFFS	Ministry of Agriculture, Forestry, and Food Security
MDA	Ministries, Departments, and Agencies
MDGs	Millennium Development Goal
MEST	Ministry of Education, Science, and Technology
MICS	Multiple Indicator Cluster Survey
MOHS	Ministry of Health and Sanitation
MLSS	Ministry of Labor and Social Security
MoEWR	Ministry of Energy and Water Resources
MoFED	Ministry of Finance and Economic Development
MSWGCA	Ministry of Social Welfare, Gender, and Children's Affairs
NaCSA	National Commission for Social Action
NASSIT	National Social Security Investment Trust
NAYCOM	National Youth Commission
NCPWD	National Commission for Persons with Disabilities
NGO	Non- governmental Organizations

NPSE	National Primary School Examination
NSNIR	Non-salary, Non-interest Recurrent (expenditure)
NSPA	National Social Protection Authority
NTC	National Technical Committee
NVQ	National Vocational Qualification
ONS	Office of National Security
OVC	Orphans and Vulnerable Children
PADCO	Peace and Development Corps
PETS/QSDS	Public Expenditure Tracking Survey and Quantitative Service Delivery Survey
PHU	Peripheral Health Unit (primary health care unit)
PLHIV	People Living with HIV/AIDS
PMC	Performance Management Contract
PMTCT	Preventing Mother to Child Transmission Program
PPA	Participatory Poverty Assessment
PRSP	Poverty Reduction Strategic Program
RCHP	Reproductive and Child Health Program
RUTF	Ready-to-use Therapeutic Food
SA	Social assistance
SCP	Smallholder Commercialization Program
SI	Social insurance
SLANGO	Sierra Leone Association of Non-governmental Organizations
SLCDD	Sierra Leone Community Driven Development Project
SLIHS	Sierra Leone Integrated Household Survey
SLSWA	Sierra Leone Society for Welfare of the Aged
SLUDI	Sierra Leone Union on Disability Issues
SP	Social protection
SRM	Social Risk Management
TRCVET	Sierra Leone Truth and Reconciliation Commission
UNAIDS	United Nations Joint Program on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WAEC	West African Examination Council
WASCE	West Africa Senior School Certificate Examination
WFP	World Food Programme
WHO	World Health Organization
YESP	Youth Employment Support Project

Vice President	:	Makhtar Diop
Country Director	:	Yusupha Crookes
Sector Director	:	Ritva S. Reinikka
Country Manager	:	Francis Ato Brown
Sector Manager	:	Stefano Paternostro
Task Team Leaders	:	John Van Dyck/Suleiman Namara

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The study was prepared based on the team's visits to Sierra Leone on October 10 to 21, 2011 and January 15 to 27, 2012, desk research, and continuous follow-up by the members of the team based in Sierra Leone. During the first visit, the study was officially launched during a workshop chaired by Mr. Matthew Dingie, Director of Budget in the Ministry of Finance and Economic Development (MoFED), with the participation of all major stakeholders from the Government of Sierra Leone, the World Bank, NGOs, and donor partners. In this workshop, the proposed outline and methodology of the study was presented in detail, and a handout was distributed with an extended outline of the study including the conceptual framework, the draft matrix of risk and programs (lifecycle framework), a proposed list of programs to include in the analysis, and a questionnaire to collect detailed information on these programs. On September 4, 2012, the team presented in Sierra Leone the preliminary findings of the report in a validation workshop also chaired by Mr. Matthew Dingie with the participation of all major stakeholders, NGOs and donor partners. The report reflects the discussions during the workshop.

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Executive Summary

Context, Purpose, and Conceptual Framework

Sierra Leone's estimated population of 5.9 million in 2011 is relatively young, with 44 percent being under the age of 15 years old. Sierra Leone is among the poorest countries in the world, being ranked 158th out of 169 countries in the 2010 UNDP Human Development Index. Since the country's 11-year civil war (which killed 20,000 people and displaced half the population) ended in 2002, Sierra Leone has been on a path of reconciliation and reconstruction and has been focusing on stabilizing its economy and governance systems. The economy has recovered rapidly, averaging 3.6 percent annual per capita growth between 2003 and 2008. The global food, fuel, and financial crisis of recent years resulted in a sharp fall in private capital flows, foreign aid, and commodity prices, which led to a reduction in Sierra Leone's per capita GDP growth to 0.7 percent in 2009. In 2010 and 2011, per capita GDP growth recovered to 2.7 percent and 3.2 percent, but at the same time inflation rose rapidly to 18 percent. The Government of Sierra Leone sought to protect the population from the impact of the food and fuel price hikes by introducing price controls and general subsidies. Rapid economic growth has helped reduce the poverty headcount from 66 percent in 2003 to an estimated 53 percent in 2011.

One of the four key priorities of the government's Second Poverty Reduction Strategy (the "Agenda for Change") covering 2008 to 2012 is to ensure sustainable human development by strengthening existing social assistance programs to better meet the needs of vulnerable groups as many of the existing interventions have been *ad hoc* or have only been short term during emergencies. Other priorities relate to the power supply, agriculture and fisheries, and transport.

On March 30, 2011, the Cabinet approved a national Social Protection Policy that defined specific outcomes and prioritized interventions. It focused on 10 areas: (i) increasing access to education and health services (scholarship and health fee waivers); (ii) expanding existing pilot social assistance programs; (iii) encouraging traditional family and community support for the vulnerable; (iv) promoting insurance schemes; (v) providing transfers to increase the use of social services; (vi) providing homes or shelter for vulnerable groups such as orphans, the physically and mentally challenged, the elderly, and abused children; (vii) promoting gender equality and women's empowerment; (viii) supporting livelihoods and employment opportunities; (ix) developing small and medium-size enterprises; and (x) building infrastructure that is accessible to the physically challenged. The policy, which was prepared with support from Concern Worldwide and the UK DFID, specifically calls for additional analytical work to guide the rationalizing and expanding of safety nets.

Sierra Leone is currently in the final stages of preparing its Third Poverty Reduction Strategy, the "Agenda for Prosperity", which is expected to be finalized in 2013. The Agenda for Prosperity includes a new social protection pillar, which is a major signal that the political will exists to move beyond crisis support and build a social protection system that can protect the

poorest and most vulnerable, reduce poverty, and make growth more inclusive. It would also reduce the reliance of Sierra Leone's policymakers on price controls on foods, which discourage local agricultural producers, and on untargeted and costly fuel subsidies.

The objective of this assessment is to respond to the government's call for analytical work to guide the development of an improved social protection system. Its goal is to help the government to put the Social Protection Policy into action and to provide an analytic underpinning for the social protection pillar of the Agenda for Prosperity. The basis of the assessment is provided by the concept of social risk management (SRM), which was developed by the World Bank in the early 2000s, and the assessment uses the lifecycle (or life-course) analysis. It also draws on the World Bank's recently published Social Protection and Labor Strategy for 2012-2022, which defines social protection systems as "portfolios of coherent programs that can communicate with each other, often share administrative sub-systems, and work together to deliver resilience, equity, and opportunity." It also draws on the World Bank's Africa Social Protection Strategy for 2012-22 which in addition stresses the need to focus on targeted delivery of social services and on issues of good governance, efficient program design and delivery, and country-driven action.

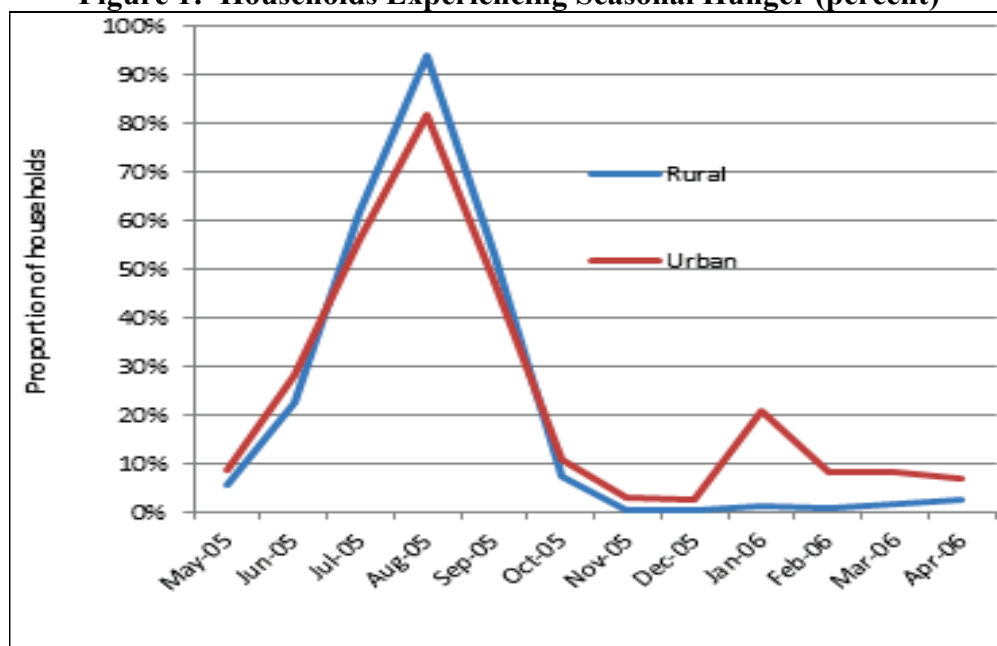
Chapter I discusses the main risks facing families in Sierra Leone and the conceptual framework of this assessment. Chapter II identifies the country's main vulnerable groups, discusses the principal risks faced by these groups and by households in general, and estimates the number of individuals or households that are at risk. Chapter III reviews the principal programs that are already in place to address the risks that have been identified. Chapter IV assesses the adequacy of the social protection system by analyzing: spending; program coverage, gaps, and overlaps; benefit generosity; targeting mechanisms and beneficiary incidence; cost-effectiveness; monitoring and evaluation; and institutional arrangements and participation. Chapter V contains recommendations. The questionnaire that was used to collect information on the social assistance programs is presented in Annex 1, while Annex 2 contains supporting tables.

Main Risks and Policies and Programs to Address these Risks

Sierra Leone has reduced poverty since 2003, but over one-half of the population remains poor. In addition, many Sierra Leoneans are just over the poverty line. This makes these Sierra Leoneans very vulnerable to small variations in their incomes, whether seasonal or annual. Moreover, almost half (45 percent) of households or 2.5 million people are food-insecure during the lean season (June to August) and 374,000 people (6.5 percent of total population) are severely food-insecure. Food insecurity is very seasonal, increasing in June and July every year and peaking in August (Figure 1). The poorest households are generally also the most food-insecure, mostly those involved in agriculture, petty trade, and unskilled labor.

The poor and vulnerable in Sierra Leone face a series of important risks resulting from: (i) economic shocks and consequent variations in employment, income, and consumption; (ii) social instability; (iii) natural disasters; and (iv) household conditions that expose the poorest families to a series of adverse situations and make them vulnerable.

Figure 1: Households Experiencing Seasonal Hunger (percent)



Source: WFP (2011), Graph 18.

Many of these risks disproportionately affect people during certain parts of the lifecycle, while others affect everyone more or less equally regardless of age. The principal risks for each age group are discussed below, as well as the main existing programs to address them.

A. 0 to 5 Year Olds

The main risks that poor children 0 to 5 year olds face are low birth weight, debilitating and life threatening diseases, inadequate diet, and a lack of early stimulation. All of these risks can impair their development and perpetuate their poverty.

- While there has been progress in reducing maternal, infant, and under-5 mortality rates in recent years, these rates are still among the highest in the world. Sierra Leone's maternal mortality ratio of 857 per 100,000 and under-5 mortality rate of 217 per 1,000 compare to 650 per 100,000 and 130 per 1,000 for the whole of Sub-Saharan Africa.
- Malaria is the most common cause of illness and death among children under the age of 5 in Sierra Leone. Bed nets are the most effective method for preventing malaria. However, according to the MICS 2010, in Sierra Leone, only 32 percent of children under the age of 5 slept under any type of net during the night preceding the interview and only 30.3 percent slept under an insecticide-treated net.
- Child mortality can also be prevented by timely and full vaccinations. Data from MICS 2010 indicate that only 46.2 percent of children under the age of 2 had been vaccinated against childhood diseases (44.8 percent in urban areas and 46.8 percent in rural areas), a decline from 51 percent in 2005. On the other hand, the proportion of children who had been given none of the required vaccines also declined from 13.1 percent to 2.9 percent.

- Chronic malnutrition has increased since 2005 and affects nearly one-half of children under the age of 5.
- While enrollments in pre-primary education have expanded rapidly in recent years, 93.5 percent of children aged 3 to 5 (551,055) still do not attend pre-primary school. Over one-fifth of under-5 children are even not registered with the civil authorities.

To begin addressing these issues, in April 2010 the government with the support of its development partners began implementing the Free Health Care Initiative for pregnant women, lactating mothers, and children under 5 years of age. It developed a plan to upgrade the infrastructure necessary to meet the expected increase in demand, hire more workers, improve workers' incentives, and procure additional drugs and medical supplies. This initiative is implemented by the Ministry of Health and Sanitation (MOHS), which also oversees other programs that address the risks facing this age group. These include nutrition interventions, Community-based Management of Acute Malnutrition (with the support of the DFID, the EU, and UNICEF) and Caregivers of Malnourished Children and Supplementary Feeding of the Under 5s (with the support of the World Food Programme), and a program to encourage child birth registration implemented by the MOHS and local councils with the support of UNICEF.

B. 6-17 Year Olds

For children of primary and secondary school age, the major risks are as follows:

- About one in every four children aged between 6 and 17 (26.1 percent) do not attend primary and secondary school, even though enrollments at the primary school level have increased significantly in recent years. This includes 257,878 children at the primary level and 200,967 children at the secondary level. The government's Agenda for Change indicates that key causes of this low attendance at school are "hidden and indirect costs, cultural barriers to girl-child education, child labor, and a lack of nearby schools." Indeed, SLIHS 2011 data indicate that the annual cost to extremely poor households of sending a child to central government primary and secondary schools is 2.4 percent and 8.6 percent of household food costs respectively. In the case of secondary education, it corresponds to 31 days of family food consumption.
- Girls' enrollment continues to lag behind that of boys at the secondary level. While enrollment of girls' of primary school age is 2.6 percentage points higher than that of boys, enrollment of girls' of secondary school age is 3.2 percentage points lower than that of boys.
- Policymakers also face the need to improve the quality of the education that children in Sierra Leone are receiving. The Ministry of Education, Science, and Technology (MEST) reports that only 43 percent of students passed the Basic Education Certificate Examination (BECE), which is taken at the end of Junior Secondary School, and less than 10 percent passed the West Africa Senior School Certificate Examination (WASSCE), which is taken at the end of Senior High School in 2011, only a marginal improvement over the passing rates in 2005.
- Within this age group, there are particularly vulnerable children who require special support. These include 791,000 orphaned and vulnerable children (OVC), 796,000 child

laborers, 349,000 children with disabilities (including war victims), 6,000 street children, and an undetermined number of abused children and child mothers. These are the most vulnerable groups in Sierra Leone and should therefore be given the government's priority attention.

There are several programs aimed at children in this age group, most of which are implemented by local councils. The World Bank-supported Decentralized Service Delivery Program (DSDP) is supporting the implementation by the local councils of the education devolved functions. In addition, the MEST implements a School Feeding Program with the support of the World Food Programme (WFP) and other partners. It also gives Grants-in-Aid to government-run boarding schools that are used mostly for feeding the students and Grants to Handicapped Schools. Also, together with the Ministry of Finance and Economic Development (MoFED) it runs the Girl Child Support Program, which provides tuition waivers for girls in junior secondary schools with a view to increasing girls' enrollment and retention in schools nationwide. The Ministry of Social Welfare, Gender, and Children's Affairs (MSWGCA) implements the Diets for Approved Schools and Remand Homes Program and the National Street and Other Vulnerable Kids program, which aims to get children off the streets in major urban centers.

C. 18-35 Year Olds

Youths (defined by the government as those aged between 15 and 35 years old) account for about one-third of Sierra Leone's population.

- The principal risk facing young people is not having any schooling or leaving school without any skills. The civil war disrupted educational services and made it impossible for young people to remain in school, as many were combatants in the civil war.
- Even before the war, many youths were leaving their villages because of a lack of opportunities and seeking a better living in the mines or urban centers. The war accelerated this exodus. A large number of unemployed youths are noticeable in downtown Freetown and also in other major cities. It is estimated that about 400,000 youths were jobless (in other words, not working or studying) in 2011. Note that this estimate does not take into account youths who were underemployed or who were employed without remuneration or in precarious jobs.

Some recently implemented youth programs include the World Bank's cash-for-work Programs (2009-2010); UNDP's Support to Food Security Project (2004-2009); and GTZ's Employment Promotion Program (2006-2010). Currently, the World Bank is supporting the Youth Employment Support Project (YESP, 2011-2013), which has a labor-intensive cash-for-works component implemented by the National Commission for Social Action (NaCSA), and Skills Development and Employment Support and Institutional Support and Policy Development executed by the National Youth Commission (NAYCOM); the UNDP is supporting the National Youth Employment Program and Youth Enterprise Development also executed by NAYCOM (2011-2013).

D. 36-59 Year Olds

Older adults also face the challenge of securing good and stable jobs. Many are working in very low productive activities in agriculture and the informal sector because they lack basic skills and have little access to basic productive services.

Many of those in the labor force in Sierra Leone work in agriculture or the informal sector in very low productivity activities and do not earn enough to cover their basic needs. These are the working poor. Indeed, in rural areas, the majority of those who work and yet are in the lowest income quintile are unpaid family workers (63.7 percent) and workers in family farms or businesses (90.1 percent). In urban areas, the majority of those who work and are in the poorest quintile work in a family businesses (65.7 percent) and work in wholesale or retail related activities (40.7 percent). Low-paid jobs are often associated with low endowments of both human and physical capital. Sierra Leone's illiteracy rates are 73.1 percent for women and 55.3 percent for men (15-49 years).

The Ministry of Agriculture, Forestry, and Food Security (MAFFS) is implementing a major integrated rural development program, the Smallholder Commercialization Program (SCP), which is supported by the World Bank and other partners. Component 5 of the SCP comprises three sub-components: (i) social safety nets for vulnerable groups; (ii) risk and disaster management; and (iii) productive safety nets. The overall coordination of the program is by MAFFS, while Component 5 is being coordinated by NaCSA. The social safety nets for vulnerable groups component includes supplementary feeding, nutritional support, and a school feeding program. The Productive Safety Assets sub-component is implemented with the support of the WFP and aims to augment food security by providing smallholder households with food and a limited cash transfer while also creating productive assets that will contribute to smallholder commercialization. Sub-component ii) is discussed below under household risks.

E. 60 Years and Older

Adults aged 60 and older account for 6.2 percent of the population. The vast majority of senior citizens have no pension when they leave the labor market and therefore have to depend on family, social assistance programs, or charity to survive. Indeed, fewer than 9 percent of those in the labor force are covered by the pension system, and only 7 percent of those aged 60 years and older receive a pension. This means that currently about 337,675 people aged 60 and older do not receive a pension.

The pension plans for formal employees and civil servants are managed by the National Social Security Investment Trust (NASSIT). Otherwise, programs for the elderly consist of a small program for the aged executed by the MSWGCA and the National Social Safety Net Program, a social pension piloted in 2007/2008 that has still not been fully rolled out by the Ministry of Labor and Social Security (MLSS).

F. Household Risks

The major risks that households face are falling into or being trapped in poverty, suffering from HIV/AIDS and other infectious diseases but having no access to quality health services, being

disabled, suffering from the effects of the civil war, being victims of gender discrimination and domestic violence, and lacking access to basic services. Households in Sierra Leone are also exposed to natural disasters and the effects of global shocks such as the food, fuel, and financial crisis.

- *Health.* While there has been significant improvement in health services since the war ended, nearly half of the population has no physical access to health services. Also, one-third of those who do use such facilities are not satisfied with the services provided. Most people in Sierra Leone seek care from health providers only once every two years, and many public health facilities are underused. The biggest barrier to accessing health care services has been cost-related. According to data from the SLIHS 2011 survey, however, about 77 percent of the poorest people seeking care in local government health facilities do not pay consultation. Public health spending dropped sharply between 2006 and 2008, from 1.7 percent of GDP to 1 percent of GDP, but it has since recovered to about 2.1 percent in 2011. However, this is still below the Sub-Saharan Africa average of 2.6 percent. The country's flagship health initiative is the Free Health Care Initiative aimed at pregnant women, lactating mothers, and children under 5 years of age, which started in April 2010.
- *HIV/AIDS.* Sierra Leone's HIV prevalence rate of 1.5 percent is low compared to other Sub-Saharan African countries. Despite the progress that has been made in controlling the epidemic, particularly in the difficult conditions of the post-war period, Sierra Leoneans should not be complacent in face of this terrible epidemic. Since 2005, the provision of antiretroviral therapy (ART) has been free. Over 90 percent of the financing of AIDS programs comes from international funds. The Feeding Assistance to People Living with HIV (PLHIV) and TB program implemented by the Ministry of Health and Sanitation with support from the WFP and BRAC/Plan International provides food aid to PLHIV and TB patients and their households.
- *Disability.* According to estimates from the World Bank and the World Health Organization (WHO), the disability prevalence rate in the adult population in lower-income countries may be as high as 18 percent. This would mean that there are 526,000 disabled people in Sierra Leone. A recent World Bank study on disability in Sierra Leone stressed the need to increase knowledge building and analysis, improve the institutional and legal framework, and increase the coverage of and financing for public and private sector programs for the disabled. The MSWGCA manages a program that provides funds to organizations for disabled people. In 2011, 86 organizations each received an average of US\$270.
- *War Victims.* There are a large number of war victims that continue to need the support of the government because they are physically disabled and/or mentally scarred by the atrocities of the war. The country's Truth and Reconciliation Commission received 7,700 statements from victims of the conflict and recommended: (i) the provision of free physical and mental health care to all victims and rehabilitation and free prosthetic and orthotic services for amputees; (ii) disability pensions for permanently disabled; (iii) measures to enhance access to education; and (iv) expansion of skills training, microcredit, and microprojects by the government. However, few of these recommendations have yet been implemented due to lack of resources. Through the Post

Conflict Reparations for Victims of Sexual Violence program, NaCSA is currently supporting a fraction (650) of the 4,000 women registered as victims of sexual violence, and through the Relief and Resettlement/ Refugees and Asylum Seekers in Sierra Leone, it is supporting the 9,000 remaining Liberian refugees.

- *Gender.* Discrimination is often at the root of violence against women. In Sierra Leone, as elsewhere, according to the Agenda for Change, women “have experienced political oppression and are greatly affected by laws and customs having to do with sexuality, marriage, divorce, child custody, and family life as a whole. Often, through patriarchal and traditional practices, women, especially young women, become vulnerable to teenage pregnancy, child marriage, sexual harassment in school by peers and teachers, in the workplace by male co-workers, to HIV/AIDS, other STIs, and sexual and gender-based violence.”¹ In 2007, the government enacted the Domestic Violence Act, which defines domestic violence comprehensively and encompasses physical, sexual, economic, emotional, verbal, and psychological abuse. It criminalizes these acts and imposes fines and prison terms for the offenders. The Child Rights Act of 2007 set the minimum age for marriage for girls at 18 years old. The challenge now is to put the provisions of these laws into practice. The MSWGCA is coordinating the implementation of the National Gender Strategic Plan that was launched in June 2010. The UK DFID is supporting the MSWGCA and the Sierra Leone Police in strengthening national capacity to tackle gender-based violence including supporting family support units. These are specialist units attached to the police stations across Sierra Leone that have a mandate to investigate all forms of child abuse and allegations of sexual and domestic violence.
- *Access to Basic Services.* Sierra Leone continues to have one of the lowest rates of access to basic services in Africa because basic infrastructure was in a poor condition before the war which caused it to deteriorate further. According to UNICEF, the country’s lack of sanitary facilities and poor hygiene is a major contributory factor to its exceptionally high maternal, infant, and child mortality rates. While a great effort has been made to rebuild basic infrastructure since the end of the war, there are 448,000 households (43 percent) with no access to improved sources of water, 662,500 (60 percent) with no access to improved sources of sanitation, and 928,000 (89 percent) with no access to electricity. NaCSA is implementing several programs aimed at meeting these unmet needs. These include the Sierra Leone Community Driven Development (SLCDD) Program funded by the Islamic Development Bank (IDB), the Pro-Poor Growth for Peace Consolidation Program (GPC) supported by the Federal Republic of Germany, and the Rapid Response Growth Poles: Community-Based Livelihood and Food Support Program-Habope supported by the World Bank.
- *Natural Disasters.* The most common natural hazard in Sierra Leone is flooding which occurs mainly during the rainy season between June and September. Global warming is causing sea levels to rise and is increasing the risk of flooding, and it is also likely to change rainfall patterns and temperatures, which will impact farming. According to the Global Adaptation Index (GAI), Sierra Leone is not well prepared to deal with these additional risks. The Office of National Security (ONS)’s Disaster Management

¹ Republic of Sierra Leone (2008), page 94.

Department (DMD) has the responsibility for disaster risk management. There are disaster management committees (DMCs) at the provincial and district levels throughout the country, and such committees are being piloted at chiefdom levels. The DMCs provide early warning signals and/or raise awareness of risks/hazards in various communities, embark on risk-reduction activities relevant to the specific risks faced by each community, and eventually respond with assistance when disasters strike. A sub-component of the Smallholder Commercialization Program aims to strengthen national capacity to adequately respond to disasters.

- *Food, Fuel, and Fiscal Crisis.* Sierra Leone was been severely affected by the food, fuel, and financial crisis. Urban consumers suffered the most. There were no social protection instruments in place that could minimize the immediate impact of crisis on the most vulnerable groups. The government was forced to introduce price controls and fuel subsidies at a high fiscal cost. Eventually, with external support, the government did manage to revamp the existing cash-for-work and feeding assistance programs. The main coping strategies adopted by households were reducing their food intake or the quality of the foods that they purchased and borrowing. Most food-insecure households also used child labor as a coping strategy.

To sum up, Sierra Leone has many social protection programs that seek to address all of the major risks faced by the population. However, most of these programs are small and underfunded and have important gaps. There is fragmentation and duplication among these programs as many of them target similar groups but have different management and operational structures, even within the same institution. These issues are further discussed below.

Assessment of the Social Protection System

Spending. Table 1 compares social sector spending (education, health, and social protection, which comprises social insurance and social assistance) in Sierra Leone with this spending in other African countries for which data are available. This comparison should be interpreted with caution because the definitions (such as the coverage of programs) are not fully consistent across countries and because some of the information is dated. Taking these important caveats into account, Table 1 shows that Sierra Leone spent 0.5 percent of its GDP on social insurance (pensions) and 3.5 percent of its GDP on social assistance in 2011, excluding fuel subsidies (2.1 percent of GDP in 2011). The recently launched health waiver (Free Health Care Initiative, FHCI) accounts for about one-fourth of social assistance spending (0.9 percent of GDP). What information is available suggests that overall social protection spending in Sierra Leone (4 percent of GDP) is marginally lower than the average for the other African countries (4.1 percent of GDP). Social insurance spending is lower in Sierra Leone than the other countries whereas social assistance is higher. Total spending on the social sectors is much lower in Sierra Leone than in the other countries (8.2 percent of GDP versus an average of 13.1 percent for the other countries). In 2011, fuel subsidies (mostly in the form of reduced revenue from fuel taxes) accounted for 34.6 percent of total social protection spending.

Financing. Social protection programs in Sierra Leone depend heavily on external financing. Overall, 85 percent of social assistance expenditures (excluding fuel subsidies) are financed by external resources. Maternal, infant, and nutrition programs (including the FHCI) rely almost

entirely on external finance as do many of the programs aimed at young people and households. These estimates do not take into account the budgetary support received from the Government of Sierra Leone, which in 2011 amounted to Le 250 billion (2.6 percent of GDP).

Table 1: Public Sector Spending on Social Sectors (% of GDP)

Country	Social Insurance	Social Assistance	Total Social Protection	Education	Health	Total Social Sectors	Year
Sierra Leone	0.5	3.5	4.0	2.3	1.9	8.2	2011
Average	1.8	2.3	4.1	5.3	3.7	13.1	
Benin	NA	0.3	NA	5.4	4.4	NA	2010
Botswana	NA	1.8	NA	7.8	10.0	NA	2009
Ethiopia	NA	4.5	NA	3.9	2.9	NA	2001
Kenya	NA	1.2	NA	6.7	4.8	NA	2010
Madagascar	1.2	0.9	2.1	2.9	2.7	7.7	2002
Mauritius	4.2	5.3	9.5	3.3	2.0	14.9	2001
Mozambique	2.0	1.7	3.7	5.7	2.3	11.7	2010
Namibia	NA	2.8	NA	9.0	3.6	NA	2011/12
Rwanda	NA	0.8	NA	5.1	3.5	NA	2011/12
Senegal	0.9	0.2	1.0	4.1	2.4	7.4	2004
South Africa	1.4	3.4	4.8	6.5	3.8	15.1	2011

Source: Table 4.8 of this report

Coverage Gaps. The expenditure and coverage information indicate that major program gaps include: (i) war victims, the disabled, and the elderly who are unable to work and have no means of sustenance; (ii) the working poor and the seasonally or long-term unemployed; and (ii) very poor families with children. The amount spent on the fuel subsidies was nearly as large as the amount of social protection spending on the 0 to 5 year old and the 6 to 17 year old age groups combined. Excluding subsidies and contributory pensions (which absorbed 7.8 percent of total social protection spending), very little was spent on the 39 to 59 (0 percent) and the over 60 (0.2 percent) age groups, which account for 18.7 percent and 6.4 percent of the extreme poor population. While there is no standard, benchmark, or “correct allocation” of resources by age group, this comparison gives an indication that the elderly and adult poor population, including the victims of war and the disabled, are not being well served.

Generosity. Sierra Leone’s major social assistance programs are not generous. The planned social pension transfer under the MLSS’s National Social Safety Net Program would cover only 8.3 percent of the food requirements of the poorest families compared to a median of 27 percent for a sample of similar programs in developing countries. YESP’s transfer is also on the low side: 18 percent of the cost of the poorest family food basket which compares to 40 percent in Ethiopia’s Productive Safety Net Program. Similarly, the average NASSIT pension covers only 85 percent the cost of the basic food needs of the poorest families. Those families with only this pension as income would be below the extreme poverty line. MoFED average pension is even less generous as it covers only one-third of the food costs of the poorest families.

Targeting Efficiency. Data from the SLIHS 2011 indicates that there are some social assistance programs that benefit mostly the wealthier families. There is therefore substantial room to increase the targeting accuracy of social assistance programs in Sierra Leone through an

improved mechanism for selecting beneficiaries. Similarly, over two-thirds of the expenditures on petrol are made by the richest families; therefore not only petrol subsidies are not pro-poor but they are actually regressive and the Government should consider eliminating them as soon as possible.

Cost-effectiveness. Fragmentation and duplication among many different programs reduces the cost-effectiveness of the social protection system. Information that the team has received from program managers indicates that the administrative costs of NaCSA's programs are in a similar range as those for equivalent programs in other countries whereas NASSIT's administrative costs are on the high side. Program coordination is also a major challenge. At the local level, ministries, departments, and government agencies (MDAs) and local councils need to agree on a mechanism to ensure that the materials needed by the front line service providers are procured and to agree on the criteria for distributing these materials among the providers in a timely and equitable manner. Very few programs share administrative subsystems or operational platforms relating to key aspects such as targeting, beneficiary registries, and payment mechanisms. This limits the ability of programs to benefit from economies of scale and avoid duplication.

Monitoring and Evaluation. The government has gradually been introducing a culture of results-oriented management and a national monitoring and evaluation (M&E) system in Sierra Leone. As part of the PRSP, it has implemented performance management contracts (PMC), the Public Expenditure Tracking Survey (PETS), and participatory poverty assessments (PPAs), and other surveys. However, most of the few programs that use the M&E systems are pilot programs financed by donors. The further development of a culture of evidence-based policymaking and management by results will require continued commitment and effort from the government as well as greater investment in information gathering, program M&E systems, and staff training.

Institutional Arrangements. At present, there is extensive fragmentation and duplication of social assistance programs and poor coordination between MDA and local councils and between both of these groups and NGOs and other service organizations. For instance, NaCSA and the WFP implement a number of public work programs (some of which offer cash for work and some of which offer food), with different administrative procedures and fiduciary arrangements. Also, there are many different youth programs implemented by the National Youth Commission and by development partners. At the national level, there is lack of coordination among public entities that leads to much duplication of efforts. According to the National Social Protection Policy, there is poor coordination of actions among MDA: "in some instances interventions duplicate efforts, which results in significant gaps in terms of sectors and categories of beneficiaries being left out."² There is duplication of mandates among some MDA, for example, between the National Youth Commission and the Ministry of Youth and Sports. Coordination between the MDA and non-state actors is even more difficult. Some analysts have indicated that there is a significant level of fragmentation and duplication of efforts among NGO programs and a lack of coordination among programs run by NGOs working in the social sectors. In addition, some development partners use their own implementation mechanisms and financing channels rather than using public institutions or the state budget to channel their support.

² Republic of Sierra Leone (2011), page 18.

In December 2011, the President of the Republic approved new institutional arrangements for the social protection system. Under this arrangement, which should serve the sector well, the President is likely to delegate his Chief of Staff to chair the body chosen to coordinate the social protection system with the Minister of Finance and Economic Development as co-chair.

The main MDAs involved in social protection in Sierra Leone are the MSWGCA, NaCSA, the MLSS, NASSIT, and MoFED which provides financing. Local councils are playing a growing role in delivering services. At the same time a large number of NGOs, faith-based organizations, and other civil society organizations provide social services to the most vulnerable groups. The MSWGCA, NaCSA, the MLSS, and local councils will need to be substantially strengthened in order to manage the revamped social protection system.

Conclusion and Recommendations

Ten years after the civil war, and in the aftermath of the food, fuel, and financial crisis, the key challenge for Sierra Leone in the area of social protection is to move from *ad hoc* emergency interventions towards building a national social protection system.

Following the approval of the Social Protection Policy, the government is planning to make “Employment, Social Protection, and Labor Strategy” one of the five pillars of its new Agenda for Prosperity. In parallel, Sierra Leone’s fiscal space is likely to increase significantly in the coming years as royalties from mineral exports are expected to increase ten-fold and real GDP is expected by the IMF to grow by 21 percent in 2012 alone. Although there is a need to be cautious about the expected mineral revenues,³ these are very important developments that should make it possible to build a more efficient and resilient social protection system in Sierra Leone, to promote more inclusive growth, and to reduce poverty. It is hoped that this assessment will contribute to these goals.

The complexity of building social protection systems should not be underestimated. It entails many different actors, preferences, programs, policies, instruments, institutions, and financing, and it often involves difficult trade-offs. The pace at which any social protection system is developed must therefore be in line with the country’s institutional and financial conditions and capabilities. The proposed strategy that follows takes into account these considerations.

A. Proposed Strategy

There is no single recipe for how to configure an effective social protection system as effective systems can vary from one country to another and over time. The Social Protection Policy approved by the Cabinet in March 2011 is an important step towards configuring an effective social protection system in the context of Sierra Leone. To achieve the vision of the Social Protection Policy, it will be necessary to address three mutually complementary issues:

- Filling existing program gaps while eliminating program fragmentation

³ The World Bank’s price forecast indicates that iron ore prices after declining in real terms by over 20 percent in 2012 and are projected to drop by an additional 8 percent between 2013 and 2025.

- Developing effective mechanisms and processes to maximize the impact of social protection interventions in terms of reducing poverty and increasing households' resilience to shocks
- Strengthening institutional arrangements, coordination mechanisms, and accountability systems.

Given the country's capacity and resource limitations, it is suggested that the government should focus its efforts on three major programs selected from the 10 areas covered in the Social Protection Policy. Together with other existing interventions, these three programs will constitute a minimum (or a "floor") of key social protection services. The three programs will be permanent and will build on existing capabilities, will absorb and integrate existing projects and activities, and will help to reduce program fragmentation. They should be designed both in terms of benefits and coverage to be able to be expanded and contracted in response to crises such as the recent food and fuel crisis as well as to natural disasters. The programs that we propose are:

- A social pension targeted to not only the elderly but also war victims and people with disabilities who are unable to work and have no other means of subsistence (absorbing existing programs in this area);
- A permanent labor-intensive public works program that will seek to help those rural and urban households that are seasonally exposed to food insecurity and the unemployed (incorporating existing Cash for Work and food for work programs).
- A cash transfer to very poor households with children.

Sierra Leone will continue to be exposed to external shocks such as sharp increases in food or fuel prices, or to natural disasters such as floods. These three programs will constitute a first line of defense against these shocks as they can be relatively easily scaled up in terms of coverage and benefits and cover all major vulnerable groups: (i) the poor elderly, victims of war, the disabled, (ii) poor adults unemployed and the jobless youth, and (iii) poor children. For the first two groups, currently there are no permanent programs; likewise for children there is no program aimed at improving nutrition and access to education. The three programs will complement each other as they cover all major age groups. These three programs will absorb existing fragmented programs and will develop links with other services such as health, education, training, and microfinance, therefore contributing to increase the integration and efficacy of the social protection system.

These three programs can gradually be expanded as Sierra Leone's domestic revenues, notably from mining, increase in the coming years. The sequencing of reforms might be as follows:

1. Begin capacity building of MSWGCA and NACSA, develop a new operational platform to increase the cost-effectiveness of interventions, establish a social pension operated from this platform, and pilot a conditional cash transfer for poor families with children.
2. Consolidate existing labor-intensive public works programs into a new permanent public works program based on the new operational platform.
3. Introduce the cash transfer to poor families with children (particularly labor-scarce families) based also on the common operational platform.

4. Evaluate the impact of the new programs and make any necessary modifications.

During these four stages, continued efforts should be made to establish links between transfer programs and health and education services, strengthen selected interventions, reduce program fragmentation and duplication, and improve coordination between MDAs, local councils, and NGOs and other service organizations. At the same time, the government should rationalize and strengthen existing programs such as the Free Health Care Initiative and deepen NASSIT's governance reforms.

B. Recommended Actions: Programs

The three programs that are recommended are a targeted social pension, a permanent labor-intensive public works program, and a cash transfer to very poor families with children.

Targeted Social Pension

The aim of this program would be to provide a minimum income to war victims, adults with disabilities, and people aged 60 and older without a pension who cannot work and have no other source of income. This social pension would absorb the existing National Social Safety Net Program, which, at the time of this writing, has yet be fully rolled out, though it was piloted in 2007/08. The beneficiary selection criteria as well as other mechanisms should be thoroughly reviewed by the MSWGCA, NaCSA, and other stakeholders, and the program should use the recommended unified operational platform.

The Social Pension should establish close links with health services. For example, to magnify its impact, the beneficiaries of the Social Pension should be automatically eligible for free public health services (and medicine). As is well known, health costs are a major burden for the disabled and the elderly. These groups are already supposed to have free access to health care at public facilities, but the policy is not consistently implemented. Nor is it clear whether victims of the conflict (mental and physical) are provided with free health care in public facilities.

Permanent Labor-intensive Public Works Program

NaCSA and other partners are currently implementing several public works programs, most of which are temporary, short-term interventions. Some are cash-for-work programs and others are food-for-work programs. Our recommendation is to reform these programs to provide predictable transfers for a longer period of time. In addition, the programs should be unified under one *permanent* national labor-intensive public works program designed to help food-insecure households to smooth their consumption during the lean period of each year. As resources permit, the program should eventually be open to all adults in need (one per household).

The unified program would cover both rural and urban areas as food insecurity affects households living in both areas. It would be predictable (in terms of the timing and duration of and compensation for the work being offered) so that households would be able to count with

this support and plan accordingly. Given that a large proportion (about 40 percent) of rural and urban households experience hunger during the months of July-September (see Figure 1), the program should offer work for at least three months per year. The compensation would be in cash but in special circumstances (for instance, for very isolated communities) it could be provided partially or fully in the form of food if the beneficiaries so desire. Families receiving the social pension or the cash transfer for very poor families with children would not be eligible to participate in this program. The wage rate should be set below the local market wage rate for unskilled labor to encourage a degree of self-selection by the very poor but policymakers' main focus should be on ensuring that the beneficiary selection mechanism minimizes errors of both exclusion and inclusion.

The inclusion of elements to help beneficiaries "graduate" from the program such as skill upgrading should be considered. The forthcoming evaluation of the ongoing cash-for-work program in the Youth Employment Support Program (YESP) should provide some useful guidance about how best to implement such programs in the context of Sierra Leone. Some analysts have stressed that labor-intensive public works should not only provide beneficiaries with predictable transfers in return for their labor but also include training or technical assistance so that beneficiaries can improve or develop their skills and thus graduate to full-time employment.

These services could also include a savings component combined with financial literacy training after which the program might begin to provide microcredit services to help beneficiaries to finance agricultural production or income-generating activities. This microcredit component could build on local experiences such as the Susu scheme, which finances its members by a system that rotates each month among the members. It might also include some simple form of micro-insurance added directly to the savings element (perhaps consisting of life insurance and insurance for funeral expenses based on existing forms of mutual insurance such as funeral associations). It is important to stress that, if any or all of these training and micro-financing services are eventually incorporated into the labor-intensive public works program, they should be provided by specialized agencies and not by NaCSA. The difficulties of introducing and managing these types of activities should not be underestimated, and expectations about their potential for enabling beneficiaries to graduate should be kept at realistic levels.

Transfer to Very Poor Families with Children

We also recommend that the government through NaCSA should consider launching a cash transfer program for very poor families with children under the age of 18. Priority would be given to families with orphans and vulnerable children (OVC) and single earners and labor-scarce households that have able-bodied members who cannot take up public works because this would undermine their ability to discharge their other crucial family obligations. Poor women who are pregnant or lactating would also qualify. The amount of the transfer might consist of a flat transfer equal in amount to the social pension plus an additional (declining) amount for each dependent child with an upper limit of, for example, four dependent children to avoid creating undesirable incentives. Because of resource limitations, a person who qualifies for the social pension but has dependent children so also qualifies for the transfer should receive only the transfer plus the corresponding additional amount for the number of children under the age of 18 in the household. This program may use a proxy means test to help identify eligible families.

Because the lack of basic services in many areas and of the institutional capacity needed to verify compliance with conditionality, the cash transfer should likely be unconditional, at least in the first phase. If so, it must be accompanied by a strong communication campaign underscoring that the support is being given by the government to improve the nutrition of children and enable parents to send their children to school and to access health services. In this context, it is important to establish close links between the transfers and other services. Under the Free Health Care Initiative, health care is already provided free to the under 5s and to pregnant and lactating women. Children enrolled in school are also supposed to have free access to health care in public facilities, but this policy is not consistently applied. To ensure that there are synergies between the transfer program and social services, all beneficiaries of the transfer to poor families with children should be automatically eligible for free health services (and medicine) in public facilities and for free primary schooling (with no extra fees charged by the school), textbooks, school materials, uniforms, and school lunches, as well as for free birth registration. Given the supply side constraints, the program can initially begin in urban areas and can be scaled up to rural areas once more resources become available.

Communication is very important to achieve the objectives of an unconditional cash transfer – to increase the beneficiary family’s income and to improve their health, nutrition, and education. Each community should be fully briefed on the purpose of the program. Communities should be involved in helping to ensure that the families that are selected as beneficiaries are those that are most in need including those containing OVC, children with nutritional problems, and poor pregnant or lactating women. Furthermore, the beneficiary families must be made aware of what is expected of them – that the transfer should be used to improve the family’s diet and to enable the family to keep their children in school and to take them to visit health clinics regularly. If it is not politically acceptable to make the transfer unconditional, then it might be possible to consider “softer” conditionality that relies, for example, mostly on self-reporting.

Rationalizing and Strengthening Existing Programs

When new social assistance programs are implemented (such as those suggested above), there is a danger of crowding out resources for existing programs, including the traditional core welfare services that serve abandoned children, orphans, foster children and other children in the care of the state, the homeless and the indigent, victims of sexual abuse or domestic violence, people with disabilities, and poor families in dire need of support. These programs are the foundation of social protection and should always be given the highest priority by the government.

The Government of Sierra Leone should continue to offer other existing social programs but should strengthen some and rationalize others. The Free Health Care Initiative should continue, and free access to all qualified women and children ensured. For people with disabilities, the most important measure that the government could take in the short term would be to establish a National Commission for Persons with Disabilities (NCPWD), which is proposed in the Persons with Disability Act, 2011. Other programs that need to be strengthened include nutrition programs for the under-5s and other vulnerable groups, the School Feeding Program, the Girl Child (junior secondary school tuition waiver) program, scholarships for poor students attending secondary school (since very few poor children hardly ever reach higher education and therefore cannot access existing scholarships), programs for people with disabilities and war victims, and

traditional core welfare services such as those provided by the MSWGCA and many services organizations.

Programs that need to be rationalized include education and the youth programs that have received priority attention from the government and development partners in recent years. The first line of defense against youth joblessness is to ensure that children stay in school and acquire the knowledge and skills needed to get a job. Accordingly, incentives must be put in place for students to stay in school, advance through the grades, and, if possible, to lure dropouts back into school. As discussed above, the government might eventually wish to add conditionality to the proposed cash transfer for very poor families with children to give them a direct incentive to send their children to school and keep them there to progress to higher grades. Bonuses could also be offered to those students who wanted to enter vocational/technical training centers or apprenticeship programs. Scholarships for secondary students should also be considered as suggested above. The greater the returns to schooling the more likely students will be inclined to stay in school. This can be achieved by improving the quality and increasing the market relevance of education. Guidance/career counseling programs are important for persuading students to stay in school and to assess their post-school options. For students who have left school and want to return, policymakers should consider adopting so-called second chance and equivalency programs as well as life skills courses. All existing youth programs should be rationalized under the recently established National Youth Commission (NAYCOM) to reduce the current program fragmentation. Also, the respective mandates of the Ministry of Youth and Sports and NAYCOM should be clearly defined so as not to overlap.

Reforming Social Security

The primary responsibility of NASSIT is to safeguard the retirement savings of its 200,000 members. Its first task should be to recover the substantial payment arrears by both private and public institutions, which as of December 2011 were equivalent to about 26 percent of 2010 contribution income. It should also be more forceful in the future in ensuring that all firms that should be contributing to the system are doing so. Moreover, it should invest its reserves in a very prudent, transparent manner. The former may be a challenge given Sierra Leone's small capital market. In this respect, the Financial Sector Action Plan of October 2009 suggested the need for an overall institutional review of NASSIT, particularly of its operations, investment strategy, and financial sustainability. It also recommended that the government develops a framework for the regulation and supervision of NASSIT's investments and that NASSIT's reporting to its members is more comprehensive and transparent.

C. Establishing a New Operational Platform

There is a need to establish a new operational platform that will manage all major transfer programs efficiently. This is similar to what NASSIT is already doing by using a single operational platform to manage its own pensions as well as MoFED's pensions. This platform could be managed by NaCSA since the Commission has experience in managing transfer programs (public works, reparation, and refugee programs). This platform should consist of: (i) an efficient targeting and beneficiary identification mechanism, (ii) a unified beneficiary registry; (iii) a grievances and appeals mechanism; (iv) a monitoring and evaluation system; and, to the extent possible, (v) an integrated management information system.

D. Institutional Arrangements, Coordination, and Accountability

Social protection is expected to be an important component of the new government's Poverty Reduction Strategy. Therefore, it will be part of the institutional arrangements developed for the implementation and monitoring and evaluation of the strategy. M&E will be results-based and participatory. The institutional framework to manage social protection should be very lean, with clear mandates for all of the institutions involved. To the extent possible, it should consist of existing institutions and coordination mechanisms that have been strengthened. For the approval and coordination of social protection policy, the mechanisms developed for the Poverty Reduction Strategy Program II and adopted for the Poverty Reduction Strategy Program III should be appropriate. In addition to the President's Office, this would involve the MSWGCA, the MLSS, NaCSA, NAYCOM, MEST, the MOH, MoFED, and local councils. The ministries should take the lead in the formulation of policy, while, for its execution, the main actors should be local councils for traditional welfare services, NaCSA (in cooperation of local councils) for the major social transfers and labor-intensive public works programs, and NASSIT for social insurance.

The MSWGSA and NaCSA will need to be substantially strengthened to manage the revamped and integrated social protection system. The MSWGSA should be able to help local councils to discharge the traditional core social welfare functions related to child protection, women's rights, people with disabilities, and other vulnerable groups. Local councils' funding for social welfare services, which has been negligible until now, is expected to begin to increase significantly with support from the World Bank's second Decentralized Service Delivery Program (DSDP II). NaCSA will require substantial support to develop the new operational platform and manage the transfer programs.

The Sierra Leone Association of Non-governmental Organizations (SLANGO) is organizing the Sierra Leone Social Protection Platform with the objective of "promoting nationally defined strategies that protect the minimum level of access to essential services and income security for all, as grounded in the Universal Declaration, ILO Convention, the Convention on the rights of the Child, and other Human Rights Instruments." The Platform is expected to improve coordination between public institutions, service organizations, and partners. NaCSA is supporting this initiative.

The quality and availability of information on social protection also needs to be improved. All major social assistance programs should have adequate management and M&E systems. Future household surveys should include questions that will yield the necessary information to evaluate the performance of the major social assistance programs.

The Government, supported by UNICEF, and with the involvement of the Bank and other stakeholders, is preparing a Social Protection Strategy and Implementation Plan, in order to provide a roadmap for translating into action the Social Protection pillar of the Agenda for Prosperity, the Social Protection Policy, and the recommendations of this Assessment. In this context, a legal and regulatory framework for social protection should be considered, highlighting the roles and responsibilities of different actors.

I. Context, Purpose, and Conceptual Framework

Context

Since the end in 2002 of the 11-year civil war that killed 20,000 people and displaced half the population, Sierra Leone has been on a path of reconciliation, reconstruction, and the stabilization of its economy and governance systems. The economy has recovered rapidly, averaging 3.6 percent annual per capita growth between 2003 and 2008.⁴ The global food, fuel, and financial crisis of recent years resulted in a sharp fall in private capital flows, foreign aid, and commodity prices, which led to a reduction in Sierra Leone's GDP per capita growth to 0.7 percent in 2009. The government sought to protect the population from the impact of food and fuel price hikes by introducing price controls and general subsidies. In 2010 and 2011, GDP per capita growth recovered to 2.7 percent and 3.2 percent, but at the same time inflation rose rapidly to reach 18 percent.⁵ Rapid economic growth has helped reduce the poverty headcount from 66 percent in 2003 to 53 percent in 2011.

Table 1.1: Key Economic and Social Indicators

Indicator	Sierra Leone	Guinea	Liberia	Developing Sub-Saharan Africa
Population (million)	5.8	10.3	4.1	840.7
Per Capita GNI (US\$)	340	380	190	1,165
Life Expectancy (years)	48	58	59	53
Adult Literacy Rate (%)	41	40	59	62
Maternal Mortality a/	970	680	990	650
Infant Mortality b/	123	88	80	81
Under-5 Mortality b/	192	142	112	130
Human Development	158	156	162	N/A

Source: World Development Indicators and UNDP's Human Development Report. Child mortality rates based on UNICEF (2011).

Notes: Population and GNI per capita for 2010; the rest for 2009 with exclusion of maternal mortality rates that is for 2008. Human Development ranking for 2010 out of 169. Higher ranking worse human development. a/ Modeled estimate per 100,000 live births. b/ Per 1,000 live births.

Sierra Leone's estimated population of 5.9 million (as of 2011) is relatively young, with 44 percent being under 15 years old. Young people account for about one-third of all Sierra Leoneans.⁶ While Sierra Leone's social indicators have significantly improved since the end of the civil war, they are still among the worse in Sub-Saharan Africa (Table 1.1). The country ranked 158th out of 169 countries in the 2010 UNDP's Human Development Index. In 2009, life expectancy was 48 years compared to 53 years for the region as a whole. Infant mortality was 123 per 1,000 live births and maternal mortality was 970 per 100,000 live births compared with an average of 81 per 1,000 live births and 650 per 100,000 live births for Sub-Saharan Africa. Meanwhile, the adult literacy rate in Sierra Leone was 41 percent (30 percent for women and 53 percent for men), which is well below the average of 62 percent for Sub-Saharan Africa.⁷

⁴ World Development Indicators. (<http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=2>)

⁵ World Development Indicators and IMF for 2011 (<http://www.imf.org/external/country/sle/index.htm?pn=5>)

⁶ Youth is defined by the government as the 15 to 35 cohort.

⁷ World Development Indicators.

One of the four key priorities of the government's Second Poverty Reduction Strategy (An Agenda for Change) covering 2008 to 2012 is to ensure sustainable human development by strengthening existing social assistance programs to better meet the needs of vulnerable groups as many of the existing interventions have been *ad hoc* or have only been short term during emergencies.⁸ There is a need to move beyond crisis support, such as price controls that discourage local agricultural producers and costly and untargeted fuel subsidies, and instead to build a social protection system that can protect the poorest and most vulnerable, help to reduce poverty, and make growth more inclusive. Other priorities relate to the power supply, agriculture and fisheries, and transport.⁹

Purpose

On March 30, 2011, the Cabinet approved a national Social Protection Policy that defined specific outcomes and prioritized interventions. It focused on 10 areas: (i) increasing access to education and health services (scholarship and health fee waivers); (ii) expanding existing pilot social assistance programs; (iii) encouraging traditional family and community support for the vulnerable; (iv) promoting insurance schemes; (v) providing transfers to increase the use of social services; (vi) providing homes/shelter for vulnerable groups such as orphans, the physically and mentally challenged, the elderly, and abused children; (vii) promoting gender equality and women's empowerment; (viii) supporting livelihoods and employment opportunities; (ix) developing small and medium-size enterprises; and (x) building infrastructure that is accessible to the physically challenged. The policy, which was prepared with support from Concern Worldwide and the UK DFID, specifically calls for additional analytical work to lay the foundation for rationalizing and expanding of safety nets.

The objective of this assessment is to respond to the government's call for analytical work to guide the development of an improved social protection system. Its goal is to help the government to put the Social Protection Policy into action. To meet its objectives, this assessment uses the so-called lifecycle (or life-course) analysis. After a brief discussion in this chapter of the main risks facing families in Sierra Leone and the conceptual framework underpinning this assessment, Chapter II identifies the main vulnerable groups, discusses the principal risks faced by these groups and households in general, and estimates the number of individuals or households that are at risk. Chapter III reviews the main programs that are already in place to address the risks that have been identified. Chapter IV explores the adequacy of the social protection system by analyzing: spending; program coverage, gaps and overlaps; the generosity of benefits; targeting mechanisms and beneficiary incidence; cost-effectiveness; monitoring and evaluation; and institutional arrangements and participation. Chapter V presents conclusion and recommendations. The questionnaire that was used to collect information on the social assistance programs is presented in Annex 1, while Annex 2 contains supporting tables.

⁸ Republic of Sierra Leone (2008), page 93.

⁹ Ibid., Presidential message.

Conceptual Framework

The poor and vulnerable in Sierra Leone face a series of important risks. These risks result from: (i) economic shocks and consequent variations in employment, income, and consumption; (ii) social instability; (iii) natural disasters; and (iv) household conditions that expose the poorest families to a series of adverse situations and make them vulnerable.¹⁰ The role of the social protection system is to minimize the impact of these risks using an integrated strategy that involves social and market insurance, self-insurance, and self-protection as well as measures in such areas as fiscal policy, sectoral policy, and natural disaster management. It should also reinforce any existing traditional or informal social protection systems.

In order to diminish the risk originating from external *economic shocks* and cyclical variations in economic activity, an integral approach to social protection is needed.¹¹ For example, policymakers could choose to respond to deteriorating terms of trade by resorting to market insurance mechanisms such as futures contracts in international markets or by diversifying the country's external trade. To counter the volatility of private capital, policymakers might use contingent lines of credit. On the other hand, given the fluctuations of global economic activity, it is important to contain fiscal expenditures in times of economic expansion to increase expenditures in times of recession. Maintaining a solid financial system is fundamental to ensure that the depositors' funds are preserved and to ensure that credit and other services are still available to firms and families, particularly during difficult economic periods. Finally, maintaining prudent fiscal and monetary policies will help to contain inflationary pressures, as high inflation is one of the more damaging taxes that can be imposed on the poor population, particularly those living on a fixed income and/or subsistence wages.

Social instability continues to be a challenge as a legacy of the country's decade-long brutal civil war. Several factors contribute to social instability, including: (i) weak governance and accountability systems; (ii) the country's limited capacity to deliver services; (iii) regional and ethnic divisions; and (iv) the large pool of underemployed youths.¹² Youth unemployment, in particular, remains a social, economic, and security challenge. As a result of the civil war, a generation of young people received little if any schooling. Many were uprooted from rural areas and sought refuge in cities, notably Freetown, where they cannot find jobs that offer a decent and stable wage. The social protection system should contribute to addressing all of these issues and to maintaining social stability.

¹⁰ The terms risk and vulnerability are sometimes used interchangeably because people or households that are at risk are usually considered to be vulnerable and vice versa. *Risk* is the probability of a loss or injury. Its potential negative impact may arise from some present process or future event. In the context of poverty analysis, vulnerability is defined by the World Bank as the probability or risk of being poor today or of falling into deeper poverty in the future. It is a key dimension of welfare since the risk of large changes in income may constrain households from investing in productive assets and their human capital. *Vulnerability* can influence household behavior and coping strategies and is thus an important aspect of poverty reduction policy. For example, the fear of bad weather conditions or the fear of being expelled from the land that they cultivate can deter vulnerable households from investing in more risky but higher productivity crops and affect their capacity to generate income (Coudouel et al, undated).

¹¹ de Ferranti et al (2000), page 7.

¹² International Development Association, International Finance Cooperation, and African Development Bank (2010), page 52.

Sierra Leone is vulnerable to *natural disasters*, particularly floods and storms. In the last 15 years, Sierra Leone has experienced four major floods that affected over 220,000 people, causing loss of lives and severe economic damage.¹³ These natural disasters may be intensified by the effects of climate change. As mentioned in the World Bank and African Development Bank's Joint Country Assistance Strategy, this may involve more "frequent severe weather events such as heavy rain and associated effects such as flooding and landslides in areas denuded by poor land management. It is estimated that 13 percent of the country's land area and as much as 36 percent of its population are at risk from two or more natural hazards."¹⁴

In order to diminish the risks associated with natural disasters, it is necessary to reduce the vulnerability of the national infrastructure and to develop and implement sound land use and natural resource management policies. In order to prevent or mitigate these risks, it is sometimes necessary to resettle populations that are living in high-risk zones as well as adopting civic education and disaster preparedness programs. When disaster strikes, the country's emergency relief system must be immediately ready to assist victims, minimize shocks, and begin the restoration of livelihoods.

Household vulnerabilities consist of the risks that poor households face based on the conditions in which they live.¹⁵ These risks are usually associated with a lack of assets, employment, income-generating opportunities and a lack of access to basic services as well as specific conditions that can affect groups such as the elderly; orphaned, abandoned, or abused children; the physically disabled; and the chronically ill, including those living with HIV/AIDS. Existing vulnerabilities may magnify the impact of economic disturbances or natural disasters and threaten social stability. For example, if a youth has no skills, he or she may find it difficult to secure employment even in good economic times, but in bad economic times, there will be even more and better-qualified job seekers competing for the same few jobs. On the other hand, the coping strategies that individuals and families tend to use can make them less vulnerable to risks associated with changes in economic activity or natural disasters. For example, a member of a farming family may get a job in a non-agricultural sector (diversification of production) or participate in a training course (investment in human capital). The family may open a savings account (diversification of assets) or make contributions to a pension (insurance). These are self-insurance, self-protection, and market insurance strategies at the individual level that help households to confront the kind of risks that can affect entire communities or even the entire country.

This assessment of Sierra Leone's social protection system focuses primarily on these household vulnerabilities that affect poor families, but it also discusses the country's readiness to deal with external shocks (such as the recent food, fuel, and financial crises and natural disasters) and other issues that threaten social stability. It is based on the conceptual framework of social risk

¹³ Université Catholique de Louvain (<http://www.emdat.be/>.)

¹⁴ International Development Association, International Finance Corporation, and African Development Bank (2010), page 54.

¹⁵ Risks can be classified as idiosyncratic when they only affect one individual or household (such as the death of the breadwinner) or covariate when they affect several households or even the whole country (such as the recent oil price shock.)

management developed by the World Bank in the early 2000s,¹⁶ which underpinned the World Bank’s Social Protection Strategy during the 2000s as well as the World Bank’s recently published Social Protection and Labor Strategy for 2012-2022. This new World Bank strategy, which builds on the previous strategy, defines social protection systems as “portfolios of coherent programs that can communicate with each other, often share administrative sub-systems, and work together to deliver resilience, equity, and opportunity.”¹⁷ As such, a social protection system “has three intertwined goals:

- ***Resilience for the vulnerable through insuring against the impact of drops in well-being from a range of shocks.*** Key sources of resilience are social insurance programs that minimize the negative impact of economic shocks on individuals insurance, old-age pensions, and scalable public works programs. Complementary programs in other sectors are also extremely important for resilience—such as crop and weather insurance and health insurance. Private and informal arrangements (such as savings, assets, and family or community-based support) are vital, too.
- ***Equity for the poor through protecting against destitution and promoting equality of opportunity.*** Social assistance programs (also known as safety net programs—including cash transfers and in-kind transfers, such as school feeding and targeted food assistance) address chronic poverty. They also protect poor individuals and families from irreversible and catastrophic losses of human capital (nutrition, health, and education), thereby contributing to equality of opportunity. They also lay the foundation for equality of opportunity, notably by helping families feel secure enough to invest in their future and their children.
- ***Opportunity for all through promoting human capital in children and adults and “connecting” men and women to more productive employment.*** Institutions that promote opportunity are often integrated with those supporting resilience and equity. Cash transfers incentivize investments in human capital by promoting demand for education and health and by helping address gender inequalities. Public works programs provide cash payments to the poor, while increasing physical capital investments. And labor market programs provide unemployment benefits, build skills, and enhance workers’ productivity and employability.”¹⁸

The core functions of the social protection system under both the new and the previous strategies are similar – risk mitigation, risk coping, and risk reduction. Risk mitigation relates to the goal of building households’ resilience, risk coping relates to increasing equity, and risk reduction relates to generating opportunity.¹⁹ Traditionally, risk management consists of choosing the most appropriate set of instruments to mitigate, cope, and reduce the adverse impact of social risks. These instruments include:

¹⁶ Holzmann and Jorgensen (2000). The World Bank’s first Social Protection Strategy-From Safety Net to Springboard was published in 2001.

¹⁷ World Bank (2012a), page xiv.

¹⁸ Ibid., page 1.

¹⁹ See also Robalino, Rawlings and Walker (2012), page 4.

- Social insurance (unemployment, disability, or sickness benefits or old age pension) to mitigate risks
- Social assistance (such as transfers in cash or kind, subsidies, and public works programs) to help people to cope with risks
- Programs that build human capital (such as conditional cash transfers, labor-intensive public works, and programs to integrate poor and vulnerable people into the labor market) to reduce risk in the first place.

However, the traditional instruments of risk management “are not enough to achieve the goals of resilience, equity, and opportunity by themselves. These goals require collaboration among a mix of public and private actors, working across multiple sectors.”²⁰

This assessment also draws on the World Bank’s Africa Social Protection Strategy for 2012-22 which, in addition to the issues addressed by the overall World Bank social protection strategy, stresses the need to focus on targeted delivery of social services and on issues of good governance, efficient program design and delivery, and country-driven action.

There is no single recipe for how to configure an effective social protection system as an effective system can vary from one country to another and in time. For example, the social protection system in a low-income country may consist only of core social assistance programs for the very poor, such as a cash transfer or food-for-work program or insurance for old age. On the other hand, the system in a middle-income country may include more sophisticated programs such as conditional cash transfers (CCTs), disability insurance, and active labor market programs (that help young people to transition from school to work or that provide training or job search assistance). The systems in a high-income country may also include health and unemployment insurance and more comprehensive labor market policies.²¹

In reviewing this assessment of Sierra Leone’s current social protection system, it is important to bear in mind the attributes of a “good” social protection system. A World Bank study has identified the attributes of a good social safety net system as follows:²²

- *Appropriateness.* The *range* of social assistance programs and the *balance* between them and other elements of public policies must meet the particular needs of the country. Each program must also fit the particular circumstances of the country. The total *amount of resources* allocated to the social protection system and how they are distributed must be in accordance with the country’s risk profile and its fiscal space.
- *Adequacy.* The safety net must *cover all groups at risk* and in need of assistance, particularly the poor and those at risk of falling into poverty. Each program must cover the entire target population and provide meaningful benefits (*generosity*) to whichever subset of the population it is meant to assist.

²⁰ World Bank (2012a), page 3.

²¹ Grosh et al (2008), page 415.

²² Grosh et al (2008), pages 373 and 374.

- *Equity (incidence)*. The safety net should give equal treatment to people in similar situations (horizontal equity) and should give greater benefits to the poorest families (vertical equity).
- *Cost-effectiveness*. The safety net programs should spend most of their resources on the benefits that they provide to their intended *target group*. Administrative costs should be reasonable. Program fragmentation and duplication should be avoided. Social assistance programs should be run efficiently with the minimum resources required to achieve the desired impact but with sufficient resources to carry out all of their functions well.
- *Compatibility with desired incentives*. Social assistance programs provide benefits to people and thereby influence their behavior. Programs must not provide incentives that alter the behavior of individuals in undesirable ways (for example, by encouraging beneficiaries to do less work).
- *Sustainability*. The safety net should be sustainable from a fiscal, administrative, and political perspective.

In addition to these attributes, *flexibility* and *integration* are also key attributes of a well-functioning social protection system.

- *Flexibility*. The range and appropriate balance of programs will change as the economy grows, as other elements of policy develop, or when shocks occur. In order to respond effectively to shocks, some safety net programs within the system should have the ability to scale up rapidly to address the impacts of shocks within vulnerable groups. The management of specific programs should also evolve as problems are solved and new standards are set.
- *Integration*. As stressed in the Bank's global Social Protection and Labor Strategy and its Africa Social Protection Strategy, reducing fragmentation across programs, actors, and levels of government can decrease inefficiencies, enhance coverage, and improve responsiveness to risks. Social protection systems should be integrated and coordinated at the policy and program levels, as well as at the level of administrative sub-systems, such as beneficiary registries, cash delivery mechanisms, and targeting approaches.

Most of these attributes should also be present in social insurance systems. For example, social insurance systems should not provide any undesirable incentives and should be equitable, cost-effective, sustainable, and sufficiently adequate to help recipients to smooth their consumption. Chapter IV of this review will refer to these attributes in evaluating Sierra Leone's social protection system.

II. Analysis of Risks and Vulnerabilities

In this chapter, we identify the most vulnerable groups in Sierra Leone and the principal risks that they face throughout their lifecycle. It focuses on the major risks facing individuals and families that, if not addressed, can perpetuate the intergenerational transmission of poverty. The risks were identified on the basis of our analysis of the circumstances of the poor and vulnerable groups in the country, which drew extensively on existing surveys (MICS, DHS, CWIQ, and SLIHS)²³ and studies. We arrived at the lists of risks and vulnerable groups after extensive consultations with key public institutions, partners, NGOs and other stakeholders involved in Sierra Leone's social protection system during an initial workshop in October 2011 and in subsequent meetings.

A. Major Risks and Vulnerable Groups

The major risk faced by households in Sierra Leone is falling into or being trapped in poverty. Poor households are more vulnerable to shocks than rich ones because they lack the resource base and income to survive their impact. This section discusses the prevalence of poverty, the determinants of poverty, households' food insecurity and its seasonality, and household vulnerability to poverty.

1. Growth, Poverty, and the Determinants of Poverty

The government was quite successful in reducing poverty. Estimates indicate that poverty may have decreased by almost 13.5 percentage points between 2003 and 2011 (Table 2.1). This was a result of rapid growth in per capita GDP as the economy rebounded from the years of conflict. Since the beginning of the fuel, food, and financial crisis in 2007, the rate of per capita GDP growth slowed down, which adversely affected the rate of poverty reduction (Figure 2.1). Estimates based on the 2011 SLIHS indicate that poverty has declined to 52.9 percent from 66.4 percent in 2003.²⁴ Gains in urban areas outpaced poverty reduction in rural areas.

Table 2.1: Poverty Headcount, 2003-2011

	2003	2011	Change 2011-2003
Nation	66.4	52.9	-13.5
Rural	78.7	66.1	-12.6
Urban	46.9	31.2	-15.7

Source: SLIHS 2003 and SLIH 2011.

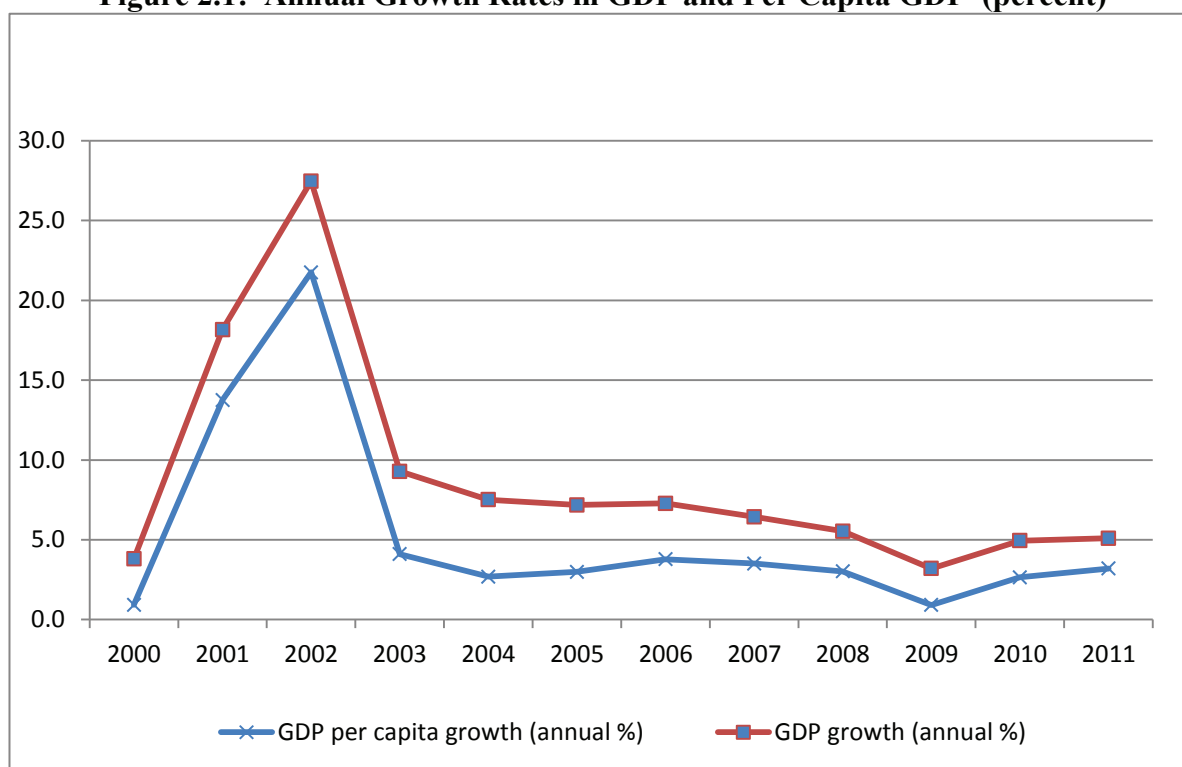
Note: For 2011, it is the mid-year estimate.

²³ The Multiple Indicator Cluster Survey (MICS), the Demographic and Health Survey (DHS), the Core Welfare Indicators Questionnaire Survey (CWIQ), and the Sierra Leone Integrated Household Survey (SLIHS).

²⁴ Administratively, Sierra Leone is divided into 4 provinces. Each province is subdivided into districts. Among the 14 districts, Bo City from Bo district, Bonthe City from Bonthe district, Kenema City from Kenema district, Koidu City from Kono district and Makeni City from Bombali district are separated from the district to form 5 city councils; the rest of the 5 districts form 5 local councils; the other 9 districts each forms a local council. So in total, there are 19 local councils. The SLIHS 2011 is representative at this latter level. The districts are further divided into 149 chiefdoms and the chiefdoms in 349 wards. The survey is based on interviews to 6,763 households. Each household was interviewed seven times during 2011.

As in many other developing countries, the determinants (correlates) of household poverty in Sierra Leone are the household's location, size, and composition and the education and employment situation of its head. In Sierra Leone, displacement by the conflict is also a determinant of poverty. According to the World Bank's Poverty Diagnostic of 2009, households living in the Eastern and Northern urban areas fare worse relative to those living in the Western and Southern urban areas. There is also a substantial level of poverty in peri-urban and rural areas of the Western region. Having large numbers of children in the household is correlated with poverty, though having a larger number of adult individuals in the household is correlated with gains in consumption. In rural areas, there are consumption gains from education beginning at the primary level, while in urban areas the gains are statistically significant only beginning at the senior secondary level. As for employment, rice farmers tend to fare worse than most other groups including those working in mining, industry, trade, services, and the government. Owning land has significant positive effects on consumption in rural areas. Finally people who have been displaced by the war and sought refuge abroad are poorer than otherwise similar households who have not been displaced.²⁵

Figure 2.1: Annual Growth Rates in GDP and Per Capita GDP (percent)



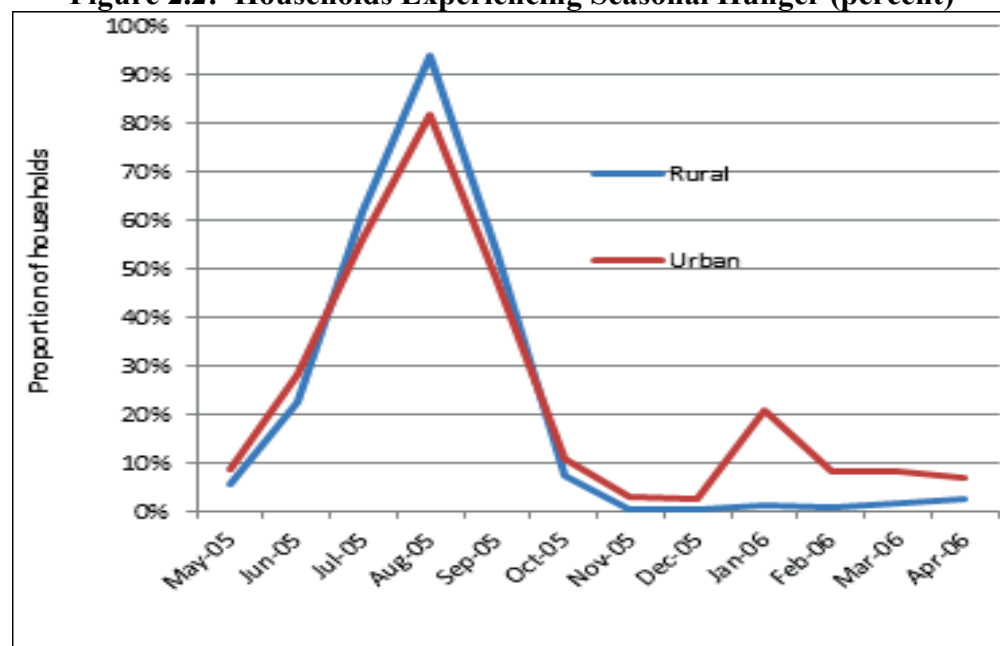
Source: World Development Indicators.

²⁵ World Bank (2009a), pages 22 and 23.

2. Poverty, Food Insecurity, and Seasonality

As most livelihoods in Sierra Leone are based on agriculture, the state of the population's food insecurity varies according to the agricultural production cycle. The World Food Program's Comprehensive Food Security and Vulnerability Analysis (CFSVA) survey of 2011 indicates that nationwide 45 percent of households or 2.5 million people are classified as food-insecure during the lean season (June to August), reflecting the difficulty of accessing food during certain months of the year.²⁶ Of these, about 374,000 people (6.5 percent of total population) are severely food insecure. Rural areas are more affected by food insecurity than urban areas (54 percent of households versus 29 percent).²⁷ Households' access to food starts deteriorating in June and July and peaks in August when over 80 percent of households experience hunger (Figure 2.2). It then declines rapidly to less than 4 percent after the harvest. In urban areas, the proportion of households experiencing hunger also increases in January to about 20 percent, following a period of overspending during the Christmas season, and then drops to about 4 percent.

Figure 2.2: Households Experiencing Seasonal Hunger (percent)



Source: WFP (2011), Graph 18.

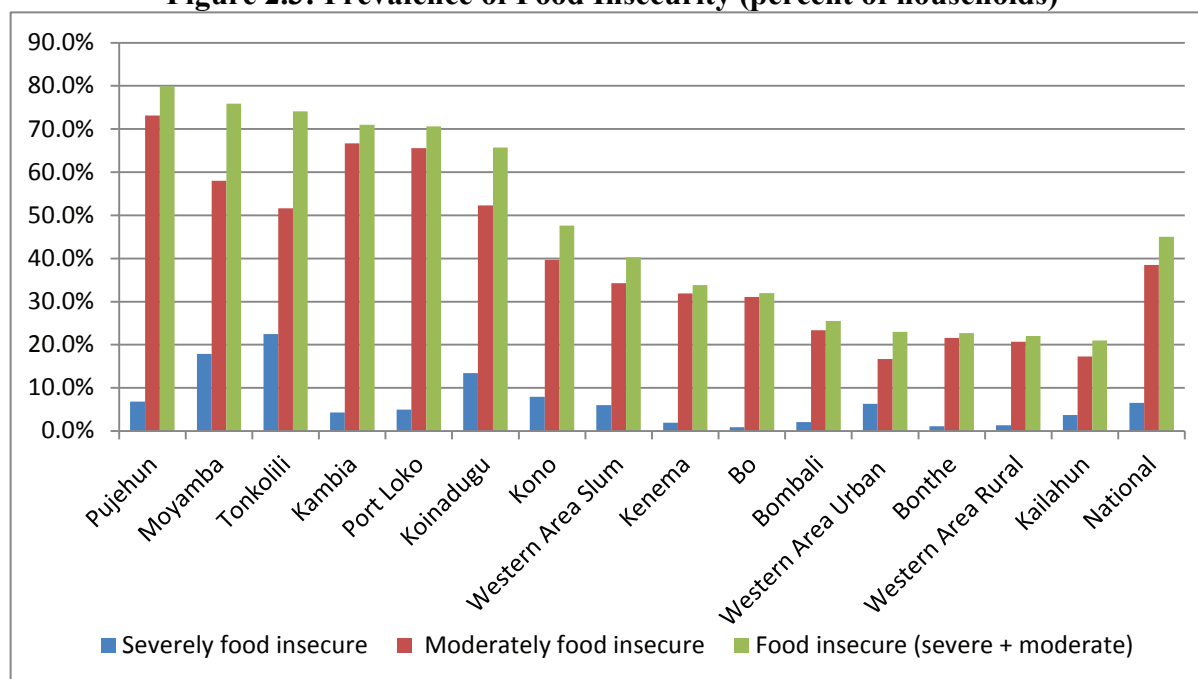
There are significant regional differences in terms of food insecurity (Figure 2.3). The districts with highest prevalence of household food insecurity are Pujehun (79.9 percent) and Moyamba (76 percent) in the Southern Region and Tonkolili in the Northern Region (74.1 percent). The

²⁶ These estimates of food insecurity are based on the World Food Programme's Food Consumption Score (FCS). The FCS is calculated by determining the foods eaten by a household during a seven-day recall period and applying weights to the food groups to which these food items belong based on their relative nutritional value. This score is then used to assign a household into one of three food consumption groups – poor, borderline, or acceptable – based on standard thresholds. WFP (2011), page 8.

²⁷ WFP (2011), pages 9 and 11.

highest prevalence of severe food insecurity is found in Tonkolili (22.5 percent) in the Northern Region, Moyamba (17.9 percent), and Koinadugu in the Northern Region (13.4 percent).

Figure 2.3: Prevalence of Food Insecurity (percent of households)



Source: WFP (2011), Table 1.

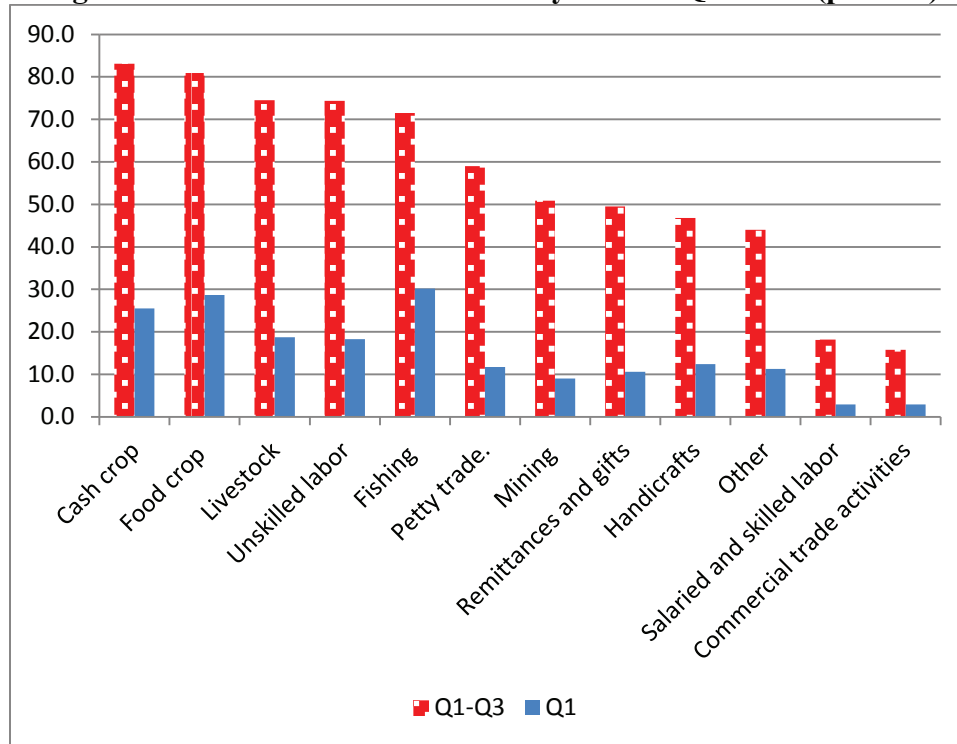
The most moderate to severe food-insecurity is found in households whose livelihoods depend on food crops (55.9 percent), petty trade (53.7 percent), and unskilled labor (50.2 percent). The most *severe* food-insecure households are those who rely on petty trade (9.2 percent), food crops (8.5 percent), and fishing (7.4 percent).²⁸ While poverty is an important driver of food insecurity, other factors are also in play. Lack of access to agricultural assets and services is a major factor. The WFP survey indicates that over one-half (56 percent) of households had kept part of their land uncultivated during the previous agricultural season. Some of the reasons that they gave for this included: (i) a lack of inputs (seeds, fertilizers, and pesticides), (ii) a lack of labor in the community, and (iii) a lack of tools and equipment. Other factors included the recent price shocks, a lack of access to markets, and unemployment.²⁹ Livelihoods with the highest poverty levels such as those dependent on food production or livestock rearing are also those with the highest prevalence of food insecurity (Figure 2.4).³⁰

²⁸ World Food Program (2011), page 28.

²⁹ World Food Program (2011), pages 39 and 44.

³⁰ World Food Program (2011), page 33.

Figure 2.4: Households Livelihoods by Wealth Quintiles (percent)

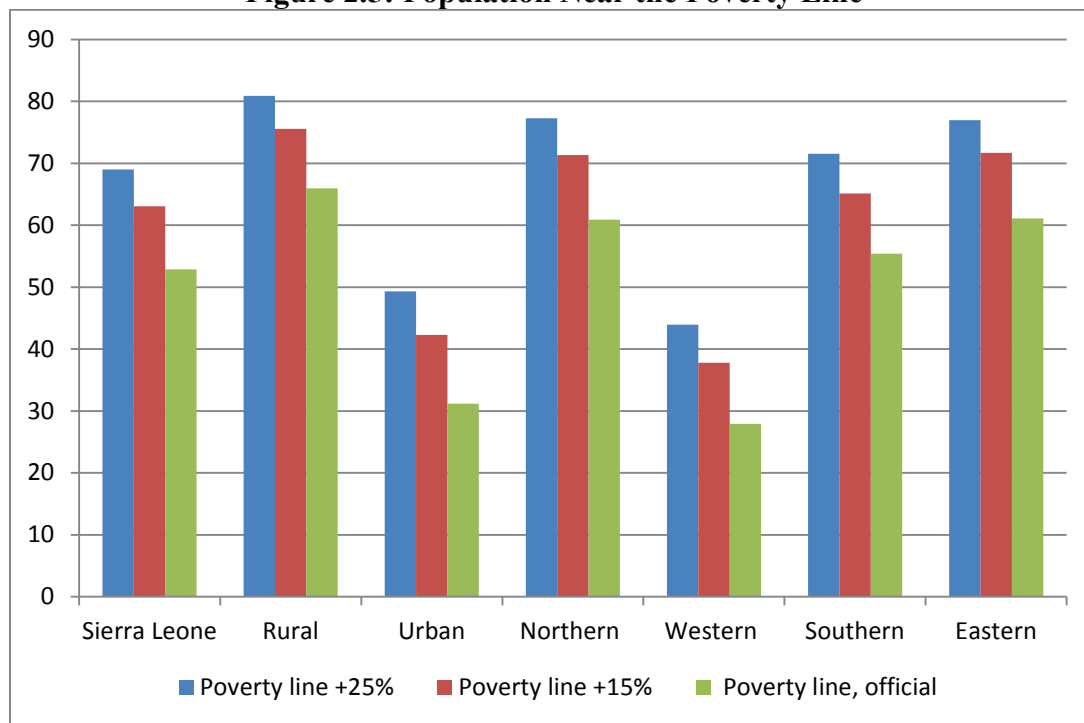


Source: WFP (2011), Graph 15.

3. Vulnerability to Poverty

In Sierra Leone, a large share of the population is near the poverty line. Figure 2.5 shows that if we increase the value of poverty line by just 15 percent, then 63 percent of all Sierra Leoneans would be below this revised poverty line, while if the increase in the poverty line is by 25 percent, then over two-thirds of all Sierra Leoneans would be below this revised poverty line. In rural areas over 80 percent of the population is under the poverty line increased by 25 percent. This makes these Sierra Leoneans very vulnerable to small variations in income, whether seasonal or annual.

Figure 2.5: Population Near the Poverty Line



Source: SLIHS 2011

4. Summary of Findings

Sierra Leone has reduced poverty significantly since 2003, but over one-half of the population remains poor as growth has decelerated recently as a result of the fuel, food, and financial crisis. In addition, a significant share of the population is near the poverty line. This makes these Sierra Leoneans very vulnerable to small variations in income, whether seasonal or annual. Moreover, almost half (45 percent) of all households or 2.5 million people are food-insecure during the lean season, while 374,000 people (6.5 percent of total population) are severely food-insecure. Food insecurity is highly seasonal, increasing in June and July to a peak in August. The poorest households are generally also those who are most food-insecure, mostly those involved in agriculture, petty trade, and unskilled labor.

B. Lifecycle Risk Analysis

The principal risks that poor and vulnerable Sierra Leoneans face during their lifecycle are discussed in this section. We identified these risks with the help and input of key stakeholders. These risks in general can contribute, if not addressed, to perpetuate the intergenerational transmission of poverty.

1. 0 to 5 Year Olds

The main risks faced by poor children aged 0 to 5 years are that they are born with low weight, experience debilitating and life-threatening diseases, and have an inadequate diet and a lack of early stimulation, both of which will impair their development and may perpetuate their poverty.

Poor Maternal and Infant Care. The health of an infant depends on the health of the mother. To promote the birth of healthy babies, the health authorities must ensure, first, that reproductive health services are available so that only desired pregnancies take place and that pregnancies are sufficiently spaced. In Sierra Leone 27.4 percent of married women have an unsatisfied need for contraception services.³¹ Second, pregnant women should receive early and regular prenatal care. The World Health Organization (WHO) has established that all pregnant women should make at least four prenatal care visits and should be immunized against tetanus. In Sierra Leone, 93 percent of pregnant women received prenatal care at least once from skilled personnel (94.3 percent in urban areas and 92.5 percent in rural areas).³² However, data from MICS 2010 indicate that only 74.7 percent of pregnant women received prenatal care at least four times (77.5 percent in urban areas and 73.6 percent in rural areas).³³ Third, the delivery of babies should be attended by skilled medical personnel. This currently takes place in only two-thirds (62.5 percent) of cases (71.8 percent in urban areas and 58.9 percent in rural areas), though this is a significant increase over 2005 when fewer than one-half (43.2 percent) of all deliveries were attended by skilled personnel (76.4 percent in urban areas and 34.8 percent in rural areas).³⁴

These gaps in care for pregnant women translate into high maternal, infant and under-5 mortality rates and into babies who are born with low weight and who are not able to resist diseases (Table 2.2). While maternal, infant, and under-5 mortality rates have been declining since 2000, data from DHS 2008 and MICS 2010 indicate that the rates remain extremely high – a maternal mortality ratio of 857 per 100,000³⁵ and an under-5 mortality rate of 217 per 1,000, which compares to an average of 650 per 100,000 and 130 per 1,000 respectively for Sub-Saharan Africa.³⁶ The child mortality rates are higher in rural areas than in urban areas and vary significantly among regions, with the Western Region having the lowest rates and the Southern and Eastern Regions having the highest rates. These data show the consequences of poor health and inadequate care during pregnancy, birth, and the first days after birth and the need to continue to increase the coverage of institutional deliveries and essential newborn care.

³¹ MICS 2010, Table RH.5. DHS 2008 (Table 7.3) estimated a similar figure (27.8 percent).

³² MICS 2010, Table RH.6.

³³ MICS 2010, Table RH.7.

³⁴ MICS 2005, Table RH.4 and MICS 2010, Table RH.9.

³⁵ DHS 2008, Table 17.4. This national estimate is lower than the modeled estimate from the World Development Indicators shown in Table 1.1 above.

³⁶ World Development Indicators.

Table 2.2: Infant and Child Mortality Rates

	MICS 2005			MICS 2010				
	Total	Urban	Rural	Total	Urban	Rural	Max	Min
Infant (<11 months; per 1,000 live births)	158	123	165	128	120	130	133 (South/East)	92 (Western)
Under 5 (per 1,000 live births)	267	207	279	217	153	202	224 (South/East)	150 (Western)

Sources: MICS 2005, Table CM1, and MICS 2010, Table CM.2.

Malaria is the most common cause of illness and death among children under 5 in Sierra Leone.³⁷ The use of bed nets is the most effective way to prevent malaria. According to MICS 2010, in Sierra Leone only 32 percent of children under the age of 5 slept under any type of net on the night preceding the interview and only 30.3 percent slept under an insecticide-treated net.³⁸ Child mortality can also be prevented by timely and fully vaccinations. Data from MICS 2010 indicate that only 46.2 percent of children under the age of 2 had been vaccinated against all childhood diseases (44.8 percent in urban areas and 46.8 percent in rural areas), a decline from 51 percent in 2005. On the other hand, the proportion of children with none of the required vaccines also declined from 13.1 percent to 2.9 percent during the same period.³⁹

Malnutrition in Children. Malnutrition is a major cause of death among children, accounting for 46 percent of under-5 deaths in Sierra Leone.⁴⁰ Low weight at birth because of inadequate food intake by the mother may lead to premature death or poor development in the early years of a child's life. In Sierra Leone 10.5 percent of children are born with low weight (9.8 percent in urban areas and 10.8 percent in rural areas), though only 40 percent of babies were weighed at birth.⁴¹ A lack of breastfeeding, low food intake in infants, and inadequate feeding practices can lead to stunted development, illness, and early death. WHO recommends that mothers should begin breastfeeding their babies within the first hour of life and continuing it exclusively during their first six months. In Sierra Leone, while 44.5 percent of children were breastfed within the first hour (39 percent in urban areas and 46.8 percent in rural areas), only 11 percent of children (aged 6 to 7 months) were exclusively breastfed during their first six months compared to an average 33 percent across Sub-Saharan Africa.⁴²

As in other developing countries, anemia and micronutrient deficiencies are serious public health risks in Sierra Leone. Anemia is an indicator of both poor nutrition and poor health and increases risk of maternal and child mortality. Although the primary cause of anemia is iron deficiency, this often coexists with a number of other causes, such as malaria, parasitic infection, HIV/AIDS, and nutritional deficiencies.⁴³ Vitamin A deficiency in pregnant women causes night blindness

³⁷ Republic of Sierra Leone (2008), page 84.

³⁸ MICS 2010, Table CH.12.

³⁹ MICS 2005, Table CH.2 and MICS, 2010 Table CH2.

⁴⁰ Republic of Sierra Leone (2008), page 84.

⁴¹ MICS 2010, NU.11. Percentage of children that weight less than 2,500 grams. DHS 2008 Table 10.1 shows a similar estimate: 11 percent of children are born with low weight, 9.5 percent in urban and 11.8 percent in rural areas.

⁴² MICS 2010, Table NU.2 and Table NU.A1. A similar estimate was found by DHS 2008 (page 150) and World Food Program (2011), page 50. Data for Sub-Saharan Africa are from World Development Indicators.

⁴³ World Health Organization. <http://www.who.int/nutrition/topics/ida/en/index.html>.

and may increase the risk of maternal mortality, while in children it is a leading cause of preventable blindness and increases the risk of disease and death from severe infections. Data from DHS 2008 indicated that 45 percent of women in Sierra Leone have some level of anemia, with the majority being mildly anemic (34 percent), 11 percent being moderately anemic, and about 1 percent were found to be severely anemic.⁴⁴ The prevalence of (any) anemia in women varies by regions, with the lowest level being in the Eastern and Southern Regions (43 percent each) and the highest level in the Western Region (50 percent). In Sierra Leone, 79 percent of women who had recently given birth took iron supplements (89 percent in urban areas and 75 percent in rural areas)⁴⁵ and 54.9 percent received a postpartum dose of vitamin A (63.2 percent in urban areas and 51.5 percent in rural areas).⁴⁶

The UNICEF's SMART survey conducted in 2010 found that vitamin A coverage in children aged 6 to 59 months in the previous six months was 91.1 percent, varying from a maximum of 93.3 percent in the Southern Region to a minimum of 87.8 percent in the Western Region.⁴⁷ A total of 85.8 percent of children 12 to 59 months of age were found to have been dewormed in the previous six months, with a maximum of 87.6 percent in the Northern Region and minimum of 80.9 percent in the Western Region.⁴⁸

According to MICS, chronic malnutrition among children under the age of 5 has increased from 40.1 percent in 2005 to 44.4 percent in 2010 and now affects 451,270 children (Table 2.3), 47.2 percent of whom are boys (240,670) and 41.7 percent of whom are girls (210,600).⁴⁹ Chronic malnutrition rates range from a low of 40.4 percent in the Western Region to a high of 48.6 percent in the Northern Region.⁵⁰ On the other hand, acute and underweight malnutrition rates are estimated to have declined since 2005. Chronic malnutrition starts at 3.6 percent in the first six months of life and increases quickly until it reaches its peak of 45.8 percent between 12 and 23 months. By that age, childhood malnutrition has done the majority of its damage and cannot be reversed.⁵¹

Table 2.3: Malnutrition Among Children Under 5 Years Old, 2010 (percent)

	MICS 2005	MICS 2010				
		Total	Boys	Girls	Max	Min
Height for age (chronic)	40.1	44.4	47.2	41.7	48.6 (Northern)	40.4 (Western)
Weight for height (acute)	8.8	8.5	9.6	7.4	10.1 (Western)	6.7 (Southern)
WeigIn OKht for age (underweight)	30.4	21.7	23.6	19.8	24.6 (Northern)	17.7 (Western)

Source: MICS 2005 Table NU.1 and MICS 2010 Table NU.1.

⁴⁴ DHS 2008, Table 11.13.1.

⁴⁵ DHS 2008, page 119.

⁴⁶ DHS 2008, Table 11.12.

⁴⁷ UNICEF (2010), Table 18.

⁴⁸ UNICEF (2010), Table 20.

⁴⁹ Population estimates for groups at risk are for 2011 based on Statistics Sierra Leone (2006) age group projections smoothed by World Bank staff for single age. These estimates differ from SLIHS 2011.

⁵⁰ MICS 2005, Table NU.1 and MICS 2010, Table NU.1.

⁵¹ UNICEF (2010), page 30.

Notes: Height for age (chronic malnutrition, stunting) reflects children's nutritional history. Weight for height (acute malnutrition, wasting) reflects their present nutrition status. Weight for age (underweight) reflects both the past and present nutritional status of children (and takes into account both chronic and acute malnutrition).

While malnutrition indicators trend in different directions, there is a general consensus that malnutrition “is one of the major causes of infant and under-five mortality and morbidity in Sierra Leone.”⁵² According to DHS 2008, chronic malnutrition in children can be related to several factors including too short periods between births, the poor nutritional status of the mother before and during pregnancy, low weight at birth, illness, and the fact that the child was not exclusively breastfed. Other factors such as poor caring practices, a lack of knowledge of nutrition, bad dietary habits, and a lack of access to adequate water, sanitation, and health care also help to explain the high malnutrition rates.⁵³

Lack of Early Childhood Stimulation. There is solid international evidence that early childhood development (ECD) programs benefit poor children and families. Nutritional supplementation and stimulation interventions administered together, especially to poor children under 2 years old, can help malnourished children to catch up with other children.⁵⁴ Early stimulation, enrollment in early childhood education or in pre-primary school, and participation in other learning and school readiness activities help children to develop and to perform well when they enter primary school. In Sierra Leone, pre-primary education covers three classes (grades) for children aged 3 to 5 years old. According to the Rapid Assessment of Early Childhood Care and Education conducted in 2003 and discussed in a World Bank study in 2007, “pre-primary education in Sierra Leone is mainly private and tends to be dominated by children from wealthier families in the urban and semi-urban areas. Nearly two-thirds of pre-primary education institutions are located in the Western Area.”⁵⁵ Since mid-2000, however, pre-primary enrollment has nearly doubled from 20,632 in 2004/05 to 37,351 in 2010/11 (18,247 boys and 19,104 girls) in 645 pre-primary schools, with about 60 percent of enrollment (and number of schools) being in the public sector (Table 2.4).⁵⁶ The enrollment rate of girls, in particular, rose very fast, with the result that they now outnumber boys in pre-primary education. However, 551,055 (93.5 percent) of children aged 3 to 5 years old are not attending pre-primary school (275,499 boys and 275,555) girls.⁵⁷ On the other hand, MEST reports that there are some 50,000 children in primary school who are under the official entry age of 6 years old. Taking this into consideration would bring the number of children aged 3 to 5 who are *not in school* down to about 500,000.

⁵² Republic of Sierra Leone (2008), page 84.

⁵³ World Food Program (2011), page 9.

⁵⁴ World Bank (2005), page 136.

⁵⁵ World Bank (2007), page 66.

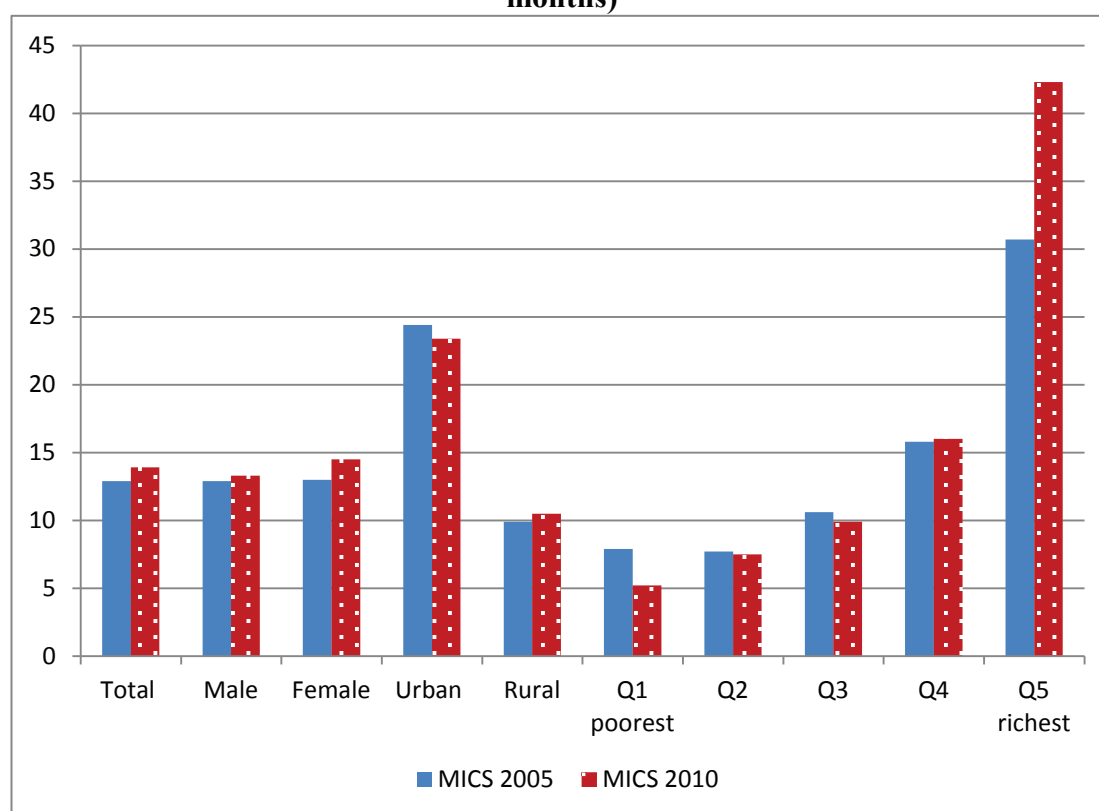
⁵⁶ Data for 2004/05 from World Bank (2007), Annex Table D.

⁵⁷ Enrollment refers to gross enrollment; therefore it may overstate the number of children of pre-primary school age children (3-5) who are actually in pre-primary.

Table 2.4: Estimated Number of Children Aged 3-5 Not in Pre-primary School, 2011

Level	Total	Boys	Girls	Girls/Boys Ratio	No. Schools
Pre-primary Enrollment (2010)	37,351	18,247	19,104	1.1	645
Public schools	22,033	10,909	11,124	1.0	387
Private Schools	15,318	7,338	7,980	1.1	258
Total no. of children 3-5 years (2010)	575,027	286,866	288,161		
Not in Pre-primary (%)	93.5	93.6	93.4		
Total no. of children 3-5 years (2011)	589,364	294,337	295,027		
Not in Pre-primary (2011)	551,055	275,499	275,555		

Source: MEST (EMIS database). Population estimates are for 2011 based on Statistics Sierra Leone (2006) age group projections recalculated by World Bank staff for single years.

Figure 2.6: Early Childhood Education Attendance (percentage of children aged 36-59 months)

Source: MICS 2005, Table ED.1 and MICS 2010 Table CD.1.

MICS 2010 gives a slightly clearer picture of enrollments. It indicates that 13.9 percent of children aged 36 to 59 months were attending some form of organized early childhood education (ECE) (up from 12.9 percent in 2005) with a slightly lower rate for boys (13.3 percent) than girls (14.5 percent).⁵⁸ This means that about 450,000 children were not attending ECE or other schooling, roughly equally divided between boys and girls. Relative to 2005, the greatest

⁵⁸ MICS 2005, Table ED.1 and MICS 2010, Tables CD.1.

increase in attendance was among the children from the richest families, while the attendance rate of children from the poorest families dropped (Figure 2.6). Attendance rates were 23.4 percent in urban areas compared with 10.5 percent in rural areas. The attendance level was highest in the Western Region (36.5 percent) and lowest in the Northern Region (6.9 percent). Forty-two percent of children living in the wealthiest households attended some form of ECE, while only 5.2 percent of children from the poorest households attended. Data from MICS 2010 also show that only 5.5 percent of children attending the first grade of primary school had been in pre-primary school the previous year, which is close to the estimate of enrollments in Table 2.4 (6.5 percent).⁵⁹

Lack of Birth Registration. The United Nations' Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights. Children who are not registered are not only "invisible" but, from an institutional and legal standpoint, are non-existent. Indeed, Article 24 of Sierra Leone's Child Rights Act of 2007 states that "No person shall deprive a child of the right from birth to a name, the right to acquire a nationality, or the right as far as possible to know his natural parents and extended family." According to MICS 2010, in Sierra Leone, the births of 22 percent of children under the age of 5 are not registered with civil authorities. This is similar for boys (22.3 percent) and girls (21.7 percent) and in urban (22.4 percent) and rural (21.8 percent) areas. These estimates indicate a sharp drop in unregistered children, from 52.2 percent in 2005.⁶⁰ However, the proportion of children reported in MICS 2010 as being registered (78 percent) includes 40 percent for whom no birth certificate was produced or was seen by the survey interviewer. Indeed, DHS 2008 reported that 49.1 percent of children under the age of 5 were not registered.⁶¹ Nevertheless, even when taking the MICS 2010 figure as valid, there are 223,300 children (113,700 boys and 109,600 girls) who not registered with the civil authorities.

Child registration was devolved to the local councils in September 2005 together with several other functions of the Ministry of Health and Sanitation (MOHS) following the approval of the Local Government Act of 2004.⁶² When a child is born in a MOHS facility, the baby can be registered in the facility. However, 48 percent of the deliveries in Sierra Leone are at home (41.9 percent in urban areas and 50.3 percent in rural areas),⁶³ which means that the birth has to be registered later at an appropriate venue. A recent World Bank study indicates that registration rates did not increase significantly after devolution, as it increased sharply in some local council areas where specific campaigns were undertaken (most with UNICEF support) and dropped sharply in others.⁶⁴

To sum up, progress has been made in reducing maternal, infant, and under-5 mortality rates in recent years, but Sierra Leone's rates are still among the highest in the world. Over one-fifth of children under the age of 5 are not registered with civil authorities. Chronic malnutrition has increased since 2005 and affects nearly one-half of the children under the age of 5. Early child

⁵⁹ MICS 2010, Table ED2.

⁶⁰ MICS 2005, Table CP.1 and MICS 2010, Table CP.1.

⁶¹ DHS 2008 Table 2.13.

⁶² Zhou ed. (2009), page 62.

⁶³ MICS 2010, Table RH.10.

⁶⁴ Zhou ed. (2009), page 76 and Table 5.1.

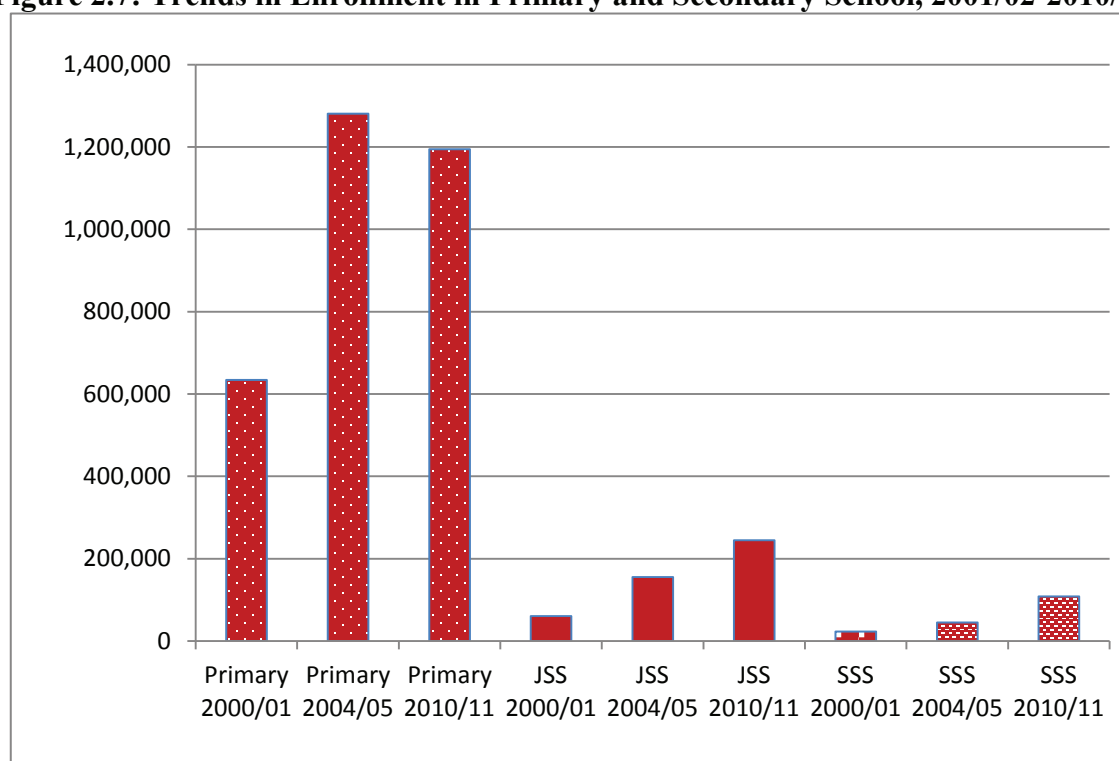
education and pre-primary programs are still embryonic and cater mostly for the richest families in urban areas.

2. 6-17 Year Olds

The major risk faced by children of primary and secondary school age is not attending school, either because they did not enroll in the first place or because they were forced to drop out of school for financial, early pregnancy, or other reasons. Another risk is that children do attend school but learn very little. A low level of schooling almost invariably leads to poor job market prospects, low salaries, and, often, a life in poverty. Within this age group, there are particularly vulnerable children who require special support including orphaned and vulnerable children (OVC); child laborers; children with disabilities; children who are sexually exploited and/or trafficked; and children who are pregnant and/or married.

Low School Attendance. The 2004 Education Act established that education in Sierra Leone should comprise six years of primary school (Classes P1 to P6) for children aged 6 to 11 years, three years of junior secondary school (JSS1-JSS3) for children aged 12 to 14 years, and three years of senior secondary school (SSS1-SSS3) for teens aged 15 to 17 years. After that, there is technical and vocation training and university education. Since the enactment of the Local Government Act of 2004, basic education, which comprises the nine years of primary and junior secondary school, has been devolved to the local councils. School management committees have been established in all primary schools, and resources are transferred to the schools via the local councils to pay for the schools' operations.

Figure 2.7: Trends in Enrollment in Primary and Secondary School, 2001/02-2010/11



Source: World Bank (2007), Annex Table D.5-D.6. MEST (EMIS database).

Enrollment in primary school has doubled since the early 2000s and reached over 1 million children by 2010/11 (Figure 2.7). After primary education was first provided for free in 2001, enrollments increased sharply, then dropped somewhat in 2005 and 2006 but have increasing rapidly since. Junior and senior secondary enrollments have also increased rapidly since 2004/05, by 60 percent and 140 percent respectively. According to MEST, in 2010/11 there were nearly 1.2 million children attending primary schools and over 350,000 children attending secondary schools. At the primary and junior secondary levels, most schooling is offered in government and government-assisted schools (95 percent of the enrollment), whereas at the senior secondary level there is greater private sector provision (23 percent of the enrollment). Girls' enrollment continues to lag behind that of boys, particularly at the secondary level (Table 2.5).

Table 2.5: School Enrollment and Number of Schools, 2010/2011

Level	Total	Boys	Girls	Girls/Boys Ratio	Schools
Total					
Primary	1,194,502	611,604	582,898	0.95	5,930
JSS	244,490	134,102	110,388	0.82	887
SSS	108,243	67,282	40,961	0.61	209
Govt and Govt Assisted (% of total)					
Primary	96.5	96.7	96.4	0.95	94.9
JSS	94.4	95.4	93.2	0.80	84.7
SSS	77.5	81.3	71.3	0.53	78.0
Private (% of Total)					
Primary	3.5	3.3	3.6	1.04	5.1
JSS	5.6	4.6	6.8	1.21	15.3
SSS	22.5	18.7	28.7	0.94	22.0

Source: MEST (EMIS Database).

While enrollments have been increasing, a large number of children still do not attend school. According to data from MICS 2010, about one in every four children (26.1 percent) aged 6 to 17 do not attend primary or secondary school. This includes 257,878 children at the primary level (134,379 boys and 123,499 girls) and 200,967 children at the secondary level (93,316 boys and 107,652 girls) (Table 2.6). These figures exclude children of secondary school age (12 to 17) who are still attending primary school (36.7 percent of the cohort). More girls (38.5 percent) of secondary school age are attending primary school than boys (35 percent). The net result is that girls are more likely to enter late and/or repeat more primary grades than boys and are less likely to enter secondary school than boys.

Table 2.6: Children Aged 6-17 Out of Primary and Secondary School, 2011

Age groups	Out of School 2010/11 (%)			Population 2011			Out of School 2011		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
6-11	25.7	27.0	24.4	1,003,418	497,700	505,717	257,878	134,379	123,499
12-17	26.7	25.1	28.3	752,687	371,775	380,912	200,967	93,316	107,652
6-17	26.1	26.2	26.1	1,756,105	869,476	886,629	458,843	227,803	230,541

Source: MICS 2010, Table ED.4 and ED.5.

Note: Population estimates are for 2011 based on Statistics Sierra Leone (2006) age group projections recalculated by World Bank staff for single years.

Since 2001 public primary education has been free for all children. To close the gap between the school attendance of boys and girls, starting in 2003 tuition for all girls attending government and government-assisted has also been waived at the junior secondary level. The Education Act of 2004 renewed the Constitutional mandate that made basic education (primary and junior secondary) compulsory.⁶⁵ According to the 2007 Education Sector Plan, the government is committed to achieving universal primary education and completion.⁶⁶ Over the medium term, its goal is to achieve universal basic education.

As part of the decentralization process, the central government through MoFED transfers funds to the local councils to manage the devolved functions of primary and secondary education. The funds cover the costs of school administration, libraries, educational development, and science equipment. The government transfers funds directly to the schools to cover the tuition of all students attending government and government-assisted primary schools as well as the tuition of girls attending government and government-assisted junior secondary schools. The government also pays for textbooks and other teaching and learning materials and for the examination fees for students in government and government-assisted primary and junior secondary schools. The procurement of textbooks and teaching and learning materials is done centrally while examination fees are paid directly by MoFED to the West African Examination Council (WAEC). A number of government and government-assisted primary schools also offer school lunches with the support of the DFID, WFP, and other partners. (See Chapter III for more details of all these programs.) Despite all these transfers and subsidies, the cost of schooling is not free for parents because of the opportunity costs involved in losing their children's time and labor as well as the costs of school uniforms, additional books and school materials, transport, and other fees collected by the school.

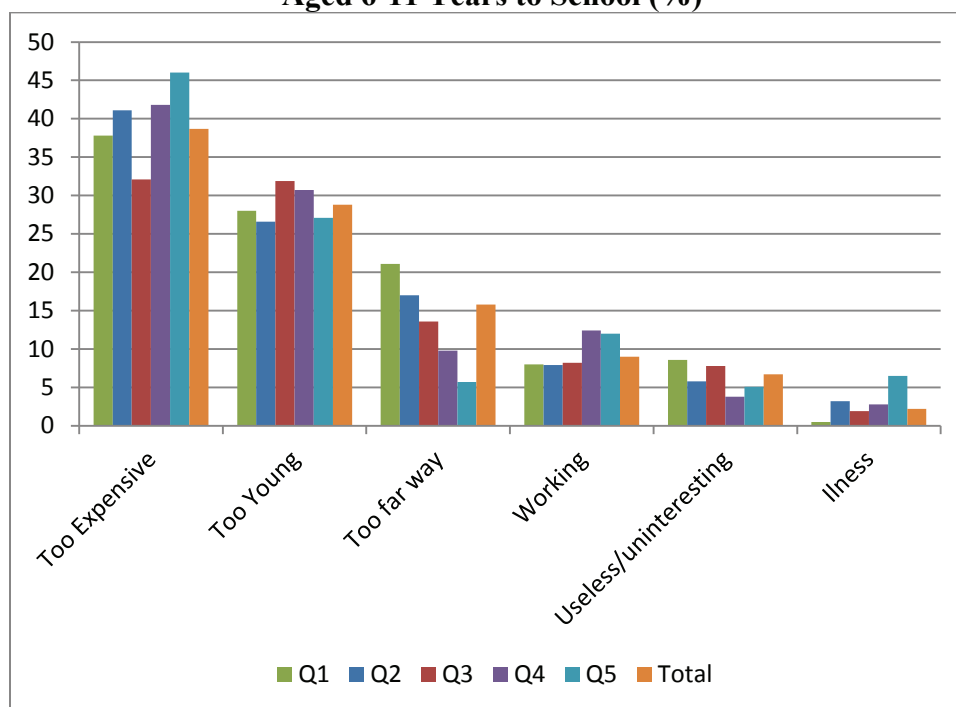
The government's Agenda for Change indicates that the key reasons why some children do not attend school are hidden and indirect costs, cultural barriers to girls' education, child labor, and the lack of nearby schools.⁶⁷ Indeed, according to the World Bank's Poverty Diagnostic of 2009, costs are the major reason given by parents for not sending their children to school (Figure 2.8), with the second reason being that their children are too young to go to school, the third main reason being the distance to the school, and the fourth being the need for their child's labor.

⁶⁵ Sierra Leone's 1991 Constitution states the country's education objectives as follows: "The Government shall strive to eradicate illiteracy, and to this end, shall direct its educational policy towards achieving: (a) free adult literacy program; (b) free compulsory basic education at primary and junior secondary school levels; and (c) free senior secondary education as and when practicable." (Chapter II.9.2).

⁶⁶ Ministry of Education, Science, and Technology (2007), page 22.

⁶⁷ Republic of Sierra Leone (2008), page 80.

Figure 2.8: Reasons Given by Parents for Not Sending Their Children Aged 6-11 Years to School (%)



Source: World Bank (2009a), Table 6.3.

Similarly, the WFP's Comprehensive Food Security and Vulnerability Assessment (CFSVA) of 2011 reported that three major reasons given by parents for not enrolling a child in school are: (i) a lack of money for school fees and other school-related costs (48 percent of households); (ii) no school in the village/area or the school is too far away (14 percent); and (iii) the child's lack of interest in going to school (10 percent). These reasons are similar for boys and girls.⁶⁸

A 2008 UNICEF survey of children aged 6 to 15 years old who were not in school came to a similar conclusion. The study was fielded in 54 communities nationwide, including both urban and rural communities. The main school-related reasons given by the children for being out of school were the high costs of school (56 percent); the distance to or lack of a school (12 percent); the need to work (10 percent); and a lack of school materials (9 percent). The main external factors that they mentioned were poverty (45 percent); pregnancy (16 percent); a parent's death (12 percent); and a parent's negative attitude (11 percent).⁶⁹ Some of these negative feelings on the part of parents may have been due to incidents of violence against children in school (Box 2.1). The study found that the children most at risk of not attending school or of not completing school are:⁷⁰

- Orphaned children – especially double orphans and maternal orphans

⁶⁸ WFP (2011), page 47.

⁶⁹ UNICEF (2008a), Figure 4 and 5.

⁷⁰ UNICEF (2008a), page 28.

- Children living with extended family members or caretakers who exploit and abuse
- Children who are internally trafficked for economic and/or domestic purposes with the false expectation of (eventually) being sent to school
- Children involved in early or forced marriage
- Children who have been or are exposed to sexual harassment or sexual exploitation
- Disabled children
- Homeless or street children
- Children who have been withdrawn from armed conflict
- Children from marginalized, large, polygamous families.

Box 2. 1: Violence Against Children in Schools

“Recognizing and addressing violence against children in schools is vital in improving the present educational system in Sierra Leone. Unofficial reports of (sexual) harassment in schools are rampant in all the sites visited yet there are noticeably no reporting mechanisms or referral systems in place for victims of abuse and/or harassment within the school structures. More so, there are no punitive measures in place for sex offenders and/or perpetrators of violence against children in schools. Child protection issues and school-based violence associated with student abuse and exploitation must be recognized and addressed to truly have a safe, child friendly and girl friendly school environment.”

Source: UNICEF (2008a), page 57.

Table 2.7 presents estimates from SLIHS 2011 of the direct costs to parents of sending their children to primary and secondary public school. First, it is important to note, as discussed above, that many children do not attend school because the school is too costly or too far away, because they have other duties (the need to work at home or elsewhere), or for other reasons. Of those who do go to school, the SLIHS 2011 data indicate that the annual cost for very poor parents of sending a child to primary and secondary central government schools is equivalent to 2.4 percent and 8.6 percent of their household food costs respectively. This means that a family in extreme poverty would have to go without food for 31 days to pay for the school costs of one child in secondary school. Furthermore, most poor families have more than two children who should be in school so the cost will be proportionally higher.

Table 2.7: Annual Cost of Public Schooling for Parents per Student (Le per year)

	Central Govt Schools		Local Govt Schools	
	All Poor	Extreme Poor	All Poor	Extreme Poor
Primary				
School fees and registration	15,358	7,964	10,838	10,854
Contribut. to school repairs and upkeep by PTA	3,799	2,190	3,050	5,010
Uniform and sports clothes	20,532	18,122	26,591	19,607
Books and school supplies	10,226	8,634	8,518	6,198
Transportation to and from school	1,510	765	0	0
Food, board, and lodging at school	23,852	19,770	21,888	19,011
Extra tuition (extra classes)	5,311	2,596	1,341	3,216

Other expenses	1,938	3,109	408	324
Total primary	82,526	63,151	72,634	64,221
% of HH food consumption	2.3	2.4	2.0	2.4
Secondary				
School fees and registration	78,195	63,645	58,262	46,787
Contrib. to school repairs and upkeep by PTA	5,358	3,948	1,593	334
Uniform and sports clothes	39,466	35,242	56,735	44,901
Books and school supplies	43,185	30,072	30,555	19,973
Transportation to and from school	28,575	19,145	12,368	0
Food, board, and lodging at school	54,423	53,870	46,381	4,550
Extra tuition (extra classes)	25,884	22,318	9,866	4,065
Other expenses	7,577	1,757	2,497	5,192
Total secondary	282,663	229,998	218,258	125,803
% of HH food consumption	7.7	8.6	6.0	8.8
Memo:				
HH food consumption	3,667,540	2,678,558	3,667,540	2,678,558

Source: SLIHS 2011

It is important to note that these high school costs are partly the result of poor school management. The 2008 UNICEF study of out-of-school children stressed that “financial leakages within the educational system have prevented free primary education from becoming a reality. With delayed school subsidies, late teachers’ salaries, higher numbers of unqualified teachers who are not on the payroll but are more likely to be present in schools, schools are left on their own to find alternative sources of funds for school improvements and provide stipends or salaries to unqualified school staff.”⁷¹ The study reported that the community members who were interviewed indicated that delays in the payment of teacher salaries and school subsidies were directed related to “informal” compulsory school collections.⁷²

Poor Internal Efficiency. In 2003/04, the primary completion rate was estimated at 60 percent.⁷³ Since then, UNESCO reports that it has increased to 74 percent in 2011.⁷⁴ Nevertheless, this means that one in four children who should be completing primary education is not likely to do so. This is a result of high dropout and repetition rates. The latter amounted in 2011 to 15.6 percent of the primary school population, 15.2 percent for boys and 16.1 percent for girls.⁷⁵

Low Secondary School Achievement. All students in Sierra Leone are required to take and pass the National Primary School Examination (NPSE) at the end of the sixth class to enable them to proceed to the secondary level. At the end of junior secondary school, they must pass the Basic Education Certificate Examination (BECE) to move on to senior secondary school, and to be admitted to tertiary institutions at the end of senior secondary school, students must pass the West Africa Senior School Certificate Examination (WASSCE). Both BECE and WASSCE are administered by the West African Examinations Council (WAEC). In addition to the WASSCE, the National Vocational Qualification (NVQ) was introduced in 1999 for students who

⁷¹ UNICEF (2008a), page 29.

⁷² UNICEF (2008a), page 56 ft.

⁷³ World Bank (2007), page 124. See also Ministry of Education, Science, and Technology (2007), page 23.

⁷⁴ UNESCO-UIS-Sierra Leone. Note that primary completion rate (the total number of new entrants in the last grade of primary education, regardless of age, expressed as percentage of the total population of the theoretical entrance age to the last grade of primary) is also known as "gross intake rate to the last grade of primary."

⁷⁵ Ibid.

demonstrate an aptitude for and an interest in technical and vocational education and training (TVET). This exam is taken after passing the BECE.

There are indications that the performance of students in the NPSE has been improving.⁷⁶ On the other hand, their performance in secondary level exams has not improved significantly. While there has been a large increase in students sitting and passing the exams since 2005, MEST reports that only 43 percent of students passed the BECE and less than 10 percent passed the WASSCE in 2011, which is only a marginal improvement over the pass rates in 2005 (Table 2.8).

Table 2.8: BECE and WASSCE Examination Results, by Region, 2005 and 2011

Exam	No Candidates	Total Pass	Percent passed				
			Total	Northern	Southern	Eastern	Western
BECE 2005 a/	37,798	15,000	40	31	33	41	47
BECE 2011 a/	81,917	35,175	43	43	30	26	58
WASSCE 2005 b/	13,343	1,200 c/	9 c/	9	8	7	9
WASSCE 2011 b/	44,790	4,682	10	9	10	5	13

Source: World Bank (2007), pages 81 and 85 and MEST.

Notes: a/ Pass rate indicates passes in four or more subjects, including language and mathematics. b/ Pass rate indicates passes in four or more subjects. c/ Estimated.

This generally poor student performance results from a number of circumstances including student environmental factors and school conditions. The sharp increase in primary school enrollments in recent years contributed to a high student-to-teacher ratio in public schools. According to the most recent data available, the average was 66 pupils per teacher at the primary level in 2005 compared to an average 45 for Sub-Saharan Africa as a whole.⁷⁷ Teacher training also presents challenges. UNESCO reports that fewer than 48 percent of primary teachers are trained and only 59 percent at the junior secondary school level (Table 2.9). Box 2.2 presents the key challenges facing education as summarized in the government's Agenda for Change. Most of these challenges are being addressed by the Education Sector Plan for 2007-2015 prepared by MEST with the support of the World Bank and other partners.

Table 2.9: Pupil Teacher Ratio and Qualified Teachers at Primary, 2005 (percent)

	Pupil-teacher ratio	Qualified teachers (%)
Sierra Leone	66	59
Northern	78	49
Southern	56	56
Eastern	74	61
Western	55	77

Source: World Bank (2007), Tables 3.4 and 3.5 and page 73.

⁷⁶ See for example the discussion in World Bank (2007), pages 78 and 79.

⁷⁷ World Bank (2009a), page 50.

Box 2. 2: Key Education Challenges

“Some 30 percent of children of primary school-going age are still out of school. Many of those who eventually access schooling do not complete. Getting all children to access and finish schooling are phenomenal challenges which should be addressed effectively. Below are specific challenges faced by the education sector in providing universal access to primary education:

- Inadequate enforcement of the Education and Child Rights Acts
- Over-aged children still in schools thus clogging the system
- Inadequate and inappropriate schools to especially address special needs of many children
- Low primary school completion rates
- Poor internal efficiency of the system
- High repetition and drop-out rates
- Weak management information systems
- Weak management and delivery systems
- Poor accountability and transparency
- Sexual harassment and gross child abuse, exploitation and violence in schools
- Overcrowded classrooms
- High pupil-teacher ratios in schools
- Shortage of teaching and learning materials
- The curriculum not adequate to address the emerging issues in education
- Low human resource capacity at all levels (national, district, communities and schools)
- Hidden costs of education.”

Source: Republic of Sierra Leone (2008), pages 78 and 79.

Vulnerable Children. Children and women were the main victims of the cruel 11-year war. According to the Truth and Reconciliation Commission, “children, like women, were violated and abused by all of the armed factions involved in the Sierra Leonean conflict. They suffered abductions, forced recruitment, sexual slavery and rape, amputations, mutilations, displacement, drugging and torture. Children were also forced to become perpetrators and were compelled to violate the rights of others. Thousands of children were killed during the conflict in Sierra Leone.”⁷⁸ In addition, the MSWGCA estimates that more than 15,000 children were separated from their families during the war. Some became refugees in neighboring countries while others became internally displaced people. Children were used as fighters and forced labor by the armed groups.

A direct result of the war is the country’s large numbers of orphaned and vulnerable children (OVC), children who work, and children with disabilities. Other vulnerable groups include street children, sexually exploited and trafficked children, and children who are pregnant and/or married.

⁷⁸ Truth and Reconciliation Commission of Sierra Leone (2004), Vol Two, Chapter One, Executive Summary, page 15.

In Sierra Leone 46.7 percent of children aged between 0 and 17 years old do not live with both parents and 22.4 percent do not live with either of their biological parents.⁷⁹ This is a consequence of the civil war and of the AIDS epidemic. According to the latest estimate (from MICS 2005), 26.7 percent of children under 18 years old (26.7 percent boys and 26.8 percent girls) were *orphaned and vulnerable children (OVC)* as of 2005.⁸⁰ In 2011, this would be equivalent to 791,000 children aged between 0 and 17 years old. The prevalence of OVC is higher in rural areas (27.7 percent) than in urban areas (24 percent). The difference between regions is larger, however, ranging from 33.9 percent in the Eastern Region to 17.6 percent in the Western Region. Children who lost their parents to AIDS may be subject to neglect or abuse, stigma, and discrimination as well as facing other risks common to all poor children such as under-nutrition, low school attendance, and child labor. Indeed, orphan children attend school less than non-orphans and suffer more from malnutrition (Table 2.10). Lower attendance by orphans was confirmed by the World Bank's Poverty Diagnostic of 2009.⁸¹

Table 2.10: Orphans and Vulnerable Children (0-17 years)

Key indicators	MICS 2005	MICS 2010	DHS 2008	Sub-Saharan Africa
Orphaned and vulnerable children (OVC)	26.7	N/A	N/A	N/A
Both parents dead	1.9	2.5	1.9	
Children not living with biological parent	20.0	22.4	24.0	
School attendance ratio of orphans versus non-orphans (10-14 years)	0.82	0.88	0.83	0.83

Sources: MICS 2005, page 73 and Tables HA.10, HA.11 and HA.12. MICS 2010, Tables HA.12 and HA.13. DHS 2008 (Table 2.3 and 2.4).

Child Labor. According to a World Bank study, the incidence of child labor in Sub-Saharan Africa is the highest in the world as 35 percent of children under the age of 15 work outside the home. There are significant variations between countries in the region, but the highest incidence of child labor is in Sierra Leone.⁸²

Sierra Leone is a signatory to the Convention on the Rights of the Child. Sierra Leone's Child Rights Act of 2007 prohibits full-time work before the end of the compulsory education age of 15 years (Article 125). The minimum age for light work is 13 years (Article 126), which is defined as "work which is not likely to be harmful to the health or development of the child and does not affect the child's attendance at school or the capacity of the child to benefit from school work." The minimum age for hazardous work is 18 years. MICS defined child labor as follows: (i) for children aged 5 to 11 if they had done at least one hour of economic work or 28 hours of domestic work during the week preceding the survey and (ii) for children aged 12 to 14 if they

⁷⁹ MICS 2010 Table HA.12 and HA.13.

⁸⁰ MICS 2005 Table HA.11. The orphaned and vulnerable children (OVC) definition used by MIC is based on the Joint United Nations Program on HIV/AIDS (UNAIDS) Monitoring and Evaluation Reference Group. It defined OVC as children who have experienced the death of either parent or whose parent or parents are chronically ill, or who live in a household in which an adult (aged 18–59) has died (after being chronically ill) or was chronically ill in the year prior to the survey (MICS 2005, page 73). MICS 2010 does not include an estimate of OVC.

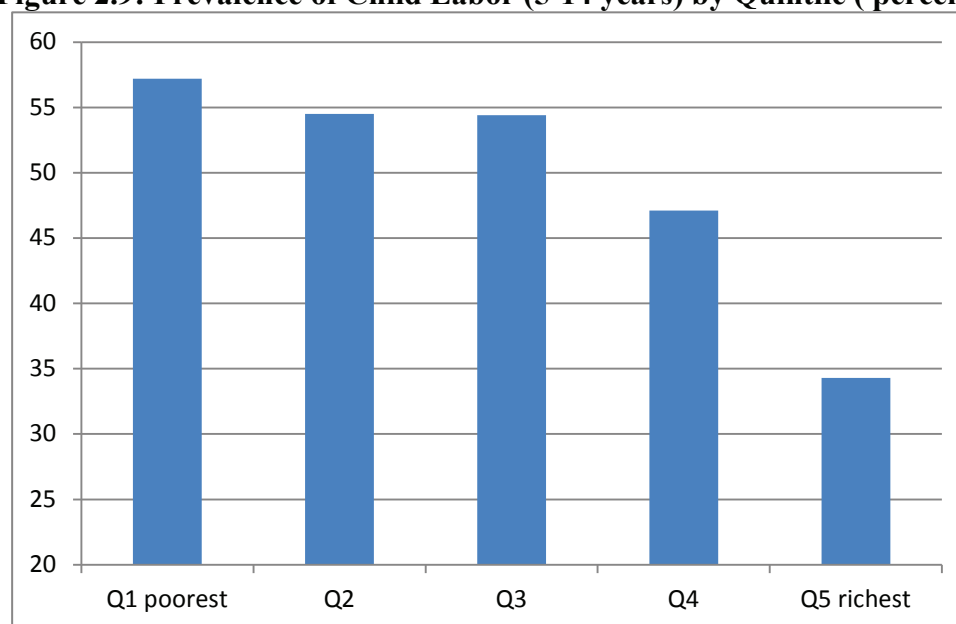
⁸¹ World Bank (2009a), pages 38 and 47.

⁸² Garcia and Fares, ed. (2008), page 9 and Figure 1.3.

had done at least 14 hours of economic work or 28 hours of domestic work during the week preceding the survey.⁸³

MICS 2010 found that 49.8 percent of children aged between 5 and 14 (796,240) were involved in child labor, which compares to an average of 41 percent in other West-Central Africa countries.⁸⁴ This includes 405,990 boys (51.2 percent) and 390,250 girls (48.4 percent). Of those involved in child labor, fewer than 5 percent received any payment for their work. Child labor is higher in rural areas (53.2 percent) than in urban areas (41.7 percent). There are significant regional differences in child labor rates within Sierra Leone, ranging between 33.8 percent in the Western Region to 54.9 percent in the Southern Region. As might be expected, child labor is most prevalent among the poorest families. Figure 2.9 shows that 57.2 percent of children in the poorest quintile worked compared to 34.3 percent in the richest quintile.⁸⁵ Most children who are out-of-school are involved, in one form or another, in child labor. The UNICEF study on out-of-school children found that 87 percent of children aged between 6 and 15 were involved in at least one income-generating activity.⁸⁶ Child work is also common among the large number of victims of the conflict who are poor and disabled, and there are many children who assist disabled adults in the streets of major urban centers (child-guides), many of whom are involved in begging.

Figure 2.9: Prevalence of Child Labor (5-14 years) by Quintile (percent)



Source: MICS 2010, Table CP.3.

Street Children and the Sexual Exploitation and Trafficking of Children. Children in Sierra Leone, particularly girls, are often subject to sexual harassment, sexual abuse, exploitation, and

⁸³ MICS 2005, page 57.

⁸⁴ MICS 2010, Table CP.3 and for West-Central Africa MICS 2005, page 57.

⁸⁵ MICS 2010, Table CP.2 and CP.3.

⁸⁶ UNICEF (2008a), page 49.

violence at home or in school.⁸⁷ The Child Rights Act of 2007 seeks to protect children from abuse at home and in schools, but major challenges remain as discussed above (see Box 2.1).

According to the MSWGCA, there are currently about 6,000 children who are eking out a living on the streets of the major cities of Freetown, Bo Kenema, Makeni, and Koidu-New Sembehun. Many of these children are homeless.

In 2005, Sierra Leone approved an Anti-Trafficking of Persons Act that makes trafficking a crime and aligns the country's legislation with international declarations on this subject. Nonetheless, major challenges also remain in this area. According to the U.S. Department of State's Trafficking in Persons Report of 2011 "Sierra Leone is a source, transit, and destination country for children and women subjected to forced labor and sex trafficking. Victims originate largely from rural provinces and refugee communities within the country, and are recruited to urban and mining centers for the purposes of exploitation in prostitution, domestic servitude, and forced service or labor in petty trading, portering, rockbreaking, street crime, and begging. Trafficking victims may also be found in the fishing and agricultural sectors or are subjected to forced prostitution or forced labor through customary practices such as forced and arranged marriages."⁸⁸ Also, according to the same report:

"The Government of Sierra Leone does not fully comply with the minimum standards for the elimination of trafficking; however, it is making significant efforts to do so. During the year, the government convicted six persons for trafficking-related crimes and imposed adequate sentences in each case, though it did not provide sufficient details to determine whether these cases constituted trafficking. Awareness of existing anti-trafficking legislation remained weak, and trafficking cases may have been prosecuted under other legal statutes or settled out of court. While the government acknowledged that trafficking is a problem in the country, it did not allocate adequate financial or human resources to provide protective services to victims or to educate the population about the dangers of trafficking. The National Trafficking in Persons Task Force submitted a budget request in late 2010, but it had not been approved by the end of the reporting period."

The report places Sierra Leone on the Tier 2 Watch List.⁸⁹

⁸⁷ Republic of Sierra Leone (2008), page 80.

⁸⁸ U.S. Department of State (2011).

⁸⁹ *Tier 1 Countries* are those whose governments fully comply with the Trafficking Victims Protection Act's (TVPA) minimum standards (the standard can be found here: <http://www.state.gov/g/tip/rls/tiprpt/2010/142765.htm>). *Tier 2 countries* are those whose governments do not fully comply with the TVPA's minimum standards but are making significant efforts to bring themselves into compliance with those standards. *Tier 2 watch list countries* are those whose governments do not fully comply with the TVPA's minimum standards but are making significant efforts to bring themselves into compliance with those standards and in which: (i) the absolute number of victims of severe forms of trafficking is very significant or is significantly increasing; (ii) there is a failure to provide evidence of increasing efforts to combat severe forms of trafficking from the previous year; or (iii) the determination that a country is making significant efforts to bring themselves into compliance with minimum standards was based on commitments by the country to take additional future steps over the next year. *Tier 3 countries* are those whose governments do not fully comply with the minimum standards and are not making significant efforts to do so. <http://www.state.gov/g/tip/rls/tiprpt/2010/142755.htm>.

Children with Disabilities. Children with disabilities in Sierra Leone include a large number of war victims and children who have been traumatized by the brutal civil war. According to MICS 2005, the custodians of children reported that 16 percent of children aged 2 to 9 years old did not speak normally and that 38 percent of children aged 2 could not name at least one everyday object. Twenty-three percent of these children (equivalent to about 349,000 children in 2011) demonstrate *at least one* of the following nine disabilities: delay in sitting, standing, or walking; difficulty seeing; difficulty hearing; difficulty understanding instructions; difficulty walking or moving arms; has fits, becomes rigid; does not learn to do things like others; cannot speak or be understood; and appears mentally backward or dull. This indicator varies from 14.1 percent in the Western Region to 36.7 percent in the Southern Region. Higher levels of reported disabilities are found in children living in rural areas (24.5 percent) than in those living in urban areas (20.1 percent).⁹⁰

Children with disabilities are less likely to attend school than children without disabilities.⁹¹ According to the 2004 Census, the disparity between non-disabled and disabled children (aged between 10 and 14) in school attendance is 15 percentage points in the case of boys and 17 percentage points for girls. A survey conducted among vulnerable people in selected districts in mid-2000 indicated that the most frequently requested assistance by families with disabled children is schooling for their children.⁹² Yet schools in Sierra Leone are not equipped to integrate disabled children into their classrooms, and there are no government specialized schools. The government gives some grants to private/NGO schools but places are limited and the costs prohibitive.

Child Pregnancy and Child Marriage. Sierra Leone's Child Rights Act of 2007 makes it clear that "the minimum age of marriage of whatever kind shall be *eighteen years* and that no person shall force a child : (a) to be betrothed; (b) to be the subject of a dowry transaction; or (c) to be married" (Article. 34). However, the capacity to enforce the law is limited, and child marriages remain frequent under customary law. Nearly one-fifth (18.1 percent) of girls in Sierra Leone married before the age of 15 and 50.3 percent before the age of 18 years, which compares to an average of 45 percent in other West-Central African countries.⁹³ Childbearing begins early in Sierra Leone. According to DHS 2008, 47.1 percent of girls aged 18 were either pregnant or had already had a child.⁹⁴ The median age of the first birth for younger women (under 35 years) is slightly lower than for older women (35 years and over), implying that more women are giving births at younger ages.⁹⁵ This is corroborated by data from MICS 2010 that showed that 36.3 percent of women (15 to 49 years old) had had a live birth before the age of 18 and that this declined with increasing age from 38.1 percent for the 20 to 24 cohort to 30.7 percent for the 45 to 49 cohort.⁹⁶

⁹⁰ MICS 2005, Table CP.10.

⁹¹ UNICEF (2008a), page 43.

⁹² Ovadiya and Zampaglione (2009), page 12.

⁹³ MICS 2010, Table CP.5 and for West Central African countries MICS 2005, page 60.

⁹⁴ DHS 2008, Table 4.8, page 60.

⁹⁵ DHS 2008. Table 4.6 and page 58.

⁹⁶ MICS 2010, Table RH.3.

The government considers child pregnancy and motherhood to be a serious social, economic, and health risk for young girls. Child marriage compromises girls' development because it frequently results in early pregnancy and little education. Indeed, the untimely pregnancy of young girls is one of the major reasons for girls to drop out of school. According to the UNICEF study on out-of-school children "the likelihood of a teenage pregnancy tends to pressure impoverished families into re-considering whether or not sending a girl child to school is a good long-term investment." This affects not only the girl who gets pregnant who stops going to school but also her younger sisters.⁹⁷ Similarly, children involved in early or forced marriage are one of the groups at risk for dropping out of school. Early marriage "curtails the child's opportunities to further pursue education" and "become financially secure and independent."⁹⁸

The government has formulated the National Reproductive Health Policy in which child birth, and unsafe abortion are identified as major causes of death among young mothers. The government is committed to enforcing the Child Rights Act, which sets 18 years of age as the minimum age for marriage.⁹⁹

To sum up, while enrollments at primary school level have increased significantly in recent years, there are still a large number of children who are not in school. Girls' enrollment continues to lag that of boys, particularly at the secondary level. Sierra Leone also faces the important need to improve the quality of education that children are receiving. On the other hand, there are large numbers of orphans and vulnerable children, child workers, children with disabilities (including war victims), abused children and street children, and child mothers – the most vulnerable groups in Sierra Leone – who should receive priority attention from the government.

3. 18-35 Year Olds

The principal risks facing young people are not having any schooling or leaving school without any skills. Many youths have limited opportunities in their villages and many decide to seek a better living elsewhere. Without skills, they often join the ranks of young people working in the mines or in the informal sector in urban centers.

Vulnerable Youths. Youths are defined in Sierra Leone as those between 15 and 35 years old who account for about one-third of Sierra Leone's population. The civil war disrupted educational services and made it impossible for young people to remain in school as many were combatants in the civil war. As a result, members of this generation have fewer employable skills, are less prepared for the job market, and face a more difficult transition to adulthood than either younger or older cohorts. Even before the war, many youths were leaving their villages because of a lack of opportunities and were seeking a better living by working in the mines or moving to urban centers. The war accelerated this exodus. Some predicaments faced by youths in traditional rural Sierra Leone are summarized in Box 2.3.

⁹⁷ UNICEF (2008a), page 4.

⁹⁸ UNICEF (2008a), pages 4 and 36.

⁹⁹ Republic of Sierra Leone (2008), page 95.

Box 2. 3: Predicaments of Youth in Traditional Rural Sierra Leone

“Under customary law, villagers throughout Sierra Leone are liable for ‘community labor.’ Chiefs were also permitted to accept the ‘voluntary’ labor of their subjects. Some chiefs used this as a pretext to build the roads along which they exported cash crops.... An autocratic chief might still order every able-bodied person in a chiefdom to contribute to road making or other infrastructure projects, and impose severe penalties for defiance. Fining, flogging and jail were punishments for young men who tried to escape. The District Officer was required to ensure such labor was truly ‘voluntary...not unpaid forced labor.’ The problem was that chiefs had many ways of quietly sanctioning groups of young men who might dare deny they had volunteered” (page 14).

“When young men protest about bride service, arbitrary fines, and loss of labor to dubiously communal investments mainly benefitting elite lineages, they have the option to leave the village. There is a market for unskilled male labor in the diamond pits, but the predicament of young women is different. Unless they get an education, their main exit option is to sell their sexual attractions. Marrying earlier in the village is safer. But then they are tied down by commitments to their children. Village girls whose weak lineages ‘marry them up’ to a more powerful family are doubly tied by the fact that quitting a marriage will pose problems for fathers and brothers, who depend on bride wealth, and the longer-term benefits of bride-service, for their own survival. Walking out of a marriage spreads ripples of extreme poverty and vulnerability within a girl’s family. This means young wives tend to stay. The few young women who in fact volunteered to join the RUF and become fighters were typically unmarried and frustrated by lack of educational opportunities” (page 41).

“The kind of problems between elders and youth, men and women, and strong and weak lineages discussed above were frequently aired (during the consultations after the end of the war). The leading motifs are the subordination of women (especially under the prevailing system of marriage and family organization), the ineffectiveness and dishonesty of many chiefs, and especially corruption in the local justice system (including the tendency to use fines to control and exploit young people). The issue is not that rural Sierra Leoneans lack social capital, and that it has to be formed from nothing, but that ‘poor people’s access to their own assets is not protected by rights’ and that this makes it ‘practically impossible for them to borrow, invest or accumulate’ Investment in strengthening the rights of the poor thus becomes a crucial issue. As we have pointed out, reform of local law and administration of justice are important dimensions, but in addition, the rural poor need daily experience in exercising their rights” (page 57).

Source: Richards et al (2004).

While post-conflict Sierra Leone is changing – young people are more empowered and have more of a voice as youth organizations have flourished – intergenerational tensions remain.¹⁰⁰ In many rural areas, elders still hold power over land and labor. A World Bank study from 2009 found that, “In general people are not very confident in engaging the authorities changing the

¹⁰⁰ International Development Association (2010), page 3.

status quo. Younger people are less confident than middle-aged people and the oldest people. Women are less confident than men. These gender and generational gaps also appear in citizens' voices in public fora."¹⁰¹ The study asked the question: "Can interventions achieve greater voice and agency – in both modern and traditional systems – for youths, women, strangers, and other marginalized groups? Research findings show that some changes in this regard are underway but have been limited and often superficial."¹⁰² Another recent World Bank study put it this way:

"...youths are somewhat more able now than before the war to engage actively in governance and decision-making processes in their communities. Inclusion and participation of youths in community governance have increased, though decision making remains primarily in the hands of local elders.... Youths are still largely frustrated by both the lack of economic and social opportunities and the enduring power of traditional elites. Such frustration, combined with the increasing willingness of youths to challenge authority, could prove dangerous if acted out in destructive rather than constructive ways."¹⁰³

Young people in Sierra Leone face major hurdles in their quest to secure good jobs. Sierra Leone does not have a recent Labor Market Survey. Estimates based on the SLIHS of 2003/04 and the CWIQ of 2007 indicate that a high proportion of young people are inactive in the labor market (those not in school, not working, and not looking for a job), especially in urban areas. For the 20 to 24 age cohort, nearly one in three in urban areas (30.3 percent) and one in six in rural areas (15.7 percent) is inactive. Inactivity rates for males and females are similar. However, while inactivity rates for young females are similar to adult rates (36-65 years), those for young males are double those of male adults (23.9 percent compared with 10.9 percent).¹⁰⁴ Indeed, a large number of unemployed youths is noticeable in downtown Freetown and reportedly also in other major cities. If the inactivity and unemployment rates for 2009 in Table 2.11 still apply, then about 400,000 youths were probably jobless (not working or studying) in 2011. Note that this estimate does not take into consideration those youths who were underemployed or employed without remuneration or in precarious jobs. Box 2.4 summarizes some of the employment challenges facing young people in Sierra Leone.

Table 2.11: Inactivity Rates Use by Age Group, Gender, and Location (percent)

	15-19	20-24	25-35	36-65
Male	10.9	23.9	16.2	10.9
Female	17.7	23.2	19.5	23.7
Urban	13.6	30.3	24.7	19.7
Rural	15.0	15.7	13.6	16.1

Source: Peeters et al (2009), Table A1.1.

¹⁰¹ Zhou ed. (2009), page 104.

¹⁰² Zhou ed. (2009), page 129.

¹⁰³ Manning (2009), page 21.

¹⁰⁴ Pia Peeters et al (2009), page 6.

Box 2. 4: Youth Employment Challenges

“The Government of Sierra Leone’s Agenda for Change indicates that 70 percent of youth are unemployed; 53 percent are illiterate; and the majority resides in urban areas...

Large numbers of young people are engaged in self-employment in petty trading, carpentry, masonry, gara-tie dying and diamond mining. Most young people lack the necessary skills to operate a viable enterprise.

Public perceptions of youth act as a barrier to youth employment. Thus youths have been characterized as lazy, undisciplined, unskilled, and unreliable. Youths have fewer opportunities for salaried employment compared with those older than 35; and formal employment opportunities are significantly lower for youths regardless of their qualification. Public sector employment opportunities tend to exclude young people on the basis of age and experience ...

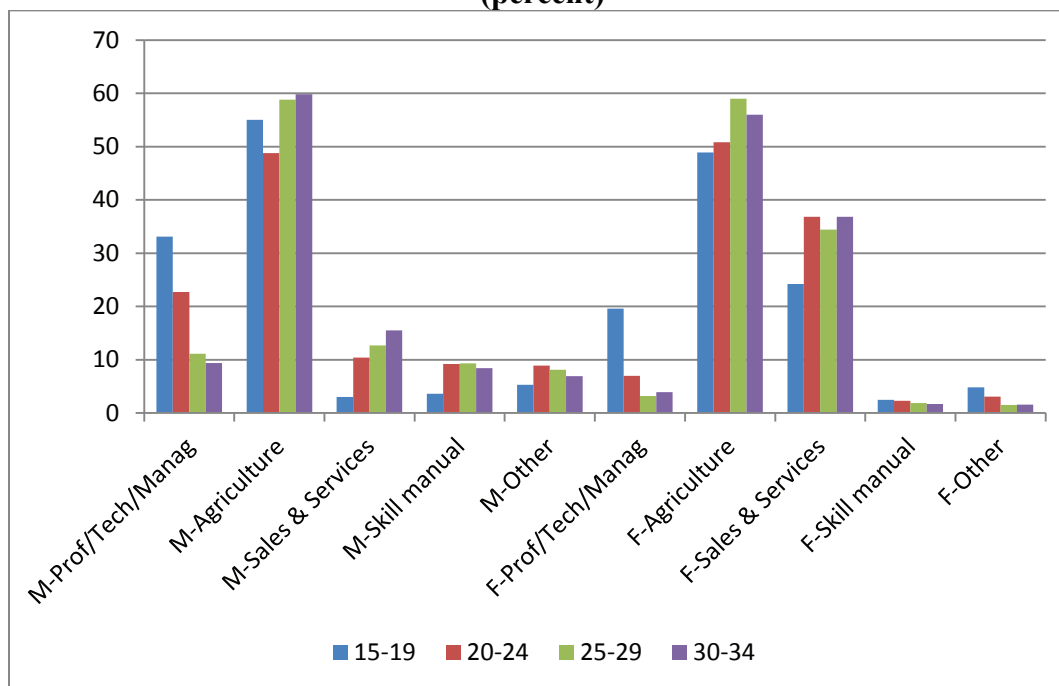
Youth unemployment is therefore particularly visible in Freetown and other urban centers where the war attracted large numbers of young people. In these towns, city life in the peri-urban areas has become a nightmare of poverty, misery, despondency, and unfulfilled dreams. Informality, criminality, and marginality characterized the majority of youth in the urban areas.

The major challenge is to promote the overall development of young people through the establishment of youth empowerment initiatives. This will lead to their incorporation into government planning, policies, and legislations. Government legislation of youth-friendly initiatives would provide an enabling context for the development of youth structures that would foster representation. This will improve youth participation in national initiatives and development of a responsible citizenry.

Source: Republic of Sierra Leone (2008), pages 98 and 99

Despite the difficulties with youth employment, there are indications that some youngsters are making inroads into the formal labor market by taking professional, technical, and managerial positions. DHS 2008 collected information on the occupations of people who had been employed in the 12 months preceding the survey. For those youths who had an occupation, over 50 percent worked in agriculture (males 56.1 percent and females 54.8 percent) (Figure 2.10). In the case of females, this was followed by those working in sales and services (33.8 percent) and for males by those working in professional/technical and managerial positions (17.8 percent). In the youngest cohort (15 to 19 years old), more males (33.1 percent) and females (19.6 percent) were in professional/technical/managerial positions and fewer were in agriculture in the case of for both males and females, though the majority of them are still employed in agriculture.

Figure 2.10: Occupations of Young People by Gender, Type of Occupation, and Age Group (percent)



Source: DHS 2008 table 3.6.1 and 3.6.2

Note: M-Male; F-Female; people who were employed during the 12 months immediately preceding the survey.

To sum up, there are many young victims of the war who lack the hard and soft skills that would make them more employable. Most of these youths are inactive or are working in the informal sector.

4. 36-59 Year Olds

The principal risk facing the older working population is low and unstable incomes from low-paid and insecure jobs. Low-paid jobs are often associated with low capital endowments (both human and physical). Many of those in the labor force in Sierra Leone work in agriculture and the informal sector in very low-productivity activities and do not earn enough to cover their basic needs. These are the working poor.

Working Poor. The majority of Sierra Leonean workers are employed in low-productivity activities, particularly in agriculture and informal sector. CWIQ 2007 data indicate that the agriculture sector employs 61.1 percent of workers followed by wholesale and retail services (20.8 percent) and industry and other (Table 2.12). A large majority (81.4 percent) work for family farms or businesses, over one-half of workers (53.5 percent) are unpaid family workers, and another third (32.4 percent) are self-employed with no employees.

Table 2.12: Work and Poverty (Working People aged 15 and over) (percent)

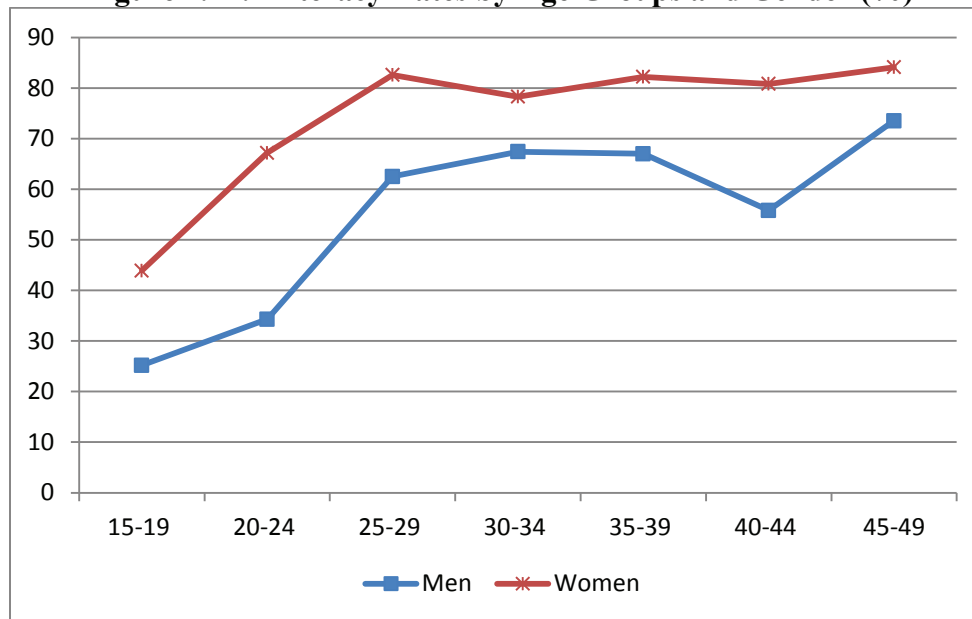
	Total	Urban	Poor Urban	Rural	Poor Rural
Employment Status	100.0	100.0	100.0	100.0	100.0
Unpaid family worker	53.5	30.0	45.1	63.9	63.7
Self-employed no employees	32.4	32.1	33.0	32.9	31.5
Regular/Salaried	9.0	26.4	13.0	1.4	0.8
Other	5.1	11.5	8.9	1.8	4.0
By Activity	100.0	100.0	100.0	100.0	100.0
Agriculture	61.1	17.0	27.4	80.7	82.1
Wholesale and retail	20.8	41.9	40.7	11.5	10.9
Industry and other	18.1	41.1	31.9	7.8	7.0
Employer	100.0	100.0	100.0	100.0	100.0
Family farm or business	81.4	56.6	65.9	92.4	90.1
Private sector	13.2	28.9	25.6	6.1	8.7
Government	5.4	14.5	8.5	1.5	1.2

Source: CWIQ 2007. Table A1.21-26.

In urban areas, the majority of those who work and are poor are unpaid family workers (45 percent), work in a family businesses (65.7 percent), and work in wholesale or retail-related activities (40.7 percent). In rural areas, the majority of those who work and are poor are unpaid family workers (63.7 percent) and workers in family farms or businesses (90.1 percent).

Lack of Human Capital. Low-paid jobs are often associated with low endowments of both human and physical capital. Sierra Leone has high illiteracy rates with 73.1 percent of women and 55.3 percent of men (15-49 years) being unable to read at all (Figure 2.11). Illiteracy peaks for men in the 30 to 34 cohort and for women at the 25 to 29 cohort. These are the people who were out of school age during the war years. Rural illiteracy is higher than urban illiteracy. For men, the rural illiteracy rate is almost three times the urban rate – 71.6 percent compared to 25.1 percent. For women, the rural and urban illiteracy rates are 88.2 percent and 46.3 percent respectively. The Eastern Region has the highest male illiteracy rate (67.6 percent), while the Northern Region has the highest female illiteracy rate (82.4 percent). As might be expected, illiteracy decreases as wealth increases.

Figure 2.11: Illiteracy Rates by Age Groups and Gender (%)



Source: DHS 2008. Table 3.3.1 and 3.3.2.

Note: Illiteracy is defined as people that “cannot read at all.”

Subsistence Farming. Poverty in Sierra Leone continues to be concentrated in rural areas where over one-half of Sierra Leone’s population lives. Most of this population is involved in low-productivity agriculture. Indeed, it has been estimated that 63.6 percent of Sierra Leone households (641,400 in 2011) participate in agriculture.¹⁰⁵ Farming in Sierra Leone is dominated by small-scale producers on farm averaging 1.63 hectares.¹⁰⁶ While production has increased since the end of the war, the sector continues to be driven by subsistence farming. The majority of smallholder families are “trapped in a low-intensified production cycle, whereby many farmers produce the same commodities, using traditional, low input/output systems and invest little to gain greater productivity levels and profits.”¹⁰⁷

Agriculture in Sierra Leone contributes 46 percent of GDP, over one-fourth of export earnings, and nearly two-thirds of employment.¹⁰⁸ The country is endowed with favorable climatic conditions, several agro-ecologies suitable for a wide variety of crops, and abundant water resources. However, only 10 percent of the cultivable land is cropped every year.¹⁰⁹ Therefore, there are ample opportunities for promoting small to large-scale farming. Major constraints to increasing agricultural productivity include inadequate rural infrastructure, low adoption rates of productivity-enhancing agricultural technologies such as irrigation and improved plant varieties, and weak rural finance and extension services. Specifically, less than 2 percent of arable land is irrigated, and fertilizer use is only 4 kilograms per hectare compared with an average of 9 kilograms per hectare in Sub-Saharan Africa as a whole.¹¹⁰ Most households do not use any

¹⁰⁵ CWIQ 2007, page 60 (Figure 11.1) and Statistics Sierra Leone (2006).

¹⁰⁶ Republic of Sierra Leone (2009a), page 13.

¹⁰⁷ Government of Sierra Leone (2010), page 9.

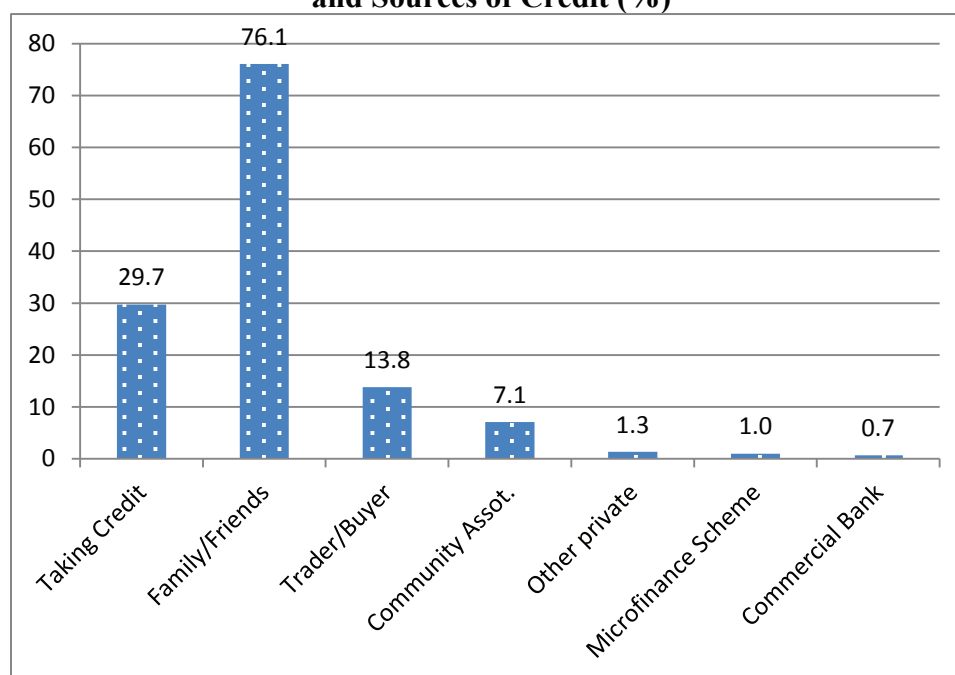
¹⁰⁸ Agriculture includes livestock, forestry, and fisheries. Republic of Sierra Leone (2009a), page 12 and Table 1.1.

¹⁰⁹ Government of Sierra Leone (2010), page 9.

¹¹⁰ Republic of Sierra Leone (2009a), pages 15 and 16.

inputs. Natural/organic fertilizer or compost is used by only 8 percent of the farm households, improved seed varieties by 6 percent, and chemical fertilizer by 5 percent. Only 4 percent of households have access to a power tiller or hand tractor and fewer than 1 percent to a thresher.¹¹¹ Less than one-third of farmers (29.7 percent) of households took out loans for agricultural purposes, and most (76.1 percent) of this credit was extended by family or friends (Figure 2.12).

Figure 2.12: Households that Took Out Loans for Agriculture and Sources of Credit (%)



Source: CWIQ 2007 Table A1.111.

Note: Proportion of households in agriculture that took credit or loans for agricultural purposes in the previous 12 months and distribution of the source of credit or loans.

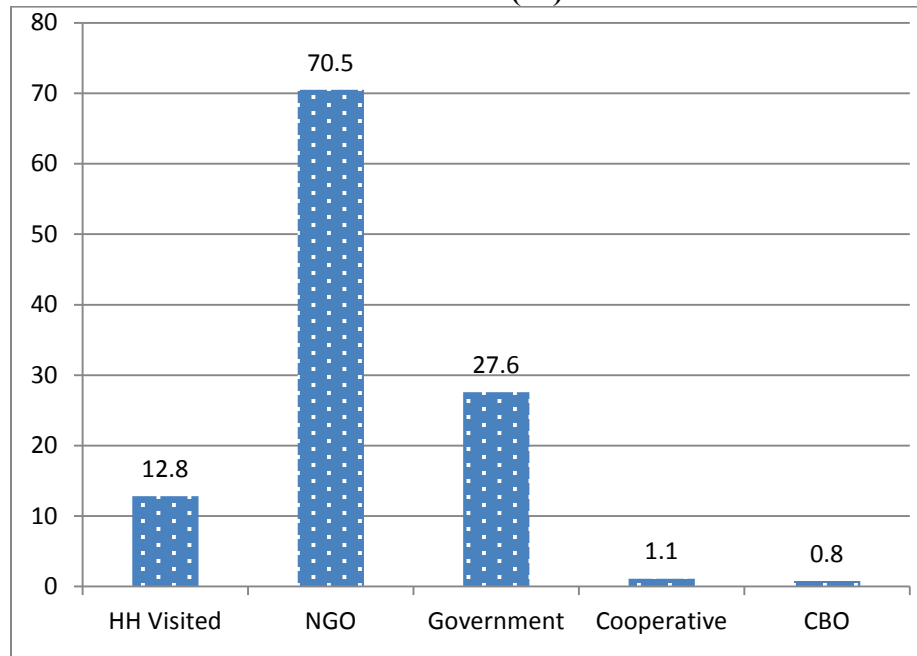
Similarly, only 12.8 percent of households engaged in agriculture were visited by an extension worker during the 12 months prior to the survey. Most of these extension workers were from NGOs (70.5 percent) with fewer than one-third of them coming from the government (Figure 2.13). Agricultural extension is one of the functions that were devolved to the local councils in 2005.¹¹² A World Bank study found that agricultural extension coverage declined after the devolution, with only 17.6 percent of farmers saying that they had been visited by an extension worker during the previous year in 2007, down from 23.1 percent in 2005.¹¹³ Box 2.5 summarizes some key agricultural challenges facing the country.

¹¹¹ World Food Program (2011), pages 38 and 39.

¹¹² Zhou ed. (2009), page 65.

¹¹³ Zhou ed. (2009), page 76 and Table 5.1.

Figure 2.13: Households Visited by Extension Workers and Employers of Extension Workers (%)



Source: CWIQ 2007 Table A1.114.

Note: Proportion of households in agriculture (self-agriculture) visited by an extension workers in the previous 12 months and the distribution of type of employer of the extension worker

Box 2. 5: Agricultural Challenges

Some of the sector challenges highlighted in the Government of Sierra Leone's Agenda for Change are:

Long-term concentration on subsistence farming: The sector has traditionally been dominated by subsistence farming. Therefore, if commercial farming is to be successful, a significant change in the mindset of the farming population may be needed. It will be important to ensure that the farmers are provided with sufficient incentives to make commercial farming attractive enough for them.

Heavy reliance on rain-fed agriculture: Limited irrigation facilities in the country mean that farmers have to rely on rain-fed agriculture and are therefore limited in the number of crops that they can plant in a year.

Inadequate rural financial services: Access to financial services such as credit and savings facilities is extremely limited. This makes it difficult for farmers to access loans for the purchase of inputs and also to save money to fund their consumption during the hungry period.

Weak rural infrastructure: The poor quality of rural roads, transport, markets, energy, and power hinder the productivity of farming, particularly commercial farming, and so act as a disincentive to the private sector.

Weak extension system: The limited capacity of the current extension system hinders the delivery of training, information, and advice to farmers.

Low and limited research activities: The low level of current research activities restricts advances in technology, efficient farming practices and productivity.

Source: Republic of Sierra Leone (2008), page 69.

Another impediment to agricultural growth is weak property rights. Land tenure in Sierra Leone is characterized by a “dual ownership structure due to historical developments.”¹¹⁴ The Western Area is governed by an English system of land ownership in which land is either owned by individual families or the Crown and community-owned land does not exist. “Land in the rest of the country (i.e. the majority of the agricultural land) is held in communal ownership under customary tenure and is controlled by traditional rulers.... The absolute interest in land vests in families. The Paramount Chief is regarded as the custodian of the land on behalf of the entire Chiefdom but decisions regarding the land are the preserve of heads of the various land owning families.”¹¹⁵ On the other hand, the “main land-owning families in villages in Sierra Leone are organized in patrilineages. Membership, land access, and property pass in male line. Women upon marriage remain strangers in their marital households...The status of women – and how well she is treated upon marriage – depends crucially on the marriage contract.”¹¹⁶

Land may be acquired for any purpose by private individuals or firms. It is the lack of security of landholdings that may be a disincentive to invest in the land. As the government’s recent Agriculture Development Plan puts it: “The uncertainties inherent in the land tenure system go against the productive use of land, particularly for agricultural use at any scale of investment. Titles to land in Sierra Leone represented through conveyances are uncertain and require proper registration. Farmers and landholders in the Provinces are unable to use their land for collateral, thus limiting their access to credit and finance.”¹¹⁷

To sum up, older adults also face the challenge of securing good and stable jobs. Many are working in very low-productive activities in agriculture and the informal sector because they lack basic skills as well as access to basic productive services.

5. 60 Years and Older

The major risk for senior citizens is that they do not have a pension when they leave the labor market and must depend on family members, social assistance programs, or charity for their survival.

No Pension. Fewer than 9 percent of those in the labor force are covered by the pension system and only 7 percent of those 60 years and older receive a pension. Sierra Leone pensions are administered by the National Social Security and Investment Trust (NASSIT) which was established in 2001. It is a mandatory defined benefit pension system that covers mostly public and formal private sector employees. It is voluntary for the self-employed. The contribution from the employee and employer are 5 percent and 10 percent respectively of the worker’s monthly salary, while the self-employed pay 15 percent of their declared monthly income. The government contributes 10 percent of the monthly income of all civil servants, teachers, and military and police force personnel. It also contributes 2 percent of monthly salaries to finance

¹¹⁴ Republic of Sierra Leone (2009a), page 14.

¹¹⁵ Ibid., page 14.

¹¹⁶ Richards et al (2004), page 3.

¹¹⁷ Republic of Sierra Leone (2009a), pages 17 and 18.

the early retirement of military and police personnel and 2.5 percent of the monthly income of all employees to cover the pensions of public employees who retired before NASSIT was established (MoFED pensioners). There is no maximum insurable wage.

The coverage of the pension system has increased in recent years though it remains quite low (Table 2.13). As of December 31, 2011 it covered 179,026 employees including 1,203 self-employed, which represented only 8.5 percent of the labor force. About 45 percent of those insured in Sierra Leone are public employees. According to the International Social Security Association, social security coverage in Sub-Saharan Africa ranges from 5 percent to 10 percent of the labor force whereas in other middle-income African countries it ranges from 20 percent to 70 percent.¹¹⁸

Table 2.13: NASSIT Coverage (December 31)

	2006	2007	2008	2009	2010	2011
Employers/Contributors	2,924	3,312	4,045	4,634	5,308	6,308
Public Institutions	53	62	67	70	75	75
Private firms	2,871	3,250	3,978	4,564	5,233	6,233
Insured Population	126,749	138,240	147,393	153,770	164,784	179,026
Public Sector	72,767	75,889	77,368	75,023	77,076	79,194
Private Sector	53,982	62,351	70,025	78,747	87,708	99,832
<i>Employees</i>	<i>53,443</i>	<i>61,731</i>	<i>69,258</i>	<i>77,856</i>	<i>86,730</i>	<i>98,629</i>
<i>Self-employed</i>	<i>539</i>	<i>620</i>	<i>767</i>	<i>891</i>	<i>978</i>	<i>1,203</i>
Memorandum:						
Insured /EAP (%)	6.5	7.0	7.4	7.6	7.9	8.5
EAP a/	1,935,410	1,968,180	2,000,859	2,036,223	2,073,567	2,112,877

Source: NASSIT and Statistics Sierra Leone for Economic Active Population.

Note: a/ Economic Active Population from Statistics Sierra Leone (2006), Appendix 22.

The retirement age is 60 for both men and women and 55 for the military and police personnel, with at least 180 months of contributions. There is an early retirement provision at the age of 55 with at least 180 months of contributions. An old age gratuity (12 months of pension) is paid on retirement to each person who is entitled to an old age pension. There is also a disability pension for those with a permanent and total incapacity for employment as well as a survivor pension. Those who do not qualify for a full old age, disability, or survivor pension receive a grant. The pension plan is relatively new and therefore its coverage of the older population is quite limited. In fact, only 7 percent of the population aged 60 years and older receive a NASSIT or MoFED pension (Table 2.14). This means that currently about 337,675 people aged 60 and older do not receive a pension from either NASSIT or MoFED.

Table 2.14: Number of Pensioners, 2006-2011

	2006	2007	2008	2009	2010	2011
Total No. of old age pensioners	18,819	19,721	20,645	24,202	24,504	25,537
NASSIT	234	1,018	2,107	3,660	5,246	6,388
MoFED	18,585	18,703	18,538	20,542	19,258	19,149
Population 60 and over	332,683	338,628	344,616	350,627	356,833	363,212
% with pension	5.7	5.8	6.0	6.9	6.9	7.0

Source: Data provided by NASSIT and Statistics Sierra Leone (2006).

¹¹⁸ International Social Security Association (2011), page 11.

To sum up, a large number of poor elderly in Sierra Leone do not have an old age pension and must depend on family members, service institutions, government social assistance programs, or begging for their daily survival.

6. Household Risks

The major risks faced by households are: falling or being trapped into poverty; having no access to quality health services and suffering from HIV/AIDS and other infectious diseases; being disabled; being victims of gender discrimination and domestic violence; and lacking access to basic services. Households in Sierra Leone are also exposed to natural disasters.

Poverty, War Victims, and Refugees. About one-half of Sierra Leone's estimated population of 5.9 million in 2011 is poor and 13.9 percent is extremely poor (Tables 2.15). Despite the country's rapid economic growth, this means that about 820,000 people are unable to meet their basic food needs. Poverty continues to be concentrated in rural areas.

The incidence of extreme poverty is slightly higher among children under 5 and the elderly (Table 2.15) than among the rest of the population. About one-sixth of children under 5 and the elderly are in extreme poverty. On the other hand, about 34 percent of the extreme poor are children aged between 6 and 17 years old, as they have a higher representation in the overall population.

Table 2.15: Incidence and Distribution of Extreme Poverty, by Age Group (%)

Age Group	Incidence	Distribution	Distribution of
0-5	14.6	12.8	12.2
6-17	14.5	35.4	33.7
18-35	12.3	26.7	30.0
36-59	14.1	18.7	18.4
60+	15.4	6.4	5.7
Total	13.9	100.0	100.0

Source: SLIHS 2011

As mentioned, the brutal 11-year civil war left 20,000 people dead and many thousands people with physical and mental scars. Among these are amputees, other war-wounded, traumatized children, and victims of sexual violence. The Truth and Reconciliation Commission (TRC) has received 7,700 statements from victims of the conflict.¹¹⁹ In September 2006, NaCSA was given the mandate to implement the War Victims Reparations Program according to the recommendations of the TRC. These recommendations included: (i) the provision of free physical health care, rehabilitation, and free prosthetic and orthotic services for amputees; (ii) free physical health care for "other war wounded"; (iii) physical health care, free fistula surgery, HIV/AIDS and STI testing, and treatment for victims of sexual violence; (iv) free physical health care for children; (v) free mental health care for all victims; (vi) housing assistance for particularly needy victims; (vii) disability pensions for the permanently disabled; (viii) measures to enhance access to education; and (ix) the expansion of skills training, microcredit, and

¹¹⁹ Ovadiya and Zampaglione (2009), page 14.

microprojects by the government. However, most of these recommendations have not yet been implemented due to lack of resources.¹²⁰

The armed conflict war in Liberia also triggered a massive inflow of refugees and asylum seekers into Sierra Leone during the early 2000s, amounting to 100,000 refugees. NaCSA was also given the mandate to address the plight of these refugees (Refugee Protection Act of 2007). As will be discussed in Chapter III, NaCSA is currently supporting a fraction (650) of the 4,000 women registered as victims of sexual violence and about 9,000 remaining Liberian refugees (consisting of 3,544 families).

Lack of Access to Health Care. Health care in Sierra Leone is provided by the government, faith-based organizations, NGOs, private clinics, and traditional healers. The public health delivery system comprises three levels: (i) peripheral health units (PHUs) for primary health care; (ii) district hospitals for secondary care; and (iii) regional or national hospitals for tertiary care. Most aspects of primary and secondary health care have been devolved to local councils following the approval of the Local Government Act of 2004. The private sector plays only a limited role in the sector. Of the 1,029 existing facilities, 915 are public. Of these, 851 are located outside the Western Area. There are 49 mission facilities, 17 NGO facilities, and 48 private facilities.¹²¹ Traditional healers and traditional birth attendants provide a significant amount of health care (see below).

While the coverage of preventive interventions has increased in recent years as has access and use of health services, these still remain low for most services. Primary and secondary health care services were devolved to the local councils in September 2005.¹²² A World Bank study from 2009 found that, after the devolution, access to and satisfaction with the services increased. It reported that between 2005 and 2007 there was an increase in the number of people with access to health clinics as well as increases in satisfaction with health clinics.¹²³

Table 2.16 summarizes recent information on access to, need for, use of and satisfaction with health services. If people live less than 30 minutes from a medical facility in Sierra Leone, they are considered to have access to health services.¹²⁴ By this definition, in 2007 less than one-half (45.5 percent) of the population had access to medical services, varying from two-thirds in urban areas (71.6 percent) to less than one-third in rural areas (30.5 percent). Access also varied significantly among regions, with 75.2 percent having access in the Western Region, 43.3 percent in the Eastern Region, 36.9 percent in the Southern Region, and 36.8 percent in the Northern Region.

¹²⁰ *ibid.*, page 24.

¹²¹ World Bank (2010a), page 119. More recent estimates put the number of total facilities at 1,258 of which 1,105 are public (88 percent). See National AIDS Secretariat (2012), page 14.

¹²² Zhou ed. (2009), page 62.

¹²³ Zhou ed. (2009), page 76 and Table 5.1.

¹²⁴ Government of Sierra Leone (2007), page 19.

Table 2.16: Population Access to, Use of, and Satisfaction with Medical Services (%)

	Physical Access	Need	Use	Satisfaction
Total	45.5	27.1	23.1	65.0
Rural	30.5	30.7	25.2	66.8
Urban	71.6	21.0	19.4	61.0
Eastern Region	43.3	28.6	25.4	69.7
Northern Region	36.8	30.9	25.3	63.5
Southern Region	36.9	28.6	24.0	68.0
Western Region	75.2	16.4	14.5	51.9

Source: CWIQ 2007, Table A1.15

Notes: Access (physical) to medical services is defined for people living in households with a health facility less than 30 minutes away. The need for medical services is defined for people who were sick or injured in the four weeks period preceding the survey. The use of medical services is defined for people who consulted a health practitioner in the four weeks period preceding the survey. Satisfaction is defined as people who had consulted a health practitioner in the four weeks period preceding the survey and had cited no problems.

Regarding need, the survey showed that 27.1 percent of the population was sick or injured during the four-week period preceding the survey. For those who were sick or injured, fever or malaria accounted for the largest proportion (41.1 percent), followed by pain in the back, limbs, or joints (24.9 percent), diarrhea/abdominal pain (18.4 percent), and coughing or breathing difficulties (10.5 percent). A similar distribution was revealed by gender and across age groups.

At the national level, 23.1 percent of the population made use of medical services, 25.2 percent in rural areas and 19.4 percent in urban areas. The Western Region had the lowest proportion (14.5 percent) of the population using medical services, while the proportion in the Eastern Region was 25.4 percent, in the Northern Region 25.3 percent, and in the Southern Region 24.0 percent.¹²⁵ The survey revealed that the leading provider of health services was government hospitals (28.8 percent) followed by community health centers (24.1 percent), traditional healers (11.8 percent), drug peddlers (10.2 percent), and private health facilities (8.3 percent). The type of health provider used the least was the mobile outreach clinics (0.6 percent).¹²⁶

At the national level, 35 percent of the population was dissatisfied with medical services. The reasons cited for dissatisfaction were cost (38.9 percent), the long waiting time (37.9 percent), unsuccessful treatment (26.3 percent), no drugs available (12.3 percent), facilities not clean (4.9 percent), no trained professionals (3.4 percent), and other reasons (9 percent). At the regional level, the highest percentage of dissatisfaction was from the Western Region (48.1 percent) and the lowest from Eastern Region (30.3 percent).¹²⁷

To sum up, while there has been a significant improvement in health services since the war ended, nearly half of the population has no physical access to health services and one-third of those who have used the facilities were not satisfied with the services. People in Sierra Leone seek services from health care providers on average only once every two years, and many public

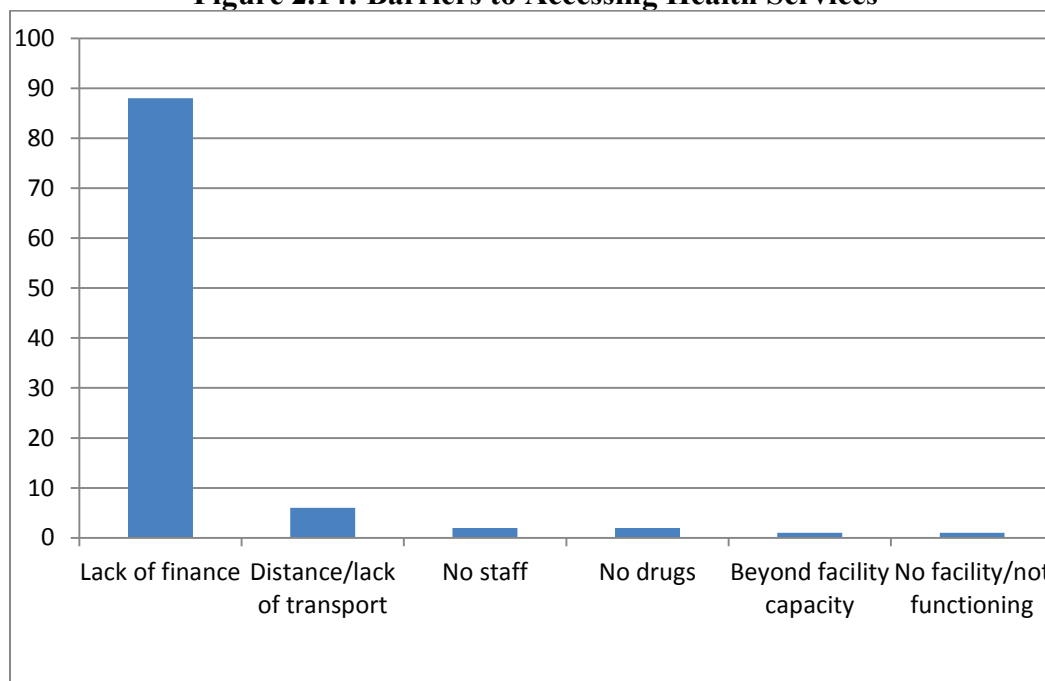
¹²⁵ CWIQ 2007, Table A1.18.

¹²⁶ CWIQ 2007, Table A1.17.

¹²⁷ CWIQ 2007, Table A1.19.

health facilities are under-used.¹²⁸ Indeed, the Ministry of Health and Sanitation reports a utilization rate of 0.5 persons in 2009, indicating that the biggest barrier to accessing health care services has been financial or cost-related (Figure 2.14).¹²⁹

Figure 2.14: Barriers to Accessing Health Services



Source: Ministry of Health and Sanitation (2011), page 7, based on the National Public Services Survey 2008.

Some vulnerable groups have free access to health care by law. Polio victims, amputees, the blind, the deaf, the mute, and people with diabetic retinopathy qualify for free primary health care services. However, as a recent World Bank Study indicated: “this legal right is not backed up by an allocation of resources to support its provision. Moreover, discussions with people with disabilities indicate that they do not have consistent access to health services, in particular rehabilitation services, and that this continues to be a major difficulty in their lives.”¹³⁰

To begin addressing some of these issues of access and cost, in April 2010 the government began implementing a Free Health Care Initiative (FHCI) for pregnant women, lactating mothers, and children under 5 years of age. It developed a plan to upgrade infrastructure to be able to meet the expected increase in demand, hired more workers, improved workers’ incentives, and procured additional drugs and medical supplies. Data from the SLIHS 2011 indicate that a large number of people seeking treatment in central government and local government health facilities paid nothing for the consultation (Table 2.17). Three quarters of those in the lowest socioeconomic

¹²⁸ World Bank (2009), page 129 and Table 2.9.

¹²⁹ Ministry of Health and Sanitation (2011), page 1.

¹³⁰ Ovadiya and Zampaglione (2009), page 25.

quintile declared that they did not pay anything for their consultations at local government health facilities.

Table 2.17: People Who Did Not Pay for Health Services (%)

	Q1	Q2	Q3	Q4	Q5
Central Gov't facilities					
Didn't pay for consultation	68.1	54.6	60.9	19.3	38.6
Local Gov't facilities					
Didn't pay for consultation	76.5	66.3	81.5	71.4	28.2

Source: SLIHS 2011

Finally, it should be mentioned that health insurance is still largely unknown in Sierra Leone.¹³¹ The SLIHS 2011 indicated that fewer than 6,000 households had health insurance. A proposal to establish a National Health Insurance system has been developed with the support of the International Labour Organization (ILO), but a decision is pending on whether to proceed with the initiative.¹³²

HIV Prevalence. HIV prevalence rate in Sierra Leone remains low compared to other Sub-Saharan African countries (Table 2.18). According to UNAID's Report on the Global AIDS Epidemic of 2012, the incidence rate (or the rate of new cases) in Sierra Leone has begun to decline. The government's 2012 progress report on the epidemic reported an HIV prevalence rate of 1.5 percent. It estimated that 48,000 people are living with HIV in Sierra Leone, including 4,000 children. Prevalence among women is much higher than men – 1.7 percent compared to 1.2 percent. The gender disparity is even greater among young people, with girls having an HIV prevalence three times higher than that of boys (1.3 percent versus 0.5 percent). This is a result of girls' early sexual initiation, of not taking preventive measures, and of having sex with older men. Despite the progress that has been made in controlling the epidemic, particularly under the difficult conditions of the post-war period, Sierra Leoneans should not be complacent in face of this terrible epidemic.

Table 2.18: Prevalence of HIV by Gender, 2011 (%)

Country	Sierra Leone	Sub-Saharan Africa
Prevalence of HIV, total (% of population ages 15-49)	1.6	5.0 (2009)
Prevalence of HIV, male (% ages 15-24)	0.5	1.3
Prevalence of HIV, female (% ages 15-24)	1.3	3.1
Female adults with HIV (% of population ages 15+ with HIV)	60.3	56.8

Source: World Development Indicators based on UNAIDS.

Non-communicable Diseases and Mental Health. As in other tropical developing countries, diseases such as malaria, sexually transmitted diseases (STD), HIV/AIDS, and tuberculosis are among the most prevalent communicable diseases in Sierra Leone. However, the Ministry of

¹³¹ DHS 2008, page 45.

¹³² International Labour Organization (2009).

Health and Sanitation (MOHS) has also reported a noticeable recent increase in non-communicable diseases (such as hypertension, diabetes, cancers, and sickle cell anaemia) and mental health patients. In relation to the latter, the government's Agenda for Change indicated that the rising incidence of mental health problems, especially among youths, is "generally attributed to post-war effects and substance abuse." It further indicates that there is "only one specialist in mental health in the country, and health staff even at the PHUs are not trained to deal with these cases."¹³³

People with Disabilities. Physical or mental disability can have a significant impact on livelihoods of those affected as well as on their families. The 2004 census found a prevalence rate of disability among adults and children of 2.4 percent. Of these only 9.5 percent were related to the civil war. According to a recent World Bank study on disability in Sierra Leone, the proportion of people with disabilities in the country could be as much as five times higher than the census figures, and the number of people who were permanently disabled by the conflict is much higher than the number recorded in the census.¹³⁴ More recently, the CWIQ 2007 put the prevalence rate of physical and mental disability at 1.1 percent overall and at 0.7 percent for children aged 0 to 9. As discussed above, MICS 2005 estimated the prevalence of disability (defined as having at least one of nine disabilities) among children aged between 2 and 9 years old at 23 percent. On the global scale, the World Report on Disability 2011 prepared by the World Health Organization and the World Bank estimated the disability prevalence rate in the adult population aged 18 years and over at 15.6 percent, ranging from 11.8 percent in higher-income countries to 18.0 percent in lower-income countries. In lower-income countries, the disability prevalence ranged from 13 percent for those in the wealthiest socioeconomic quintile to 22 percent in the poorest quintile.¹³⁵ This would imply that in Sierra Leone there are 526,000 disabled people over 18 years old. Despite this disparity in estimates, which arise in part because of different definitions, it is clear that Sierra Leone has a large number of people with disabilities due to war and poverty.

Sierra Leone ratified the United Nations Convention on the Rights of People with Disabilities in October 2010 and it is a signatory of the Convention's Optional Protocol, the ratification of which is still pending.¹³⁶ The convention adopts a broad categorization of people with disabilities and reaffirms that all people with all types of disabilities must enjoy all human rights and fundamental freedoms. It stresses that all categories of rights apply to people with disabilities and identifies areas where adaptations have to be made for disabled people to effectively exercise their rights. The Optional Protocol recognizes the competence of the Committee on the Rights of Persons with Disabilities to "receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by State of the provisions of the Convention."¹³⁷ In this vein, the Government of Sierra Leone is drafting a National Disability Act.

¹³³ Republic of Sierra Leone (2008), pages 86 and 87.

¹³⁴ Ovadiya and Zampaglione (2009), page 1 and 2.

¹³⁵ World Health Organization and The World Bank (2011), page 28, Table 2.1.

¹³⁶ United Nations Enable <http://www.un.org/disabilities/countries.asp?navid=12&pid=166#S>.

¹³⁷ United Nations Enable <http://www.un.org/disabilities/countries.asp?navid=12&pid=166#S>.

A recent study on disability in Sierra Leone published by Leonard Cheshire Disability, a UK Charity, revealed “very concerning levels of abuse, discrimination, and lack of access to essential services like health, education, and welfare for disabled people.”¹³⁸ The key findings of the study include:

- Crime and social exclusion – Disabled people are 2.7 times more likely than those without impairment to experience rape, physical abuse, or bullying.
- Education – 50 percent of female and 34 percent of male respondents with disabilities say that they have never attended school.
- Health – 25 percent of respondents with severe or very severe disabilities declared that they were in poor or very poor health and 16.4 percent of respondents have no access to health care compared to 7.1 percent of non-disabled people.
- Employment – only 33 percent of disabled respondents of working age are employed.

The study indicates that the government still has much to do to comply with the United Nations Convention on the Rights of Persons with Disabilities, ranging from health and employment policy to education policies.

The World Bank study on disability in Sierra Leone corroborated these findings and stressed that there is a clear need to strengthen the support given to people with disabilities in terms of knowledge building and analysis, to improve the institutional and legal framework, and to increase the coverage and financing of public and private sector programs.¹³⁹

Gender Discrimination and Domestic Violence. Gender discrimination is often at the root of violence against women. In Sierra Leone as elsewhere, women “have experienced political oppression and are greatly affected by laws and customs having to do with sexuality, marriage, divorce, child custody, and family life as a whole. Often, through patriarchal and traditional practices, women, especially young women, become vulnerable to teenage pregnancy, child marriage, sexual harassment in school by peers and teachers, in the workplace by male co-workers, to HIV/AIDS, other STIs and sexual and gender-based violence.”¹⁴⁰

In Sierra Leone there is some acceptance of domestic violence. DHS 2008 inquired about the attitudes of women and men towards wife beating, which can be considered a proxy indicator for their attitudes towards domestic violence. All women and men interviewed in the 2008 DHS were asked whether a husband is justified in hitting or beating his wife in each of the following five situations: (i) if she burns the food; (ii) if she argues with him; (iii) if she goes out without telling him; (iv) if she neglects the children; and (v) if she refuses to have sexual intercourse with him. Nearly two-thirds of women aged 15 to 49 (65 percent) believed that a husband would be justified in beating his wife for at least one of the specified reasons. The most widely accepted reason for wife beating among women was arguing with the husband (54 percent). Overall, 58 percent of men agreed with at least one of the reasons for why a man would be justified in beating his wife. Men were most likely to justify beating a wife if she went out without telling

¹³⁸ Trani et al (2010).

¹³⁹ Ovadiya et al (2009), page 31-33.

¹⁴⁰ Republic of Sierra Leone (2008), page 94.

him (41 percent) and if she neglected the children (40 percent).¹⁴¹ MICS 2010 corroborated these results: 73.3 percent of the women interviewed (aged 15 to 49 years old) believed that a husband would be justified in beating his wife or partners for any of the reasons mentioned above.¹⁴²

Sierra Leone ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in November 1988 and is a signatory since September 2000 of its Optional Protocol, ratification of which is still pending. The Optional Protocol establishes the procedures for individuals or groups of women to complain to the CEDAW Committee about violations of the Convention as well as the procedures for the Committee to make inquiries. In 2007, Sierra Leone enacted the Domestic Violence Act, which defined domestic violence in a comprehensive way that included physical, sexual, economic, emotional, and verbal or psychological abuse. It criminalized these acts and imposed fines and prison terms for the offenders. Also, the Child Rights Act of 2007 made 18 the minimum age for girls to marry.

As discussed above, women in Sierra Leone, “had for a long time been, and in many instances continue to be, oppressed and marginalized by customary, constitutional, and religious laws that relegate them to second-class citizenship in the acquisition and inheritance of property.”¹⁴³ According to the government, the Intestate Succession Act of 2005 “provides for intestate succession and other inheritance-related matters and, if used effectively, could be a tool for rectifying the injustices meted on women by past property and inheritance laws.”¹⁴⁴

Lack of Basic Services. Sierra Leone continues to have one of the lowest rates of access to basic services in Africa. According to UNICEF, the lack of sanitary facilities and poor hygiene is a major contributory factor to Sierra Leone’s exceptionally high maternal, infant, and child mortality rates.¹⁴⁵ Basic infrastructure was already poor before the war, which devastated it even further.

Table 2.19 presents estimates of household access to safe source of drinking water, safe sanitation facilities, and electricity for Sierra Leone and other low-income countries. According to MICS, households’ access to improved sources of water (piped, public tap, standpipe, tube well, borehole, protected well, rainwater collection, protected spring) increased from 46.5 percent in 2005 to 57.1 percent in 2010, which compares to an average of 65.7 percent in other low-income countries (as of the mid-2000s). This increase has been the result of increased access to safe water sources in rural areas from 31.8 percent to 48.2 percent, while in urban areas this access declined from 83.6 percent to 76.2 percent. Similarly, households’ access to improved sanitation (flush to sewer/septic tank/pit latrine; pit latrine with slab) increased from 30.5 percent in 2005 to 40.4 percent in 2010, which compares with an average of 61.5 percent in low-income countries (as of mid-2000s). Again, the improvement resulted from an increase in access in rural areas from 17.1 percent in 2005 to 32.3 percent in 2010, while access declined in urban areas from 64.4 percent to 57.9 percent during the same period. A recent World Bank study of Sierra

¹⁴¹ DHS 2008, Table 15.6.1 and Table 15.6.2.

¹⁴² MICS 2010, Table CP.11.

¹⁴³ Republic of Sierra Leone (2008), pages 94

¹⁴⁴ Republic of Sierra Leone (2008), pages 94/95.

¹⁴⁵ UNICEF (2008b), pages 2 and 3.

Leone's infrastructure gives a similar picture.¹⁴⁶ As expected, access to improved sources of water and sanitation was greater for those in wealthier quintiles than those in the lower quintiles as shown in Figure 2.15.

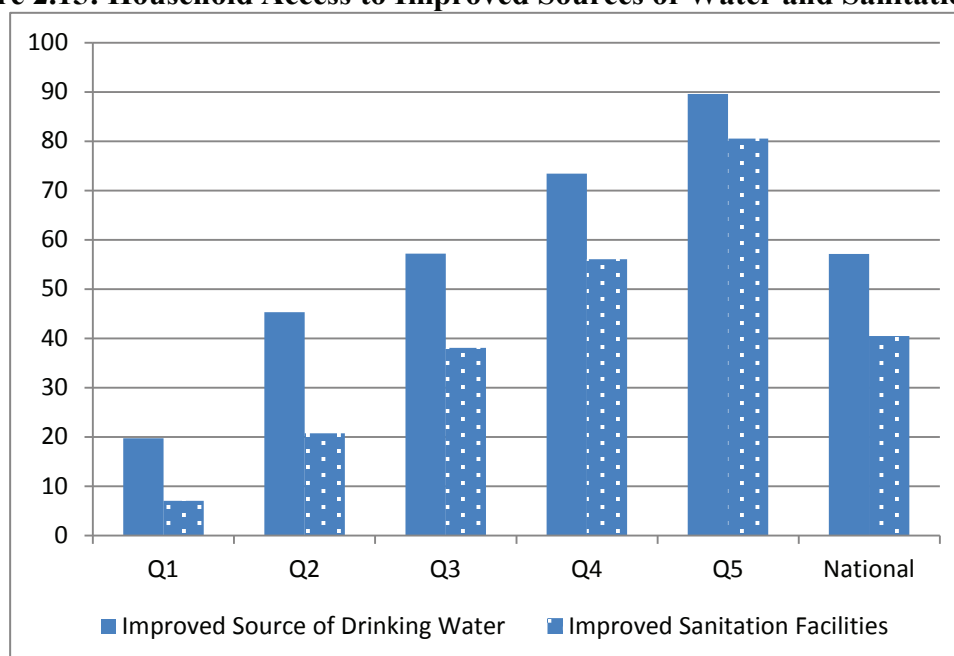
Table 2.19: Household Access to Basic Services

	MICS 2005			MICS 2010			Low-income Countries a/
	National	Urban	Rural	National	Urban	Rural	
Improved water sources b/	46.5	83.6	31.8	57.1	76.2	48.2	65.7
Improved sanitation facilities c/	30.5	64.4	17.1	40.4	57.9	32.3	61.5
Electricity (2008)				11.1	31.0	1.3	15.0
No. of Households (2011)				1,044,380	408,251	636,129	

Sources: Sierra Leone from MICS 2005 EN1 and EN5 and MICS 2010 Tables WS1 and WS 5. Low income countries from Pushak and Foster (2011), Tables 3 and 9. Number of HH from SLIHS 2011.

Notes: a/ Data for the mid-2000s for the national level. The electricity figures are for low-income fragile countries. b/ Improved sources: piped, public tap, standpipe, tube well, borehole, protected well, rainwater collection, protected spring. c/ Improved source: flush to sewer/septic tank/pit latrine; pit latrine with slab; composting toilet.

Figure 2.15: Household Access to Improved Sources of Water and Sanitation (%)



Sources: Sierra Leone from MICS 2005 EN1 and EN5 and MICS 2010 Table WS1 and WS 5.

Note: See definitions on the bottom of Table 2.19.

The decline in water and sanitation coverage in urban areas results in part from the rapid urban population increase in recent years. The improvement in rural areas may be a consequence in part of the devolution of responsibility for water and sanitation to the local councils after 2004. Financial transfers from the central government to the local councils for the management of water and sanitation began in September 2005 together with other transfers to finance primary health care services. Water and sanitation were among the sectors favored by local councils in their use of development grants. A recent World Bank review of the decentralization process in

¹⁴⁶ Pushak and Foster (2011).

Sierra Leone indicated that the local councils have invested in water wells and public taps, public toilets, and organized solid waste management schemes. It further reported that the National Public Services Surveys conducted in 2005 and in 2007 as part of the World Bank's Institutional Reform and Capacity Building program (2004-2009, US\$25 million), which supported the decentralization process, indicated that access to water was among the services that had significantly improved after devolution.¹⁴⁷

As for access to electricity, in Sierra Leone only 11.1 percent of the population had access to the fluid in 2008 compared with 15 percent in low-income fragile countries.¹⁴⁸ In urban areas, 31 percent of the population had access to electricity, whereas in rural areas only 1.3 percent of the population had access. Coverage has probably increased since then as the 50 megawatt-Bumbuna hydropower plant was completed in 2009 with the support of the World Bank and other partners. With the commissioning of the Bumbuna hydropower plant, Sierra Leone's installed capacity nearly doubled. However, even with this addition, Sierra Leone's power-generation capacity falls short of meeting power demand. Hydropower from Bumbuna is seasonal, producing around 50 megawatts during the wet season but less than 20 megawatts during the dry season.¹⁴⁹ Therefore, many challenges remain to providing the population with a reliable, stable, and affordable electricity service.

Natural Disasters and Climate Change. According to the National Hazard Assessment commissioned by the Office of National Security's Disaster Management Department and prepared by the University of Sierra Leone researchers, the major risks facing Sierra Leone are: (i) meteorological hazards which cover drought and tropical storms; (ii) hydrological hazards, which include flooding and erosion; and (iii) pest hazards, such as insect invasions. Some of these hazards are caused or exacerbated by man-made actions such as deforestation, population movement, poor waste management, and mining.¹⁵⁰

The most common natural hazard in Sierra Leone is flooding, which occurs mainly in June to September during the rainy season (Table 2.20).¹⁵¹ A major cause of flooding is the accelerated deforestation in the country. The natural rainforest, which once covered 60 percent of Sierra Leone has been reduced to 3 percent.¹⁵² The main causes of deforestation are the conversion of forests to agriculture, inappropriate agricultural practices that lead to soil erosion, mining, increased demand for forest products, and urbanization.¹⁵³

Table 2.20: Major Natural Disasters in Sierra Leone from 1975 to 2010

Disaster	Date	No Total Affected
Flood	Jul-96	200000
Flood	Aug-05	15000
Storm	Jun-75	10000

¹⁴⁷ Zhou ed. (2009), page 64 and Table 5.1.

¹⁴⁸ DHL 2008. Table 2.10 and Pushak and Foster (2011), Table 3.

¹⁴⁹ Pushak and Foster (2011).

¹⁵⁰ Republic of Sierra Leone (2006), page 4.

¹⁵¹ WFP (2011), page 6.

¹⁵² Republic of Sierra Leone (2008), page 143. See also Republic of Sierra Leone (2009a), page 21.

¹⁵³ National Disaster Management Department (2006). Executive Summary, page 10.

Flood	Aug-07	4500
Epidemic	Jun-99	3094
Epidemic	Dec-85	3000
Epidemic	Dec-97	2000
Epidemic	Sep-98	1770
Epidemic	Jun-08	1746
Flood	Aug-09	1470

Source: Université Catholique de Louvain “EM-DAT: The OFDA/CRED International Disaster Database.” Belgium. <http://www.emdat.be/>

Soil erosion is one of the principal causes of watershed degradation throughout the country. Inappropriate land management practices exacerbate the situation. Mining activities further contribute to the problem. About 4,500 to 5,000 miners are licensed every year. In addition, 200,000 people are involved in artisanal mining, “which is causing large-scale de-vegetation while at the same time leaving several open pits.”¹⁵⁴ With very few exceptions, the mined sites are abandoned without any arrangements being made for the rehabilitation of the land.¹⁵⁵ In the Western Area, accelerated urbanization, fuel wood and charcoal production, and tree cutting for timber and poles have led to rapid deforestation, thus exposing the fragile soil to erosion. Coastal erosion is taking place along the beaches as a result of illegal land reclamation and sand mining.¹⁵⁶

The Global Climate Risk Index 2011, which analyzed to what extent countries have been adversely affected by the impact of weather-related events during the last 20 years, ranked Sierra Leone 126 out of 186 countries (Bangladesh ranked as number 1, the worst affected country). Despite this high ranking, Sierra Leone will not be immune to the adverse impacts of climate change.¹⁵⁷ Indeed, while Sierra Leone’s contribution to global warming is negligible, it is likely to be “disproportionately affected by the impacts of climate change due to limited adaptive capacity and widespread poverty.”¹⁵⁸ Global warming will cause the sea level to rise and will increase the risk of flooding. It is also likely to change rainfall patterns and temperatures that will impact farming.¹⁵⁹ According to the Global Adaptation Index (GAI) produced by the Global Adaptation Institute, Sierra Leone is not well prepared to deal with these additional risks. It ranks 153 out of 161 countries in the GAI (a higher ranking means the country is less well-adapted) as a result of ranking 182 (out of 187 countries) in terms of vulnerability and 42 (out of 53 countries) in terms of readiness.¹⁶⁰

To sum up, over one-half of the Sierra Leone population is poor, with poverty affecting mostly children and the elderly. A large number of war victims continue to need the support of the

¹⁵⁴ Ibid., page 8.

¹⁵⁵ National Disaster Management Department (2006), page 8.

¹⁵⁶ Ibid., page 5.

¹⁵⁷ Harmeling (2010)

¹⁵⁸ Republic of Sierra Leone (2009a), page 12.

¹⁵⁹ Ibid., page 12.

¹⁶⁰ A country's GAI score is composed of a *vulnerability* score and a *readiness* score. Vulnerability measures a country's exposure, sensitivity, and ability to cope with climate-related hazards, as well as accounting for the overall status of food, water, health, and infrastructure within the nation. Readiness targets those portions of the economy, governance, and society that affect the speed and efficiency of absorption and implementation of Adaptation projects. See <http://index.gain.org/>

government because they are physically disabled and/or mentally scarred by the atrocities of the war. Access to health facilities, which had been constrained by cost, appears to have been facilitated by the recent Free Health Care Initiative. HIV incidence is declining, but this is no reason to be complacent about the epidemic. Other challenges include meeting the needs of the people with disabilities, reducing domestic violence, providing access to basic services to the many households that still do not have them, and minimizing the impact of recurring natural disasters and climate change.

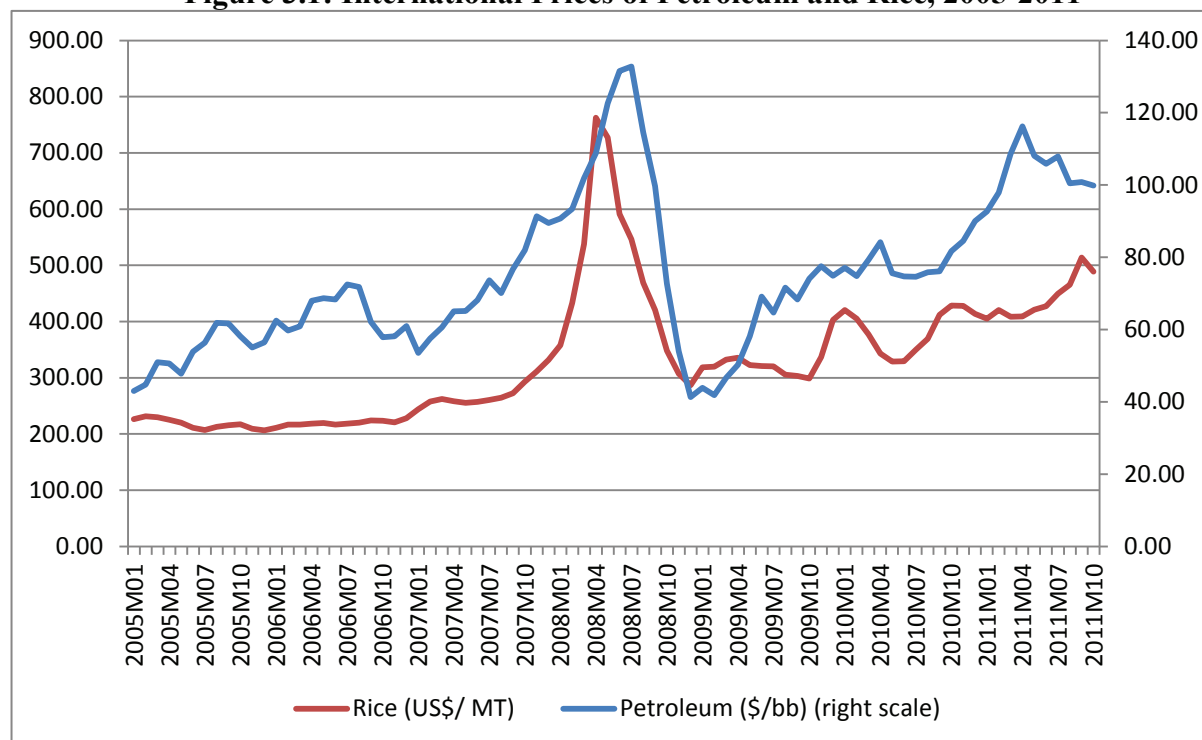
III. Public Policies and Programs to Address the Risks

This chapter begins by analyzing the policies and programs implemented by the Government of Sierra Leone to minimize the impact of the recent global crisis, particularly on the most vulnerable groups, and how households themselves dealt with the crisis. The chapter then goes on to discuss the public programs being executed to address the risks and vulnerabilities faced by each age group that were identified in Chapter II.

A. The Government's Response to the Food, Fuel, and Financial Crisis

Sierra Leone's economic conditions were seriously affected by the food, fuel, and financial crisis. In 2007 and 2008 the prices of petroleum and rice, Sierra Leone's main staple food import, increased sharply (Figure 3.1). The global economic downturn also adversely affected external support, remittances, and export earnings. Sluggish global demand reduced Sierra Leone's diamonds export earnings from US\$142 million in 2007 to US\$98 million in 2008 and to US\$78 million in 2009, which contributed to a reduction in the GDP growth rate from 7.3 percent in 2006 to 3.2 percent in 2009.¹⁶¹

Figure 3.1: International Prices of Petroleum and Rice, 2005-2011



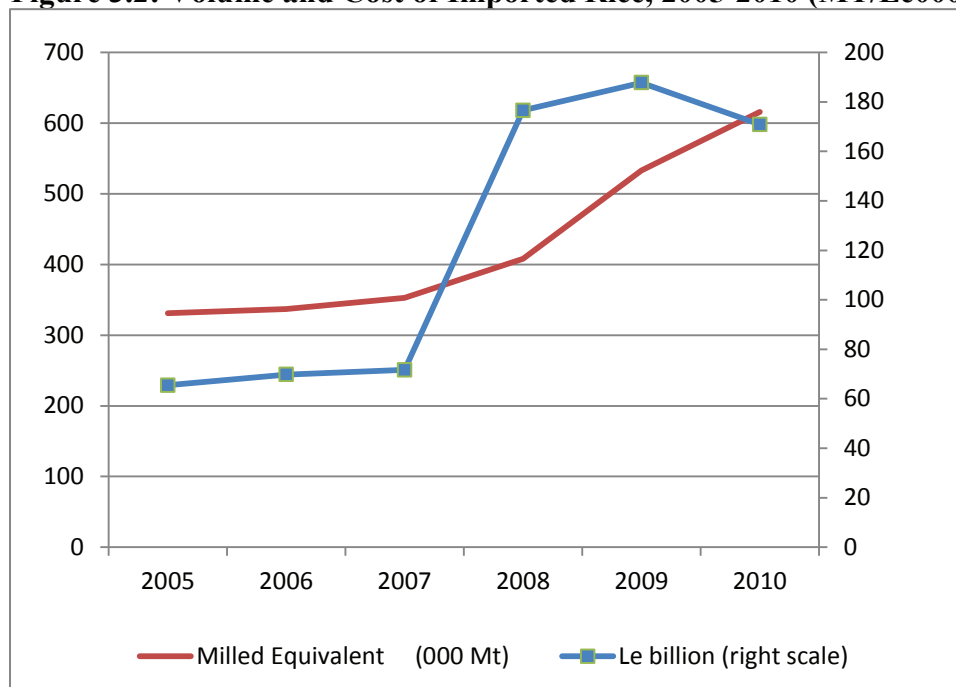
Source: World Bank's Commodity prices database -

<http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=1175>

¹⁶¹ Bank of Sierra Leone (<http://www.bsl.gov.sl>).

Fuel and food import prices rose sharply. The price of petroleum nearly doubled between June 2007 and June 2008, and the price of rice increased by over 50 percent in 2008 in relation to the previous year (Figure 3.2). Sierra Leone imports about one-third of the rice that its population consumes.¹⁶² The fuel import bill increased from US\$115 million in 2005 to US\$200 million in 2008, and food imports increased from US\$53 million to US\$116 million during the same period.¹⁶³ The World Bank has estimated that the food and fuel price hikes hit the urban poor the hardest as some producers in rural areas were net gainers from the commodity price increases.¹⁶⁴

Figure 3.2: Volume and Cost of Imported Rice, 2005-2010 (MT/Le000)



Source: Ministry of Agriculture, Forestry, and Food Security (2011), Table 26.

1. The Government's Response

Starting in 2008 and 2009 the government took a series of measures to minimize the adverse impact of the crisis, particularly on the most vulnerable groups. To lessen the adverse impact of high food prices on the consumer, in March 2008 the government reduced import duties on rice, wheat, flour, and sugar. In addition, it provided 71,000 bushels of seed rice to farmers to increase domestic production of the staple. In 2008, the government also decided not to pass onto the domestic market the higher price of import fuel, thus introducing a *de facto* fuel subsidy. According to the Ministry of Finance, the cost of the fuel subsidy has increased from Le 19 million in 2008, to Le 38 billion in 2009, to Le 68 billion in 2010 (Jan/Oct only) and to Le 200 billion in 2011. Most of this subsidy in 2011 corresponded to revenue forgone from excise taxes

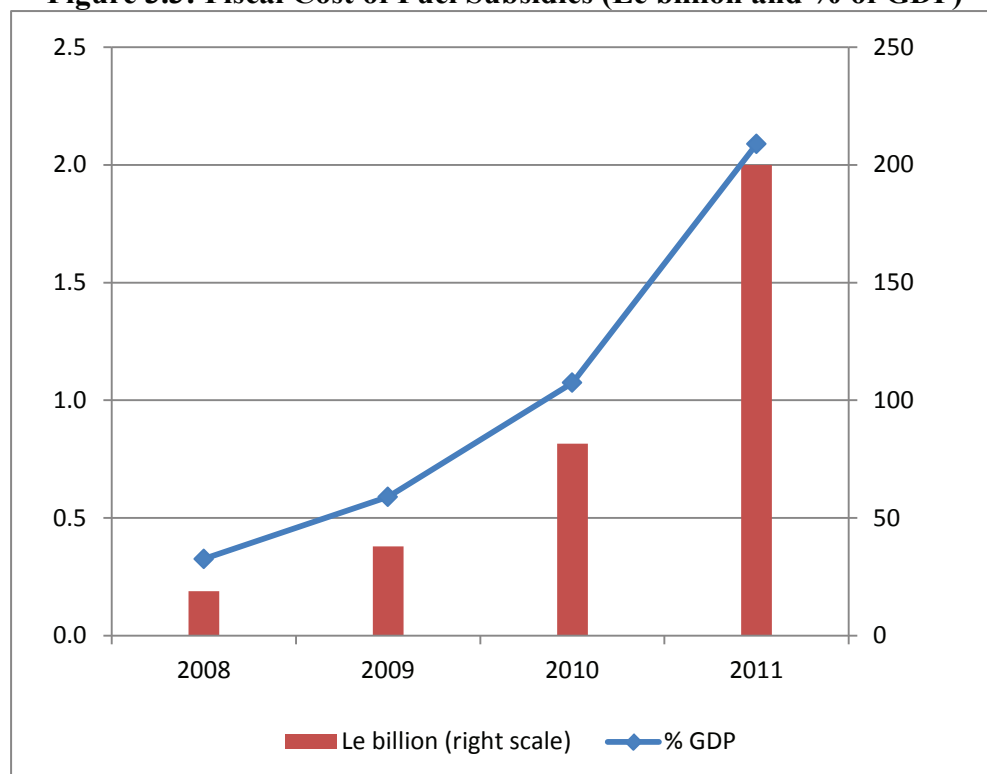
¹⁶² World Bank (2009b), page 1.

¹⁶³ Bank of Sierra Leone (<http://www.bsl.gov.sl>).

¹⁶⁴ World Bank (2011a).

and road user charges.¹⁶⁵ As a percentage of GDP, the subsidy increased from 0.3 percent in 2008 to 2.1 percent in 2011 (Figure 3.3).

Figure 3.3: Fiscal Cost of Fuel Subsidies (Le billion and % of GDP)



Source: MoFED

Note: Subsidy for 2010 is estimated; it assumes the same monthly cost during the last two months of the year.

The government called on its development partners to compensate for these losses in fiscal revenue owing to the reduction in duties and excise taxes to protect basic social services for the most vulnerable groups. The World Bank/IDA responded to this call in 2008 by approving a Food Crisis Response Development Policy Grant (FCR) consisting of US\$3 million in budget support. Other partners also supported this effort. Parallel to this, the World Bank approved an additional US\$4 million grant for the National Social Action Project (a credit of US\$35 million which had been approved in 2003) for a cash-for-work program covering seven districts. In 2009, the World Bank approved a second FCR grant of US\$4 million to extend the cash-for-work program to all 14 districts in the country.

The action plan to protect basic social services for vulnerable groups included: (a) direct income support, including food transfers to schools and hospitals and a cash-for-work program targeting rural, peri-urban, and urban areas and (b) supplementary feeding with the support of the WFP and other partners.¹⁶⁶ The government managed not only to continue to provide food assistance

¹⁶⁵ Minister of Finance and Economic Development (2009), para. 149, page 40; Minister of Finance and Economic Development (2010), para. 6; Minister of Finance and Economic Development (2011), para. 129, page 34.

¹⁶⁶ World Bank (2008).

to key vulnerable groups but to increase the number of beneficiaries by 15 percent over the previous year to over 24,784 people in 2009. The vulnerable groups included people in hospital beds (12,734), lactating mothers and children under 5 (8,200), students in government boarding schools and handicapped children (3,470), and children in remand homes (380) and in approved schools.¹⁶⁷

2. Households' Response

Most food-insecure households in Sierra Leone rely for their livelihood on food crops, petty trade and/or unskilled work. Households in Sierra Leone adopt many different kinds of strategies to reduce their exposure to risks. According to the WFP, most (two-thirds) rely on more than one source of income, with 45 percent relying on two and 30 percent on three or more.¹⁶⁸ Livelihood strategies for families in agriculture include cultivating several different crops during the years, usually rice and cassava, vegetables, maize, beans, and groundnuts, which are also the most important elements of a Sierra Leonean household's diet.¹⁶⁹ In some eastern and northern chiefdoms, many households contain members who participate in artisanal gold-mining as a way to supplement their other income sources.¹⁷⁰ Many families also rely on remittances.

Most recent information on shocks and coping strategies in Sierra Leone comes from the WFP's Comprehensive Food Security Analysis (CFSVA) survey.¹⁷¹ The majority (83 percent) of households reported that they had experienced at least one shock during the 12 months before the survey (the fieldwork was conducted in mid-2010). More households in rural areas experienced shocks than in urban areas (85 versus 80 percent). Figure 3.4 shows the proportion of households that experienced different types of shocks during 2009/10. The main shocks experienced were idiosyncratic, such as the death of household member, a temporary illness, or a chronically ill household member. Next, there were covariate shocks such as pests and price fluctuations. Floods affected relatively few households during the period under consideration.¹⁷²

¹⁶⁷ World Bank (2009a), page 10.

¹⁶⁸ World Food Program (2011), page 30.

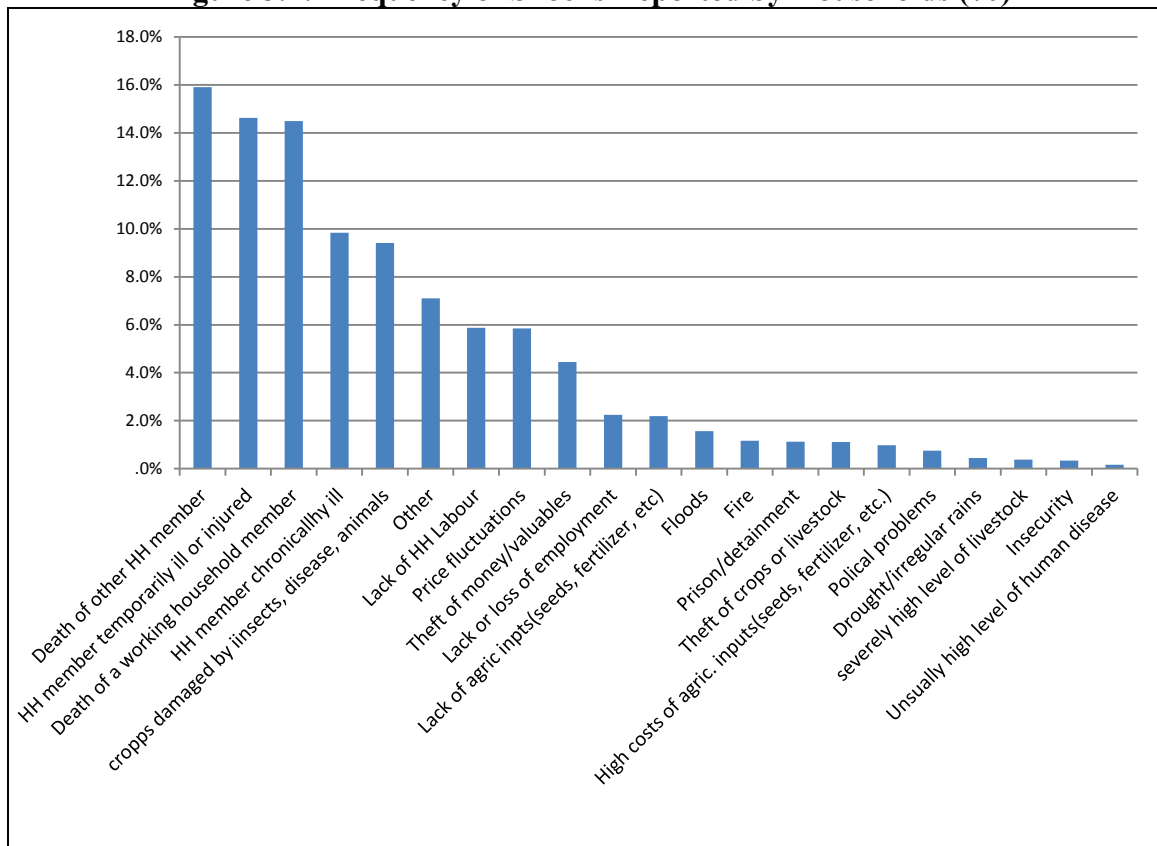
¹⁶⁹ World Food Program (2011), pages 21/22.

¹⁷⁰ World Food Program (2011), page 27.

¹⁷¹ The survey was conducted in 4,896 households in 12 districts of Sierra Leone, with the Western District further subdivided into urban slums, non-slums, and rural areas. The results of the survey are statistically representative for each of these categories and by urban and rural areas. The fieldwork was done between June 8 and July 15, 2010, just before the peak of the annual lean season in August.

¹⁷² World Food Program (2011), page 42.

Figure 3.4: Frequency of Shocks Reported by Households (%)



Source: World Food Program (2011), Graph 19.

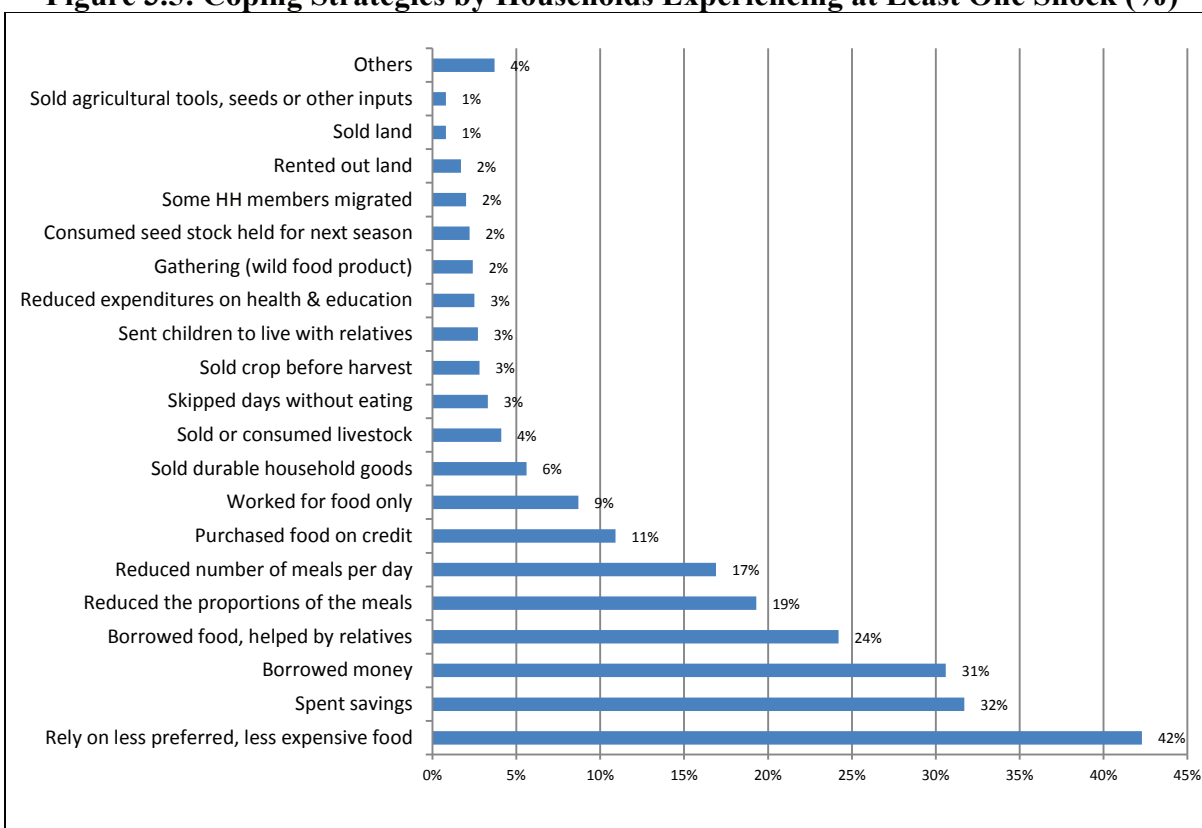
Note: During last 12 months prior to the survey.

Over two-thirds of households reported that the shock(s) they had experienced had decreased their ability to produce or purchase sufficient food.¹⁷³ The most frequently used coping strategies by households in response to shocks is to buy less preferred and less expensive food (42 percent), spending their savings for those that have them (32 percent), and borrowing money (31 percent). Less commonly used are de-capitalizing coping strategies such selling durables or livestock or consuming seed stock (see Figure 3.5). While only 3 percent of households reported that they had spent less money on education and health to cope with the shock(s), food-insecure households are significantly more likely to have their children involved in the activities that sustain their livelihoods. Over one-third of food-insecure households include children who work, which is evidence of the use of child labor as a coping mechanism.¹⁷⁴

¹⁷³ WFP (2011). Page 43.

¹⁷⁴ WFP (2011). Page 31.

Figure 3.5: Coping Strategies by Households Experiencing at Least One Shock (%)



Source: WFP (2011), Graph 20.

Note: During last 12 months prior to the survey.

3. Summary of Findings

Sierra Leone was severely affected by the food, fuel, and financial crisis. Urban consumers suffered the most. The government did not have a set of social protection instruments in place to minimize the impact of crisis on the most vulnerable groups. It was forced to introduce price controls and fuel subsidies with a high fiscal cost. Eventually, with external support, the government managed to revamp its existing cash-for-work and feeding assistance programs.

In 2010, most households suffered shocks that affected their livelihoods, but these were idiosyncratic shocks such as the death or illness of a household member, while some families also experienced covariate shocks such as pests. The main coping strategies adopted by households were reducing their food intake or the quality of the foods that they purchased and borrowing. Most food-insecure households also used child labor as a coping strategy.

B. Public Programs to Address Risks and Vulnerabilities

The main public programs being executed to address the risks and vulnerabilities identified in Chapter II are briefly discussed in this section based on information received from the institutions implementing the programs. Most of the programs covered here are being

implemented by public agencies, but many involve the cooperation of development partners and civil society organizations. It was quite difficult to obtain basic information on these programs (for example, on their coverage, costs, and targeting criteria) from the different institutions. The explanation for this may be that the information is not be available because it is difficult or costly to collect, the information may be available but is not easily accessed, program staff are overwhelmed with information requests, or a combination of these reasons.

1. Programs for 0-5 Year Olds

The major program for this age group is the government's new Free Health Care Initiative (FHCI), which eliminated primary health care fees for children under the age of 5 and for pregnant women and lactating mothers. Other programs include nutrition interventions and support for child birth registration.

Free Health Care Initiative (FHCI). This key program of the Government of Sierra Leone was established in April of 2010. The FHCI delivers an essential package of health care services free of charge through public health facilities with the aim of significantly improving maternal and child health care and reducing maternal and child mortality rates. The initiative strongly supports advocacy efforts by UNICEF and other UN partners to improve maternal and child health in Sierra Leone. It involved a complete restructuring of primary health care, the procurement of medicines and other medical supplies, the recruitment of new staff, and salary increases for staff. In terms of effects achieved to date, although there are no rigorous studies showing the direct impact of FHCI, MOHS reports that access to services such as consultations for the under-5s, antenatal clinic visits by pregnant women, deliveries in health facilities attended by skilled health personnel, post-natal visits, and family planning has increased in the post-FHCI period. The vaccination of children is the only area where there appears to have been some reduction in coverage.¹⁷⁵ The MOHS indicates that possible reasons for this during the FHCI period are the "breakdown of the existing cold chain systems,"¹⁷⁶ the increase in the number of new facilities without a cold chain, and the reduction in the frequency of outreach activities."¹⁷⁷

The FHCI is heavily dependent on donor funds. The total cost of the program in 2011 was Le 83.2 billion. The DFID contributed Le 15.5 billion to pay the wages of medical staff and, together with the EU and UNICEF, Le 64.4 billion for the procurement of medicines and other medical supplies. The government contributed Le 3.2 billion to the initiative in 2011.

Substantial continued commitment and investments from the government and donors will be needed over the next years for the program to be successfully implemented. Sierra Leone's health systems remain weak. Poorly equipped health facilities and untrained and unmotivated staff are adversely affecting the quality of health service provision. The number of health staff is still insufficient to meet the demand for service delivery, although it has increased since the launch of the FHCI. Most health facilities do not have continuous water or electricity supply, and there are frequent breakdowns in the cold chain system.

¹⁷⁵ Ministry of Health and Sanitation (2011), pages 3-6.

¹⁷⁶ A cold chain is a temperature-controlled supply chain used, in this case, for pharmaceuticals and vaccines.

¹⁷⁷ Ministry of Health and Sanitation (2011), pages 3-6.

A lack of information on progress has proved to be another problem during the first year of implementing the FHCI. It is crucial for maintaining donor support, maintaining program momentum, and aiding adequate planning to be able to collect accurate data with which to measure progress, but this has not happened apparently because lack of planning and allocation of resources for these tasks. Timely port clearance of drugs and medical supplies has also been difficult at times, and transportation delays have frequently hampered distribution, leading to stock-outs of vital drugs and supplies at the local health centers. In addition, there have been leakages and thefts of drugs and nutritional supplements. Accountability needs to be improved at all levels. Because the FHCI requires the collaboration of many players, oversight, coordination, and management must be strengthened at all levels to ensure the efficiency, transparency, and sustainability of this massive intervention.

Community-based Management of Acute Malnutrition (CMAM). This is a national project designed to combat acute malnutrition. It promotes feeding practices that ensure proper nutrition for infants and young children at this critical stage of development. It is implemented by the MOHS with the support of the DFID, the EU, and UNICEF. The CMAM provides ready-to-use therapeutic food (RUTF) such as Plumpy Nut for treatment of acute malnutrition and provides technical support in the form of advice, guidelines, and capacity development for health workers. In terms of the project's administration, goods are procured by UNICEF and supplied to government district hospitals and primary health units, which administer the treatment with technical advice and support from UNICEF. In 2011, the number of beneficiaries of the program totaled about 31,000. Project costs for 2011 were Le 27.7 billion, with average costs per case at approximately Le 900,000. Throughout the program, most diagnosed cases of acute malnutrition have been successfully treated. However, the program remains challenged by the constrained capacity and motivation of health care staff, pilferage and resale of RUTF, and the poor quality of monitoring data.

Caregivers of Malnourished Children and Supplementary Feeding of the Under 5s. This MOHS program implemented with the support of the WFP and NGOs is geared towards reducing maternal and child mortality due to malnutrition by providing them with nutritious food and supplementary foods. The program provides daily food rations comprising fortified blended food, vegetable oil, and sugar to malnourished pregnant and lactating women for 360 days, to children under 5 with moderate acute malnutrition for 60 days, and to caregivers of severely malnourished children in stabilization centers for 30 days.

The program also provides non-food items such as mixing bowls, reporting and screening tools, and information, education, and communication (IEC) materials. Partner NGOs (World Vision, BRAC, and Plan Sierra Leone) deliver the food commodities to peripheral health units and to stabilization centers. In 2011, the program benefitted 83,184 children, 21,774 pregnant and lactating women, and 5,832 caregivers. The under 5s receive benefits on a weekly basis, pregnant and lactating women receive them bi-monthly, and caregivers receive them until the child recovers. The cost of this program in 2011 was Le 8.7 billion, with a projected cost for 2012 of Le 17.8 billion.

Child Registration. This project was introduced in 2010 with a view to improving the child registration system in Sierra Leone. Its objective is to ensure that all children are registered with the civil authorities to enable them to access and use all public services and promote their inclusion and development. Registration takes place through district hospitals. Primary health care units also register any births that take place in those facilities as well as those that occur in community.

The MOHS operates the program in partnership with UNICEF and is responsible for collecting and analyzing the registration data. In 2011, a total of 117,207 live births were recorded, 55,919 of which were girls. The project's costs were Le 15 million in 2011. UNICEF disbursed funds to the project for the procurement of printed materials such as certificates and forms. In order to ensure the sustainability of the project, there needs to be an ongoing awareness campaign to inform the public of the need to register their children, and additional staff and financial capacity will be required to expand the reach and coverage of the project.

2. Programs for 6 to 17 year olds

For this age group there are several programs that support schools, a program that help girls to enter and stay in secondary school, and programs for vulnerable children.

Under the ongoing decentralization program, the government transfers funds to schools through the local councils: (i) to compensate them for the school fee waiver on a per student basis (Le 13 billion in 2011); (ii) to finance the purchase of textbooks and other learning and teaching materials for primary education (Le 4.4 billion); and (iii) to pay for the National Primary School Examination (NPSE) for all students in government and government-assisted schools (Le 3.9 billion). The World Bank-supported Decentralized Service Delivery Program (DSDP) is supporting the decentralization of the education sector and contributed Le 6.1 billion in 2011 to finance these expenditures. (See more on transfers to local councils in section A of Chapter IV.)

The School Feeding Program. This program provides primary school students in selected schools with mid-morning meals. The program is managed by MEST with the support of the WFP. The program is implemented by international NGOs (Plan International, World Vision, and Africare) with the objectives of bringing children into school, keeping them in school, and improving their nutritional status and educational performance, while also promoting gender equality. Support for the program comes from a variety of sources including the UK, Switzerland, Saudi Arabia, Canada, Ireland, UN Common Funds, and private donors. According to the WFP, all government-assisted schools in the most vulnerable chiefdoms in 11 out of 12 districts across the country are receiving assistance from the School Feeding Program. Which chiefdoms were the most vulnerable was determined with the help of the WFP's 2011 Comprehensive Food Security Vulnerability Assessment for Sierra Leone. The program provides schools with a food basket that includes cereal (bulgur wheat), pulses, vegetable oil, corn soya blend, and salt. The schools then use these commodities to prepare a mid-morning meal for their students. MEST has a School Feeding Coordinating Unit at the central level and district coordinators and food monitors in the districts in which the program operates. In 2011, about 250,000 children (including 125,000 girls) benefitted from the program at a cost of Le 54.6 billion.

The government also pays for the textbooks and teaching and learning materials for students who attend government and government-assisted junior secondary schools (Le 1.1 million in 2011). It also transfers funds to local councils to finance the establishment of libraries in these schools (Le 0.6 million) and to finance youth activities (Le 0.3 million). In addition, the government pays the fees for the national examinations (BECE and WASCE) for each student in government and government-assisted schools. This is done by making direct transfers from MoFED to the West African Examination Council (WAEC). Fees are paid only once for each student the first time he or she sits the exam. The cost of this program was Le 8.3 billion in 2011.

Grants-in-Aid to Government Boarding Schools. This program provides grants to seven boarding schools across Sierra Leone. The grant primarily pays for the costs of feeding the students. In 2011 the cost of the program was Le 3.2 billion, and a total of 3,325 pupils benefitted.

Diets for Approved Schools and Remand Homes. This program is targeted to children in approved schools, which are schools for children serving sentences, and in remand homes, which are homes for children between 14 and 17 years old who are awaiting trial. It is managed by the MSWGCA, and the delivery of goods is contracted out to a private firm. The program provides meals (rice and condiments) for children in these centers. The legal basis for this program is the Children and Young Person's Act. There are two centers in Freetown (a remand home and an approved school) and one remand home in Bo District. In 2011 the total number of beneficiaries was 728 including 128 girls, with an average cost of Le 5,000 per child per day. The cost of the program in that year was Le 1.3 billion.

National Street and Other Vulnerable Kids Program. Concerns about the plight of the growing number (as many as 6,000) of children roaming the streets of major cities in Sierra Leone (Freetown, Bo, Kenema, Makeni, and Koidu-New Sembehun) led to the creation of this program in 2010. This is a national program focusing on street children, abused children, and child-guides for the disabled in urban areas. It provides them with care and education in interim care centers and with family tracing and reunification services. Currently there are only two interim care centers, one in Makeni and one in Bo. There was another center in Calaba Town that served the Western Area but it was closed because of a lack of funding. In 2011, the cost of the program was Le 361 million, and it benefitted 160 children, including 60 girls. Since its inception, the program has assisted 310 children (200 boys and 110 girls); many of these children have been reunited with their families. A lack of facilities for interim care is a major constraint of the program.

Grants to Handicapped Schools. Special Needs Education addresses the needs of the handicapped and other children with disabilities including the blind and visually impaired, victims of poliomyelitis, the hearing impaired, and the mentally/intellectually challenged. These children attend special primary schools but follow the same syllabus as their counterparts in mainstream primary schools. MEST provides teaching and learning materials and quarterly subventions to these schools based on population and/or need. The children move on to mainstream secondary schools after passing the National Primary School Examination (NPSE). In 2011, the grants to handicapped schools amounted to Le 546 million and benefitted 12 such schools country-wide. The total number of beneficiaries was 1,459 children (713 girls).

The Girl Child Support. This program started in 2003 to provide tuition support for girls in junior secondary schools with a view to increasing girls' enrollment and retention in schools nationwide. MoFED makes direct transfers to school bank accounts based on their female enrollment figures as provided by the local councils. The Inspectorate Division of MEST validates these enrollment figures with numbers provided by the schools' principals. All girls attending government and government-assisted schools benefit from the program. School fees are Le 25,000 per term. During the first year of junior secondary school, the program covers the fees of all three terms; in the second year, it covers two terms; and in the third year it covers one term. Repeaters are not eligible for the program. There has been an increase in the enrollment and retention rates for girls, although the program has not been formally evaluated. In 2011 program invested Le 2.1 billion.

3. Programs for 18 to 35 year olds

There are several programs aimed at providing short-term employment and training for jobless youth (defined as people between the ages of 15 and 35), a volunteer program for university graduates, and scholarships for the few who can access higher education.

To address the problem of youth unemployment, the government in partnership with the World Bank designed the Youth Employment Support Project (YESP) to cover the period 2010 to 2013 with a budget of US\$20 million. The aim of the project is to finance a package of short-term to medium-term interventions that will build on the successes of existing youth employment support programs.¹⁷⁸ The project also seeks to provide capacity building to youth institutions, to finance policy studies and analysis, and to promote the effective national coordination of all youth employment support initiatives in Sierra Leone. The project has three components: (i) Labor-intensive Cash for Works (US\$10 million); (ii) Skills Development and Employment Support (US\$7.5 million); and (iii) Institutional Support and Policy Development (US\$2.5 million).

The National Commission for Social Action (NaCSA) is responsible for the implementation of the labor-intensive cash for works component in close collaboration with relevant line ministries such as the MAFFS. The Labor-intensive cash for works component continues the efforts of the

¹⁷⁸ Some of the recently implemented youth-related programs include: World Bank's Cash for Works Programs (2009-2010); USAID LINKS initiative (2004-2007); UNDP's Support to Food Security Project (2004-2009); ActionAid's Youth Agricultural Project - Youth Employment Scheme; OPARD's Youth Employment Scheme; Multi-Sectoral Initiatives UNDP- WB- Irish Aid- DIFID- PBF- BCPR, UNV, Japan: Youth Employment Scheme (YES) (2005-2009); GTZ's Employment Promotion Program (2006-2010); MTI / UNIDO's SME Support Programme for Industrial Development and Poverty Alleviation; UNIDO's Productive and Decent Work for Youth in the Mano River Union and Côte d'Ivoire; Human Security Fund - Fuel wood Project (2007-2008); AFFORD's Supporting Entrepreneurs and Enterprise Development in Africa (SEEDA) Program; COOPI's Vocational Training for Youths with Disabilities in Western Area and Kono Districts of Sierra Leone towards Productive and Active Social Lives; COOPI's Youth Employment Scheme; HELP- SL's Youth Employment Scheme; IRC's Youth Employment Scheme; GTZ's Promotion of the Development Capacity of Youths and Young Adults; GTZ's Enhancing Technical Skills of Young People; CARE International's Youth Training Initiative. See International Development Association (2010), Annex 9, for a detailed description of these and other youth related programs, and lessons learned from them.

first and second generations of cash-for-works projects implemented by NaCSA in 2009 and 2010 with some refinements in its design. The specific objective of this project is to increase short-term employment opportunities for young people and to increase the employability of the targeted youths. The project targets are: 255 sub-projects implemented during 2011/2012 in both rural and urban areas in all of the 14 districts of the country, providing temporary employment for 23,500 youths (30 percent of whom are female); and a total of 765 kilometers of roads rehabilitated and 1,020 acres of crops cultivated. Local councils play a key role in approving the sub-projects to ensure that they fit within their local development plans. The beneficiaries are engaged for 50 to 75 days and are paid Le 7,000 per day. Both the contractors and the beneficiaries benefit from training. Beneficiaries are self-selected by means of a relatively low wage rate. A Relative Poverty Index based on the incidence of poverty and food vulnerability in Sierra Leone guides the geographic distribution of resources. In 2011, this component invested Le 25 billion and benefitted 12,750 youths, 3,825 of whom were female.

The National Youth Council is responsible for implementing the other two components of the YESP. The Skills Development and Employment Support component targets urban youths aged 15 to 35 with low levels of education, urban youths with some secondary education, and rural youths who have either established businesses or are interested in pursuing business/employment opportunities. It provides them with access to apprenticeship schemes in the formal and informal sector, business development support and coaching, and other life skills training. These training and employment support services are provided by specialized NGOs, technical agencies, and private sector entities such as artisans, workshops, and small businesses. Technical training is expected to be provided on the job and using an apprenticeship model. Service providers are selected through a transparent and competitive bidding process (with a bias towards those geared to promoting at least 30 percent female participation). Beneficiaries are recruited by each service provider based on above mentioned age, geographic location, and educational criteria plus any other specific criteria required to fit the needs and characteristics of the provider's proposed approach. A grievance address procedure has been instituted. The project is providing training and employment support in the area of agri-business with a strong focus on entrepreneurship. In 2011 this component benefitted 6,000 youths (including 1,800 girls) and disbursed Le 12 billion. In 2012, it is expected to benefit another 9,000 youths, 2,700 of whom are female.

In 2006, the UNDP launched the Youth Enterprise Development Strategy and the Youth Employment Program, which together comprised 17 projects. These projects, which ended in 2010, supported 5,859 youths in vocational skills development, 7,072 youths in enterprise development (through five micro-finance institutions), and 6,350 youths in agriculture enterprise development. As a follow up, in 2011, UNDP launched the Youth Employment and Empowerment Program, a multi-annual program currently financed by UNDP itself and by the UN "Development as One" fund. The program's main objective is to support the Ministry of Youth and Sports and the National Youth Commission in creating the conditions to develop suitable employment opportunities for young people. The program's activities aim to: (i) strengthen the capacity of Ministry of Youth and Sports at the national and local levels; (ii) mainstream youth employment into all national policies and development initiatives; and (iii) provide rapid but sustainable employment opportunities and income-generating activities for young women and men. At the grassroots level, in 2011 the program educated more than 5,000 students about career choices as a way to encourage them to aspire to tertiary education, notably

through job fairs and presentations from potential employers. Also, the program aims to provide 500 youths per year with personal counseling, job search training, and/or IT training through the Career Advisory and Placement Service Centers (CAPS) in two universities. Two more of these centers were expected to open in 2012 and the number of direct beneficiaries of training was expected to rise to 1,000 per year countrywide. Starting in 2012, the program was also expected to be providing entrepreneurship training and enterprise support to over 2,000 youths, in some cases by directly facilitating their access to capital (loans). The budget for two years (2011-2012) is approximately Le 15.9 billion (US\$3.7 million), with which the program is expected to reach at least 8,000 youths.¹⁷⁹ In 2011 the program disbursed Le 3.4 billion.¹⁸⁰

National Youth Commission (NAYCOM). NAYCOM was established by an Act of Parliament in December 2009 as a corporate body to empower young people to develop their potential, creativity, and skills. The government has identified the need to enhance employment opportunities for the young as one of the main development challenges facing the country.

NAYCOM is responsible for: (i) implementing, coordinating, and monitoring development programs aimed at creating employment opportunities for youth; (ii) developing a comprehensive national youth development plan; (iii) collaborating with other government agencies and NGOs to provide youth skills training; (iv) addressing drug abuse by young people; (v) disseminating information on services for young people; and (vi) coordinating the activities of youth groups and of organizations that serve young people. The creation of NAYCOM is seen as a very important development that will improve coordination and bring some coherence to youth employment interventions. UNDP has provided support to get the Commission operational and to develop its own strategy within the government's institutional context and in accordance with the national employment policy and the national youth employment strategy. In 2011, NAYCOM's recurrent budget was Le 480 million.

Peace and Development Corps (PADCO). PADCO is a national volunteer initiative established by NaCSA in 2004 that places young volunteers with a tertiary education within various local councils, civil society organizations, and central government institutions across the country for two years. The goal of PADCO is two-fold – to provide young unemployed graduates with an opportunity to gain experience in building their skills and to support institutional capacity building and fill human resource gaps. PADCO seeks to promote the consolidation of peace and to alleviate poverty while promoting the spirit of volunteerism in Sierra Leone by working in coordination with other organizations that use volunteers to coordinate and mainstream volunteer activities across the country. The target population is jobless youths. Since 2009 PADCO has trained and placed 164 volunteers, including 61 females. In 2011 there were 25 female and 59 male volunteers. In 2011, the program's costs amounted to Le 1.1 billion.

Grants-in-Aid Scholarships. The MEST awards grants-in-aid to deserving Sierra Leonean students in tertiary education. The objective of these scholarships is to increase access to tertiary education by providing financial support to students. This is a national program with scholarships allocated on a quota basis for students located in the provinces and the Western

¹⁷⁹ Direct communication from UNDP's Economic and Social Affairs Office- Sierra Leone Office.

¹⁸⁰ <http://www.sl.undp.org/youth.htm>.

Area. The awards cover tuition costs and other related charges faced by students. The students to benefit from the scholarships are selected by district-level Scholarship Awards and Advisory Committees, usually made up of local chiefs, members of the local council, heads of schools, and the teachers union representatives. According to MEST officials, the criteria for selecting the beneficiaries are in order of priority: (i) need; (ii) academic performance; and (iii) women in science courses. Student with disabilities and the top 10 to pass the WASSCE exam automatically qualify for scholarships. In 2011, 1,500 new scholarships were awarded, bringing the total current number of students with scholarships to 4,000. The program cost Le 3 billion in 2011 and is funded through the central government budget.

4. Programs for 36 to 59 year olds

Only one program was identified to support older workers.¹⁸¹

Smallholder Commercialization Program. MAFFS is currently implementing the Smallholder Commercialization Program (SCP), a major integrated rural development program that is supported by the World Bank and several other partners. The program's five year investment plan (2010-14) aims to spend a total of US\$403 million on its six components. Component 5 (Strengthening Social Protection, Food Security, and Productive Social Safety Nets (US\$135.7 million) comprises three sub-components: (i) social safety nets for vulnerable groups (US\$91.5 million); (ii) risk and disaster management (US\$6.7 million); and (iii) productive safety nets (US\$37.5 million).¹⁸² MAFFS is in charge of the overall coordination of the program, while Component 5 is being coordinated by NaCSA. The sub-component related to social safety nets for vulnerable groups aims to increase their food security and improve their nutritional status while promoting their human capital development through childhood education. It supports programs already discussed above such as supplementary feeding, nutritional support, and the school feeding program. The risk management sub-component will be discussed below in the section on Programs for Households Risks.

The sub-component related to productive safety nets aims to augment food security by providing food and a limited cash transfer in return for the beneficiaries' labor in creating productive assets that will contribute to smallholder commercialization. This includes: (i) rehabilitating feeder roads to facilitate access to markets; (ii) rehabilitating inland valley swamps to increase crop production; (iii) constructing Agriculture Business Centers and storage facilities; and (iv) rehabilitating and establishing some new tree plantations. The sub-component also provides beneficiaries with food in return for participating in training. Participants are selected in close consultation with district councils and chiefdoms. The SCP finances the costs of food and cash transfers of the different interventions. The WFP is the major supporter of this component, with

¹⁸¹ The Ministry of Labor and Social Security only has one (development) program in its budget, the National Social Safety Net Program, which is discussed in the 60 years and older group. This was the only program information provided after our interview with its senior officials. MLSS is currently formulating a National Employment Policy. In its recurrent budget there are also allocations for factory inspections; the issuing of work permits; policy formulation, coordination, administration, and supervision; and the promotion and maintenance of employment. No details of these activities are available.

¹⁸² Government of Sierra Leone (2010), page 23.

World Vision Sierra Leone and Plan-Sierra Leone being the implementing partners for delivering the food provided in return for work. There were 32,120 direct beneficiaries in 2011 (or about 5,350 households). No estimates of the program's costs are available.

5. Programs for People Aged 60 years and Older

For the elderly, there are NASSIT's pension programs, a small program executed by the MSWGCA, and the MLSS's National Social Safety Net Program.

National Social Security and Investment Trust (NASSIT). NASSIT was established in 2001. NASSIT's Chairman of the Board is appointed by the President of Sierra Leone and reports directly to the President. NASSIT, which comes under the aegis of the MLSS, manages a mandatory defined benefit pension system for formal public and private sector employees. The retirement age is 60 (for both men and women) or 55 (for military and police force personnel) and requires a minimum of 180 months of contributions. The system also covers public employees who retired before NASSIT was established. These are called MoFED pensioners. The old age pension is 30 percent of the insured person's average monthly earnings for the first 180 months of coverage plus 2 percent of his or her average monthly earnings for each additional 12-month coverage period. The average monthly earnings figure that is used to calculate benefits are those of the highest 60 months of contributions. The minimum pension is 50 percent of the insured average monthly earnings. The minimum pension for the MoFED pensioners is Le 17,000, which is only a fraction of the monthly national minimum wage of Le 220,000.¹⁸³ The system does not provide any sickness or maternity benefits, which are expected to be provided by employers for employees and their dependents through collective agreements. Employers are also expected to be insured against any work-related injuries that may be sustained by their employees.

Total benefits paid in 2011 to NASSIT pensioners amounted to Le 26,823 million, which is equivalent to 0.3 percent of GDP (Table 3.1). In December 31, 2011, there were 6,338 NASSIT pensioners who received an average pension of Le 205,165 (US\$47.7) per month.

Table 3.1: NASSIT Benefits, Number of Pensioners, and Average Pension, 2006-2011

	2006	2007	2008	2009	2010	2011
Total Benefits (Le million)	1,990	4,140	8,130	15,817	21,918	26,823
Retirement a/	1,338	3,214	6,602	12,424	18,402	22,005
<i>Of which Pension</i>	<i>386</i>	<i>1,621</i>	<i>4,121</i>	<i>9,288</i>	<i>14,433</i>	<i>15,604</i>
Survivor a/	526	881	1,471	3,211	3,469	4,549
Invalidity a/	12	38	55	124	47	269
Refund of Contribution	113	7	1	57	11	0
No. of Pensioners	263	1,316	2,571	5,067	7,306	9,098
Retirement	234	1,018	2,107	3,660	5,246	6,338

¹⁸³ The minimum wage was set by the Minimum Wage Act of 1997 at Le 21,000. In December of 2004 the MLSS increased it to Le 40,000. MoFED officials indicated to us that the minimum wage is now Le 220,000. In 2011 the MoFED announced in the budget speech to Parliament its intention of revising the Minimum Wage Act of 1997.

Survival	25	295	455	1,404	2,054	2,745
Invalidity	4	3	9	3	5	15
Average Monthly Ret. Pension (Le)	137,464	132,695	162,988	211,475	158,057	205,165
Total Benefits/GDP (%)	0.0	0.1	0.1	0.2	0.2	0.3
GDP (Le billion)	4,199	4,970	5,826	6,442	7,597	9,579

Source: NASSIT and MoFED (for GDP)

Note: a/ Includes pensions, gratuity and grants, and arrear payments.

Total pensions paid by NASSIT to MoFED pensioners in 2011 amounted to Le 18,403 million, which is equivalent to another 0.2 percent of GDP (Table 3.2). The average monthly pension paid was Le 80,807 (US\$18.8) to 19,149 pensioners.

Table 3.2: MoFED Benefits, Number of Pensioners, and Average Pensions, 2006-2011

	2006	2007	2008	2009	2010	2011
Total Benefits (Le million)	7,626	8,608	11,031	15,191	17,678	18,403
No. of Pensioners	18,585	18,703	18,538	20,542	19,258	19,149
Average Monthly Pension (Le)	34,194	38,354	49,587	61,626	76,496	80,087
Total Benefits/GDP (%)	0.2	0.2	0.2	0.2	0.2	0.2
GDP (Le billion)	4,199	4,970	5,826	6,442	7,597	9,579

Source: NASSIT and MoFED (for GDP)

Program for the Aged. Sierra Leone Society for Welfare of the Aged (SLSWA) implements a program to care for and protect the welfare of the aged. The program is geared towards providing community services to the elderly, reducing discriminatory practices against the aged, and ensuring that older people can access their rights. The SLSWA manages a home for the elderly with 21 staff members of whom only three are skilled professionals. In 2011, there were 48 beneficiaries, 26 male and 22 female. The SLSWA receives a quarterly subvention of Le 15 million (Le 60 million annually) from the central government through the MSWGCA.

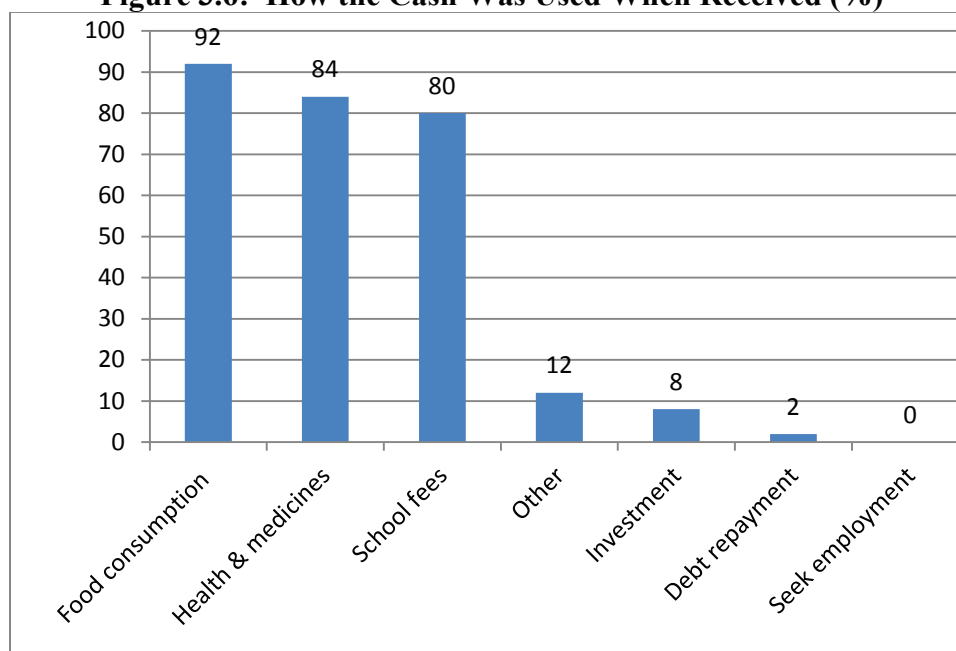
The National Social Safety Net Program. This program was set up by a Cabinet resolution in 2004 to ensure that the poor elderly and the most vulnerable populations of Sierra Leone have at least a minimum income and access to basic services such as health and housing. It is managed by the MLSS and is intended to provide a social cash transfer to identifiable vulnerable groups in society, especially those aged 60 years and above with no regular income or support, who are unable to undertake any form of economic activity. A two-year pilot program was implemented in 2007/2008, which benefitted 16,800 people. Potential beneficiaries were identified by local councils and by the social safety net committee at each chiefdom. Safety net officers verified the potential beneficiaries based on a set of criteria (people aged 60 or over in need with no regular income or regular means of support who are unable to work), after which eligible beneficiaries were enrolled. The transfer was a one-off payment of Le 200,000 and in some cases was made in two installments of Le 100,000 each.

The impact evaluation of the pilot phase conducted by HelpAge International for the MLSS concluded that “the impact of the cash on ex-beneficiaries and their households was positive at the time they had the money. The transfer was mostly used for the purchase of food and health care and to pay for school fees, uniforms and books.” (See Figure 3.6.) “However, the impact of the program on community relations and state-citizen relations was very negative. Local community members headed by the Paramount Chief or his designated representative

manipulated the selection process and the monitoring and evaluation unit of the SSN was unable to stop these abuses. The SSN in his current set-up is unsustainable and will continue to encounter significant challenges if structural changes are not made.”¹⁸⁴ (See also Box 4.2 below.)

There are serious financial constraints to implement the National Social Safety Net Program fully. Limited staff capacity to implement a comprehensive social pension program is also a major challenge. In 2011, the beneficiaries were expected to receive Le 60,000 per quarter but the budget for the program – Le 700 million – was insufficient for this. The program has reported that 4,920 people (1,968 of whom were female) benefitted from the transfer in 2011. It is not clear how much each beneficiary received, but, after deducting the administration costs reported by the program managers, the transfer might have averaged Le 112,000. The program has 35,500 potential beneficiaries registered and expects to increase its coverage significantly in 2012. Its budget for 2012 is Le 1.1 billion.

Figure 3.6: How the Cash Was Used When Received (%)



Source: HelpAge International (2011a), Figure 4.

Note: Based on a survey of 120 beneficiaries and 86 non-beneficiaries all aged 60 and over. Figure represents the frequency of responses on how the money was used.

6. Programs for Household Risks

There are several programs that aim to address the vulnerabilities faced by households related to victims of war, refugees, health, disability, domestic violence, a lack of basic services, and natural disasters.

¹⁸⁴ HelpAge International (2011a), page 4.

Post-conflict Reparations for Victims of Sexual Violence. This program originated in the Lomé Peace Agreement and the Truth and Reconciliation Commission's recommendations, as well as the Act of Parliament of November 2001 establishing NaCSA and the Statutory Instrument of 2008 that extended NaCSA mandate. Its objectives are to provide some redress to victims of sexual violence. This program started in April 2010 and has registered over 4,000 victims of sexual violence of whom 654 women were declared eligible for the program because of their status as "particularly needy victims." The criteria to determine the latter is based on three major considerations: (i) the victim is a breadwinner and has a large number of dependents; (ii) the victim dropped out of school because she was abducted by rebels and abused and has no family support or is a single parent; or (iii) the victim has a serious ailment. The program's benefits include: (i) psychosocial counseling and mentoring; (i) training in various demand driven skills; (iii) coaching sessions on core components such as HIV/AIDS, human rights, adult literacy, and entrepreneurial skills; (iv) monthly stipends during training; and (v) the provision of a tool kit and a micro grant to each beneficiary. The skills training and the coaching sessions for the core components are provided by local consultants who specialize in carrying out such activities. The beneficiaries' monthly cash stipends of Le 140,000 are delivered through the bank accounts of the program's district coordinators who make disbursements at the end of every month while the beneficiaries are in training sessions. After three to six month training period, the participants receive a tool kit and a micro grant of US\$500 to be used to establish a small business. The micro grants are channeled through a commercial bank which remits the grants to the individual bank accounts of the beneficiaries across the country.

The Reparations Unit team at NaCSA HQ is responsible for the coordination, management, and supervision and monitoring of all project activities. NGOs/CBOs and women's organizations provide technical as well as other relevant inputs. At the community level, the chiefs provide guidance to the program's implementers and ensure that benefits reach the intended beneficiaries. They also help to address any complaints made by beneficiaries. During the first phase of the program, 296 women successfully completed the training and received a tool kit and micro grant. For the second phase that began in 2011, the program covered 354 women (of the eligible 600) at a cost of Le 1.7 billion.

Relief and Resettlement/ Refugees and Asylum Seekers in Sierra Leone. The armed conflict in neighboring Liberia and the civil war in Sierra Leone triggered a mass influx of refugees and internally displaced persons. The Relief and Resettlement Unit at NaCSA was given the mandate by the Refugee Protection Act enacted by Parliament in 2007 to coordinate the humanitarian situation precipitated by these conflicts. The aim of the program is to handle all operational matters related to the protection of refugees, asylum seekers, internally displaced persons, and returnees as well as ensuring the proper care and maintenance and resettlement of displaced persons to their places of origin or choice. The United Nations High Commission for Refugees (UNHCR) acts as the supervisory agency with NaSCA being the implementing agency.

The program helps all remaining Liberian refugees to be smoothly integrated into their host communities. It operates in the Western Area (Waterloo), Southern, and Eastern Provinces. Eligibility for the program is open to: (i) all registered and recognized refugees whose information and data exist in UNHCR's database and in the Relief and Resettlement Unit's files; (ii) all recognized refugees who opt to stay in Sierra Leone; and (iii) all asylum seekers who

avail themselves of the protection of the state. Any refugee who fulfills the extreme vulnerability criteria is provided with medical care as well as those with serious medical emergencies. The benefits provided include:

- The provision of parcels of land for the construction of houses and for agricultural purposes to refugees who wish to settle in Sierra Leone
- The construction of family shelters and latrines
- Access to fair asylum procedures
- Assistance with the process of naturalization for those refugees who wish to pursue this
- The provision of refresher training on the prevention of and effective responses to sexual and gender-based violence.

About 90 percent of the benefits of this program go to the refugees and 10 percent to the host population. In 2011 there were 3,456 beneficiary households consisting of 8,924 people (3,810 women, 3,992 men, 596 boys, and 526 girls) at a total cost of Le 1.6 billion.

MoFED transfers funds to local councils to finance social welfare services in their localities. In 2011 this transfer amounted to Le 230 million (see section A of Chapter IV). In addition, the government supports various organizations that provide various social services. These grants to welfare institutions, which are provided through the MSWGCA, amounted to Le 270 million in 2011.

Feeding Assistance to People Living with HIV (PLHIV) and TB. This program operates in the Port Loko district and the Western Area of Sierra Leone. The objective of the program is to support the treatment of PLHIV and TB patients and to mitigate the impact of the disease on food-insecure households. The program supports PLHIV who are taking anti-retroviral treatment (ART) and their households for 9 months, TB patients who are on directly observed treatment (DOT) and their households for 6 months, and women enrolled in the Preventing Mother to Child Transmission Program (PMTCT) and their households for 12 months. The program is implemented by the MOHS with support from the WFP and BRAC/Plan International. The total number of beneficiaries in 2011 was 2,374 at a total cost of Le 3.8 billion.

A recent progress report on the status of the HIV/AIDS epidemic indicated that in 2011 there were 5,000 PLHIV in need of care and support and that the program was providing 2,910 (58 percent) with psychosocial support and home-based nutritional care. It further reports that there were 19,533 patients in need of ART in 2011 and that 8,115 were receiving treatment (42 percent) including 533 children in 131 locations. This represents a 36 percent increase in the number of those in treatment compared to 2010. PMTCT coverage was reported to be 74 percent in 2011. Since 2005, the provision of ART has been free. Over 90 percent of the financing for AIDS programs comes from international sources.¹⁸⁵

¹⁸⁵ National AIDS Secretariat (2012), Table 3 and Table 4.

The World Bank's Decentralized Services Delivery Project is supporting the implementation of the health decentralization program. In 2011, it financed the transfer of Le 7.7 billion to supplement the transfers made by MoFED to local councils for primary health care.

Program for Disabled People. MSWGCA manages a program that provides quarterly subventions to organizations for disabled people to meet their basic needs and operational costs. In 2011, 86 organizations received funding that ended up benefitting 516 people including 116 women. The cost of the project was Le 100 million.

Implementation of the National Gender Strategic Plan. This Plan was developed through a process of stakeholder consultations and launched in June 2010. The plan has six priority areas: (i) capacity building, management, and oversight; (ii) women's participation in governance; (iii) sexual and reproductive health rights; (iv) women's empowerment; (v) research, ICT, and documentation; and (vi) gender budgeting and accountability. The MSWGCA coordinates the implementation of the Plan through the Gender Affairs Directorate. The objectives of the plan are:

- To provide a comprehensive guide to the gender agenda in Sierra Leone
- To serve as a tool for the effective and efficient coordination of the response to gender inequities by ministries, departments, and agencies (MDAs), service providers, and development partners
- To provide a framework for tracking government and donor policies and budgets on gender-related programs
- To raise awareness, enhance interest, and garner financial support for gender equality and women's empowerment issues in Sierra Leone
- To serve as a strong advocacy and resource mobilization tool for effective gender program delivery in the country.

The Gender Affairs Directorate is grossly under-resourced as there are only five gender technical staff to cover the entire country. For the plan to be implemented effectively, staff need to be trained in the areas of gender budgeting, gender planning, gender mainstreaming, monitoring and evaluation, policy design and implementation, program design, management and implementation, financial management. The budget for the Gender Affairs in 2011 was Le 953 million.

Domestic Violence. This area is the responsibility of MSWGCA in coordination with the Sierra Leone Police and the Judiciary. The Family Support Units (FSUs) of the Sierra Leone Police were established under a signed memorandum of understanding between the police and the MSWGCA in December 2003. Currently there are about 40 FSUs across the country. These are specialist units attached to police stations with a mandate to investigate all forms of child abuse (sexual abuse and violence, physical abuse, and exploitation, including commercial exploitation such as internal and cross-border trafficking). The FSUs also have a mandate to investigate allegations of sexual and domestic violence and commercial and other forms of exploitation against women and vulnerable members of society.

The DFID is providing support and technical assistance to the MSWGCA and the Sierra Leone Police to the tune of US\$31 million for the period 2010 to 2015 in the area of domestic violence. The Access to Security and Justice Program aims to promote women's access to justice by strengthening national capacity to tackle gender-based violence and supporting FSUs particularly in hotspot areas such as Freetown, Bo, Makeni, and Kenema. The Paralegal and Community Mediator component of the program at the community/grass roots level aims to support community empowerment and mobilization and the social inclusion of the most vulnerable. In 2011 the project disbursed Le 10.3 billion.

The Sierra Leone Community Driven Development Project (SLCDD). This project (2011-2013, US\$18.5 million) is funded by the Islamic Development Bank (IDB) and implemented by NaCSA in 675 villages spread across the 12 districts of Sierra Leone, namely Bombali, Port-Loko, Kambia, Tonkolili, Bo, Moyamba, Bonthe, Pujehun, Kono, Pujehun, Western Rural, and Western Urban districts. The aim of the project is to assist fragile and vulnerable war-affected communities to reduce poverty and build local capacity for collective action, thus contributing to the country's stability, peace, and sustainable growth.

After a participatory poverty assessment (PPA) exercise,¹⁸⁶ the communities establish their priorities, select sub-projects, and assume the responsibility for managing, implementing, and maintaining those sub-projects. The sub-projects are managed and overseen by one community management committee (CMCs) for each cluster of four or five villages with each village being represented. Sub-projects can involve the rehabilitation and/or construction of and equipment for: (i) primary and junior secondary schools; (ii) maternal health clinics and health centers; (iii) hand-dug wells; (iv) markets and community centers; and (v) community access roads and bridges. In addition, the project supports activities in the following areas: health education and preventative care; non-formal education and agriculture support; youth; micro, small, and medium-sized enterprise development; and community empowerment and facilitation. The project provides direct cash benefits to groups chosen by micro-enterprise development groups within the project clusters to help them set up their own businesses. A local bank disburses loans and grants to the beneficiaries and collects their loan repayments. The medium-sized enterprise development component targets 200 groups (both men and women) of 20 people per group, making a total of 4,000 beneficiaries.

The project has engaged a firm from India (MYRADA) to help to build the capacity of NaCSA staff on the concept of community-driven development (CDD). The NaCSA staff will in turn train communities and local councils on the implementation and management of sub-projects using this CDD concept. In 2011 the project benefitted 175 communities (105,360 people) at a cost of Le 31.7 billion.

Pro-Poor Growth for Peace Consolidation Program (GPC). This program started in 2006 with the support of the Federal Republic of Germany (2006-2014, US\$13.5 million). It is executed by

¹⁸⁶ PPA is an instrument for including poor people's views in the analysis of poverty and the formulation of strategies to reduce it through public policy. See for instance <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTPCENG/0,,contentMDK:20507689~pagePK:148956~piPK:216618~theSitePK:410306,00.html>

NaCSA in the rural Western Area, Koinadugu, Kailahun, and Pujehun districts of Sierra Leone. The overall goal of the GPC Program is to contribute to consolidate peace through pro-poor growth interventions in the four districts. It has three components: (i) Economic and Social Infrastructure Component aims to improve and extend market access and economic and social infrastructure by financing the construction of roads and other economically relevant public facilities including markets, slaughter houses, storage facilities, and bus terminals as well as social infrastructure such as youth centers and sport facilities; (ii) Enterprise Development Fund supports start-ups and helps turn business ideas into actual businesses by providing market and feasibility studies, business training, and additional business support; and (iii) District Council Support Component helps district councils to promote economic growth and social cohesion by building their capacity, especially in the areas of procurement, contract management, and economic development planning.

All projects are selected from the districts' development plans and are implemented in consultation with district councils, consultants, and local contractors. The direct beneficiaries are the local communities within these districts, including private enterprises. In total 76 communities benefitted from the program in 2011 at a cost of Le 4.6 billion. Key achievements include an increased employment rate in rural communities, increased income, better access to markets by farmers and traders, revenue generation for the local councils, increased public-private partnerships, and the addition of value to crops.

Rapid Response Growth Poles: Community-based Livelihood and Food Support Program - Habope. This is a program implemented by NaCSA, supervised by the Ministry of Energy and Water Resources (MoEWR), and supported by the World Bank (2011-2014, US\$2.8 million). The objectives of the Habope Program (which means hope in krio)¹⁸⁷ are to reduce hunger and deprivation in two of the poorest districts in Sierra Leone. Bombali and Tonkolili have been directly affected by the global economic crisis and the recent drought and flooding in the Seli River area. The program targets the 1,200 most vulnerable households in 36 communities within these two districts and aims to restore livelihoods, sustain services, and enhance local capacity through rapid response growth poles (RRGP) activities.¹⁸⁸ It finances a package of short-term to medium-term interventions and leverages the experiences of previous and existing initiatives implemented by NaCSA.

The project consists of three components: (i) RRGPs income, food, and livelihood security sub-projects (US\$2.39 million); (ii) the establishment of community-based social accountability and participatory monitoring mechanisms (US\$0.32 million); and (iii) project management (US\$0.10 million). The project consists of three sub-projects. The first consists of district-level rapid response sub-projects including the building of foot trails, the installation of renewable energy, and the building of boats and landing points. These community assets are built by participants in labor-intensive works who receive food or cash in exchange for their labor. The participants are either members of 1,200 at-risk households who receive food for work for an

¹⁸⁷ Krio is the second language spoken by the large majority of Sierra Leoneans.

¹⁸⁸ Rapid Response Growth Poles are clusters of the poorest communities that are developed to become centers for emergency support and catalysts for economic growth, through community managed based sub-projects. (See [http://web.worldbank.org/external/projects/main?Projectid=P122622&theSitePK=40941&piPK=64302789&pagePK=64330676&menuPK=64282137&Type=Implementation](http://web.worldbank.org/external/projects/main?Projectid=P122622&theSitePK=40941&piPK=64302789&pa gePK=64330676&menuPK=64282137&Type=Implementation)).

emergency period of six months or are among 500 at-risk laborers selected by their communities to receive cash for work over a period of two years. The second sub-project supports community-driven initiatives to restore food security and livelihoods, including swampland and upland conservation farming and six communications centers to help manage natural disaster. The third sub-project distributes small grants to at-risk and vulnerable groups. Fifty grants of US\$5,000 each are given to agribusiness and fishing cooperatives for food-security related activities such as grain storage or fishing inputs. Another 50 grants of US\$5,000 each are given to vulnerable groups (the disabled, women, or young people) to cover health expenses, the acquisition of job skills and information, adult and youth education, self-help industries, labor-intensive youth reforestation, and soil conservation. Beneficiaries are selected in a similar way to that used by NaCSA for other food-for-work or cash-for-work programs (see YESP above). In 2011, 600 households containing 5,520 people including 1,656 women benefitted from the program. Program costs in 2011 amounted to Le 4.1 billion.

The National Commission for Social Action (NaCSA). The National Commission for Social Action was established as a government agency in November 2001 by an Act of the Sierra Leone Parliament as a successor to the National Commission for Reconstruction, Resettlement, and Rehabilitation. It was established with a mandate to implement social assistance programs for the disadvantaged, support local councils with local development activities, and coordinate all war reparation efforts. In 2008, Parliament extended NaCSA's mandate until 2018. NaCSA is a semi-autonomous social fund¹⁸⁹ governed by a seven-member Board of Directors including two from the government (one from MoFED and one from the Ministry of Local Government and Rural Development), two from donors, and three from civil society.

NaCSA has provided assistance to more than 500,000 displaced persons in the form of shelter, vocational training, trauma healing, and micro-finance programs. It has financed over 275 community-based sub-projects in the areas of health, education, water and sanitation, agriculture, and capacity building. These activities have been carried out in cooperation with the 260 NGOs registered in Sierra Leone. With support from the World Bank, NaCSA has implemented the Community Reintegration and Rehabilitation Project (CRRP), which has financed over 250 sub-projects that have benefitted extremely poor and devastated communities, including some in areas of the country where security was marginal. NaCSA has therefore been the main government entity that has delivered much needed support to the population.

NaCSA has three program “windows” through which donor funds are managed and disbursed: the Community-Driven Program, the Public Works Program, and the Micro-finance Program. The institution has now established a track record of timely and effective delivery that has been recognized by donors, which are now increasingly entrusting it with the implementation of their projects. NaCSA's recurrent budget from MoFED in 2011 was Le 317 million.

The National Security Central and Intelligence Act (NaSCIA) of 2002 mandated the Office of National Security (ONS) as the Government of Sierra Leone's primary coordinator for

¹⁸⁹ A social fund (or social investment fund) is a multi-sectoral program that finances small projects targeted to poor and vulnerable groups. Social Fund programs are demand-driven and aim to involve the active participation of local communities and community-based organizations, NGOs, and local governments.

emergencies and national disasters, hence the establishment of the Disaster Management Department (DMD). The general objective of the DMD is to promote sustainable development using risk reduction strategies and general disaster risk management. There are disaster management committees (DMCs) at the provincial and district levels across the country, and similar committees are being piloted at the chiefdom level. The DMCs provide early warning signals for and raise awareness of risks and hazards in various communities. They also undertake risk reduction activities relevant to the specific risks faced by communities and provide services and assistance when disasters strike.

Component five of the Smallholder Commercialization Program (SCP) (which was discussed above) has a sub-component called Risk and Disaster Management. It aims to strengthen national capacity to adequately respond to disasters by improving risk assessments and early warning systems and reinforcing risk preparedness at district levels through the establishment of grain storage banks. Under this component, a study will be done of how best to design a national storage program focusing on the placement of facilities, reserve stocks, and management and operations. Based on this study, storage infrastructure and the necessary institutional arrangements will be put in place in 13 districts. The SCP will also finance the establishment of 13 storage banks and their restocking for three years. At the national level, existing early warning systems in MAFFS will be reinforced.¹⁹⁰

To sum up, Sierra Leone has a large number of social protection programs that aim to address all of the major risks identified in Chapter II. However, there is much fragmentation and duplication as many programs have similar targeted groups but different management and operational structures, even within the same institution. At the same time, there are some important gaps in the coverage of these programs. These issues are further discussed in Chapter IV.

¹⁹⁰ Government of Sierra Leone (2010), page 23.

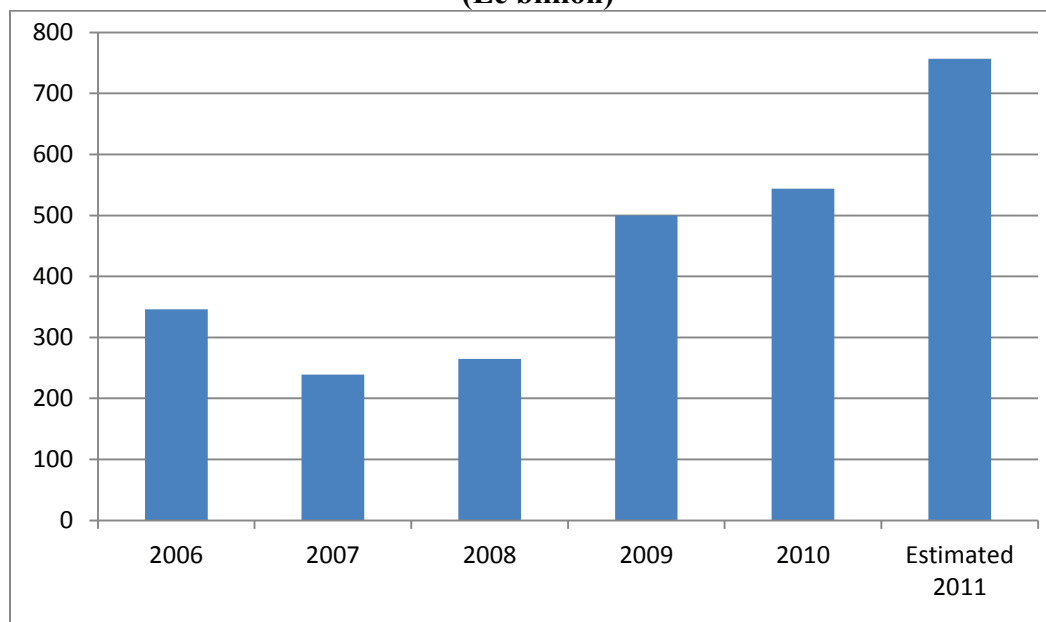
IV. Assessment of the Social Protection System

This chapter assesses various elements of Sierra Leone’s social protection system, focusing specifically on: spending; coverage, gaps, and overlaps; generosity of benefits; targeting mechanisms and beneficiary incidence; cost-effectiveness; monitoring and evaluation; and institutional arrangements and participation.

A. Spending

In the last six years, the government’s total expenditures averaged 23 percent of GDP, two-thirds of which were recurrent expenditures and one-third were classified as “development” expenditures (see Annex Table 2.1 in Annex 2). Of the total expenditures, 41 percent were financed with foreign grants and loans either in the form of budgetary support or project financing. Also, nearly three-fourths (74 percent) of the development expenditures were financed with foreign resources (grants and loans), which underscores Sierra Leone’s high dependency on external funds. Figure 4.1 indicates that overall grants to the government dropped as the global crisis unfolded in 2007 and 2008 but have since recovered. Against this background, this section briefly reviews expenditures on education, health, and social protection and their sources of financing. Sierra Leone social protection spending (Table 4.1) is then benchmarked against spending in other African countries.

Figure 4.1 Total Foreign Grants Received by the Government of Sierra Leone, 2006-2011 (Le billion)



Source: MoFED.

Table 4.1: Population at Risk, Program Coverage, and Costs, 2011

Age Group/Risk/ Indicator	Population/Households at Risk	Programs	Coverage	Cost (Le m)
0-5 year olds				
<u>Poor maternal infantile care</u>	Pop: 1,206,224; M:605,225; F:600,999	Free Health Care (MOHS/budget)	N/A	3,273
Maternal mortality ratio		Free Health Care –Wages (DFID/MoFED budget)		15,480
Low birth weight (%)	857 per 100,00 (DHS 2008)	Free Health Care-Medicines and medical supplies (DFID/EU/UNICEF)		-
Infant mortality rate	10.5% (MICS 2010)			64,423
<5 years mortality rate	128 per 1,000 (MICS 2010)			
<5 years mortality rate	217 per 1,000 (MICS 2010)			
<u>Lack of physical, socio-emotional, and cognitive development</u>				
Chronic malnutrition (< 5 years)	44.4%: 451,266; boys: 240,672; girls: 210,594 (MICS 2010)	Community-based Management of Acute Malnutrition (DFID/EU/UNICEF)	-	-
Lack of early stimulation (36-59 months)	Not in ECE: 83.1%: 450,000 (MICS 2010)	Caregiver of Malnutrition and Supplementary Feeding Under five/PLW (MOHS/ WFP)	31,000	27,673
Low pre-primary (3-5 years)	Not in pre-primary 93.5%: 551,055 (MEST)		83,184 < under 5	-
Lack of birth registration	22%: 223,297; boys: 113,707; girls: 109,590 (MICS 2010)	Child registration (MOHS/LC/UNICEF)	21,774 preg. & lact	8,700
Children without (< 5 years)			5,832 caregivers	
6-17 year olds				
<u>Low primary enrolment</u>	Pop: 1,756,105; M:869,476; F: 886,629	School Fees Subsidy (transfer LC/MoFED)	Govt schools	12,924
Low school attendance (6-11)		Textbooks Primary (transfer LC/MoFED)	N/A	2,206
		Teaching & LM Primary (transfer LC/(MoFED)	N/A	2,163
	Out of school: 25.7%: 257,878; boys: 134,379 girls: 123,499 (MICS 2010)	Examination Fees NPSE (transfer LC/MoFED)	Govt school	3,874
		DSDP-Education (transfer LC/MoFED/AID)	-	6,160
		School feeding (MEST/WFP/DFID & others)	250,000 (F125,000)	54,617
<u>Poor primary internal efficiency</u>				
High repetition and low completion rates	Repetition: 13% (MEST) Completion : 76% (MEST)			
<u>Low secondary enrolment</u>				
Low school attendance (12-17)	Out of school: 26.7%: 200,967; boys: 93,316; girls: 107,652 (MICS 2010)	Textbooks/ equipment JSS (transfer LC/MoFED)	N/A	1,129
		Exam fees BECE (JSS) (transfers LC/MoFED)	Govt schools	4,574
		Exam fees WASCE (MEST/MoFED)	Govt schools	3,867
		Government Libraries (transfers LC (MoFED)	N/A	606
		Youth Division (transfers LC/MODEF)	N/A	336
<u>Low secondary student achievement</u>	60% failed BECE	Grants in Aid to Govt Boarding Schools (MEST/budget)	-	-
Exam passing rates	90% failed WASCE		3,325 children	3,162

Table 4.1: Population at Risk, Program Coverage, and Cost, 2011

Age Group/Risk/ Indicator	Population/Households at Risk	Programs	Coverage	Cost (Le m)
6-17 year olds (cont.)				
<u>Vulnerable children</u> Orphans and vulnerable children (0-17) Child labor (5-14)	26.7% ; 791,000 (MICS 2005) 49.8%; 796,240 boys: 405,990; girls:390,250 (MICS 2010) 6,000 street children (MSWGCA)	Diets for Approved schools and Remand Homes (MSWGCA/budget)	728 children (F128)	- 1,329
Sexually exploited, street children, trafficking Children with disabilities (2-9)	23.4% at least one disability; 349,143 (MICS 2005) 48% had child/pregnant < 18 (DHS 2008)	Nat. Street & Other Vul. Kids (MSWGCA) Grants to Handicapped Schools (MEST/ budget)	310 (F110) (2010/11)	361
Child pregnancy	50.3% of the girls marry < 18 (MICS 2010)	Girl Child (JSS tuition) (MEST/budget)	1,459 (F713)	- 546
Child marriage		Govt schools	-	- 2,106
				Subtotal: 99,960
18-35 years old	Pop: 1,507,027; M: 741,486 F: 756,541 Pop (15-35): 1,855,184; M:913,337; F: 941,847	YESP-Cash for Work (NaCSA/WB/budg) YESP- Skills and cap. build. (NAYCOM/ WB/ budget) Youth Employment (NAYCOM/UNDP /DFID)	12,750 - 6,000 (F1,800)	25,325 - 12,000
<u>Vulnerable youth (15-35 years)</u> Jobless	400,000 (not working/not studying)	Peace and Development Corps (NaCSA) Youth Commission (budget) Grants in Aid-Scholarships (MEST/budget)	- 8,000 (2011/12) 164 (F61) (2009/11) -	- 3,391 1,083 480
			4,000	3,022 Subtotal: 45,301
36-59 year olds	Pop: 1,057,510; M: 508,789; F: 548,721 53.9% men; 73.1% women - HH in agriculture: 641,400 Not taking credit 70% HH No extension visits 83% HH	Food for Work and Food for Training (MOAFF/SCP/WFP)	- 5,350 HH	- -
<u>Aged 60 and over</u> <u>Lack of income</u> No pension (60+)	Pop: 363,212; M: 162,944; F: 200,268 337,675 (93%)	Pensioners (NASSIT) (Le. all benefits) Pensioners (MoFED) (Le, all benefits) Program for the aged (MSWGCA) National Social Safety Net (MLSS//budget)	6,338 19,149 48 (F22) 4,920 (F2,952)	26,823 18,403 60 700 Subtotal: 45,986

Table 4.1 Population at Risk, Program Coverage, and Cost, 2011

Age Group/Risk Indicator	Population/Households at Risk	Programs	Coverage	Cost (Le m)
Households in General	HH: 1,044,380; urban: 408,251 Rural: 636,129	Post Conflict Reparation for Victims of Sexual Violence (NaCSA/UNPBF/UNTf) Refugees (NaCSA/UNHCR)	- 354 3,456 HH	- 1,740 1,559
<u>Poverty, War Victims, Refugees</u>	Total 53%; rural 66%; urban 31%	Social Welfare (transfer LC/MoFED)	-	230
<u>Incidence of poverty</u>	Victims of sexual violence : 4,000 (registered)	Grants to welfare institutions (MSWGC/budget)	-	-
<u>War Victims</u>	9,000 refugees		-	270
<u>Refuges</u>				
<u>Lack of access to healthcare</u>		Feeding assistance PLHIV/ TB (MOHS/WFP)	2,374	3,800
<u>Lack of access to quality health</u>	35% not satisfied w/ service	DSDP-Health (transfer LC/MoFED/WB)	-	7,700
<u>HIV prevalence (15-49 years)</u>	1.5% 48,000 (2011/Nat. AIDS Sec.); 19,533 in need of ART			
<u>Non-communicable diseases</u>	N/A			
<u>Mental health</u>				
<u>Person with disabilities</u>	18% (526,000)	Program for Disabled Persons (MSWGCA/budget)	- 86 groups	- 100
<u>Disability Incidence (18 years+)</u>				
<u>Gender discrimination and domestic violence</u>		Gender Strategic Plan (MSWGCA, budget) Domestic violence (MSVGCA/DFID)	N/A	953 10,320
<u>Wife beating (men 15-59 years)</u>	58% agree w/ at least 1 reason			
<u>Lack of basic services</u>	42.9% (448,039); Urban :23.8%; Rural: 51.8%	SL CDD (NaCSA/IDB)	175 communities	31,734
<u>HH without improved water</u>	59.6% (622,450); Urban: 42.1% Rural: 67.7%	Pro-Poor Growth Peace Cons. (NaCSA/KFW)	87 communities	4,560
<u>HH without improved sanitation</u>	88.9% (928,454); Urban: 69% Rural: 98.7%	Habope (NaCSA/WB)	36 communities	4,111
<u>HH without electricity</u>		NaCSA (GoSL/budget)	-	317
<u>Natural disasters/Climate change</u>		Risk and Disaster Management (SCP/)		-
				Subtotal: 67,394
			Total SA: Le 332,979 million Total SI: Le 45,226 million	

Notes: Population estimates are for 2011 based on Statistics Sierra Leone age-group projections recalculated by World Bank staff for individual age years.
Number of households is from SLHIS 2011. Exchange rate: Le 4,300/US\$1.

1. Social Sector Spending

Education. In 2008 public education spending in Sierra Leone dropped to 3.3 percent of GDP from 3.9 percent of GDP in 2006, in part because of a shortfall in revenue collection associated with the elections in late 2007 as well as the decline in grant financing. Government education spending recovered to 4.1 percent of GDP in 2009, but since then it has been on a downward trend. Between 2006 and 2011, education spending averaged 3.7 percent of GDP, which is well below the average of 5 percent of GDP for Sub-Saharan Africa as a whole (Table 4.2).¹⁹¹ Since 2006, education spending has averaged about 17 percent of total government spending in Sierra Leone. Recurrent spending accounted for over 90 percent, and development expenditures for 10 percent. Transfers to local councils represented close to 30 percent of non-salary recurrent expenditures in 2011, up from less than 20 percent in 2006. Investment in the education sector is highly dependent on foreign finance, with 86 percent of total development expenditures being financed from external sources. Most of this external finance is in form of grants.¹⁹²

Table 4.2: Spending on Education by the Ministry of Education, Science, and Technology and Local Councils (Le billion)

	2006	2007	2008	2009	2010	Budget 2011	Est. 2011	% Change 2010/06
Total	165.7	185.1	191.4	263.4	264.9	309.3	N/A	59.9
Recurrent	160.6	161.5	176.2	230.6	260.7	277.7	N/A	62.3
Personnel Expenditures	99.8	106.8	122.0	138.8	167.5	167.1		67.8
Other	60.8	54.7	54.2	91.8	93.2	110.6	105.3	53.3
Central	48.7	41.9	40.3	67.7	64.8	76.1	74.8	33.1
Local Councils	12.1	12.8	13.9	24.1	28.4	34.6	30.5	134.5
Development Expenditures	5.1	23.6	15.2	32.8	4.2	31.6	N/A	(17.6)
Domestic	1.2	3.3	4.2	0.2	0.1	1.0		(91.7)
Foreign Grants	3.9	17.6	10.1	32.0	0.8	30.0		(79.5)
Foreign Loans	0.0	2.7	0.9	0.6	3.3	0.6		1.5
Memo:								Average 2010/06
Total/Total Govt Expend. (%)	18.1	22.2	15.7	18.1	12.8	12.1		17.4
Total/GDP (%)	3.9	3.7	3.3	4.1	3.5	3.2		3.7
Develp Exp/Foreig Financ. (%)	76.5	86.0	72.4	99.4	97.6	96.8		86.4
Total Govt Expend	915	835	1,223	1,452	2,074	2,558	2,558	
GDP	4,199	4,970	5,826	6,442	7,597	9,579	9,579	

Source: Annex Table 2.2 in this report.

The most rapid growing item of education expenditure has been transfers to local councils followed by personnel expenditures. When comparing amounts budgeted and amounts executed during the last six years (see Annex Table 2.2 in Annex 2), it can be seen that recurrent expenditures have been under-executed while development spending has been over-executed.

¹⁹¹ World Bank's World Development Indicators.

¹⁹² It should be noted that (external) budgetary support also supports the financing of recurrent expenditures in the social sectors but it cannot be broken down by sector. In addition, there appears to be substantial donor and NGO support for the social sectors that is off-budget.

Within recurrent expenditures, while personnel expenditures have been 100 percent executed as expected, other recurrent expenditures of the MEST (89 percent) and transfers to local councils (60 percent) have been under-executed. Regarding development expenditures, grants have been over-executed¹⁹³ while domestic and foreign loans have been under-executed, which is likely to reflect poor budgeting, MEST's lack of execution capacity, MoFED's delays in providing counterpart financing, or delays in loan disbursements from the donors, or possibly a combination of all four.

Table 4.3: Spending on Health by the Ministry of Health and Sanitation and Local Councils (Le billion)

	2006	2007	2008	2009	2010	Budget 2011	Est. 2011	Change 2010/06
Total	70.1	55.1	57.4	86.3	135.0	201.1	N/A	92.5
Recurrent	49.2	36.1	44.8	66.7	122.5	146.3	N/A	148.8
Personnel Expenditures	13.6	14.4	16.5	19.7	63.3	82.3		365.4
Other	35.6	21.7	28.3	47.0	59.2	64.0	58.1	66.1
Central	26.5	11.0	10.3	31.6	27.7	31.9	26.0	4.5
Local Councils	9.1	10.7	18.0	15.4	31.5	32.1	32.1	244.9
Development Expenditures	20.9	19.0	12.6	19.6	12.5	54.8	N/A	(40.2)
Domestic	0.2	0.5	0.9	3.3	3.4	4.6		1,600.0
Foreign Grants	20.7	18.5	11.7	16.3	9.1	38.3		(56.0)
Foreign Loans	0.0	0.0	0.0	0.0	0.0	11.9		0.0
Memo:								Average 2010/06
Total/Total Govt Expend. (%)	7.7	6.6	4.7	5.9	6.5	7.9		6.3
Total/GDP (%)	1.7	1.1	1.0	1.3	1.8	2.1		1.4
Develp Exp/Foreig Financ. (%)	99.0	97.4	92.9	83.2	72.8	91.6		89.0
Total Govt Expend	915	835	1,223	1,452	2,074	2,558	2,558	
GDP	4,199	4,970	5,826	6,442	7,597	9,579	9,579	

Source: Annex Table 2.2 in this report.

Note: Transfers to local councils are budgeted amounts for 2007- 2009.

Health. Public health spending dropped sharply between 2006 and 2008 from 1.7 percent of GDP to 1 percent of GDP, but it has since recovered to about 2.1 percent in 2011. However, this is still below the average of 2.6 percent of GDP for Sub-Saharan Africa as a whole.¹⁹⁴ Since 2006, health spending averaged only 1.4 percent of GDP (Table 4.3) and represented 6.3 percent of total government spending. Recurrent spending accounted for 77 percent of total health expenditures, while development expenditures accounted for 23 percent. Transfers to the local councils represented over 55 percent of non-salary recurrent expenditures in 2011, up from less than 26 percent in 2006. Investment in the sector is also highly dependent on foreign finance, with 89 percent of total development expenditure being financed from external sources. With the

¹⁹³ Grants or foreign loan can be over executed if more is spent than the original budgeted amount (new commitments and disbursements during the year).

¹⁹⁴ It is reported that an important share of sector financing remains off-budget, particularly to finance the new Free Health Care initiative. Some analysts put the cost of this initiative alone at 2.8 percent of GDP during its first year (see <https://blogs.worldbank.org/african/if-it-is-free-people-will-queue-up-but-for-how-long>). See also UNICEF (2011), page 81.

exception of a loan from Kuwait to rehabilitate tertiary hospitals in 2011, all financing for development expenditures has been in the form of grants.

Of health expenditures, the most rapidly growing item has been personnel followed by transfers to local councils. When comparing amounts budgeted and executed (see Annex Table 2.2 in Annex 2), personnel expenditures were over-executed in 2010 due to the rolling out of the Free Health Care program. In contrast, only 60 percent of grant financing for development expenditures has been executed, which is likely to reflect poor budgeting, the MOHS's limited execution capacity, delays in disbursements from the donors, or possibly a combination of all three.

Social Welfare. Spending on social welfare during the last six years has been negligible, averaging 0.1 percent of GDP and 0.3 percent of total public spending (Table 4.4). Nearly all the spending has been on recurrent expenditures, with the exception of an allocation of Le 0.4 billion in 2010 to rebuild remand homes and approved schools of which only a fraction was spent in 2010. A similar amount has been budgeted in 2011. The small amount of development expenditures registered was financed from domestic sources. Transfers to local councils for social welfare expenditures have also been negligible, averaging 6.6 percent of the non-salary recurrent expenditures of the MSWGCA. These transfers increased recently but still only amounted to Le 495 million in 2010 and Le 230 million in 2011 (more on this below).

Table 4.4: Spending on Social Welfare by the Ministry of Social Welfare, Gender, and Children's Affairs and by Local Councils (Le billion)

	2006	2007	2008	2009	2010	Budget 2011	Est. 2011	Change 2010/06
Total	2.7	1.6	2.7	2.9	4.2	8.1	N/A	420.9
Recurrent	2.7	1.6	2.7	2.8	4.2	7.6		57.6
Personnel Expenditures	1.0	1.1	1.2	1.2	1.0	1.3		0.0
Other	1.7	0.5	1.5	1.6	3.2	6.3	4.9	92.3
Central	1.5	0.5	1.5	1.6	2.7	5.8	4.7	80.0
Local Councils	0.2	0.0	0.0	0.0	0.5	0.5	0.2	205.8
Development Expenditures	0.0	0.0	0.0	0.1	0.0	0.5	N/A	
Domestic	0.0	0.0	0.0	0.1	0.0	0.5		
Foreign Grants	0.0	0.0	0.0	0.0	0.0	0.0		
Foreign Loans	0.0	0.0	0.0	0.0	0.0	0.0		
Memo:								Average 2010/06
Total/Total Govt Expend. (%)	0.3	0.2	0.2	0.2	0.2	0.3		0.3
Total/GDP (%)	0.1	0.0	0.0	0.0	0.1	0.1		0.1
Develp Exp/Foreig Financ. (%)	0.0	0.0	0.0	0.0	0.0	0.0		
Total Govt Expend	915	835	1,223	1,452	2,074	2,558	2,558	
GDP	4,199	4,970	5,826	6,442	7,597	9,579	9,579	

Source: Annex Table 2.2 in this report.

There have been large annual variations between the amounts that were budgeted and those that were executed. As might have been expected, the MSWGCP has fully executed its personnel budget (99 percent) but has fallen short in terms of other recurrent expenditures (67 percent) and

transfers to local councils (41 percent). MoFED has the responsibility for making the transfers to the local councils.

NaCSA. As already discussed, the National Commission for Social Action was established in 2001 with a mandate to implement social assistance programs for the disadvantaged, support local councils to implement local development activities, and coordinate all war reparation efforts. In January 2008, the government extended and expanded the mandate of NaCSA until 2018 to support local development and social assistance programs for the poor in addition to the war reparations effort.

NaCSA is a social investment fund. Over the last several years, NaCSA has financed mostly small community-managed projects. NaCSA takes a participatory approach to empowering the poor, thereby enabling them to become actively involved in their own development. Since its inception, NaCSA has built up considerable institutional capacity and experience. It has managed a number of projects funded by donors including the World Bank, the African Development Bank, the Islamic Development Bank, and *Kreditanstalt für Wiederaufbau*.

Most of NaCSA's spending (98 percent) is financed by external sources (Table 4.5).¹⁹⁵ Most financing in recent years has been in form of loans, although since 2009 NaCSA has executed some grants (including some from the World Bank) for cash-for-work labor-intensive public works. NaCSA expenditures tend to fluctuate significantly depending on the availability of external financing. Between 2006 and 2011, they averaged 0.4 percent of GDP and 2.3 percent of total government expenditures. NaCSA has usually executed the amounts budgeted though with significant annual fluctuations.

Table 4.5: NaCSA Spending, 2006-11 (Le billion)

	2006	2007	2008	2009	2010	Budg 2011	Est. 2011	Change 2010/06
Total	39.0	41.9	11.3	14.1	4.9	17.4	N/A	(87.4)
Recurrent	1.1	0.1	0.1	0.5	0.2	1.0		(81.8)
Personnel Expenditures	1.0	0.0	0.0	0.0	0.0	0.6		(100.0)
Other (NSNIR)	0.1	0.1	0.1	0.5	0.2	0.4	0.3	100.0
Development Expenditures	37.9	41.8	11.2	13.6	4.7	16.4	N/A	(87.6)
Domestic	2.5	0.6	3.0	4.7	0.0	0.5		(100.0)
Foreign Grants	0.0	0.0	0.0	7.2	0.4	4.0		
Foreign Loans	35.4	41.2	8.2	1.7	4.3	11.9		(87.9)
Memo:								Average 2010/06
Total/Total Govt Expend. (%)	4.3	5.0	0.9	1.0	0.2	0.7		2.3
Total/GDP (%)	0.9	0.8	0.2	0.2	0.1	0.2		0.4
Develp Exp/Foreig Financ. (%)	93.4	98.6	73.2	65.4	100.0	97.0		86.1
Total Govt Expend	915	835	1,223	1,452	2,074	2,558	2,558	
GDP	4,199	4,970	5,826	6,442	7,597	9,579	9,579	

Source: Annex Table 2.2 in this report.

¹⁹⁵ It should be mentioned that some NaCSA contract staff are paid by the externally financed projects for which they work and therefore their salaries are not recorded in NaCSA's personnel expenditures.

Transfers to Local Councils. In accordance with the Local Government Act in 2004, the government launched a major decentralization program in the country. The legislation provided for the devolution of service delivery functions from 17 central ministries, departments, and agencies (MDAs) to the 19 newly established local councils during a transition period that extended to 2008. After that initial phase, it was envisioned that the devolution process would be completed with all revised legal, institutional, and administrative structures and systems in place.¹⁹⁶ However, this has not yet happened. Currently, the local councils are responsible for the delivery of primary and junior secondary education, primary and secondary health care, rural water supply, sanitation, waste management, agriculture, youth services, social assistance, and firefighting services. The central MDAs retain the responsibility for strategic planning, setting standards, quality control, and monitoring and evaluation. The central government also retains the responsibility for the salary payments and human resource management of sector staff seconded to local councils and of facility-level staff, as well as the procurement of textbooks, teaching and learning materials, equipment, and essential drugs.¹⁹⁷ The National Decentralization Policy approved in early 2011 aims to revise the Local Government Act to ensure the complete transfer of functions to local councils by the end of 2012 and arrange for local councils to assume full responsibility for staffing matters by 2016.¹⁹⁸

Most of the local councils' funding comes from central government transfers in the form of grants tied to specific devolved expenditures. In addition, the Local Government Act specifies that the central government should provide transfers to local governments for their administrative expenses allocated on the basis of the revenue generation capacity and expenditure needs of the respective local councils. Local councils also receive development grants to finance local development initiatives (see Table 4.6). The total vertical allocation (between devolved functions or sector) to the local councils is not defined *a priori*, but it represents the sum of all sector-specific vertical allocations for devolved functions. Each sector allocation is determined through negotiations between the Local Government Finance Division (LGFD), a unit within MoFED, and the respective line ministry. Once the size of the vertical envelope for each sector has been established, the horizontal distribution (between local councils) is done on the basis of formulae that take into account population, numbers of health and sanitation and education infrastructure, school enrollment rates, revenue capacity, area under cultivation, and other criteria depending on the type and sector of expenditure. The number of grants tied to specific functions has been reduced since 2004, but in 2011 they still number over 20 (see Annex Table 2.3). The budget for 2012 reduces these to eight – education; agriculture; health; rural water; social welfare, gender, and children's affairs; libraries; support for ward committees; and a block grant for all other expenditures.¹⁹⁹

¹⁹⁶ World Bank (2009c), page 2.

¹⁹⁷ World Bank (2009c), page 4.

¹⁹⁸ Government of Sierra Leone (2011), Sections 3.4.1 and 3.4.2.

¹⁹⁹ Ministry of Finance and Economic Development (2011), Annex 7. Note that the grant for health might continue to be separated for primary and secondary health care.

Table 4.6: Transfers to Local Councils (Le billion)

	2006	2007	2008	2009	Budg 2010	2010	Budg 2011	Est. 2011	Change 2010/06
Total Transfers	30.1	21.7	44.5	64.2	124.4	95.9	124.3	N/A	68.6
Personnel Expenditures	2.2	2.4	2.8	3.3	3.9	3.8	4.8	N/A	41.3
For Devolved Functions	26.9	19.3	39.9	59.1	70.4	78.4	87.0	81.7	65.7
<i>Administrative Grants</i>	<i>1.2</i>	<i>0.2</i>	<i>0.0</i>	<i>1.0</i>	<i>2.7</i>	<i>2.7</i>	<i>2.8</i>	<i>2.8</i>	<i>55.8</i>
<i>Education</i>	<i>12.1</i>	<i>12.8</i>	<i>13.9</i>	<i>24.1</i>	<i>35.4</i>	<i>28.4</i>	<i>34.6</i>	<i>30.5</i>	<i>57.4</i>
<i>Health</i>	<i>9.1</i>				<i>15.7</i>	<i>31.5</i>	<i>32.1</i>	<i>32.1</i>	<i>71.0</i>
<i>Social Welfare</i>	<i>0.2</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.4</i>	<i>0.5</i>	<i>0.5</i>	<i>0.2</i>	
<i>Other Sectors</i>	<i>4.3</i>	<i>6.3</i>	<i>25.9</i>	<i>34.0</i>	<i>16.1</i>	<i>15.3</i>	<i>16.9</i>	<i>16.1</i>	<i>71.9</i>
Development Expenditures	1.0	0.0	1.8	1.8	50.1	13.6	32.6		92.9
Domestic	1.0	0.0	1.8	1.8	2.5		11.7		92.9
Grants					11.0		9.7		
Loans					36.7		11.2		
									Average 2010/06
Total/Total Govt Expend. (%)	3.3	2.6	3.6	4.4	6.0	4.6	4.9	N/A	3.1
Total/GDP (%)	0.7	0.4	0.8	1.0	1.6	1.3	1.3	N/A	0.7
Develp Exp/Foreig Financ. (%)					105.2		156.1		
Total Govt Expend	915	835	1,223	1,452	2,074	2,074	2,558	2,558	
GDP	4,199	4,970	5,826	6,442	7,597	7,597	9,579	9,579	

Source: Annex Table 2.3 in this report.

Note: Actual Development Expenditures does not include external financing; for some years the actual expenditures on some devolved functions are not included. Disbursements in 2010 and 2011 from World Bank's programs which support the decentralization by topping the government's transfers to local councils are included in development expenditures. These programs are the RCHP, which supports the decentralization of health and sanitation functions, and the DSDP, which supports the decentralization of health and sanitation, education, solid waste, and water services.

Transfers to local councils between 2006 and 2010 have averaged about 3.1 percent of total government expenditures and 0.7 percent of GDP, which compares with an average of 2 percent of GDP for all developing countries.²⁰⁰ Note however that the transfers have been increasing steadily since 2006 and in 2011 reached about 1.3 percent of GDP.

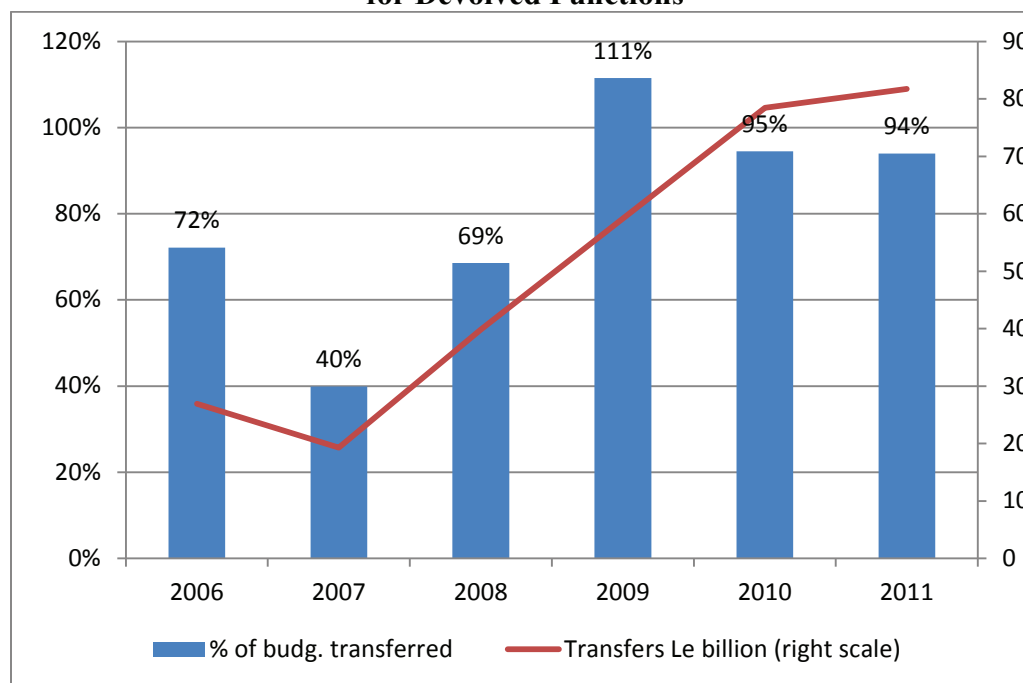
A major difficulty for local councils has been the unpredictability of transfers, which have often been less than the budgeted amounts and not paid on time. Figure 4.2 indicates that the shortfall was particularly severe in 2007 when only 40 percent of the budgeted amount was transferred to the local councils.²⁰¹ To address this problem, the World Bank has been making transfers since 2010 to the local councils to complement the transfers made by the government. The Bank has been making these transfers through the Reproductive Child Health Program (RCHP II), which focuses on health and sanitation, and the Decentralized Services Delivery Program (DSDP), which supports health and sanitation, education, solid waste, and water services. As a result,

²⁰⁰ World Bank (2009c), page 4. However, the report notes that "these comparisons with other developing countries may be skewed due to differences in the size of devolved functions and how the payment of salaries for the devolved functions is organized" (page 4, footnote 12).

²⁰¹ As advised by the head of the LGFD in a personal communication, when comparing budget versus actual transfers for the education sector, it is necessary to bear in mind that, first, "the school year doesn't match with the financial year and, secondly, for those that have procurement implications, such as textbooks and teaching and learning materials, 30 percent payment is made upon signing the contract and the remaining 70 percent is only paid upon delivery, as certified by the local councils."

since 2008, the amount of transfers and the execution of the transfers have both increased significantly (Figure 4.2).

Figure 4.2: Actual Transfers and as Percentage of Budgeted Transfers to Local Councils for Devolved Functions



Sources: MoFED and LGFD

Note: Excludes development grants and the World Bank's support to local councils.

Of the total transfer to the local councils in 2011, Le 230 million (US\$53,000) were transferred to the 19 local councils to manage the devolved functions of social welfare, gender, and child protection functions. This is equivalent to 0.2 percent of total transfers. With these resources, local councils were expected to address issues related to child protection, women rights, and indigent people. The World Bank (IDA) recently approved DSDP II (US\$26 million plus US\$6.6 million co-financing from the EU) to continue supporting the decentralization process until 2015. DSDP II adds social welfare, gender, and children's affairs to the sectors that it is supporting, which will result in a major increase in transfers to the local councils for this sector, albeit from a very low base. Box 4.1 gives an example of the difference that this new support will make in the local councils.

Box 4.1: Local Council Expenditures on Social Welfare, Gender, and Children's Affairs

According to the Western Area Rural District Council (WARDC)'s Chief Administrator, his council is expected to address the issues related to people in need, probation, family cases, the disabled, child welfare, and gender in all of its 10 wards. To perform these functions they rely heavily on volunteers as they have only one social welfare official who is paid by the MSWGCD and one assistant who is paid by the council. In 2011 the WARDC expected to receive Le 20 million (US\$4,651) from the government to discharge its responsibilities related to social welfare, gender, and children's affairs, but this amounted to less than 2 US cents per year per resident (250,000) in the WARDC. One-third of the budget was committed to funding the celebration of the African Child's day, International Women's Day, and the Day of People with Disabilities, while another 10 percent was committed to covering administrative costs (see table below). As a result, the allocation for child-related affairs was only US\$1,000 and for women's affairs only US\$1,200.

STRATEGIC OBJECTIVES	Le million	US\$	US cents per capita	%
To strengthen the Child Protection Committee	2	465	0.19	10
Protection and care of children in conflict with the law	1	233	0.09	5
(A) To strengthen the capacity of women forum movement (B) To build the capacity of Girl Mother/Street Children through educational support. (C) To increase gender equality (by increasing the knowledge of woman)	5	1,163	0.47	25
To strengthen the Children's Forum Network and the Child Welfare Committee in the district	1	233	0.09	5
Strengthen Orphanages for a standard home	2	465	0.19	10
The Day of the African Child	1	116	0.05	3
International Women's Day celebration	3	698	0.28	15
Celebration of the Day of Disabled People	4	814	0.33	18
Administrative costs	2	465	0.19	10
Total	20	4,651	1.89	100

Source: WARDC

Note: Average exchange rate in 2011 = Le 4,300 to US\$1. Population in 2011: 246,739 (SSL).

According to the WARDC's Chief Administrator, in 2011 of the expected Le 20 million in transfers, they only received Le 12 million (the last quarter payment was still pending at the time of our visit in late January 2012). Over one-third of the resources ended up being used to finance the three days of celebrations.

For 2012, the WARDC expects to receive Le 98 billion (US\$22,000), Le 20 billion from the government (the same amount as was budgeted in 2011) and Le 78 billion from DSDP II. This will be a nearly five-fold increase in its annual allocation over 2011. The WARDC's strategy plan for 2012 calls for investing 41 percent of its resources on children (US\$8,943), 15 percent on women's affairs (US\$3,377), 15 percent on people with disabilities (US\$3,246), 9 percent on administrative costs (US\$1,925), and 20 percent (US\$4,432) on monitoring, coordination, outreach, and other activities.

Source: Interview with the WARDC's Chief Administrator in Waterloo in January 2012.

To sum up, Sierra Leone's public spending in general and in particular on the social sectors is highly dependent on external financing. Public education spending has declined in the last few years and remains below the average for Sub-Saharan Africa. While public expenditures on health have increased in recent years, particularly with the introduction of free health care, they also remain below the average for Sub-Saharan African countries, though much sector spending remains off-budget. Very little is spent on social welfare, gender, and children's affairs. One of the major implementers of social protection programs, NaCSA, also depends heavily on external sources to finance its programs. Transfers to local councils have increased substantially in recent years, and their predictability in terms of timing and amount has improved.

2. Financing of Social Protection Programs

The data in Table 4.7 indicate that Sierra Leone is heavily dependent on external financing to implement social protection programs. Overall, three-fourths of total social protection expenditures (excluding fuel subsidies) are financed by external resources. If social insurance is also excluded, external sources finance near 85 percent of total social assistance costs. Maternal and infant nutrition programs (including the new free health care initiative) rely almost completely on external finance as do many of the programs for youths and households. (See Annex Table 2.4 for the sources of financing for individual programs.) These estimates do not take into account most of the budgetary support received from the government, which in 2011 amounted to Le 250 billion (2.6 percent of GDP).²⁰²

Table 4.7: Financing of Social Protection Programs, 2011 (Le millions)

	Total Cost	Domestic	External	% External
Total	378,205	95,775	282,430	74.7
Total (excluding social insurance)	332,979	50,549	282,430	84.8
0- 5 years old	119,564	3,273	116,291	97.3
6-17 years old	99,960	39,183	60,777	60.8
18-35 years old	45,301	3,502	41,799	92.3
36-59 years old	0	0		
60 years and older	45,986	45,986		
Pensions (NASSIT)	26,823	26,823		
Pensions (MoFED)	18,403	18,403		
Households in General	67,394	3,831	63,563	94.3

Source: Annex Table 2.4 in this report.

3. International Benchmarking

²⁰² The only exception is the Le 14.5 billion (£2.25 million) received from the UK for the payment of salaries of the FHCI medical staff, which is recorded as budgetary support.

Table 4.8 presents a comparison of social sector spending (social protection, education, and health) in Sierra Leone with spending in other African countries for which data are available. This comparison should be interpreted with caution because the definitions (such as the scope of social assistance or social insurance) may not be fully consistent across countries, and some of the information is dated.²⁰³ Keeping these important caveats in mind, the table shows that Sierra Leone spent 0.5 percent of GDP on social insurance (pensions) and 3.5 percent of GDP on social assistance in 2011. Social assistance expenditures comprise all of the assistance programs that are included in Table 4.1 but exclude fuel subsidies (2.1 percent of GDP in 2011). The recently launched Free Health Care Initiative (FHCI) accounts for about one-fourth of social assistance spending (0.9 percent of GDP). What information is available suggests that overall social protection spending in Sierra Leone (4 percent of GDP) is marginally lower than the average for the other African countries (4.1 percent of GDP) as social insurance spending is lower than the other countries while social assistance is higher. Total spending on the social sectors is lower in Sierra Leone than in the other countries (8.1 percent versus 13.1 percent of GDP). Social protection spending in Sierra Leone (without fuel subsidies) represented 14.8 percent of total government spending in 2011.

Table 4.8: Public Sector Spending on Social Sectors (% of GDP)

Country	Social Insurance	Social Assistance	Total Social Protection	Education	Health	Total Social Sectors	Year
Sierra Leone	0.5	3.5	4.0	2.2	1.9	8.1	2011
Average	1.8	2.3	4.1	5.3	3.7	13.1	
Benin	NA	0.3	NA	5.4	4.4	NA	2010
Botswana	NA	1.8	NA	7.8	10.0	NA	2009
Ethiopia	NA	4.5	NA	3.9	2.9	NA	2001
Kenya	NA	1.2	NA	6.7	4.8	NA	2010
Madagascar	1.2	0.9	2.1	2.9	2.7	7.7	2002
Mauritius	4.2	5.3	9.5	3.3	2.0	14.9	2001
Mozambique	2.0	1.7	3.7	5.7	2.3	11.7	2010
Namibia	NA	2.8	NA	9.0	3.6	NA	2011/12
Rwanda	NA	0.8	NA	5.1	3.5	NA	2011/12
Senegal	0.9	0.2	1.0	4.1	2.4	7.4	2004
South Africa	1.4	3.4	4.8	6.5	3.8	15.1	2011

Sources: Sierra Leone, Table 4.1 above. Mozambique, Marques (2011c). South Africa: Republic of South Africa (2012), Tables 1.2 and Table 8.5. Benin, Botswana and Kenya, World Bank SSN assessments; Namibia, budget amount from Ministry of Finance of Namibia (2011); Rwanda, revised budget from Ministry of Finance and Economic Development of Rwanda (2011). Other countries, World Bank's Social Protection Databases-Grosh/Wiegand 2008 database.

http://siteresources.worldbank.org/SAFETYNETSANDTRANSFERS/Resources/SN_Expenditures_6-30-08.xls.

Notes: Sierra Leone: Education and health spending has been adjusted to avoid double counting with social assistance. In education, the following spending amounting to 1 percent of GDP in 2011 was deducted: transfers to school to finance fee waivers, transfers to pay for exam fees, education related transfers to local councils, school feeding, scholarships, grants to boarding schools, and grants to handicapped schools. In health, it was deducted the FHCI spending included in the budget amounting to 0.2 percent of GDP in 2011.

²⁰³ For a discussion of some difficulties in making cross-country comparisons of social protection expenditures, see Marques (2002).

4. Allocation of Resources by Age Group

Table 4.9 presents the distribution of social protection spending in Sierra Leone by age group and the corresponding distribution of poverty. In 2011, fuel subsidies accounted for 34.6 percent of total social protection spending. The amount spent on the fuel subsidies was nearly as large as the amount spent on the 0-5 and 6-17 age groups combined. Excluding subsidies and contributory pensions (which absorbed 7.8 percent of total social protection spending), very little was spent on the over 60 (0.2 percent) and 36-59 (0 percent) age groups, even though they account for 6.5 percent and 18.7 percent of the extreme poor population. While there is no standard, benchmark, or “correct allocation” of resources by age group, this comparison gives an indication that the elderly and adult poor population, including the victims of war and the disabled, are not being well served.

Table 4.9: Distribution of Social Protection Spending by Age Group, 2011

	Spending Le Million a/	%	% Total GoSL Spending	% GDP	Without fuel subsidies (Le million)				% Extreme Poor
					Spending	%	Without Pensions	%	
0-5	119,564	20.7	4.7	1.2	119,564	31.6	119,564	35.9	12.8
6-17	99,960	17.3	3.9	1	99,960	26.4	99,960	30.0	35.4
18-35	45,301	7.8	1.8	0.5	45,301	12.0	45,301	13.6	26.7
36-59	N/A	0	0	0	0	0	0	0.0	18.7
60+	760	0.1	0	0	760	0.2	760	0.2	6.4
Sub-total	265,585	45.9	10.4	2.8	265,585	70.2	265,585	79.8	100
Households	267,394	46.2	10.5	2.8	67,394	17.8	67,394	20.2	
Social Assistance	532,979	92.2	20.8	5.6	332,979	88.0	332,979	100.0	
(Fuel subsidies)	200,000	34.6	7.8	2.1	-				
Social Insurance	45,226	7.8	1.8	0.5	45,226	12.0			
Total	578,205	100	22.6	6.1	378,205	100.0			
Memo:									
GoSL Expenditure	2,558,000		100	26.7					
GDP	9,579,000			100					

Source: Table 4.1 and MoFED. Extreme poor population from SLIHS 2011.

a/ Includes fuel subsidies

To sum up, Sierra Leone spends a significant amount on social protection. However, a large share of these resources is absorbed by fuel subsidies, which do not benefit the poor. On the other hand, programs for the elderly and adult population seem to be relatively underfinanced.

5. Spending by the World Bank's Social Protection Classification

The distribution of social protection expenditures according to the World Bank classification of social protection programs is presented in Table 4.10. As it can be seen, 8 percent of total social protection spending is on pensions, 3 percent on labor market programs, and 89 percent on safety nets, including 34.6 percent on subsidies.

Table 4.10: Social Protection Spending by World Bank Classification, 2011 (Le million)

	Total Cost	%
Total	578,205	100.0
A. Pension and other Social Insurance	45,226	7.8
A.1 Old Age –NASSIT and MoFED	40,408	7.0

A.2 Survival - NASSIT	4,549	0.8
A.3 Sickness- NASSIT	0	0.0
A.4 Invalidity - NASSIT	269	0.0
B. Labor Market Programs	18,214	3.2
B.1 Unemployment	0	0.0
B.2 Active Labor Market Programs	18,214	3.2
C. Social Safety Net Programs	514,765	89.0
C.1 Cash and Near Cash Transfers	700	0.1
C.2 Conditional Cash Transfers	0	0.0
C.3 In Kind Food Transfers	123,860	21.4
C.4 Fee Waivers and Scholarships	101,228	17.5
C.5 Public Works	65,730	11.4
C.6 Other Transfers	23,247	4.0
C.7 General subsidies (fuel)	200,000	34.6

Source: Annex Table 2.5 in this report.

B. Program Coverage, Gaps, and Overlaps

To provide some indication of whether the coverage of existing programs is high, medium, or low, Table 4.11 presents the estimates of the size of at-risk groups and the coverage of each program. Out of the 34 programs for which we obtained some information, we identified seven programs with high coverage, one with fair coverage, and 26 with low coverage. Generally, the major social assistance programs in Sierra Leone have low coverage relative to the number of individuals at risk, including the Cash for Work and other NaCSA programs, skills building and scholarship programs, school lunches, and the social pension. NASSIT's social insurance has low coverage in that it covers less than 9 percent of the labor force while 93 percent of the elderly have no pension. The programs with high coverage include: (i) the Free Health Care Initiative (FHCI) which targets all pregnant and lactating women and children under 5 though we have no information on how many of the target group were served in 2011; (ii) the school fee subsidy, which covers all government and government-assisted schools; (iii) the payment of primary and secondary exam fees, which covers all students in government and government-assisted schools who sit exams for the first time; (iv) and the program for refugees, which is addressing the needs of the remaining Liberian refugees in the country. The only program that is classified as having fair coverage is the child registration program. According to UNICEF, it helped to register about 100,000 children in 2011, though still there are many children under 5 who are not registered (22 percent according to MICS 2010).

Table 4.11: Social Protection Program Coverage, 2011

Programs	Population/Households at Risk	Coverage	Classific.
0-5 Age Group			
Free Health Care	Lactating: 235,600; Pregnant: 471,200; a/		High
Acute Nutrition	Under five: 1,014,920 (M509,899; F505,021)	31,000 children	Low
Supplementary feeding	Chronic malnutrition.: 451,266 (M 240,672;F 210,594)	83,184 <5 21,774 pregn & lactat	Low
Pre-primary (3-5 years)	Not attending: 551,055 (M 275,499; F 275,555)	37,351	Low
Child registration drives	Not registered: 223,297 (M 113,707; F 109,590)	117,207	Fair
6-17 Age Group			
School Fees Subsidy	Out of school: 257,878 (M 134,379 ; F 123,499)	All in Govt schools	High
Textbooks Primary	Primary school population: 1,194,502 (M:611,604; F:582,898)	499,000 books b/	Low
Teaching & LM Primary		c/	Low
Examination Fees NPSE		All in Govt schools	High
School feeding		250,000 (F: 125,000)	Low
Textbooks/ equipment JSS	Out of school: 23.7%: 200,967;	JSS; not 1/1	Low
Exam fees BECE (JSS)	boys: 93,316; girls: 107,652	All in Govt schools	High
Exam fees WASCE	Secondary school population: 352,733	All in Govt schools	High
Grants in Aid-Scholarships	(M:201,384; F:151,349)	4,000 students	Low
Diets for Approved Schools and Remand Homes	OVC 791,000 (0-17 years)	728 children	Low
Street & Other Vulne. Kids	Child labor 796,240 (5-14 years) 6,000 street children	310 (F110) (2010/11)	Low
Grants to Handicap. Schools	Children with disabilities 349,143 (2-9 years)	1,459 children	Low
Girl child JSS tuition	48% had a child before 18	All in Govt schools	High
18-35 Age Group			
YESP-Cash for Work	Youth (15-35): 1,855,184 (M: 913,337;	12,750	Low
YESP- Skills and cap. build.	F: 941,847)	6,000 (F1,800)	Low
Youth Employment (UNDP)	400,000 (not working/not studying)	8,000 (2011/12)	Low
Peace and Development Corps		164 (F61) (2009/11)	Low
36-59 Age Group			
Food for Work and Food for Training (SCP/WFP)	642,433 HH participate in agriculture; 70% no access to credit; 83% no extension visits	5,350 HH	Low
60 and over			
Pensioners (NASSIT)	Pop 60 years and over 363,212	6,265	Low
Pensioners (MoFED)	Without pension 337,675	16,341	Low
Program for the Aged		48 (F22)	Low
National Social Safety Net		4,920 (F2,952)	Low
Households in General			
Victims of Sexual Violence	4,000	354	Low
Refugees	9,000	9,000	High
Feeding assistance HIV/TB	48,000 with HIV; 19,533 in need of ART	2,373 Food support 8,115 receiving ART	Low
Program for Disabled Persons	526,000 with disabilities	Support to 86 groups	Low
SL Community D Develop.	HH without water 432,653	175 communities	Low
Pro-Poor Growth for Peace	HH without improve sanitation 601,074	87 communities	Low
Habohe	HH without electricity 896,569	36 communities	Low

Sources: Integrated Public Financial Management Reform Program-PETS/QSDS (2011), pages 24 (b) and 27 (c) and Table 4.1 of this report.

Notes: a/ UNICEF estimates that pregnant and lactating women are 4 percent and 8 percent of the population, respectively. b/ In 2009/10 the amount of books procured for the primary level was: 180,000 English (class 1-6); 101,000 mathematics (1-6), social studies (1-6), science (3-6). Students in grades 1-6 require social studies, mathematics and English textbooks; in addition grades 2-6 require a science textbook. c/ 46 percent of schools reported receiving fewer teaching and learning materials than what was reported to have been transferred to them.

The recently implemented Free Health Care Initiative for pregnant and lactating women and children under the age of 5 is a very important initiative that is likely to help to reduce maternal and child mortality rates in the near future. This initiative should continue to be supported and should gradually be absorbed into the government's budget.

Nonetheless, Sierra Leone has a substantial number of assistance programs that are small, pilot, or short-term, which cover only a fraction of the groups at risk. In addition, there are major program gaps. At-risk groups who are largely uncovered by the Sierra Leone's social protection programs are: (i) war victims (mentally or physically), the elderly, and the disabled²⁰⁴ who are unable to work and have no means of subsistence; (ii) the working poor and the seasonally or long-term unemployed or underemployed; and (iii) very poor families with children, including labor-scarce households (in other words, families with a single earner and a high dependency ratio)²⁰⁵ and pregnant and lactating women.

At the same time, extensive fragmentation and duplication of social assistance limits the effectiveness of social protection spending. For instance, NaCSA and the WFP implement a number of public work programs, some of which are cash-for-work and some are food-for-work, all with different administrative procedures and fiduciary arrangements. Also, there are many, fragmented youth programs implemented by the National Youth Commission and by development partners. At the national level, there is a lack of coordination among public entities and between these entities and NGOs and other civil society organizations that leads to much duplication of effort. According to the National Social Protection Policy, there is poor coordination of actions among MDAs: "in some instances interventions duplicate efforts, which results in significant gaps in terms of sectors and categories of beneficiaries being left out."²⁰⁶ There is also much duplication of mandates among some MDAs, for example, between the recently created (by Act of Congress) National Youth Commission and the Ministry of Youth and Sports. Coordination between the ministries and non-state actors is even more difficult. Some analysts have indicated that there is a significant level of fragmentation and duplication of efforts among NGO programs and a lack of coordination between programs run by NGOs working in the social sectors. Some partners use their own implementation mechanisms and financing channels rather than using public institutions or the state budget to channel their support. Very few programs share administrative subsystems or operational platforms relating to key aspects such as targeting, beneficiary registries, and payment mechanisms. This limits the ability of programs to benefit from economies of scale and avoid duplication.

While at local level in some instances there is reportedly more coordination between local councils and service providers than at the central level, the recently approved National Decentralization Policy still found it necessary to stipulate that "NGOs shall share their development plans with the local council before operating in any locality. The Local Council

²⁰⁴ According to the World Bank's recent study on disability in Sierra Leone, "available data suggests that there is a major deficit in prevention, rehabilitation, and basic services (health, education, and other) available to people with disabilities" and that most likely only about 25 percent of people with disabilities are able to access some type of assistance program. See Ovadiya and Zampaglione (2009), page 28.

²⁰⁵ World Bank (2010b), page 79.

²⁰⁶ Republic of Sierra Leone (2011), page 18.

shall issue a certificate of compliance and may levy a minimal administrative fee on the advice of the ministry responsible for local government in consultation with the ministry responsible for finance.”²⁰⁷ Also, the “Government shall enforce any requirements that civil society, NGOs, CBOs, or faith-based organizations share their development programs with the local councils, with the view of ensuring local ownership and in order to improve on monitoring and coordination of their activities.”²⁰⁸

To sum up, most of the social assistance programs in Sierra Leone are small, pilot, or short-term programs that cover only a fraction of the groups at risk. Major program gaps include: (i) war victims, the disabled, and the elderly who are unable to work and have no means of subsistence; (ii) the working poor and the seasonally or long-term unemployed; and (ii) very poor families with children. On the other hand, there is extensive fragmentation and duplication of social assistance programs and poor coordination among MDAs and local councils and between these entities and NGOs and other service organizations.

C. Program Generosity

In assessing the generosity of the social protection programs, we should be concerned with whether assistance programs undermine traditional social protection arrangements which in Sierra Leone, as discussed above, were disrupted by the war, population displacements, migration, and rapid urbanization. We should be also concerned with three other issues: (i) whether the existing social protection programs are sufficiently generous to have their expected impact; (ii) whether they are too generous and therefore serve as a disincentive for the beneficiaries to work and save; and (iii) whether they are too generous to be financially sustainable. If the programs are not generous, then the latter two issues should be immaterial. To address the first issue, we compared the benefits paid by the major social insurance and social assistance programs with international benchmarks. Our focus was on the National Social Safety Net Program, a social pension run by the Ministry of Labor and Social Security, the labor-intensive public works program managed under YESP by NaCSA, and the retirement pensions administered by NASSIT, for which there is comparative international information.

Table 4.12 shows global estimates of the generosity of various types of social assistance programs in developing countries as reported in a World Bank study. Program generosity is defined as the program transfer divided by the average consumption expenditures (excluding durables, housing, and health care) of the poorest households (those in the first quintile, Q1).

²⁰⁷ Government of Sierra Leone (2011), Sections and 3.3.2 (f).

²⁰⁸ Government of Sierra Leone (2011), Sections and 3.3.2 (j),

Table 4.12: Generosity of Social Assistance Programs in Developing Countries

Programs (in parenthesis no. of countries)	Median transfer as % of average consumption	Range transfer as % of average consumption ^{a/}	Denominator
Non-contributory (Social) Pensions (14)	27%	12%-53%	Q1 ^{b/}
Last Resort Programs (20) ^{c/}	23%	5%-45%	Q1 ^{b/}
Family Allowance (15) ^{d/}	18%	6%-28%	Q1 ^{b/}

Source: Grosh et al. (2008) Table 5.1 (page 137). *Notes:* a/ The two highest and lowest values were excluded. b/ Consumption expenditures of the poorest quintile, which exclude the durables, housing, and health. c/ Last resort programs are needs-based, usually means-tested, programs designed to help those who are not assisted or not assisted enough to keep them out of poverty by social insurance (pensions, unemployment insurance) or universal programs (such as child allowances or education). d/ Family allowances are cash transfer for families with children which can take various forms, such as means-tested child benefits, birth grants, or universal transfers for all children under a fixed age.

Social Pension. The National Social Safety Net Program aims to provide a cash transfer to the elderly defined as those aged “60 years and above and in dire need, with no regular source of income or support and are unable to undertake any form of economic activity that could earn them income, nor do they have any other form of sustainable support even within the extended family system.” This social pension program was initiated in 2004, but the pilot phase was not conducted until 2007 and 2008 during which period the program benefitted 16,800 people with a monthly transfer of Le 33,333 to each beneficiary (paid every six month Le 200,000). According to program managers, in 2009 and 2010 the program was engaged in the evaluation of the pilot phase. Program managers have indicated that they planned to roll out the program in 2012 and provide a transfer of Le 20,000 (US\$4.65) *per month* to “align it with the minimum monthly pension.”²⁰⁹ However, the allocation that the program received from the budget was only Le 700 billion. With this amount it could provide only an average *one-off* transfer of Le 112,000 to 4,920 beneficiaries (Le 550 billion), with the remaining funds being spent on administration (Le 140 billion) and monitoring (Le 10 billion).

As can be observed in Table 4.12, the median generosity for social pensions in a sample of developing countries is 27 percent of adjusted consumption of the poorest quintile (Q1). In the case of Sierra Leone, the planned transfer of Le 20,000 (US\$4.65) per month being considered by the management of the National Social Safety Net Program would correspond to a generosity of 8.3 percent.²¹⁰

HelpAge International has estimated the average benefit level of social pensions in 11 African countries to be 24 percent of per capita GDP, ranging from 8 percent in Mozambique to 45 percent in Nigeria. Cape Verde, Kenya, South Africa, and the Seychelles have a social pension between 20 percent and 30 percent of per capita income. In some countries these pensions are universal and in other they are means-tested.²¹¹ Since per capita income in Sierra Leone is about

²⁰⁹ MoFED reports that the minimum pension is Le 17,000 per month.

²¹⁰ We take as the adjusted consumption, the mean food consumption of the Q1 household, which is estimated at Le 2,896,997 per year; then the generosity is: $20,000 \times 12 / 2,896,997 = 0.083$.

²¹¹ HelpAge International (2011b), page 5.

US\$325 (as of 2010), then the generosity of the planned transfer of Le 20,000 per month would be 17 percent, below the average for the other African countries.

Labor-intensive Public Works. In 2009, NaCSA, with World Bank financing, implemented a cash-for-work program in 7 of the country's 14 districts. The program was expanded the following year to cover all 14 districts. Its main goal was to provide short-term employment to individuals affected by the escalating food prices. The average daily wage rate paid to workers was Le 7,000, which was set low enough to encourage self-selection by those most in need. The reference point was the Le 10,000 wage rate offered by the mining and roads sector to unskilled workers. According to the qualitative assessment of the program, direct beneficiaries described the program's wage rate as being too low and called for a rate of up to Le 12,000. Most of the income that beneficiaries received was used to buy food. Female participants also used part of their wages to meet school expenses for their children and to settle medical bills.²¹²

This program has been followed up by the cash-for-work component of the Youth Employment Support Program (YESP). This program, approved in 2010, is being implemented by NaCSA in all 14 districts with support from the World Bank (US\$10 million for the cash-for-work component for 2010-13). It provides young people with a onetime two and a half to three months of employment and pays an average compensation of Le 7,000, or US\$1.6 per day. This is equivalent to Le 175,000 per month (US\$41 per month). Since according to MoFED the current minimum wage in Sierra Leone is Le 220,000 per month (US\$51.2), the compensation paid by YESP corresponds to 80 percent of the minimum wage. As can be observed in Table 4.13, setting the wage or compensation rate for public work programs below the minimum wage or the ongoing market wage (for the unskilled) is the norm in most public works programs in developing countries, with the exception of India.

Table 4.13: Wage Setting in Public Works Programs

Intensive Public Works Programs	Wage setting
Bangladesh's Food-for-Work Program	Program wage < market wage
Bolivia Emergency Employment Program	Program wage < market wage (about 2/3)
Ethiopia Productive Safety Net Program	Program wage < market wage (cash or food)
India Maharashtra Employment Guarantee Scheme	Program wage=minimum wage> market wage
Malawi Public Works	Program wage < minimum wage
South Africa Expanded Public Works	Program wage ≤ minimum wage
Yemen Public Works	Program wage < minimum wage

Source: Grosh et al (2008), pages 487-492

In the case of Ethiopia's Productive Safety Net Program (PSNP), the payment was determined on the basis of daily minimum food requirements rather than market rates but its monetary equivalent was still below the market wage.²¹³ In the PSNP in 2009, the average number of participating days per household per year was 150 and the average value of wages earned per household per year was US\$137 (there is no limitation on number of years of participation). This was equivalent to 10 percent of the food basket represented by the national poverty line in 2007/08. However, "because PSNP households are likely to be well below the poverty line, for

²¹² Dalan Development Consultants (2010), pages 7 and 9.

²¹³ Subbarao et al (2010), page 9, Box 3.

most PSNP participants transfers would cover more than 10 percent of household needs. Indeed, recent evidence in PSNP communities suggests that the transfers represented about 40 percent of annual food needs.”²¹⁴

How this compares with the YESP program? If the youth works the maximum of 75 days allowed, (s)he would make Le 525,000 which is equivalent to 18 percent of the cost of the poorest families food basket.²¹⁵

Retirement Pensions. The average monthly retirement pension paid by NASSIT in 2011 was Le 205,165 or US\$47.7 (Table 4.14). It covers 85 percent of the total monthly food expenditures of a family in the lowest quintile.²¹⁶ Therefore if the “average” pensioner’s income consists solely of the pension, the family would be below the extreme poverty line. MoFED’s pensions are even less generous. The average monthly pension in 2011 was Le 80,087 (US\$18.6), and the minimum pension was Le 17,000 (US\$4). There is no information on how many people receive this minimum pension, which “hardly pays for transportation to collect it.”²¹⁷ The average MoFED pension covers only 33 percent of the food expenditures of a family in the lowest quintile. In January 2012, NASSIT announced an increase in its pension of 20 percent.

Table 4.14: Average and Minimum Monthly Retirement Pensions (Le)

	2011
NASSIT average monthly pension	205,165
MoFED average monthly pension (2010)	80,087
MoFED minimum monthly pension	17,000
Memo: Minimum wage	220,000

Source: NASSIT

The gross replacement ratio (the average pension as a proportion of average pre-retirement gross income) in Sierra Leone is 38.5 percent as the average gross income before the pension was Le 533,299.²¹⁸ This is also on low side compared, for example, with a sample of Caribbean countries with pensions systems of the same age as NASSIT’s. Among these countries, the gross replacement rate varies from 45 percent in Antigua and Barbuda to 60 percent in Barbados.²¹⁹

To sum up, Sierra Leone’s major social assistance programs are not generous. The planned social pension transfer would cover only 8.3 percent of the food requirements of the poorest families compared to a median of 27 percent for a sample of developing countries. YESP’s transfer is also on the low side: 18 percent of the cost of the poorest family food basket which compares to 40 percent in Ethiopia’s PSNP. Similarly, the average NASSIT pension covers only 85 percent the basic food needs of the poorest families. MoFED average pension is even less generous as it covers only one-third of the food costs of the poorest families.

²¹⁴ World Bank (2010b), page 31. Note that that the PSNP has two components: a public works component and a direct support transfer, which also averaged US\$137 per household per year.

²¹⁵ The daily average rate of Le 7,000 times 75 days of work divided by Le 2,896,997, the annual cost of the Q1 food consumption basket.

²¹⁶ The monthly food cost of the Q1 household is Le 241,416 (US\$56).

²¹⁷ Statement by a Senior Government official during our interview.

²¹⁸ Personal communication received from NASSIT.

²¹⁹ World Bank (2010c), Table 14, page 19.

D. Targeting Efficiency

Targeting in Sierra Leone has been mostly done using a combination of geographic, categorical, community, and self-selection methods. Geographic targeting has been based on regional poverty and the WFP's food vulnerability incidence mapping. Beneficiaries have been selected using categorical criteria (for example, those aged between 15 and 35 years old) and self-selection together with other methods such as lotteries or first come first serve. Community leaders or community committees have also had a say in the selection of beneficiaries in some programs. Available evidence indicates that in general targeting results have been poor, meaning that the poor population did not receive the majority of the programs' benefits.

The cash-for-work program introduced in 2008 and implemented by NaCSA with World Bank support used a combination of geographic and self-selection targeting mechanisms. Participating districts were selected based on the WFP's Comprehensive Food Security and Vulnerability Analysis (CFSVA), which classed them as more vulnerable than others based on indicators such as the poverty and food insecurity prevalence rate, population size, unemployment, and malnutrition rates. Participating communities within those districts were selected as follows. First, local people would submit a letter requesting a subproject in their community to NaCSA, either through the applicant's local council or directly to NaCSA. The requests were then screened by a team of NaCSA's field staff and local council representatives. Selected subproject requests were then subject to appraisal in the field to determine their feasibility and establish the scope of all the chosen subprojects to form the basis for a subproject budget. The package of subprojects was then forwarded to a projects approval committee, made up of representatives from NaCSA, local councils, and MDAs. Reportedly priority was given to localities that applied for projects that had already been identified in the local council development plan.²²⁰ The direct beneficiaries of the project needed to live in the community where the project was to be implemented and had to be food-insecure and be willing to accept a payment below the ongoing market wage rate, which introduced an element of self-selection into the process. Since the supply of workers in many areas was higher than needed, a rotation mechanism was put in place (to enable more youths to be employed but for shorter time periods) while in others areas, a lottery was applied.

A recent evaluation of the targeting accuracy of this cash-for-work project (implemented during 2008 before the geographical targeting was improved) concluded that "targeting performance and cost effectiveness were weak."²²¹ The evaluation was based on a survey of randomly selected beneficiaries at the end of 2009. The study found that that 19.7 percent of beneficiaries belonged to the third quintile, with 46.6 percent in the fourth quintile and 7.1 percent in the top (richest) quintile. This left only 26.6 percent of the beneficiaries in the poorest two quintiles (5.4 percent in the first quintile and 21.2 percent in the second).²²² The study advanced two possible reasons for this poor targeting outcome: (i) unemployment was especially high among individuals from better-off households while the wage rate was attractive in comparison to the

²²⁰ Dalan Development Consultants (2010), pages 29 and 30.

²²¹ Backiny-Yetna and Wodon (2011).

²²² Ibid., Table 8.

other employment opportunities available to participants and (ii) the selection of beneficiaries was not always transparent – in some cases it was made by local authorities, in others by the contractors implementing the program, and still in other cases by local traditional chiefs and/or youth leaders.²²³ It is also likely that the rudimentary geographical targeting used in the initial phase (there were no data to support geographical targeting below the district level) contributed to this poor targeting performance.

According to a parallel qualitative assessment of the 2008 cash-for-work program, in practice participants were selected using several approaches. It was reported at some sites that the local community, consisting of either chiefs or youth leaders, led the selection process. In such instances, contractors and/or NaCSA officials informed the local elders of the project and then asked them to identify youths who could provide labor at the project site. The chiefs or youth leaders in turn assembled the youths in their locality and worked out a mechanism for selecting participants. This sort of arrangement was more common in rural localities than in urban areas.²²⁴ In some localities, local council officials selected the beneficiaries. In some locations it was the town council that actually recruited the people who eventually worked on the project. In other instances, the contractors selected the beneficiaries.²²⁵ Experience of other projects in Sierra Leone confirms that there is a danger of elite capture in projects where beneficiary selection is left to the “community” (see Box 4.2).

Box 4. 2: Community Selection of Beneficiaries and Elite Capture

In the National Social Safety Net Program pilot implemented by the Ministry of Labor and Social Security in 2007/08, beneficiaries were selected by a community committee. According to a recent evaluation of the project by HelpAge International, the result of the selection process, as viewed by the ex-beneficiaries and non-beneficiaries alike, was as follows:

“While the ex-beneficiaries of the program experienced a positive change in their economic and material wellbeing as a result of the program, findings also showed that almost every respondent (ex-beneficiaries and non-beneficiaries) expressed the belief that the way the actual selection was carried out was unfair. This was when asked what their thoughts were with regards to the selection criteria and whether they understood the criteria.” Indeed, to the question - Did everyone in your community who deserve the money receive it? 96 percent of the persons interviewed answered no; to the question - Do you understand why some received the cash and others didn’t? 76 percent of the persons answered yes.

"When probed further why some received and didn’t receive the money, non-beneficiaries in particular were of the view that the process was heavily politicized because members of the local committees, including the paramount chiefs, selected most of the beneficiaries without recourse to the criteria for eligibility... The chiefs were responsible because they influenced the people that came from Freetown in order to favor some people who are related to them or people they like but they are still our brothers and sisters. I hope next time I will be lucky to receive the money. I will keep praying."

The report further indicates that in some instances, committee members were said to have been given

²²³ Backiny-Yetna and Wodon (2011), pages 13/14.

²²⁴ Dalan Development Consultants (2010), page 31.

²²⁵ Ibid., page 32.

money before putting people's names forward as beneficiaries. In some chiefdoms, beneficiaries also mentioned that they did not receive the exact amount of money they were entitled to receive. Committee members were said to have deducted between 2.5 percent and 25 percent from the sum each beneficiary was entitled to receive.²²⁶

It further indicates that "Several ex-beneficiaries and non-beneficiaries believed that the selection process was fraught with irregularities, as the majority of beneficiaries were not selected based on the vulnerability criteria set by the government. Rather, respondents claimed selection was based on favoritism. For example, in Magburuka town, the focus group reported that each section chief presented ten persons without reference to the selection criteria and no explanation was given to the wider community....In an extreme case in Kalangba town, local committee members were said to have completely disregarded the previous registration and verification list and were selecting beneficiaries based on who was willing and able to part with money."

The program also had no grievance mechanisms in place so that individuals could formally register complaints. Many felt powerless and frustrated. They could only voice these frustrations to their local chiefs, whom many people believed were responsible for their exclusion.

It quotes a beneficiary as saying: "When I went to plead with my section chief to add my name as a beneficiary he asked me to bring two chickens. I asked him where he expected me to get them from, considering that I am very poor and blind for that matter."

Source: HelpAge International (2011a)

The efficiency of community-based targeting is context-specific. While in Sierra Leone in the National Social Safety Net Program pilot, the great majority of people were not happy with the selection process, in the case of Ethiopia's PSNP, 85 percent of those interviewed described the community-based selection process "as being fair."²²⁷

Based on lessons learned from the cash-for-work project, the targeting methodology for selecting beneficiary communities in the YESP's cash-for-work component was fine-tuned to increase the share of the very poorest benefitting from the program. As in previous phases, geographic targeting allocates a higher proportion of funding to poorer districts, but now within districts the targeting mechanism is able to identify the poorest wards in the most vulnerable chiefdoms. Another adjustment is that the population variable for district-level targeting now takes into account the poor population rather than the total population. The selection of young people to benefit continues to be based on self-selection with a first come first serve criteria in urban areas and a choice of lottery, rotation, or first come first serve in rural areas. The criteria to select the beneficiaries are determined by the Community Oversight Committees, the Local Councils and NaCSA. An ongoing impact evaluation will help to determine the extent to which the targeting performance of the YESP cash-for-work project has improved following the refinements made to the geographical targeting model.

Benefit incidence analysis can be helpful in evaluating the targeting efficiency of social assistance programs or the extent to which the poor benefit from the programs. The benefit

²²⁶ Beneficiaries were meant to receive Le 200,000 (US\$47).

²²⁷ World Bank (2010b), page 54.

incidence of a public program can be determined from a concentration curve, which shows the share of total resources (vertical axis) going to the population as ranked by per capita consumption (horizontal axis).²²⁸ A program in which an equal amount of benefits is received by each quintile would have a straight 45 degree concentration line. A pro-poor program would be represented by a concentration curve located above the 45 degree line curve. A program would be progressive if its concentration curve were above the concentration curve of consumption. If the program's concentration curve lay between the diagonal and the consumption's concentration curve, then the program would not be pro-poor, although it would be progressive. If it lay below the consumption's concentration curve, it would be not pro-poor and regressive in the sense that its distribution would be worse than the existing distribution of consumption and thus would contribute to increasing inequity in the country.

The recent household survey (SLIHS 2011) unfortunately did not contain any questions on the participation and benefits received by households from specific social assistance programs being implemented in the country. It did include general questions on whether households had participated in any nutrition program, had received any funds from government poverty alleviation programs,²²⁹ has received subsidies for war victims and the disabled, or had a pension from NASSIT. Based on the answers to these questions, it is possible to draw concentration curves to evaluate the extent to which the poor are accessing these programs or to measure the share of the program's benefits that is received by those in the poorest quintiles. Similarly, while the primary objective of a program may not be "targeting" the poor, a concentration curve can be drawn to evaluate the extent to which the poor are receiving its benefits. This type of analysis helps us to understand which groups might benefit from different public programs or subsidies.

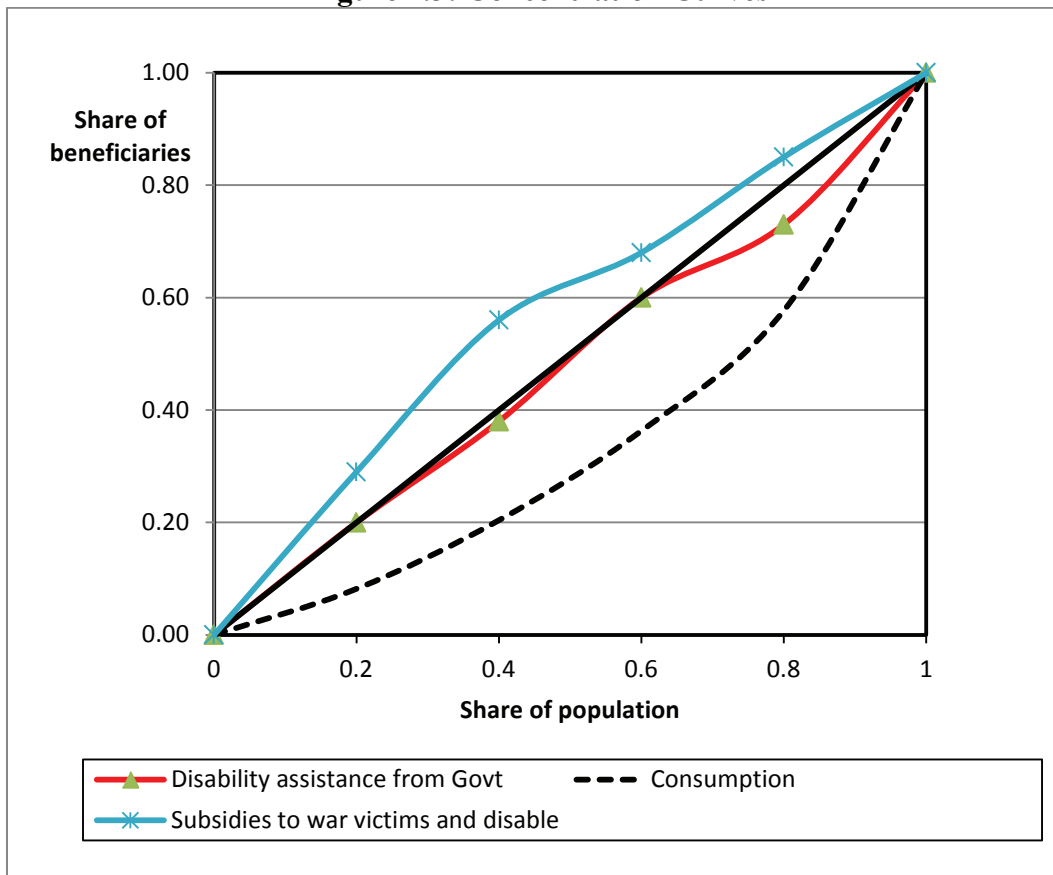
Figure 4.3 depicts the concentration curves constructed with data from SLHIS 2011 for two poverty-oriented transfer programs: (i) Subsidies to war victims and disable and (ii) Disability assistance from the government.²³⁰ The dotted line is the concentration curve (Lorenz curve) of consumption. The concentration curves of the two programs are above the consumption concentration curve and therefore are progressive. The subsidy to war victim and disable is also above the 45 degree line and therefore is pro-poor. However, the concentration curve for the disability assistance from government moves near the 45 degree line, and by looking at Figure 4.3 it is not possible to say whether the programs is pro poor or not (see below).

²²⁸ Since the SLIHS 2011 does not provide in most cases information on the amount of resources that people in each quintile receives from most programs but only information on participation, it is assumed as customary in the analysis for these types of programs that benefits are equally distributed among the participants. In this case, benefit incidence and beneficiary incidence analysis are similar.

²²⁹ In what follow we have not considered this program because it has a small number of observations.

²³⁰ These are the names in the SLHIS and differ from the specific program names used by the MDA.

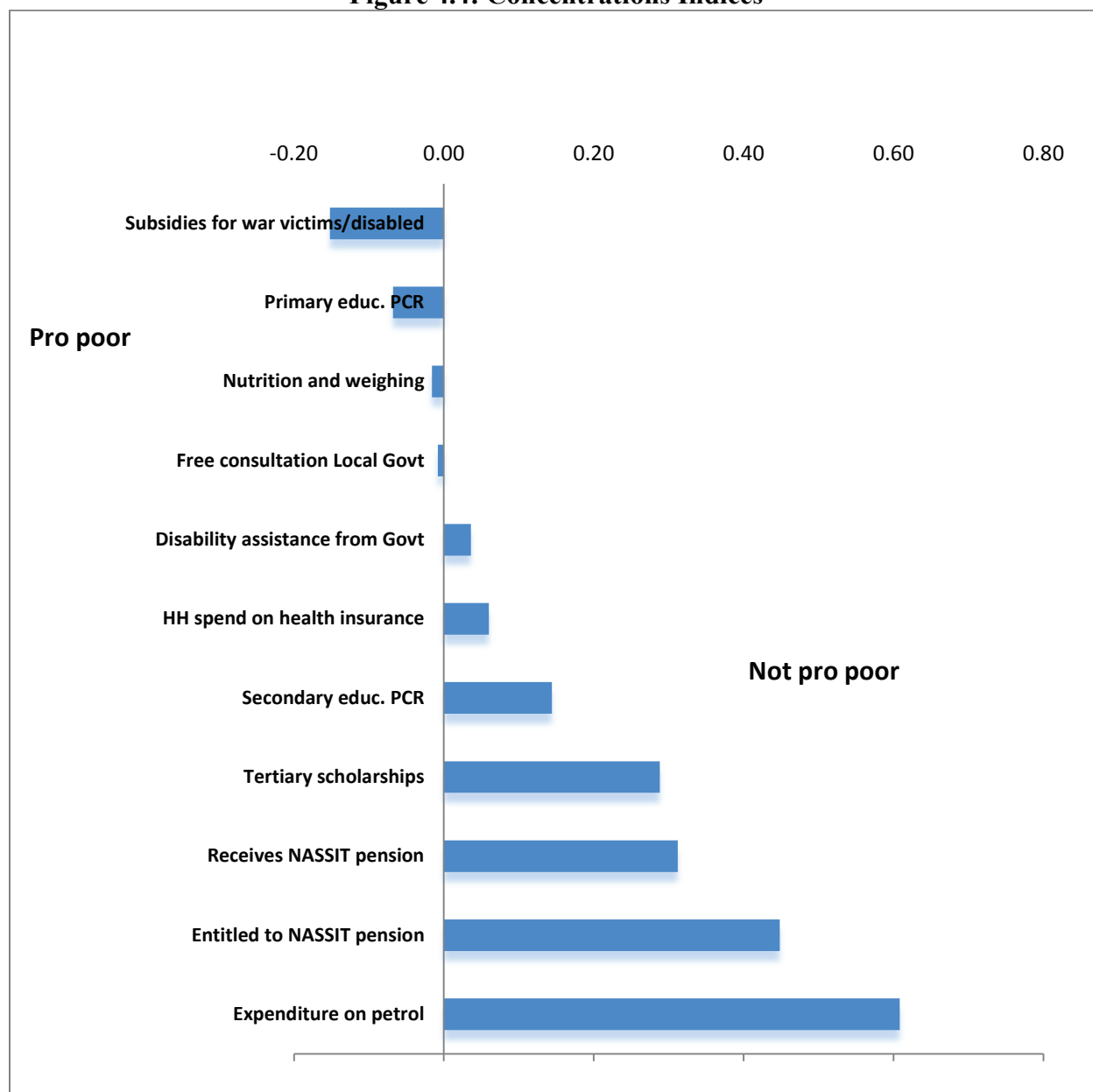
Figure 4.3: Concentration Curves



Source: SLIHS 2011

The targeting accuracy of a program can be determined from the concentration index. This index is calculated from the concentration curve in a similar way as the Gini coefficient is calculated from the distribution of per capita consumption (or income). Negative values of the concentration index indicate that a program is pro-poor. The larger the index in absolute terms the more accurately the program is reaching the poor. Figure 4.4 shows the concentration indices for the several programs for which there is information in the SLIHS 2011. It can be seen that the disability assistance from the government is in the border between pro poor and not pro-poor. Similarly, scholarships, pensions, and fuel subsidies are not pro-poor. In fact, over two-thirds of the expenditures on petrol are made by the richest quintile.

Figure 4.4: Concentrations Indices



Source: SLIHS 2011.

Note: PCR = public, community, and religious schools; the latter are mostly government-supported.

To evaluate whether the program helps to improve equity, a progressivity index can be calculated. The most commonly used indicator for measuring the progressivity of the public expenditures is the one proposed by Kakwani, in which progressivity is equal to the program's concentration index minus the Gini coefficient of consumption. A program that improves equity presents negative values in its progressivity index. Table 4.15 presents the progressivity index for each program ranging from the program that is most accurately reaching the poor (subsidies for the war victims and disabled) to the least accurate in reaching the poor. As can be seen, there are two programs that are not pro-poor and are regressive including expenditures on petrol. This

implies that the distribution of benefits (access or use) is worse than the existing distribution of consumption, meaning that it is aggravating existing inequities.

Table 4.15: Progressivity Indices

Programs	Concentration Indices	Progressivity Indices	Characterization 2011
Subsidies for war victims/disabled	-0.15	-0.46	Pro-poor
Primary educ. PCR	-0.07	-0.38	Pro-poor
Nutrition and weighing	-0.02	-0.33	Pro-poor
Free consultation Local Govt	-0.01	-0.32	Pro-poor
Disability assistance from Govt	0.04	-0.27	Not pro-poor/progressive
HH spend on health insurance	0.06	-0.25	Not pro-poor/progressive
Secondary educ. PCR	0.14	-0.17	Not pro-poor/progressive
Tertiary scholarships	0.29	-0.02	Not pro-poor/progressive
Receives NASSIT pension	0.31	0.00	Not pro-poor/progressive
Entitled to NASSIT pension	0.45	0.14	Not pro-poor/regressive
Expenditure on petrol	0.61	0.30	Not pro-poor/regressive

Source: SLIHS 2011

Note: a/ PCR = public, community, and religious schools; the latter are mostly government-supported.

To sum up, there is substantial room to improve the targeting accuracy of social assistance programs in Sierra Leone through an improved beneficiary selection mechanism. Similarly, over two-thirds of the expenditures on petrol are made by the richest families; therefore not only petrol subsidies are not pro-poor but they are actually regressive and the Government should consider eliminating them as soon as possible.

E. Cost-effectiveness

Cost-effective programs “improve the livelihood of participants using the least amount of resources.”²³¹ The administrative cost of the programs gives an indication of whether they are cost-effective or not. Table 4.16 presents the administrative costs of different types of social assistance programs from a variety of countries as reported in a World Bank study.²³² As can be seen, the range of administrative costs is quite wide, which makes comparisons difficult. Moreover, a program can have relatively high administrative costs because of its small scale and its low benefits or because it is new and has high start-up costs. On the other hand, a program may have low administrative costs because it does not invest in key activities and processes such as staff training, communications, auditing and controls, information management, and monitoring and evaluation systems. As a result, the World Bank study suggests developing an index of administrative expenditures to take some of these factors into consideration. The

²³¹ Grosh et al (2008), page 388. Within the logical framework, cost-efficiency refers to how program inputs are translated into program outputs; cost-effectiveness how program outputs are translated into program outcomes. To conduct the full cost effectiveness analysis there is a need to count with detailed information on the programs inputs and results. For a discussion see Growth et al (2008), page 204-205.

²³² Grosh et al (2008).

proposed index is calculated by multiplying the generosity of program by the percentage of administrative costs in the total program cost.²³³

Table 4.16: Typical Administrative Costs as a Percentage of Total Program Costs Around the World

Type of Program	Minimum	Maximum	Median	Average	No. of Programs
Food-related programs a/	6.0	55.5	22.0	25.4	19
Public Works	1.6	24.0	4.9	10.3	6
Cash and Near Cash b/	2.0	16.6	8.9	8.2	16
Conditional Cash Transfer	4.0	13.0	6.7	8.2	9

Source: Grosh et al (2008), page 411.

Notes: A sample of international social protection programs. a/ Includes school lunches and nutrition programs.

b/ Includes old age pensions, child allowance, food stamps, guaranteed minimum income.

Table 4.17 presents the administrative costs for those programs that report them separately from the cost of the benefits delivered. This information should be treated with caution. In some institutions, the administrative costs of particular programs are difficult to estimate because some expenditures are common to more than one program. NaCSA's public works programs reports administrative costs ranging from 10 percent to 12 percent of total costs. This is higher than the median cost for this type of program in Table 4.16 (4.9 percent) but is close to their average cost of 10.3 percent. Indeed, worldwide experience suggests that this type of program should have administrative costs that are no more than 10 percent of the total costs of the program.²³⁴ The Ethiopia's PSNP, which is not included in Table 4.16, reports administrative costs of 17 percent of total program costs (staff, administrative costs and capacity building) though it includes both food-for-work and cash-for-work components, with the former being more costly to manage than the latter.²³⁵

The MLSS's National Social Safety Net Program (social pension) reports administrative costs of 21.4 percent, but as the program has not yet been fully rolled out, comparing it with other programs does not seem appropriate. Nonetheless, for future reference, the abovementioned World Bank study found that the share of administrative costs in total costs of the Namibia old age pension was 9.5 percent and of the Zambia's Pilot Social Cash Transfer at 17 percent. The average administrative costs for 16 cash and near-cash programs in different parts of the world were 8.2 percent of total costs, while the median was 8.9 percent (Table 4.16).²³⁶

Following the procedure suggested by the World Bank study, an index of administrative costs can be calculated for the National Social Safety Net Program. This exercise is just for illustration purpose since, as mentioned, the National Social Safety Net Program has still not been fully rolled out therefore the administrative costs are not representative and its generosity is based on a proposed not actual transfer. Recall that the program's proposed generosity was estimated at 8.3

²³³ Grosh, et al (2008), Box 9.3. page 392. The formula for the proposed index is $i = (B/C_{Q1}) * CA/TC$; where B is the transfer, C_{Q1} the adjusted consumption for Q1 families, and CA and CT are the program's administrative costs and total costs, respectively. Thus, when benefits are higher and all the rest is kept constant, the index is higher and cost performance worse.

²³⁴ Subbarao et al (2010), page 25.

²³⁵ World Bank (2010b), page 36.

²³⁶ Grosh, et al (2008), page 411.

percent and that administrative costs as a percentage of total cost were 21.4 percent in 2011 (Table 4.17). This yields an index of administrative costs of 1.8 ($=21.4 \times 0.083$), which compares with indices ranging from 0.5 to 2.25 with a median value of 1.1 for 10 social assistance programs in various parts of the world for which information was reported in the World Bank study.²³⁷ Consequently, it can be seen that the administrative costs of the program would be high by these standards.

Table 4.17: The Administrative Costs of Major Assistance Programs, 2010/2011

	2010 (Le million)	2011 (Le million)
MLSS National Social Safety Net Program, total cost		700
Benefits delivered		550
Administration Costs		150
% Administration/total cost		21.4
NaCSA - YESP-Cash for Work, Total cost	17,000 a/	25,324
Benefits delivered	14,705	22,312
Administration Costs	2,295	3,012
% Administration/total cost	13.5	11.9
NaCSA- Community Driven Development, Total cost		31,734
Benefits delivered		28,561
Administration Costs		3,173
% Administration/total cost		10.0
NaCSA- Pro-Poor Growth for Peace Consolid., Total cost		4560
Benefits delivered		4104
Administration Costs		456
% Administration/total cost		10.0
NaCSA- Reparation, Total cost		1,740
Benefits delivered		1508
Administration Costs		232
% Administration/total cost		13.3
NaCSA- Refugees, Total cost	2,629	1,560
Benefits delivered	1972	1170
Administration Costs	657	390
% Administration/total cost	25.0	25.0
MSWGCA-Street Children, total cost	392	361
Benefits delivered	235	217
Administration Costs	157	144
% Administration/total cost	40.1	39.9

Sources: Questionnaires filled in for this study.

Note: Administration costs in some cases include the cost of monitoring and evaluation. MLSS SSN program has not been fully rolled out. a/ Corresponds to the Social Assistance Program's cash-for-work project.

NASSIT's administrative costs are on the high side. Table 4.18 shows that these costs have accounted for over 30 percent of contribution income in the last five years, with a declining trend since 2007. This compares to an average of 17.7 percent for 12 developing countries in the Caribbean that also have a relatively new defined-benefit pension system.²³⁸ Indeed, the last

²³⁷ Ibid. Box 9.3, page 392.

²³⁸ World Bank (2010c), Table 36. Includes Antigua and Barbuda; Bahamas; Barbados; Belize; Dominica; Grenada; Guyana; Jamaica; St. Kitts and Nevis; St. Lucia; St. Vincent and Grenadines; and Trinidad and

actuarial study of NASSIT concluded that “the scheme is young and it is normal that the level of administrative cost is high. However, if such a high level of administrative cost continues in the future, the viability of the scheme could be jeopardized.”²³⁹ On the other hand, NASSIT’s administrative costs are within the range of those estimated by the International Labour Organization (ILO) for six African countries. According to the ILO, administrative costs in these countries ranged from 25 percent to 50 percent of total contribution income. This is 10 times higher than the rates in some OECD countries.²⁴⁰

Table 4.18: NASSIT Administrative Expenses

	2006	2007	2008	2009	2010	2011
Administrative Expenses (Le million)	15,016	22,169	24,621	30,016	30,509	N/A
Contribution Income (Le million)	49,639	58,202	66,150	82,156	97,310	N/A
Adm. Expenses/Contribution Income (%)	30.3	38.1	37.2	36.5	31.4	N/A
Workforce	227	249	271	271	258	261

Source: NASSIT

It is important to mention that MoFED reimburses NASSIT for the administrative costs of managing its pensioners’ payments. On the other hand, there are substantial payment arrears owed to NASSIT by both private and public institutions. As of December 2011, the arrears amounted to Le 25.3 billion or 26 percent of 2010 contribution income. Le 9.2 billion of this total is owed by the public sector and Le 16.1 billion by the private sector. According to NASSIT officials, there is also a substantial number of firms that are not contributing to the system.

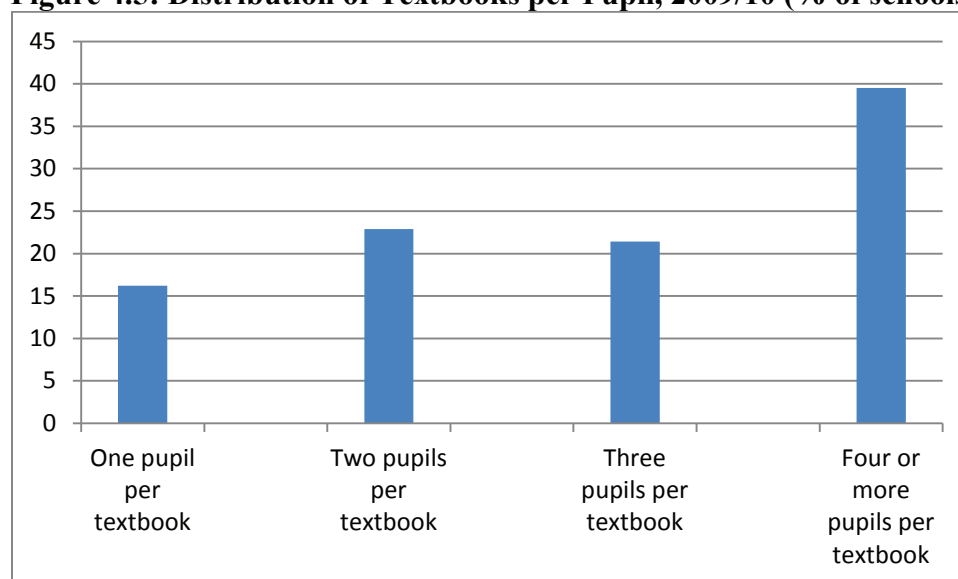
The resources transferred to local councils should also be used in the most efficient way possible. MoFED officials indicated to us that a major weakness is the failure of MDAs to give local councils any guidance on how to deliver services at the local level. For instance, there are no well-defined criteria for distributing school textbooks and teaching and learning materials among schools. The allocation of these items to each local council is made on the base of available resources and a formula of what each is entitled to in terms of funding, rather than in terms of what is needed. At the local level, there are no clear criteria on how to distribute the books and material among schools. This has been confirmed by the Chief Administrator of the Western Area Rural District Council. The result is that there continues to be a wide variation in students’ access to textbooks, with some schools (16.2 percent) having one textbook for each student and other schools (39.5 percent) having only one textbook for every four or more students (Figure 4.5). It has also been reported that in the recent past many school materials were not distributed to schools in a timely manner because of a lack of funds for financing their distribution at the local level.

Tobago. Nearly all of these countries converted their provident funds to mandatory defined-benefit pension schemes during the 1970s-1980s; since 2000, most countries have enacted structural or parametric reforms to place the systems in sound financial footing.

²³⁹ Régie des Rentes du Québec (2009), page VII.

²⁴⁰ Quoted in International Social Security Association (2008), page 23.

Figure 4.5: Distribution of Textbooks per Pupil, 2009/10 (% of schools)



Source: Integrated Public Financial Management Reform Program-PETS/QSDS (2011), page 34.

To sum up, information that we received from program managers seems to indicate that the administrative costs of NaCSA's public work programs are in the range of similar programs in other countries while NASSIT's administrative costs are on the high side. At the local level, MDAs and local councils need to agree on a mechanism to ensure that the materials that are needed by front line providers are those procured and on criteria to distribute these materials among the providers in a timely and equitable manner.

F. Monitoring and Evaluation

As part of the process of developing the Poverty Reduction Strategy in Sierra Leone, the government has been gradually introducing a culture of results-oriented management and a national monitoring and evaluation (M&E) system. The monitoring and evaluation of the government's Agenda for Change (PRSP II) is done using several tools including: (i) a *results framework* that helps track and monitor progress of intermediate and final indicators; (ii) *performance management contracts* (PMC), which are annual agreements signed between the President and ministers specifying results to be achieved by the ministry during the reporting period; and (iii) other tools such as the *Public Expenditure Tracking Survey (PETS)*, *participatory poverty assessments (PPAs)* and *surveys*.²⁴¹

Since the early 2000 with the support of the World Bank,²⁴² the government has conducted many different kinds of surveys, including:

²⁴¹ Republic of Sierra Leone (2008), pages 164/165.

²⁴² In the Institutional Reform and Capacity Building Project, the Integrated Public Financial Management Reform Program, and the Decentralization of Service Delivery Program.

- National Public Services Surveys in 2005, 2007, and 2008, which measured household experiences and satisfaction with public services
- Peripheral Health Unit Surveys in 2005, 2006, and 2008, which assessed clinic resources, staffing, and procedures
- The School Survey in 2005, which assessed school resources, staffing, and procedures
- The Public Expenditure Tracking Survey and Quantitative Service Delivery Survey (PETS/QSDS), which is conducted annually and tracks education and health expenditures at the delivery points.

In 2011 the first three surveys were combined into an Integrated Public Services Survey (IPSS). In addition, the government's statistical office, Statistics Sierra Leone, conducts periodic population and housing census, a household survey (SLHS), Core Welfare Indicator Questionnaire (CWIQ) surveys, and Demographic and Health surveys (DHS).

The objective behind the PETS/QSDS is to ensure that resources transferred to front line providers by the central government arrive at their designated destination and are used for the purpose intended. Since 2004, the PETS/QSDS has focused on the health and education sectors, namely on the financing and distribution of drugs and other medical materials, primary education fees, and textbooks and teaching and learning materials. The PETS reports have helped to improve the management of public resources. Up to 2007, the recommendations arising from the PETS, after being reviewed and approved by the Cabinet, were implemented by a committee chaired by MoFED. PETS has been credited with reducing the discrepancies between deliveries and receipts, first, by recommending that each school should open a bank account in which to deposit its fee payments and, second, by recommending that drugs should be distributed to the district managers directly from the contractor rather than through intermediaries. In 2008, the government appointed a high-level commission charged with following up PETS recommendations. According to MoFED officials, it is not clear how often this commission meets or what it has done to follow up PETS recommendations. Officials of the PETS unit of the MoFED are planning to involve non-state actors more actively in the discussion of its findings and in the implementation of its recommendations.

At the program level, only a small number of programs have adequate information and M&E systems. Very few programs fill in the questionnaire submitted to them (Annex 1), and some program managers did not provide even such basic information on their program as number of beneficiaries or program's cost. Even major programs like the Free Health Care Initiative did not provide us with basic information on the number of people reached by the program and the program's cost (we obtained the cost information from the budget and from development partners).

Most programs that have M&E systems are pilot programs financed by donors. NaCSA has a management information system (MIS) that is mostly used to manage its small infrastructure projects by gathering information on sub-projects, numbers of beneficiaries, and disbursements. Although it is set up to cover all programs being implemented by NaCSA, actually the system

only contains updated information on the cash-for-work component of YESP.²⁴³ NaCSA's MIS is not connected online with the regional or district offices and is updated using information received by e-mail or on diskettes.

A few programs have had impact evaluation studies, including the qualitative assessments of the National Social Safety Net Program made by HelpAge International (see Box 4.1) and the impact assessment of youth employment programs commissioned by the National Youth Commission, the Ministry of Youth and Sports, and the UNDP. YESP, which is being implemented by the National Youth Commission and NaCSA, includes a monitoring system and quantitative, randomized impact evaluations.

The forthcoming evaluation of the cash-for-works component of YESP will be based on the random assignment of those receiving training and those not receiving training, with the objective of analyzing whether or not adding short-term training to a public works program increases the employability and livelihoods of beneficiaries.

Similarly, the evaluation will use the random selection of participants and comparison with non-participants of the skills development and employment support component to assess the effects of entrepreneurship/business development programs on the well-being of beneficiaries as measured by their income, consumption, and other welfare indicators. These evaluations should help to build M&E capacity in NAYCOM and NaCSA.

To sum up, the development of a culture of evidence-based policymaking and management by results is a process that requires continued commitment and effort from the government as well as investment in information and M&E systems and in staff training.

G. Institutional Arrangements and Participation

The government has put in place an organizational structure to coordinate the implementation of its Agenda for Change, to monitor and evaluate its results, and to promote participation. At the policy level, the coordination among ministries is led by the Office of the President and the MoFED with the support of the President's Strategy and Policy Unit and the Cabinet's Oversight and Monitoring Unit. Coordination between the government and its development partners is led by the Office of the President with the support of the Strategy and Policy Unit through quarterly meetings of the Development Partnership Committee (DEPAC). The President's Strategy and Policy Unit also manages the quarterly performance reviews of the Agenda for Change. The Cabinet's Oversight and Monitoring Unit is responsible for monitoring the implementation of all Cabinet decisions and prepares reports for the attention of the President and the Cabinet. At the operational level, MoFED leads monthly meetings of the National Technical Committee (NTC) which comprises representatives from Government and selected development partners. It discusses the issues emanating from the reports from the implementation groups and determines the issues to be brought to the attention of the broader Development Partnership Committee

²⁴³ The Growth for Peace Consolidation Program (funded by *Kreditanstalt für Wiederaufbau*) is in an Excel file, the Community-driven Development Program (funded by the IDB) is not in the MIS, and the Refugees and the War Reparation Programs have a separate database managed by the program manager.

between Government and development partners. At the implementation level, cross-sectoral coordination at the national level is conducted through cluster working groups (CWGs) and at the local level by district working groups (DWGs).²⁴⁴

The CWGs meet monthly to review the updates from the DWGs for their respective sectors and make recommendations to address the challenges highlighted in the reports. For the Agenda for Change there are four clusters: governance; infrastructure; productive; and social. Each CWG comprises representatives from the various institutions that implement programs within the group as well as the development partners that support these programs.

According to the Office of the President's senior staff, in practice this framework for the implementation and M&E of the Agenda for Change has been working well. Major MDAs submit quarterly progress reports to the Office of the President as well as an annual report summarizing year-end results. The Office of the President has taken a pro-active role in coordinating the implementation of the Agenda, including weekly follow-up meetings on key sector issues, with generally satisfactory progress thus far.

The main MDAs involved in social protection in Sierra Leone are the MSWGCA, NaCSA, the MLSS, NASSIT, and MoFED, which provide financing, and local councils, which deliver services. At the same time a large number of NGOs, faith-based organizations, and other civil society organizations provide social services to the most vulnerable groups.

Based on a functional study carried out with support of the DFID in 2006, the MSWGCA initiated a re-organization in 2009. It established five Directorates: (i) Social Welfare; (ii) Children's Affairs; (iii) Gender Policy and Advocacy; (iv) Policy Development and Strategic Planning; and (v) Human Resources/Administrative and Finance. The ministry aims to provide efficient and reliable services and promote and protect the rights of women, children, the aged, the disabled and the marginalized. Its other objectives are to promote the advancement of women, provide family care and social support services, rehabilitate delinquent juveniles, and protect women and children whose human and sexual rights are abused. The ministry is also expected to regulate the activities of the many service organizations that are involved in social welfare services. The ministry is under-funded and under-staffed. Its lack of institutional capacity discourages potential partners, a vicious circle that perpetuates its weak capacity and limited sectoral impact.

Most social welfare functions have been devolved to the local councils which are expected to address the issues related to people in need or on probation, family cases, the disabled, child welfare, and gender. Local councils are also totally under-resourced and under-staffed. For example, as mentioned above, the Western Area Rural District Council (WARDC), has only two employees to discharge its mandate and address the social welfare needs of 250,000 people – one social welfare official paid by the MSWGCD and one assistant who is paid by the council. With the new transfer that local councils will receive from the DSDP II, more resources will be available to the local councils to spend on for social welfare. Some of these resources will need to be spent on building capacity at the central and local levels to enable local councils to provide quality welfare services to their populations.

²⁴⁴ Republic of Sierra Leone (2008). Pages 156, 163-167.

NaCSA is a semi-autonomous government agency governed by a seven-member Board of Directors with representatives from the government, donors and civil society. In 2008 a functional review of NaCAS was conducted with the support of the DFID. The review recommended restructuring the Commission to enable it to meet its extended (until 2018) and expanded (social protection, refugees and war reparations, and local governance capacity building) mandate.²⁴⁵ Currently, NaCSA is headed by a Commissioner (appointed by the President) who is supported by three divisions: (i) a Program Division comprising several units responsible for policy planning and resource mobilization and program implementation; (ii) a Monitoring and Evaluation and Knowledge Management and Visibility Division with two units (covering M&E and Public Information respectively); and (iii) a Support Services Division, also with two units (Administrative and Human Resources and Finance and Procurement). NaCSA has regional coordinators for the Northern, Eastern, and Southern Regions (the regional director for the Western region operates from NaCSA's headquarters in Freetown) as well as district coordinators. NaCSA has a staff of 192 of whom 75 work at the headquarters. It has five senior managers (four with background in social sciences and one in accountancy); 13 managers/directors (11 with degrees in social sciences, 1 in accountancy and 1 in administration); 36 project officers (16 with a background in social sciences and 7 in engineering while 13 are clerks of works); 89 junior staff with different backgrounds; and 49 community-based facilitators who are mostly social science students.

The main mandate of the Ministry of Employment and Social Security is to ensure that labor legislation is implemented, regulate occupational health and safety in the workplace, and promote employment opportunities. More specifically, it provides work permits, ensures that the core ILO conventions are enforced, and oversees the general administration of the social insurance scheme, which is managed by NASSIT.

The Social Protection Policy approved in March 2011 proposes a new governance structure for Sierra Leone's social protection system that will include a National Social Protection Authority (NSPA) that will report to Cabinet through a Cabinet sub-committee. It also proposes the creation of a National Social Protection Coordination Agency to coordinate the implementation of the social protection policy or "alternatively the Government can assign this responsibility to NaCSA" as well as a decentralized Provincial Coordinating Committee and Chiefdom Councils.²⁴⁶

Given the positive experience with the existing arrangements for the implementation of the Agenda for Change, in December 2011 the President of the Republic approved an institutional arrangement at the highest level for the social protection system that parallels the arrangements being implemented for the Agenda for Change. Under this arrangement, the President is likely to delegate his Chief of Staff to chair whichever body is chosen to coordinate the social protection system with the Minister of Finance and Economic Development as co-chair.

²⁴⁵ National Commission for Social Action Act of 2008 (2.e and 2.g) and Refugee Protection Act of 2007; .National Commission for Social Action (2008), page 5.

²⁴⁶ Republic of Sierra Leone (2011), pages 19-21

Involving the population in program monitoring has become a strategic necessity in Sierra Leone. The government has used several mechanisms to monitor the delivery of public services. For example, the Public Expenditure Tracking Surveys (PETS) have been a useful source of information on the distribution and use of public resources since 2001.²⁴⁷ Similarly, participatory poverty assessments (PPAs) have been used to ascertain the perceptions and opinions of affected communities about the implementation of the Agenda for Change and about the effectiveness of government service delivery.²⁴⁸ Despite these efforts, there is still a general lack of accountability that undermines the quality of service delivery. The recent approved Decentralized Service Delivery Program, Phase II, includes a new results and social accountability component that will promote the participation of the communities in monitoring project implementation.

To sum up, the major MDAs involved in social protection in Sierra Leone – the MSWGCA, NaCSA, the MLSS, and local councils – will need to be substantially strengthened to enable them to manage a revamped social protection system. The decision of the President of the Republic to integrate the overall management of the social protection system into the institutional framework of the existing Poverty Reduction Strategy (Agenda for Change) should serve the sector well.

H. Summary of the Assessment

Sierra Leone spends more on social assistance and less on social insurance than the average for those African countries for which comparative data are available. The country depends heavily on external sources to finance its major social assistance programs. Very little is spent on the core social welfare services delivered by the MSWGCA. Transfers to local councils have increased substantially in recent years, and their predictability in terms of timing and amount has improved, though this is still below the average for other developing countries.

Most social assistance programs in Sierra Leone are small, pilot, or short-term programs that cover only a fraction of the groups at risk, and their benefits are meager. Major gaps in the coverage of this range of programs include: (i) war victims, the disabled, and the elderly who are unable to work and have no means of subsistence; (ii) the working poor and the seasonally or long-term unemployed; and (iii) very poor families with children, particular labor-scarce households. There is extensive fragmentation and duplication of social assistance programs and poor coordination between MDAs and local councils and between these entities and NGOs and other service organizations.

There is substantial room to increase the targeting accuracy of most social protection programs and to increase their cost-effectiveness. The major MDAs involved in social protection in Sierra Leone – the MSWGCA, NaCSA, the Ministry of Labor and Social Security, and local councils – will need to be substantially strengthened to enable them to manage a revamped social protection system efficiently. The decision of the President of the Republic to integrate the overall

²⁴⁷ See, for example, Government of Sierra Leone (2009) and Ministry of Finance and Economic Development (2009b).

²⁴⁸ Republic of Sierra Leone (2008), page 165.

management of the social protection system into the institutional framework of the Poverty Reduction Strategy should serve the sector well.

V. Recommendations for Strengthening the Social Protection System

The civil war disrupted (if not shattered) existing formal and informal support systems for the poor and vulnerable. Since the end of the war in 2002, the Government of Sierra Leone has established a series of social programs to try to address the most urgent needs of vulnerable groups. Many international and national NGOs have also been very active in the country. This set of programs is very fragmented, and some are not well-targeted to the most vulnerable groups. During the recent food and fuel crisis, the government sought to protect the population from price hikes by introducing price controls and fuel subsidies at a very high fiscal cost. There is now a need to move away from emergency interventions and towards the building of a national social protection system.

The government's recently approved Social Protection Policy states its intention to pursue protection, prevention, and promotion "approaches in the delivering of social protection." In addition, the government proposes to follow a transformative approach that "will continue to support the formulation of policies and the enactment of legislations and regulations such as the development of evidence-based programs on Social Protection, statutory minimum wage, maternity benefits, inheritance rights, anti-discrimination legislation, anti-stigma campaigns, anti-corruption legislation, policies on fee-free education, and regulations on safe classroom environments (to avoid exclusion of vulnerable children and girls)."²⁴⁹ This approach is similar to that taken in the World Bank Social Protection Strategy for 2012-2022 (Table 5.1).

The government is preparing a new Poverty Reduction Strategy Program for the period 2013 to 2017. Policymakers have decided that one of the five pillars of the new strategy will be "Employment, Social Protection, and Labor Strategy," which will focus on managing shocks and risks and reducing poverty and hunger. In this context, it is also important to mention that Sierra Leone's fiscal space should increase significantly in the coming years as royalties from mineral exports are expected to increase ten-fold, from Le 24 billion in 2010, to Le 242 billion in 2012, to Le 257 billion in 2013, and temper down to Le 204 billion in 2014.²⁵⁰ Also, real GDP is expected to grow by 21 percent in 2012.²⁵¹ However, policymakers should be cautious when planning for the use of these additional resources as iron ore prices are quite volatile, and the World Bank's price forecast indicates that iron ore prices, after declining in real terms by over 20 percent in 2012, are projected to drop by an additional 8 percent between 2012 and 2025.²⁵² Nonetheless, these are very important developments which will make it possible to build a more efficient and resilient social protection system, promote more inclusive growth, and reduce poverty in Sierra Leone. It is hope that this assessment will contribute to these goals.

²⁴⁹ Republic of Sierra Leone (2011).

²⁵⁰ Ministry of Finance and Economic Development (2011), Annex I.

²⁵¹ <http://www.imf.org/external/country/sle/index.htm>.

²⁵² The prices are projected to decline in 2005 US\$ prices from US\$107 to US\$98 per dry metric tons unit between 2012 and 2025. See <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/EXTGBLPROSPECTS/0,,contentMDK:23328357~menuPK:8994356~pagePK:2904583~piPK:2904598~theSitePK:612501,00.html>.

Table 5.1 New Approaches to Social Protection

World Bank SP Strategy (2012-2022)			The Government's Approach
Goals	For what?	Instruments a/	
Resilience	To prevent drops in well-being as a result of income and expenditure shocks	Social insurance programs (unemployment, disability, old age, public works)	<u>Prevention</u> . Social insurance schemes such as pension systems, health insurance, unemployment benefits, and services to support communities' and other subsidized risk-mitigation mechanisms to prevent deprivation or destitution.
Equity	To protect against destitution and promote equality of opportunity	Social assistance programs/safety nets (transfers, social pensions, extension of access of basic services to the poorest, school feeding)	<u>Protection</u> . Social assistance including a broad range of actions such as cash transfers, food aid, affordable health charges, child protection services and responses to life threatening emergencies to enhance the coping mechanisms of vulnerable groups, including amputees and the war wounded.
Opportunity	To promote better health, nutrition, education, and skills development, and to help men and women access productive work	Labor programs, targeted services delivery projects, public works, conditional cash transfers	<u>Promotion</u> . Interventions to strengthen livelihoods and enhance productivity, such as public works and school feeding programs in order to reduce susceptibility to social risks. Micro and area-based schemes such as community-driven-development initiatives at the community level are part of this approach.

Sources: World Bank (2012a) and Republic of Sierra Leone (2011)

Note: a/ Some of the instruments may deliver more than one goal.

As mentioned at the outset of this assessment, the World Bank's new Social Protection Strategy calls for building social protection systems rather than just a collection of social programs. Social protection and labor systems "are portfolios of coherent programs that can communicate with each other, often share administrative sub-systems, and work together to deliver resilience, equity, and opportunity."²⁵³ These systems should enhance *equity* by providing individuals with the means to secure their rights and to deliver on their obligations, *efficiency* by improving the design of tax and financing arrangements, achieving economies of scale, and establishing common platforms such as beneficiary registries, and *effectiveness* by harmonizing incentives to reduce unintended consequence on behavior. These systems should consist of a mix of public and private provision (depending on the extent to which private institutions are providing socially desirable levels of protection, prevention, and promotion) and should complement rather than replace informal or traditional arrangements.

The complexity involved in building social protection systems should not be underestimated. It entails many different actors and preferences, programs, policies, instruments, institutions, and financing and often requires some difficult trade-offs. The pace at which any social protection system is developed must therefore be in line with the country's institutional and financial conditions and capabilities. The proposed strategy that follows takes into account these considerations.

²⁵³ World Bank (2012a), page xiv.

A. Proposed Strategy

There is no single recipe for configuring an effective social protection system, as an effective system will vary from one country to another and over time. The Social Protection Policy approved by the Cabinet in March 2011 is an important step towards developing an integrated social protection system in Sierra Leone that: (i) responds effectively and flexibly not only to existing risks but also to future shocks; (ii) exploits synergies between programs and is based on shared operational platforms to increase programs' impact and cost-effectiveness; and (iii) includes a sustainable social insurance program, rationalized social assistance programs, improved social services delivery, and closer links between these programs and social and productive services.

The discussion in this study suggests that it will be necessary to address three mutually complementary issues in order to achieve this vision: (i) filling existing program gaps while eliminating program fragmentation; (ii) developing effective ways to maximize the impact of social protection interventions in reducing poverty and increasing households' resilience to shocks; and (iii) strengthening institutional arrangements, coordination mechanisms, and accountability systems. It is also important to keep in mind that the most important strategy for reducing the vulnerability and poverty of Sierra Leone families, which is the major objective of the social protection system, is to continue to pursue growth-oriented, job-creating, pro-poor policies. Having a stable job that pays a reasonable wage is the main way for individuals and their families to rise out of or avoid falling into poverty.

As mentioned above, the Social Protection Policy approved in March 2011 focused on 10 areas: (i) increasing access to education and health services (scholarship and health fee waivers); (ii) expanding existing pilot social assistance programs; (iii) encouraging traditional family and community support for the vulnerable; (iv) promoting insurance schemes; (v) providing transfers to increase the use of social services; (vi) providing homes or shelter for vulnerable groups such as orphans, the physically and mentally challenged, the elderly, and abused children; (vii) promoting gender equality and women's empowerment; (viii) supporting livelihoods and employment opportunities; (ix) developing small and medium-size enterprises; and (x) building infrastructure that is accessible to the physically challenged. Given capacity limitations, including the absence of a mid-level managerial class, we recommend that the government should focus on three major programs that together with other existing interventions will constitute a minimum or a "floor" of key social protection services. The three programs that we propose are:

- A social pension targeted to war victims, people with disabilities, and the elderly who are unable to work and have no other means of subsistence
- A permanent labor-intensive public works program that will seek to help those rural and urban households that are seasonally exposed to food insecurity and the unemployed
- A cash transfer to very poor households with children.

These three programs will be permanent, will build on existing capabilities, will absorb and integrate existing projects and activities, and will reduce program fragmentation. At the same

time, the government should rationalize and strengthen some existing programs and deepen NASSIT's governance reforms.

Sierra Leone will continue to be exposed to external shocks such as sharp increases in food or fuel prices, or to natural disasters such as floods. These three programs will constitute a first line of defense against these shocks as they can be relatively easily scaled up in terms of coverage and benefits and cover all major vulnerable groups: (i) the poor elderly, victims of war, the disabled, (ii) poor adults unemployed and the jobless youth, and (iii) poor children. For the first two groups, currently there are no permanent programs; likewise for children there is no program aimed at improving nutrition and access to education. The three programs will complement each other as they cover all major age groups. These three programs will absorb existing fragmented programs and will develop links with other services such as health, education, training, and microfinance, therefore contributing to increase the integration and efficacy of the social protection system.

As Sierra Leone's domestic revenues, notably from mining, increase in the coming years, it will be possible to gradually expand these three programs. The sequencing of reforms could be as follows. In an initial stage, the focus might be on capacity building of MSWGCA and NACSA, developing a new operational platform to increase the cost-effectiveness of interventions, establishing a social pension that will use this platform, and piloting a conditional cash transfer for poor families with children. The second stage might involve consolidating existing labor-intensive public works programs into a new permanent public works program that will use the new operational platform. In the third stage, the cash transfer to poor families with children (particularly labor-scarce families) could be introduced, which would also use the common operational platform. Finally, in a fourth stage, the focus could be on evaluating the impact of the new programs and making any necessary modifications. During these four stages, continued efforts should be made to establish links between transfer programs and health and education services, strengthen selected interventions, reduce program fragmentation and duplication, and improve coordination between MDA, Local Councils and NGOs and other service organizations.

B. Developing a Minimum Integrated Social Protection System

A strategic combination of a labor-intensive public works program and cash transfers (family transfers and social pensions) would provide vulnerable groups with access to productive income-generating activities and to social services. The labor-intensive public works would provide vulnerable groups with seasonal work and a predictable source of income, thus helping them to smooth their consumption and avoid the need to make negative investment decisions (such as selling off their assets or eating less food) while also improving their wellbeing. In the medium term, participating in the labor-intensive public works program is likely to help vulnerable households to accumulate assets because of the training that they will receive as part of the program, thus making it more feasible for them to adopt more productive income-generating activities. Cash transfers will make it easier for beneficiaries to access health and education services. Eventually, it might be possible to make the transfers to very poor families with children conditional on their use of education, health, and nutrition services, thus contributing directly to human capital development.

The programs should be scalable both in terms of benefits and coverage. It should be possible to expand and contract them in response to crises such as the recent food and fuel crisis as well as to natural disasters. The labor-intensive public works program would also increase the country's resilience to climate change. While the menu of sub-projects should be community-driven, it should include works that increase communities' resilience to the possible negative impacts of climate change.

1. Targeted Social Pension

Sierra Leone has a large number of people who were victimized by the conflict either directly or indirectly (by the breakdown of health services) and are unable to provide for themselves. Adults with disabilities could number as many as 530,000, some of whom cannot work and have no other source of income. Similarly, there are over 340,000 people aged 60 and older without a pension, some of whom cannot work and have no other source of income. Meanwhile, traditional informal social protection mechanisms have been disrupted by the conflict, by the large-scale displacement of people, and by migration to urban areas. Therefore, it is up to the public sector to step in and support these vulnerable groups (victims of the conflict, people aged 60 years old and over, and disabled people who cannot work and have no other sources of income) with a monthly cash transfer sufficient to cover a meaningful share of their food needs. For example, in the countries in Table 4.12, their social pensions cover between one-quarter and one-half of the average food needs of households in the lowest quintile.

The social pension program should absorb the existing National Social Safety Net Program (NSSNP), which at the time of writing has not yet been fully rolled out even though it was established in 2004, as well as potentially other programs targeting victims of the conflict, people aged 60 years old and over, and disabled people who cannot work and have no other sources of income. The NSSNP's pilot in 2007/08 yielded some useful lessons. The MSWGCA, NaCSA, and other stakeholders should review the program's beneficiary selection criteria, and the program should use the recommended operational platform to be developed by NaCSA to operate all major transfer programs in a unified manner (see Section C below).

The Social Pension should establish close links with health services. For example, to magnify its impact, the beneficiaries of the Social Pension should be automatically eligible for free public health services (and medicine). As is well known, health costs are a major burden for the disabled and the elderly. These groups are already supposed to have free access to health care at public facilities, but the policy is not consistently implemented.²⁵⁴ Nor is it clear whether victims of the conflict (mental and physical) are provided with free health care in public facilities.

2. Labor-intensive Public Works Program

NaCSA and other partners are currently implementing several public works programs, most of which are temporary, short-term interventions. Some are cash-for-work programs and others are food-for-work programs. Our recommendation is to unify these programs under one *permanent*

²⁵⁴ Art.17 of the Persons with Disabilities Act of 2011. See also ILO (2009), page 23.

national labor-intensive public works program designed to help food-insecure households to smooth their consumption during the lean period of each year. As resources permit, the program should eventually be open to all adults in need (one per household).

The unified program would cover both rural and urban areas as food insecurity affects households living in both areas. It would be predictable (in terms of the timing and duration of and compensation for the work being offered) so that households would be able to count with this support and plan accordingly. Given that a large proportion (about 40 percent) of rural and urban households experience hunger during the months of July-September (see Figure 2.2), the program should offer work for at least three months per year. The compensation would be in cash but in special circumstances (for instance, for very isolated communities) it could be provided partially or fully in the form of food if the beneficiaries so desire. Families receiving the social pension or the cash transfer for very poor families with children would not be eligible to participate in this program. The wage rate should be set below the local market wage rate for unskilled labor to encourage a degree of self-selection by the very poor, but policymakers' main focus should be on ensuring that the beneficiary selection mechanism minimizes errors of exclusion.

The inclusion of elements to help beneficiaries to “graduate” from the program such as skill upgrading should be considered. The forthcoming evaluation of the ongoing cash-for-work program in the Youth Employment Support Program (YESP) should provide some useful guidance about how best to implement such programs in the context of Sierra Leone. Some analysts have stressed that labor-intensive public works should not only provide beneficiaries with predictable transfers in return for their labor but also include training or technical assistance so that beneficiaries can improve or develop their skills and thus graduate to full-time employment.²⁵⁵ These services could also include a savings component combined with financial literacy training after which the program might begin to provide microcredit services to help beneficiaries to finance agricultural production or income-generating activities. This microcredit component could build on local experiences such as the Susu scheme, which is an informal savings club in which the beneficiary rotates each month among the members. It might also include some simple form of micro-insurance added directly to the savings element (perhaps consisting of life insurance and insurance for funeral expenses based on existing forms of mutual insurance such as funeral associations). It is important to stress that, if any or all of these training and micro-financing services are eventually incorporated into the labor-intensive public works program, they should be provided by specialized agencies and not by NaCSA. The difficulties of introducing and managing these types of activities should not be underestimated, and expectations about their potential for enabling beneficiaries to graduate should be kept at realistic levels.

The targeting, registry, payment, and administrative sub-systems of the labor-intensive Public Works Program should also be reformed and aligned with the Operational Platform described in Section C below.

²⁵⁵ See for example Anderson (2011).

3. Transfer to Very Poor Families with Children

We also recommend that the government through NaCSA should consider launching a cash transfer program for very poor families with children under the age of 18.²⁵⁶ Priority would be given to families with orphans and vulnerable children (OVC) and single earners and labor-scarce households that have able-bodied members who cannot take up public works because this would undermine their ability to discharge their other crucial family obligations. Poor women who are pregnant or lactating would also qualify. The amount of the transfer might consist of a flat transfer equal in amount to the social pension plus an additional (declining) amount for each dependent children with an upper limit of, for example, four dependent children to avoid creating undesirable incentives. Because of resource limitations, a person who qualifies for the social pension but has dependent children so also qualifies for the transfer, should receive only the transfer plus the corresponding additional amount for the number of children under the age of 18 in the household. This program may use a proxy means test to help identify eligible families.

Because the lack of basic services in many areas and of the institutional capacity needed to verify compliance with conditionality, the cash transfer should likely be unconditional, at least in the first phase. If so, it must be accompanied by a strong communication campaign underscoring that the support is being given by the government to improve the nutrition of children and enable parents to send their children to school and to access health services. In this context, it is important to establish close links between the transfers and other services. Under the Free Health Care Initiative, health care is already provided free to the under 5s and to pregnant and lactating women. Children enrolled in school are also supposed to have free access to health care in public facilities, but this policy is not consistently applied.²⁵⁷ To ensure that there are synergies between the transfer program and social services, all beneficiaries of the transfer to poor families with children should be automatically eligible for free health services (and medicine) in public facilities and for free primary schooling (no extra fees charged by the school), textbooks, school materials, uniforms, school lunches, as well as for free birth registration.²⁵⁸

Communication is very important to achieve the objectives of an unconditional cash transfer – to increase the beneficiary family’s income and to improve their health, nutrition, and education. Each community should be fully briefed on the purpose of the program. Communities should be involved in helping to ensure that the families that are selected as beneficiaries are those that are most in need including those containing OVC, children with nutritional problems, and poor pregnant or lactating women. Furthermore, the beneficiary families must be made aware of what is expected of them – that the transfer should be used to improve the family’s diet and to enable the family to keep their children in school and to take them to visit health clinics regularly. If it is not politically acceptable to make the transfer unconditional, then it might be possible to consider a “softer” conditionality that relies, for example, mostly on self-reporting.

²⁵⁶ The Child Protection Act of 2007 defines children as persons below the age of 18 years.

²⁵⁷ See ILO (2009) page 23.

²⁵⁸ In the Jamaica CCT (PATH), for example, the program makes direct transfer to schools to ensure that beneficiaries have free access to school meals.

4. Rationalizing and Strengthening Existing Provisions

The Government of Sierra Leone should continue to offer these other social programs but should strengthen some and rationalize others. The Free Health Care Initiative should continue, and free access to all qualified women and children should be ensured. Programs that need to be strengthened include nutrition programs for the under-5s and other vulnerable groups, the School Feeding Program, the Girl Child (junior secondary school tuition waiver) program, scholarships for poor students attending secondary school (since very few poor children ever reach higher education and therefore cannot access existing scholarships), programs for people with disabilities and war victims, and traditional core welfare services such as those provided by the MSWGCA and many services organizations (see below). Programs that need to be rationalized include those that supply textbooks and teaching and learning materials to ensure that they are more equitably distributed among government and government-assisted schools and youth programs that have received priority attention from the government and development partners in recent years.

For the Sierra Leone Union on Disability Issues (SLUDI) which represents 56 organizations of people with disabilities nationwide, the most important measure that the government could take in the short term would be to establish a National Commission for Persons with Disabilities (NCPWD), which is contemplated in the Persons with Disability Act, 2011.²⁵⁹ SLUDI would be represented on the Commission (according to Article 3c of the Act). Once established, the Commission is expected to develop a comprehensive action plan to address the issues faced by people with disabilities. The MSWGCA has convened in early 2012 a meeting with potential members of the Commission and committed itself to working towards its establishment in the near future. Some challenges facing disabled people that were underlined in the recent World Bank study on disability in Sierra Leone include: (i) the scarcity of reliable long-term funding and the limited allocation of government funds for disability issues, making comprehensive long-term programming difficult; (ii) “a lack of dedicated technical capacity. Existing strategies in education and health sectors and the draft strategy on people with disabilities are examples of cases that demonstrate that without a stronger capacity for coordination and collaboration, the policies never translate into active programs;”²⁶⁰ (iii) the uncertainty over whether or not the government will decide to adopt an “inclusive approach” to disability issues within key service sectors such as health, education, and employment; and (iv) the lack of political will to address disability issues with the urgency that they merit.²⁶¹ It is hoped that the establishment of the proposed Social Pension and the Commission will help to change this last situation.

When new social assistance programs are implemented (such as those suggested above), there is a danger of crowding out resources for the traditional core welfare services that serve abandoned children, orphans, foster children and other children in the care of the state, the homeless and the indigent, victims of sexual abuse or domestic violence, the disabled, and poor families in dire need of support. These programs are the foundation of social protection and should always be given the highest priority by the government. In Sierra Leone these programs include the social services provided by the MSWGCA and local councils, which are severely under-resourced. As

²⁵⁹ Interview with SLUDI’s Executive Director.

²⁶⁰ Ovadiya et al (2009), page 26.

²⁶¹ Ibid., page 26.

mentioned earlier in this report, the transfers given to local councils from the central government to fund social welfare services are being increased with the support of the World Bank's DSDP II. The capacity of both MSWGCA and local councils will need to be substantially strengthened to enable them to discharge their social welfare mandates more effectively.

All existing youth programs should be rationalized under the recently established National Youth Commission to reduce the current program fragmentation. The respective mandates of the Ministry of Youth and Sports and NAYCOM should be clearly defined so as not to overlap. Most of youth programs are aimed at the young people who were unable to go to school during the years of conflict. The World Bank's study on youth in Sierra Leone²⁶² suggests several interventions to help this population such as: enabling young people to gain work experience in public works schemes, strengthening the skills of out-of-school young people, supporting self-employment and entrepreneurship for young people, increasing access to quality primary and secondary education, including TVET, and increasing access to land for young people. It also suggests that youth programs should be better designed, more demand-driven and long-term, and more linked to the labor market demand.²⁶³ As discussed above, YESP already incorporates most of these suggestions, and the evaluation of its impact should yield some useful lessons about what works and does not work in the context of Sierra Leone.

As the youth victims of the conflict gradually become adults, as discussed in Chapter II, there is a continuing problem with many younger children not attending or dropping out of school. The first line of defense against youth joblessness is to ensure that children stay in school and acquire the knowledge and skills needed to get a job. Accordingly, incentives must be put in place for students to stay in school, advance through the grades, and, if possible, to lure dropouts back into school. As discussed above, the government might eventually wish to add conditionality to the proposed cash transfer for very poor families with children to give parents a direct incentive to send their children to school and keep them there to progress to higher grades. Bonuses could also be offered to those students who wanted to enter vocational/technical training centers or apprenticeship programs. Scholarships for secondary students should also be considered as suggested above. The greater the returns to schooling the more likely students will be inclined to stay in school. This can be achieved by improving the quality and increasing the market relevance of education. Guidance/career counseling programs are important for persuading students to stay in school and to assess their post-school options.

For students who have left school and want to return, policymakers should consider adopting so-called second chance and equivalency programs as well as life skills courses. (Box 5.1). When coupled with a widely recognized and respected certification, these programs can make young people more employable and increase their earnings.²⁶⁴ Sierra Leone has already had some positive experiences with this type of program in the early 2000s.²⁶⁵

²⁶² International Development Association (2010).

²⁶³ Peeters et al (2009) pages 9 and 10.

²⁶⁴ Betcherman et al (2007), page 47.

²⁶⁵ See for example the Complementary Rapid Education for Primary Schools (CREPS) program evaluated by Johannesen (2005).

Box 5.1 : Young People in Africa's Labor Market

A report from the World Bank on young people and Africa's labor market offers guidance to policymakers searching for solutions to youth employment issues. The approach is based on a policy framework that encompasses the complexity of youth issues and incorporates lessons from international experience. The report recommends:

“Broadening Opportunities for Employment. Economic growth is key to broadening opportunities. It increases employment for everyone—and has a disproportionately large effect on youth...A good investment climate—which lets the private sector expand and helps trade flourish—will support economic expansion. These general policies are necessary to promote youth employment opportunities, but they are not sufficient. Youth would also benefit from policies that mitigate the market and policy failures responsible for labor market rigidity and segmentation, particularly along the skills and urban-rural dimensions.

Increasing Youth's Capabilities. Youth need to be prepared to take advantage of potential opportunities and to create opportunities on their own through self-employment and entrepreneurial activities. Preparation for employment starts with basic good-quality education, which provides the foundation for future human capital accumulation and the later acquisition of vocational skills in schools, training institutes, and the workplace. In general, higher levels of education are associated with an easier transition to work... school enrollment is negatively affected by adverse income shocks to households, the low education of the household head, and difficulty in access to education, measured by distance to school. Because poor households are more likely to be income-constrained, when faced with negative income shocks, they are more likely to take their children out of school and send them to work. Other households may not realize the incentives for investing in education, partly because parents with low educational attainment tend to understate the benefits of children's schooling.

Providing a Second Chance. Poverty, adverse economic conditions, ill health, employment shocks, and inadequate schools force many young people to leave school, bringing early investment to a halt and frustrating their efforts to prepare for work and develop their livelihoods. In Africa, an estimated 95 million young men and women with no education are either unemployed, in low-paying jobs, or totally withdrawn from the labor force. These youth need a second chance... most second-chance interventions are small in scale, unevaluated, and face severe challenges for sustainability and scalability.”

Source: Garcia and Fares (eds) (2008), pages xxix and xxx

The population of young people who left school (or never enrolled) and do not want to go back is not homogeneous. Therefore, interventions should be tailored to each individual's capacities and aspirations as is being done in the skills development and employment support component of YESP. Some youths may be attracted to self-employment or micro-enterprise programs, while others may prefer formal jobs. Some may need remedial education before participating in training, and most will need youth employment services (such as counseling and job search assistance). These services appear to have a positive impact on employment but need to be

designed to take into account the realities of the local labor market,²⁶⁶ particularly the very large informal sector. Evaluations of apprenticeship programs have shown that these programs are effective at providing young people with initial work experience, thus enhancing their employability as well as helping them to make job market connections.²⁶⁷ For poor youths, these programs should provide a small stipend to cover transportation and food costs.

5. Reforming Social Security

The primary responsibility of NASSIT is to safeguard the retirement savings of its 200,000 members. Its first task should be to recover the substantial payment arrears by both private and public institutions, which as of December 2011 were equivalent to about 26 percent of 2010 contribution income. It should also be more forceful in the future in ensuring that all firms that should be contributing to the system are doing so. Moreover, it should invest its reserves in a very prudent, transparent manner. The former may be a challenge given Sierra Leone's small capital market. In this respect, the Financial Sector Action Plan of October 2009 suggested the need for an overall institutional review of NASSIT, particularly of its operations, investment strategy, and financial sustainability. It also recommended that the government develops a framework for the regulation and supervision of NASSIT's investments and that NASSIT's reporting to its members is more comprehensive and transparent.²⁶⁸

C. Establishing a New Operational Platform

There is a need to establish a new operational platform that will manage all major transfer programs efficiently. This is similar to what NASSIT is already doing by using a single operational platform to manage its own pensions as well as MoFED's pensions. This platform could be managed by NaCSA since the Commission has experience in managing transfer programs (public works, reparation, and refugee programs). This platform should consist of: (i) an efficient targeting and beneficiary identification mechanism; (ii) a unified beneficiary registry; (iii) a grievances and appeals mechanism; (iv) a monitoring and evaluation system; and, to the extent possible, (v) an integrated management information system.

1. Targeting and Beneficiary Selection

As discussed in Chapter IV, in Sierra Leone there is the danger that the selection of beneficiaries by communities may lead to the exclusion of those most in need and to the capture of benefits by those with the most power. To avoid this, many countries have chosen to use proxy means tests to select beneficiaries in an objective, transparent manner. This type of targeting is challenging in countries like Sierra Leone because poverty is widespread and "households are fairly

²⁶⁶ Betcherman et al (2007), page 39, Table 15.

²⁶⁷ Ibid., page 39, Table 15.

²⁶⁸ Republic of Sierra Leone (2009b), page 40. (<http://www.bsl.gov.sl/pdf/FSDP.pdf>).

homogeneous in terms of observable characteristics even if their consumption levels vary.”²⁶⁹ To address this problem, two approaches may be considered. One would be to continue to rely on categorical and community selection as is currently the case but to ensure that an independent group verifies the selection of beneficiaries and that there is an independent and responsive grievance and appeals mechanism in place.²⁷⁰ Both of these verification mechanisms would need to be adequately resourced.²⁷¹ Another approach would be to use a proxy means test not to select beneficiaries but to verify that the beneficiaries who are selected are indeed eligible for the program. This approach is currently being followed in Tanzania. It also requires an independent and responsive grievance and appeals mechanism.

Using self-selection mechanisms, such as setting the wage for public works programs at a lower level than the market rates, is not very effective in countries like Sierra Leone with high unemployment and very limited or even non-existent employment alternatives. In some instances (such as some mining work), alternative jobs paying better wages may be available, but they may also require an initial expensive investment (for example, the costs of migrating to the site of employment) and may involve harsh working conditions. While self-selection can still be used in this context, it should be complemented by other mechanisms such as community selection, independent verification, and a proxy means test. In those programs that use compensation as a self-selection mechanism, the wage rate should be consistent with the main objective of the program. In other words, it should be set relatively low if the objective is to maximize coverage and relatively high if the objective is to maximize the welfare impact on the beneficiary families. In most cases, policymakers will need to balance both objectives.

2. Unified Beneficiary Registry

The unified beneficiary registry should be designed to include all potential beneficiaries of social assistance programs, namely all of the poor and vulnerable. This would facilitate the planning and management of social protection interventions and help to meet the needs of these Sierra Leoneans. The registry should contain information on all poor households and their members, including their location, composition, education, work, resources, income and expenditures, members with special needs, child development, and housing among others. More detailed information could be gathered on special groups such as farmers. A single registry would be helpful in identifying potential beneficiaries of specific programs, designing outreach programs, verifying that there is no duplication of benefits, ensuring that beneficiaries are eligible for benefits, and eliminating ghost beneficiaries. Each social assistance program would have its own sub-registry of potential beneficiaries according to the eligibility criteria of the program. To the extent possible, this database should be able to “communicate” with other relevant databases such as those of NASSIT and the National Revenue Authority. This database should also be designed to be accessed and/or managed by local councils. The confidentiality of the information should be assured.

²⁶⁹ World Bank (2009a), page 26.

²⁷⁰ Under the YESP, IDA is supporting the National Youth Council establishing a Grievance and Appeal mechanism.

²⁷¹ The National Youth Commission indicated that they were supposed to be discharging “this independent verification role” but that actually have not done it because of lack of resources.

3. Grievances and Appeal Mechanisms

All programs should have grievance and appeal procedures for those applicants who believe that they have been incorrectly ruled as ineligible for the program or that they are receiving an incorrect amount of benefit. There should also be procedures for reporting program fraud or other irregularities. All potential beneficiaries should be given information on their rights and obligations with regard to their recertification, their continued eligibility, how to leave the program, and how to file a complaint or appeal. Those individuals chosen to hear the appeals should be completely independent from those managing the program. The process for resolving appeals should be made clear to all stakeholders.

4. Monitoring and Evaluation

The government should ensure that all major social assistance programs are monitored for implementation progress on a regular basis and be evaluated for their impact. A strong and credible monitoring and evaluation system can yield essential information that can increase a program's cost-effectiveness and improve its performance.²⁷² The development of a culture of management by results will require continued commitment by the government as well as investment in information systems and staff training.

5. Management Information System

The government should develop a comprehensive management information system (MIS) to manage the three major social transfer programs (a social pension, a labor-intensive public works program, and a transfer for very poor families with children) that we are recommending for Sierra Leone. To the extent possible, the MIS should provide integrated processes for all of these different programs, including:

- *Beneficiary management*: registering beneficiaries, compiling beneficiary profiles, verifying beneficiaries' identification, updating beneficiary profiles.
- *Payment management*: managing the budgeting process, distributing transfers and control payments, gathering data on changes in beneficiaries' conditions. Payments should be made directly to the beneficiaries whenever possible to cut back on intermediaries and administrative costs and to ensure that beneficiaries can rely on receiving the benefit on time. NaCSA and other agencies should explore ways of reducing the cost of making and collecting payments.
- *Recertification and exit of beneficiaries*. The registry of beneficiaries should make it possible for program administrators to keep track of any changes in the circumstances of the beneficiaries. This will enable them to take beneficiaries off the payment list if they are no longer eligible and thus to avoid making payments to "ghost" beneficiaries. Periodically recertifying beneficiaries also makes it possible for new eligible applicants

²⁷² Grosh et al (2008), Chapter VI.

to be accepted into the program. How often recertification ought to take place will depend on, *inter alia*, the objectives of the program, its eligibility requirements and how quickly eligibility status of the beneficiaries may change, and the costs of implementing the recertification process. The rules for leaving all programs should be clearly established and enforced.

- *System management*: creating and updating user profiles, analyzing requests from users and updating user access levels, accessing control and tracking, updating system parameters.
- *Report management*: generating statistical reports.

D. Institutional Arrangements, Coordination, and Accountability

Social protection is expected to be an important component of the new government's Poverty Reduction Strategy. Therefore, it will be part of the institutional arrangements developed for the implementation and monitoring and evaluation of the strategy. M&E will be based on results-based and participatory. The institutional framework to manage social protection should be very lean, with clear mandates for all of the institutions involved. To the extent possible, it should consist of existing institutions and coordination mechanisms that have been strengthened. For the approval and coordination of social protection policy, the mechanisms developed for the Poverty Reduction Strategy Program II and adopted for the Poverty Reduction Strategy Program III should be appropriate. In addition to the President's Office, this would involve the MSWGCA, the MLSS, NaCSA, NAYCOM, MEST, the MOH, MoFED, and local councils. The ministries should take the lead in the formulation of policy, while, for its execution, the main actors should be local councils for traditional welfare services, NaCSA (in cooperation of local councils) for the major social transfers and labor-intensive public works programs, and NASSIT for social insurance.

The MSWGSA and NaCSA will need to be substantially strengthened to manage the revamped and integrated social protection system. The MSWGSA should be able to help local councils to discharge the traditional core social welfare functions related to child protection, women's rights, people with disabilities, and other vulnerable groups. Local councils' funding for social welfare services, which has been negligible until now, is expected to begin to increase significantly with support from the World Bank's second Decentralized Service Delivery Program (DSDP II). NaCSA will require substantial support to develop the new operational platform and manage the transfer programs.

According the World Bank and African Development Bank's Joint Country Assistance Strategy, "Comparison of Sierra Leone's governance indicators with those of other African countries reveals a mixed picture.... This mixture of attributes suggests that the government is right to emphasize private sector development and decentralization as pillars for development, making good use of the political stability and strong demand for accountability while limiting the

demands on limited government capacity.”²⁷³ The decentralization of service delivery is, therefore, a way to make service delivery more effective and to increase accountability, but it will require local councils to be strengthened while promoting greater community participation. The World Bank’s DSDP II is putting great emphasis on creating the mechanisms for greater social accountability and participation. It is also expected to significantly increase funding levels for social welfare services provided by local councils, which had previously been negligible.

The Sierra Leone Association of Non-governmental Organizations (SLANGO) is organizing the Sierra Leone Social Protection Platform with the objective of “promoting nationally defined strategies that protect the minimum level of access to essential services and income security for all, as grounded in the Universal Declaration, ILO Convention, the Convention on the rights of the Child, and other Human Rights Instruments.”²⁷⁴ The Platform is expected to improve coordination between public institutions, service organizations, and partners. NaCSA is supporting this initiative.

The quality and availability of information on social protection also needs to be improved. All major social assistance programs should have adequate management and M&E systems. Future household surveys should include questions that will yield the necessary information to evaluate the performance of the major social assistance programs.

The Government, supported by UNICEF, and with the involvement of the Bank and other stakeholders, is preparing a Social Protection Strategy and Implementation Plan, in order to provide a roadmap for translating into action the Social Protection pillar of the Agenda for Prosperity, the Social Protection Policy, and the recommendations of this Assessment. In this context, a legal and regulatory framework for social protection should be considered, highlighting the roles and responsibilities of different actors.

²⁷³ International Development Association, International Finance Corporation, and African Development Bank (2010), page 24.

²⁷⁴ SLANGO’s Invitation to participate in the Social Protection Platform meeting of November 11, 2011.

Annex 1: Sierra Leone Social Protection Assessment Program Questionnaire

I. PROGRAMME/PROJECT IDENTIFICATION

1.1. Program/ Project Name:
Year Beginning Operations:
Year Ending Operations (or indefinite):

1.2 Responsible Institution / Unit:
Supervisory Responsibility:
Implementation:

1.3 Description of Program/Project Origin:
.....
.....

1.4 Program/ Project Legislative Mandate: (Legal basis)
.....
.....

II. OBJECTIVES, LOCATION AND DESCRIPTION OF BENEFITS

2.1 Objectives:

General Objective (Poverty Alleviation, promote school enrollment; income support; increase access to services; etc.)
.....
.....

Specific Objectives (Include Children and/or Gender Specific Objectives):
.....
.....

2.2 Localization (national, urban, rural; name of Provinces, Districts, Chiefdoms)
.....
.....

2.3 Description of Benefits Provided (services, products):
.....
.....

III. PROGRAMME/ PROJECT ADMINISTRATION

3.1 Mechanisms to Deliver the Benefits (how are they delivered):

.....
.....

3.2 Entities Through Which Benefits are Delivered (Program/Project, Province, Districts, Chiefdom Authorities, Private Enterprise, NGOs, Community Groups)

.....
.....

3.3 Monitoring and Control Arrangements (external or internal auditor, supervisory entity, community, etc.)

.....
.....

3.4 Coordination Mechanisms with Public and Private Institutions:

.....
.....

3.5 Community Participation Mechanisms:

.....
.....

3.6 Program Staff:

Total:

HQ: No. of personnel: Managers.....; Administration.....; Other.....

Districts: No. of personal: Managers.....; Administration.....; Other.....

IV. PROGRAMME/ PROYECT BENEFICIARIES

4.1 Target Group (Planned during the program planned duration)

No. of Households (HH):

No. of people:

Women:

Men:

Boys (age group):

Girls (age group):

Poverty Level: (please indicate if people or HH):

No. in Poverty

No in Absolute Poverty

No. of Non Poor

4.2 Beneficiaries: (number)

	Actual 2009	Actual 2010	Expected Outturn 2011	Budgeted 2012
No. of Households				
No. of people				
Gender/ age (<i>number of people</i>)				
1. No. of Women				
2. No. of Men				
3. No. of Boys (age group: ex. 0-5)				
4. No. of Girls (age group:)				
Poverty Situation (<i>number of people</i>)				
1. All Poor				
2. Absolute poor				
3. Non poor				

4.3 Value/Frequency of the Benefits Delivered (indicate the number of times a year benefits are delivered):

Per beneficiary person: Le...../person

Frequency:.....

or

Per beneficiary HH : Le...../household

Frequency:.....

4.4 How are benefits delivered? (If cash, are post offices used, bank cards, Province/District/Chiefdom/Community offices, offices of remittances companies, etc.?)

4.4 Average Permanence of Beneficiary in the Program and Exit Rule

No. of months.....

Criteria to exit the program (e.g. increase in income above Le ____ per month, migration, death, graduation of high school)

V. TARGETING (What actually happens, not theory or intentions)

5.1 Targeting Mechanisms Use

To select Beneficiaries (Ex. Self-selection; geographic; means test; proxy means test; at the indication of Member of Parliament, Paramount Chief, Section Chief, Village of Tribal head, Imam, reverend, pastor, traditional society head, community elderly; categorical—senior, special needs, etc.; or combination):

.....
.....

To determine geographic distribution of benefits (Ex. Poverty map, formula (which), etc.):

.....
Any Children and/or Gender Preferences?

5.2 Conditions to Participate and Remain in the Program (school attendance, training, etc.)

5.3 Targeting Results (ex-post results according to evaluation, if available; share of Program benefits going to the target group)

VI. COST AND FINANCING

6.1 Program Cost and financing

	Actual 2009 (Le million)	Actual 2010 (Le million)	Expected Outturn 2011 (Le million)	Budgeted 2012 (Le million)
Total Cost (I+II+III)				
I. Cost of Delivered Benefits				
II. Costs of Administration				
III. Cost of Monit. & Evaluation				
Financing				
GoSL budget				
Local Councils/authorities				
External Funds				
Donor (ex. World Bank)				
Donor ()				
Beneficiaries				
Own resources (institution)				

6.2 Program Unit Cost

Total Cost/ No of beneficiaries: Le.....

6.3 Inter-governmental participation (Participation of Provincial, District Government in the financing and budget arrangements)

6.4 Budget arrangement for external fund (how external financing funds are disbursed: through the general budget, directly, through NGOs, etc)

VII. PROGRAMME/ PROJECT IMPACT (Last evaluation available)

7.1 Products of Program: (expected direct result of the Program)

.....
.....

7.2 Outcomes of Program: (broader objectives to which the Program is expected to contributed)

.....
.....

7.3 Positive effects achieved to date:

.....
.....

7.4 Negative effects achieved to date:

.....
.....

VIII. ELEMENTS THAT ENSURE PROGRAMME/ PROJECT SUSTAINABILITY
(parents or community participation; financing arrangements)

.....
.....

IX. EXISTING MAJOR CONSTRAINTS TO DELIVER THE EXPECT RESULTS OF THE PROGRAMME/PROJECT (Be specific)

9.1 Human

9.2 Financial

9.3 Physical

9.4 Capacities/training

X. CONTACT

Name of respondent:

Institution...../Position:

Telephone:/e-mail:

Date:

XI. PROGRAMME SUMMARY

Please complete the following Program/Project summary.

Annex Table 1.1: Inventory of Social Assistance Programs

Name of the Program (Starting date /termination date or indefinite)	Implementing agency	Objectives and localization	Benefits Value (Le) and frequency	Target Group	Number of beneficiaries and type (gender, age) 2011	Targeting Mechanism	Conditions of participation and permanence in the Program	Program Cost (Le million) 2011	Financing Sources (% of total cost) 2011
1.1. a/	1.2	2.1 y 2.2.	2.3 y 4.3	4.1	4.2	5.1	5.2	6.1	6.1
								Le 12,000	GoSL % Donor (name) % Donor (name) %

Note: a/ Corresponds to the paragraph of the questionnaire above.

Annex 2: Supporting Tables

Annex Table 2.1: GDP and Public Expenditures, and their Financing (Le billion)

	2006	2007	2008	2009	2010	Est. 2011	Budg. 2012	Change 2011/06
Total Government Expenditures a/	915	835	1,223	1,452	2,074	2558	2,811	196.8
Recurrent	699	659	864	1,000	1286	1564	1,810	131.3
Development Expenditures	215	174	359	452	787	995	1,001	448.3
Domestic	44	41	75	107	355	236	318	468.3
Foreign Grants b/	122	71	120	186	276	371	348	350.7
Foreign Loans	48	62	163	159	155	388	335	548.4
Net lending	2	3	1	0	0	0	0	
Memo:								Average 2011/06
Total Expenditure/GDP (%)	21.8	16.8	21.0	22.5	27.3	26.7	24.2	22.7
Foreign financing/Total Expendit (%)	43.1	36.0	35.0	48.1	36.9	44.8	40.5	40.6
Foreign project finance./Dev. Exp (%)	79.1	76.4	78.8	76.3	54.8	76.3	68.2	73.6
GDP (Le billion)	4,199	4,970	5,826	6,442	7,597	9579	11,630	
Total Foreign Loans	48	62	163	198	222	388	442	
Program	0	0	0	39	67	0	107	
Project	48	62	163	159	155	388	335	
Total Grants (Le billion)	346	239	265	500	544	757	697	
Program c/	224	160	130	306	268	342	235	
Project b/	122	71	120	186	276	371	348	
Peace Building Fund/Elections	0	8	15	15	0	44	114	

Source: MoFED's Budget Profiles for several years.

a/ Includes net lending. b/ Includes Peace Building Fund (projects). c/ Includes debt relief and budgetary support.

Annex Table 2.2: Government Expenditures on Education, Health, Social Welfare, NaCSA, and Social Security (Le billion)

	2006		2007		2008		2009		2010		2011		2012	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Est.	Budget	
Education Services														
Recurrent	189.2	165.7	204.2	185.1	212.5	191.4	247.5	263.4	276.2	264.9	309.3	N/A	439.3	
Personnel Expenditures	176.2	160.6	193.0	161.5	204.7	176.2	238.3	230.6	259.2	260.7	277.7		417.2	
Other (NSNIR)	95.0	99.8	110.6	106.8	126.9	122.0	142.0	138.8	154.0	167.5	167.1		299.4	
Central	81.2	60.8	82.4	54.7	77.8	54.2	96.3	91.8	105.2	93.2	110.6	105.3	117.8	
Local Councils	58.7	48.7	52.1	41.9	48.0	40.3	65.4	67.7	69.8	64.8	76.1	74.8	85.4	
Development Expenditures	22.5	12.1	30.3	12.8	29.8	13.9	30.9	24.1	35.4	28.4	34.6	30.5	32.4	
Domestic	13.0	5.1	11.2	23.6	7.8	15.2	9.2	32.8	17.0	4.2	31.6	N/a	22.1	
Foreign Grants	1.7	1.2	3.7	3.3	2.1	4.2	4.0	0.2	6.0	0.1	1.0		0.9	
Foreign Loans	6.4	3.9	5.6	17.6	2.8	10.1	3.6	32.0	8.4	0.8	30.0		16.9	
Foreign Loans	4.9	0.0	1.9	2.7	2.9	0.9	1.6	0.6	2.6	3.3	0.6		4.2	
Health Services a/														
Recurrent	88.1	70.1	114.8	N/A	88.2	N/A	90.1	N/A	121.5	135.0	201.1	N/A	185.5	
Personnel Expenditures	56.1	49.2	67.4	N/A	63.8	N/A	73.7	N/A	83.6	122.5	146.3		135.5	
Other (NSNIR)	17.8	13.6	21.2	14.4	18.8	16.5	18.6	19.7	24.4	63.3	82.3		74.8	
Central	38.3	35.6	46.2	N/A	45.0	N/A	55.1	N/A	59.2	59.2	64.0	58.1	60.7	
Local Councils	29.2	26.5	35.5	11.0	27.0	10.3	39.7	31.6	43.5	27.7	31.9	26.0	30.2	
Development Expenditures	9.1	9.1	10.7	N/A	18.0	N/A	15.4	N/A	15.7	31.5	32.1	32.1	30.5	
Domestic	32.0	20.9	47.4	19.0	24.4	12.6	16.4	19.6	37.9	12.5	54.8	N/A	50.0	
Domestic	0.6	0.2	1.4	0.5	1.4	0.9	0.9	3.3	6.9	3.4	4.6		2.5	
Foreign Grants	29.8	20.7	46.0	18.5	23.0	11.7	15.5	16.3	31.0	9.1	38.3		20.7	
Foreign Loans	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.9		26.8	
Social Welfare														
Recurrent	3.6	2.7	5.1	1.6	4.0	2.7	5.8	2.9	4.3	4.2	8.1	N/A	7.7	
Personnel Expenditures	3.6	2.7	5.1	1.6	4.0	2.7	3.8	2.8	3.9	4.2	7.6		7.2	
Other (NSNIR)	0.8	1.0	1.1	1.1	1.2	1.2	1.3	1.2	1.3	1.0	1.3		1.3	
Central	2.8	1.7	4.0	0.5	2.8	1.5	2.5	1.6	2.6	3.2	6.3	4.9	5.9	
Local Councils	2.5	1.5	3.6	0.5	2.4	1.5	2.1	1.6	2.2	2.7	5.8	4.7	5.5	
Development Expenditures	0.2	0.2	0.4	0.0	0.4	0.0	0.4	0.0	0.4	0.5	0.5	0.2	0.5	
Domestic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.4	0.0	0.5	N/A	0.5	
Domestic	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.4	0.0	0.5		0.5	
Foreign Grants	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.0	0.0	0.0		0.0	
Foreign Loans	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	
NaCSA														
Recurrent a/	11.0	39.0	55.3	41.9	53.1	11.3	37.3	14.1	23.5	4.9	17.4	N/A	16.5	
Personnel Expenditures	2.7	1.1	2.3	0.1	0.1	0.1	0.5	0.5	0.5	0.2	1.0		1.3	
Other (NSNIR)	2.6	1.0	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6		0.8	
Development Expenditures	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.5	0.5	0.2	0.4	0.3	0.5	
Domestic	8.3	37.9	53.0	41.8	53.0	11.2	36.8	13.6	23.0	4.7	16.4	N/A	15.2	
Domestic	1.7	2.5	3.0	0.6	3.0	3.0	4.7	4.7	6.2	0.0	0.5		1.0	
Foreign Grants	0.0	0.0	0.0	0.0	0.0	0.0	6.6	7.2	0.0	0.4	4.0		2.3	
Foreign Loans	6.6	35.4	50.0	41.2	50.0	8.2	25.5	1.7	16.8	4.3	11.9		12.0	
Social Security														
Government pensions	24.9	29.2	33.2	33.2	37.8	36.5	38.6	50.0	47.5	69.4	62.0	67.6	72.4	
Contribution to Social Security	12.2	15.4	17.4	17.5	18.1	16.4	16.9	27.0	21.1	34.7	28.0	27.7	27.6	
Contribution to Social Security	12.7	13.8	15.8	15.7	19.7	20.1	21.7	23.0	26.4	34.7	34.0	39.9	44.8	

Source: Statement of Payments by Program/Activities/Functions. Report and Annual Statement of Public Accounts, various years. MoFED.

Note: Excludes LC development expenditures in 2012 exclude pension contributions. a/ Excludes the Dental and Pharmacy Boards.

Annex Table 2.3: Transfers to Local Councils (Le billions)

	2006		2007		2008		2009		2010		2011	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Total Transfers (1+2+3)	55,053	30,117	61,737	21,717	70,037	44,472	73,985	64,245	124,382	95,865	124,316	N/A
1. Personnel Expenditures	2,100	2,240	2,200	2,416	3,182	2,769	3,404	3,300	3,890	3,815	4,774	N/A
2. Devolved Functions	37,313	26,909	48,368	19,301	58,136	39,858	62,581	59,140	70,358	78,438	86,956	81,733
<i>Administration Grants</i>	<i>1,224</i>	<i>1,207</i>	<i>1,285</i>	<i>153</i>	<i>1,319</i>		<i>2,512</i>	<i>1,028</i>	<i>2,731</i>	<i>2,840</i>	<i>2,835</i>	
<i>Education</i>	<i>22,543</i>	<i>12,125</i>	<i>30,287</i>	<i>12,814</i>	<i>29,803</i>	<i>13,931</i>	<i>30,851</i>	<i>24,106</i>	<i>35,400</i>	<i>28,435</i>	<i>34,575</i>	<i>30,466</i>
School Fees Subsidy/Primary	10,355	4,578	8,871	4,116	9,049	6,523	9,275	10,045	12,918	12,395	14,210	12,924
Textbooks (Primary Schools)	4,217	1,225	5,442	1,864	5,551	1,234	5,690	3,972	5,824	2,280	2,205	2,205
Teaching & Lear. Mat./Primary	2,422	1,202	3,261	1,052	3,326	0	3,409	1,965	3,090	1,197	2,163	2,163
Examination Fees (NPSE)	2,774	2,560	4,357	2,675	3,356	2,702	3,440	2,645	3,521	2,584	3,875	3,874
Textbooks/equip. (JSS)	506	291	1,612	82	1,643	18	1,685	1,194	3,359	619	2,352	1,129
Examination Fees (BECE)	2,268	2,268	2,745	2,610	2,799	3,454	2,870	4,285	1,725	4,398	4,574	4,574
Government Libraries	0	0	680	44	693		1,011		1,202	1,202	1,262	606
Education Adminis./Supervision	0	0	1,320	160	1,346		1,380		1,721	1,720	1,812	869
Education Development	0	0	2,000	211	2,040		2,091		2,040	2,040	2,122	2,122
Health	9,123	9,117	10,700	812	18,021		15,441		15,719	31,468	32,136	32,136
Primary Health Care	9,123	9,117	10,700	812	10,915		7,941		7,919	7,918	7,880	7,880
Secondary Health Services					7,106		7,500		7,800	7,800	8,190	8,190
Tertiary Health Services										15,750	16,066	16,066
Social Welfare	244	162	370	42	378		387		396	495	480	230
Social Welfare	244	162	213	24	218		223		228		300	144
Gender & Children Affairs	0	0	157	18	160		164		168		180	86
Other Sectors	4,180	4,298	5,726	6,292	8,615	25,927	13,390	34,006	16,113	15,309	16,925	16,065
Local Sports Services	137	91	283	16	153		100		161	324	200	96
Youth Division	0	0	133	14	136		139		142		150	240
Rural Water	700	700	770	115	785		805		824	824	865	415
Agriculture	1,900	2,436	2,616	334	4,346		6,731		13,020	12,883	13,527	13,528
Fisheries and Marine Resources	0	0	85	10	87		89		91	91	95	46
Sensitisation on Fire Prevention	25	14	200	22	204		209		214	344	344	165
Solid Waste Manag. Services			1,552	879	1,583	390	1,587		1,661		1,744	745
Allocation not identified	1,418	1,058	87	4,902	1,321	25,537	3,730	34,006	0	843	0	830
3. Development Grants/Expend.	15,640		11,169		8,719		8,000		50,134	13,612	32,586	
Domestic	1,000	968	5,000		2,550	1,845	2,000	1,805	2,484		11,717	
External	14,640		6,169		6,169		6,000		47,650		20,869	
Grants	<i>14,640</i>		<i>6,169</i>		<i>6,169</i>		<i>6,000</i>		<i>10,950</i>		<i>9,673</i>	
Loans									<i>36,700</i>		<i>11,196</i>	

Source: Data for 2006-10 from Account General (2007)-(2011); some actual and budget data for 2010 and data for 2011 is from Ministry of Finance and Economic Development (2011) (2010).
Note: Actual Development Expenditures does not include external financing; actual expenditures on some devolved functions are not included in some years.

Annex Table 2.4: Financing of Social Protection Programs, 2011 (Le million)

	Total Cost	Domestic	External	% External
Total	378,205	95,775	282,430	74.7
0- 5 year olds	119,564	3,273	116,291	97.3
FHC- (MOHS/budget)	3,273	3,273		0.0
FHC-Wages (DFID/MoFED budget)	15,480		15,480	100.0
FHC-Supplies (DFID/EU/UNICEF)	64,423		64,423	100.0
Acute Malnutrition (DFID/EU/UNICEF)	27,673		27,673	100.0
Caregiver. and Supplementary Feeding .(MOHS/ WFP)	8,700		8,700	100.0
Child registration (MOHS/LC/UNICEF)	15		15	100.0
6-17 year olds	99,960	39,183	60,777	60.8
School Fees Subsidy (transfer LC/MoFED)	12,924	12,924		0.0
Textbooks Primary (transfer LC/MoFED)	2,206	2,206		0.0
Teaching & LM Primary (transfer LC/(MoFED)	2,163	2,163		0.0
Examination Fees NPSE (transfer LC/MoFED)	3,874	3,874		0.0
DSDP-Education (transfer LC/MoFED/AID)	6,160		6,160	100.0
School feeding (MEST/WFP/DFID & others)	54,617		54,617	100.0
Textbooks/ equipment JSS (transfer LC/MoFED)	1,129	1,129		0.0
Exam fees BECE (JSS) (transfers LC/MoFED)	4,574	4,574		0.0
Exam fees WASCE (MEST/MoFED)	3,867	3,867		0.0
Government Libraries (transfers LC (MoFED)	606	606		0.0
Youth Division (transfers LC/MODEF)	336	336		0.0
Grants in Aid to Govt Boarding Schools (MEST/budget)	3,162	3,162		0.0
Diets for schools/Remand Homes (MSWGCA/budget)	1,329	1,329		0.0
Nat. Street & Other Vulnerable Kids (MSWGCA)	361	361		0.0
Grants to Handicapped Schools (MEST/budget)	546	546		0.0
Girl Child (JSS tuition) (MEST/budget)	2,106	2,106		0.0
18-35 year olds	45,301	3,502	41,799	92.3
YESP-Cash for Work (NaCSA/WB) in MEST	25,325		25,325	100.0
YESP- Skills and cap. build. (NAYCOM/WB) MEST	12,000		12,000	100.0
Youth Employment (NAYCOM/UNDP/DFID)	3,391		3,391	100.0
Peace and Development Corps (NaCSA)	1,083		1,083	100.0
Youth Commission (budget)	480	480		0.0
Grants in Aid-Scholarships (MEST/budget)	3,022	3,022		0.0
36-59 year olds	0	0	0	
Food for Work and Food for Training				
Aged 60 and over	45,986	45,986	0	0.0
Pensioners (NASSIT) (Le. all benefits)	26,823	26,823		0.0
Pensioners (MoFED) (Le, all benefits)	18,403	18,403		0.0
Program for the aged (MSWGCA)	60	60		0.0
Social Safety Net (MLSS//budget)	700	700		0.0
Households in General	67,394	3,831	63,563	94.3
Victims of Sexual Violence (NaCSA/UNPBF/UNTF)	1,740		1,740	100.0
Refugees (NaCSA/UNHCR)	1,559		1,559	100.0
Social Welfare (transfer LC/MoFED)	230	230		0.0
Grants to welfare institutions (MSWGC/budget)	270	270		0.0
Feeding assistance PLHIV/ TB (MOHS/WFP)	3,800		3,800	100.0
DSDP-Health (transfer LC/MoFED/WB)	7,700		7,700	100.0
Program for Disabled Persons	100	100		0.0
Gender Strategic Plan (MSWGCA, budget)	953	953		0.0
Domestic violence (MSVGCA/DFID)	10,320		10,320	100.0
SL CDD (NaCSA/IDB)	31,734	1,961	29,773	93.8
Pro-Poor Growth for Peace Consol. (NaCSA/KFW)	4,560		4,560	100.0
Habope (NaCSA/WB)	4,111		4,111	100.0
NaCSA (GoSL/budget)	317	317		0.0

Source: Table 4.1 of this report, program managers (questionnaires) and MoFED budget documents.

Annex Table 2.5: Spending on SP According to the WB's Program Classification, 2011

	Total Cost (Le million)	%
Total	578,205	100.0
A. Pension and other Social Insurance	45,226	7.8
A.1 Old Age –NASSIT and MoFED	40,408	7.0
A.2 Survival - NASSIT	4,549	0.8
A.3 Sickness- NASSIT	0	0.0
A.4 Invalidity - NASSIT	269	0.0
B. Labor Market Programs	18,214	3.2
B.1 Unemployment	0	0.0
B.2 Active Labor Market Programs	18,214	3.2
YESP- Skills and cap. build. (NAYCOM/WB) MEST	12,000	2.1
Youth Employment (NAYCOM/UNDP/DFID)	3,391	0.6
Peace and Development Corps (NaCSA)	1,083	0.2
Victims of Sexual Violence (NaCSA/UNPBF/UNTF)	1,740	0.3
Food for Work and Food for Training		0.0
C. Social Safety Net Programs	514,765	89.0
C. 1 Cash and Near Cash Transfers	700	0.1
National Social Safety Net (MLSS/budget)	700	0.1
C.2 Conditional Cash Transfers	0	0.0
C.3 In Kind Food Transfers	123,860	21.4
Acute Malnutrition (DFID/EU/UNICEF)	27,673	4.8
Caregiver. and Supplementary Feeding .(MOHS/ WFP)	8,700	1.5
Diets for schools/Remand Homes (MSWGCA/budget)	1,329	0.2
School feeding (MEST/WFP/DFID & others)	54,617	9.4
Grants in Aid to Govt Boarding Schools (MEST/budget)	3,162	0.5
Textbooks Primary (transfer LC/MoFED)	2,206	0.4
Teaching & LM Primary (transfer LC/(MoFED)	2,163	0.4
Examination Fees NPSE (transfer LC/MoFED)	3,874	0.7
DSDP-Education (transfer LC/MoFED/AID)	6,160	1.1
Textbooks/ equipment JSS (transfer LC/MoFED)	1,129	0.2
Exam fees BECE (JSS) (transfers LC/MoFED)	4,574	0.8
Exam fees WASCE (MEST/MoFED)	3,867	0.7
Government Libraries (transfers LC (MoFED)	606	0.1
Feeding assistance PLHIV/ TB (MOHS/WFP)	3,800	0.7
C.4 Fee Waivers and Scholarships	101,228	17.5
FHC- (MOHS/budget)	3,273	0.6
FHC-Wages (DFID/MoFED budget)	15,480	2.7
FHC-Supplies (DFID/EU/UNICEF)	64,423	11.1
School Fees Subsidy (transfer LC/MoFED)	12,924	2.2
Girl Child (JSS tuition) (MEST/budget)	2,106	0.4
Grants in Aid-Scholarships (MEST/budget)	3,022	0.5
C.5 Public Works	65,730	11.4
YESP-Cash for Work (NaCSA/WB) in MEST	25,325	4.4
SL CDD (NaCSA/IDB)	31,734	5.5
Pro-Poor Growth for Peace Consol. (NaCSA/KFW)	4,560	0.8
Habope (NaCSA/WB)	4,111	0.7
C.6 Other Transfers	23,247	4.0
Child registration (MOHS/LC/UNICEF)	15	0.0
Refugees (NaCSA/UNHCR)	1,559	0.3
Youth Division (transfers LC/MODEF)	336	0.1
Grants to Handicapped Schools (MEST/budget)	546	0.1
Nat. Street & Other Vulnerable Kids (MSWGCA)	361	0.1
Youth Commission (budget)	480	0.1
Program for the aged (MSWGCA)	60	0.0
Social Welfare (transfer LC/MoFED)	230	0.0
Grants to welfare institutions (MSWGC/budget)	270	0.0
DSDP-Health (transfer LC/MoFED/WB)	7,700	1.3
Program for Disabled Persons/ Gender (MSWGCA, budget)	1053	0.2
Domestic violence (MSVGCA/DFID)	10,320	1.8
NaCSA (GoSL/budget)	317	0.1
C.7 General subsidies (fuel)	200,000	34.6

Source: Table 4.1 of this report.

References

- Accountant General (2011). "Report And Annual Statement of Public Accounts For the Fiscal Year Ended 31st December 2010 (Unaudited)". The Treasury.
- Accountant General (2010). "Report And Annual Statement of Public Accounts For the Fiscal Year Ended 31st December 2009". The Treasury.
- Accountant General (2009). "Report And Annual Statement of Public Accounts For the Fiscal Year Ended 31st December 2008". The Treasury.
- Accountant General (2008). "Report And Annual Statement of Public Accounts For the Fiscal Year Ended 31st December 2007". The Treasury.
- Accountant General (2007). "Report And Annual Statement of Public Accounts For the Fiscal Year Ended 31st December 2008". The Treasury.
- Accountant General (2006). "Report And Annual Statement of Public Accounts For the Fiscal Year Ended 31st December 2007". The Treasury.
- Anderson, Stephen (2011). "Productive Safety Nets- Issues for MMAS's Social Action Component." Paper commissioned by DFID UK, The Food Economy Group, June.
- Backiny-Yetna, Prospere and Quentin Wodon (2011). "Targeting Performance and Cost Effectiveness of Labor Intensive Public Works in Sierra Leone: Results from a Light Evaluation Survey." World Bank, October.
- Betcherman, Gordon and Martin Godfrey, Susana Puerto, Friederike Rother, Antoneta Stavreska (2007). "A Review of Interventions to Support Young Workers: Findings of the Youth Employment Inventory." Social Protection Discussion Paper No. 0715. World Bank, October.
- Conibere, Richard and Jana Asher, Kristen Cibelli, Jana Dudukovich, Rafe Kaplan, and Patrick Ball (2004) "Statistical Appendix to the Report of the Truth and Reconciliation Commission of Sierra Leone." October. <https://www.hrdag.org/resources/publications/SL-TRC-statistics-chapter-final.pdf>.
- Coudouel, Aline, Jesko S. Hentschel, and Quentin T. Wodon (undated). "Chapter 1: Poverty Measurement and Analysis." Poverty Reduction Strategy Papers Sourcebook, World Bank, Washington D.C. webpage http://siteresources.worldbank.org/INTPRS1/Resources/383606-1205334112622/5467_chap1.pdf
- Dalan Development Consultants (2010). "Qualitative Assessment of Cash for Work Programs for Sierra Leone." August.
- de Ferranti, David, Guillermo E. Perry, Indermit S. Gill, and Luis Servén (2000). "Hacia la Seguridad Económica en la Era de la Globalización." World Bank, Washington D.C.
- DHS (2008). "Demographic and Health Survey." Statistics Sierra Leone, Ministry of Health and Sanitation and USAID.
- Garcia, Marito and Jean Fares, eds. (2008) . "Youth in Africa's Labor Market". World Bank.
- Government of Sierra Leone (2011). "National Decentralization Policy." http://news.sl/drwebsite/publish/article_200517638.shtml

Government of Sierra Leone (2010). “Smallholder Commercialisation Programme-Investment Plan.” Ministry of Agriculture, Forestry and Food Security, May.

Government of Sierra Leone (2009). “Public Expenditure Tracking and Quantitative Service Delivery Survey (PET/QSDS).”

Government of Sierra Leone (2007). “Core Welfare Indicator Questionnaire Survey (CWIQ) 2007-Final Statistical Report.” Statistics Sierra Leone. November.

Grosh, Margaret, Carlo del Ninno, Emil Tesliuc, Emil and Azedine Ouerghi (2008). “For Protection and Promotion: the Design and Implementation of Effective Safety Nets.” World Bank, Washington D.C.

Harmeling, Sven (2010). “Global Climate Risk Index 2011- Who Suffers Most From Extreme Weather Events? Weather-Related Loss Events in 2009 and 1990 to 2009.” Germanwatch, December.

HelpAge International (2011a). “Indicative Impact Assessment of the Social Safety Net Cash Transfer Programme- Targeting Older People in Sierra Leone.” Draft Report Submitted to Ministry of Labor and Social Security of Sierra Leone, May.

HelpAge International (2011b). “Ageing in Africa”. Issue 31. March

Holzmann, Robert and Steen Jorgensen (2000). “Social Risk Management: A New Conceptual Framework and Beyond.” World Bank, February.

Holzmann Robert and Steen Jorgensen (1999). “ Conceptual Underpinnings for the Social Protection Sector Strategy Paper”. Social Protection Discussion Paper Series. No. 9904. Social Protection as Social Risk Management. Social Protection Unit Human Development Network. World Bank. January.

Integrated Public Financial Management Reform Program-PETS/QSDS (2011). “Public Expenditure Tracking Survey and Quantitative Service Delivery Survey. Report on Financial Year 2009/2010; Selected Expenditures Conducted in October/November 2010.”

International Development Association, International Finance Corporation, and African Development Bank (2010). “Joint Country Assistance Strategy for the Republic of Sierra Leone for FY10–FY13.” March.

International Development Association (2010). “Republic of Sierra Leone- Youth Employment Support Project.” Report No. 54419-SL, June.

International Labour Organization (2009). “Assessment of Health Insurance Options for Sierra Leone- Assessment, Conceptual Remarks and Recommendations- Technical Note.” International Labour Organization office, Social Security Department. Geneva, September.

International Social Security Association (2011). “Africa: A New Balance for Social Security”. Developments and Trends Geneva.

International Social Security Association. (2008). “Dynamic Social Security for Africa : An Agenda for Development”. Developments and Trends. Geneva. .

Johannesen, Eva Marion (2005). “Evaluation of the Complementary Rapid Education for Primary Schools (CREPS) in Sierra Leone”. EDUCARE and Norwegian Refugee Council, July.

Manning, Ryann Elizabeth. "Challenging Generations –Youth and Elders in Rural and Peri-Urban Sierra Leone." Justice and Development Working Paper Series. Vol. 1, Issue 2. Legal Vice-Presidency, World Bank.

Marques, José Silvério (2011a). "Jamaica- Social Protection Assessment." Prepared for the Government of Jamaica, May.

Marques, José Silvério (2011b). "Antigua and Barbuda- Social Protection Assessment." Prepared for the Government of Antigua and Barbuda and the World Bank, June.

Marques, Jose Silverio (2011c). "Mozambique-Social Protection Assessment." Study Prepared for the World Bank and Government of Mozambique. September.

Marques, José Silvério (2010). "Belize-Issues and Options to Strengthen the Social Protection System- Policy Note." Prepared for Government of Belize and the World Bank.

Marques, José Silvério (2009). "Panamá- Evaluación de Programas de Asistencia Social y Propuesta de Reordenamiento y Racionalización." Preparado para o Ministerio de Desarrollo Social Programa de Protección Social Red de Oportunidades. Synthesis Consultores Internacionales.

Marques, José Silverio (2008). "Nicaragua-Social Protection Public Expenditure Review." Prepared for the Government of Nicaragua and the World Bank.

Marques, José Silvério (2002b). "Central America, Cross-Country Evaluation of Social Safety Net Assessments (SSNAs) - Issues Paper." Prepared for the World Bank.

MICS (2005). "Multiple Indicator Cluster Survey." Statistics Sierra Leone and UNICEF.

MICS (2010). "Multiple Indicator Cluster Survey." Statistics Sierra Leone and UNICEF. Validated Standard Tables.

Ministry of Agriculture, Forestry, and Food Security (2011). "Agricultural Statistics Bulletin." Volume 2. Planning, Evaluation, Monitoring And Statistics Division (PEMSD). January.

Ministry of Finance of Namibia (2011). "2011/12 Citizens Guide to the National Budget." <http://www.mof.gov.na/Budget%20Documents/budget%202011/Citizens%20Budget.pdf>

Ministry of Finance and Economic Development of Rwanda (2011) "Revised Budget 2011/12". <http://www.minecofin.gov.rw/library/revised-budget/>

Minister of Finance and Economic Development (2011). "Budget Speech for the FY2012 by Dr. Samura M. W. Kamara." November.

Minister of Finance and Economic Development (2010). "Budget Speech for the FY2011 by Dr. Samura M. W. Kamara". November.

Minister of Finance and Economic Development (2009a). "Budget Speech for the FY2010" by Dr. Samura M. W. Kamara". November

Ministry of Finance and Economic Development (2009b). "Report on Financial Year 2008/2009 Selected Expenditures." Pets Task Team Economic Policy and Research Unit (EPRU). October.

Ministry of Health and Sanitation (2011). "Health Information Bulletin." Volume 2., No. 3. April 2010-March 2011 Edition.

Ministry of Education, Science and Technology (2007). "Education Sector Plan- A Road Map to a Better Future, 2007-2015."

National AIDS Secretariat (2012). "Country Progress Report Sierra Leone." March

National Commission for Social Action (2008). "Institutional Review". September.

National Disaster Management Department (2006). "National Hazard Assessment. Executive Summary"

Ovadiya, Mirey and Giuseppe Zampaglione (2009). "Escaping Stigma and Neglect-People with Disabilities in Sierra Leone." World Bank Working Paper No. 164.

Peeters, Pia, Wendy Cunningham, Gayatri Acharya, and Arvil Van Adams (2009). "Youth Employment in Sierra Leone- Sustainable Livelihood Opportunities in a Post-Conflict Setting." World Bank.

Pushak, Nataliya and Vivien Foster (2011). "Sierra Leone's Infrastructure-A Continental Perspective." Policy Research Working Paper 5713. The World Bank Africa Region. Sustainable Development Department, June.

Regie des Rentes du Québec (2009). "Actuarial Valuation of the National Social Security and Insurance Trust as at 31 December 2007."

Republic of Sierra Leone (2011). "National Social Protection Policy- Combining growth with equity for the poor." February.

Republic of Sierra Leone (2009a). "National Sustainable Agriculture Development Plan 2010-2030." Version Adapted by CAADP Compact, September.

Republic of Sierra Leone (2009b). "Financial Sector Development Plan." October.

Republic of Sierra Leone (2008). "An Agenda for Change – Second Poverty Reduction Strategy 2008 – 2012."

Republic of Sierra Leone (2006). "Sierra Leone Disaster Management Policy." June.

Republic of South Africa (2012). " Budget Review 2012." National Treasury, 22 February.

Richards, Paul Khadija Bah, and James Vincent (2004). "Social Capital and Survival: Prospects for Community-Driven Development in Post-Conflict Sierra Leone." Social Development Papers, Community-Driven Development Conflict Prevention & Reconstruction, Paper No. 12. World Bank April.

Robalino, David, Laura Rawlings and Ian Walker (2012). "Building Social Protection and Labor Systems-Concepts and Operational Implications". Background Paper for the World Bank 2012–2022 Social Protection and Labor Strategy. Social Protection and Labor Discussion Paper No. 1202. World Bank, March.

Samson, Michael, Ingrid van Niekerk and Kenneth Mac Quene (2006). " Designing and Implementing Social Transfer Programmes." EPRI.

Statistics Sierra Leone (2006). "Population and Housing Census 2004- Analytical Report on Population Projections for Sierra Leone." November.

Subbarao, Kalanidhi and Carlo del Ninno, Colin Andrews, Claudia Rodríguez-Alas (2010) "The Design and Implementation of Public Works Programs-A Toolkit for Practitioners." World Bank, Human Development Network. Social Protection Social Protection Discussion Paper Series. April.

Trani, Jean-Francois, Osman Bah, Nicki Bailey, Joyce Browne, Nora Groce and Maria Kett (2010). "Disability in and Around Urban Areas of Sierra Leone 2009." Leonard Cheshire Disability.

Truth and Reconciliation Commission of Sierra Leone (2004). " Report of the Truth and Reconciliation Commission of Sierra Leone." Vol. I –Vol. III.

UNDP. "Human Development Report". (<http://hdr.undp.org/en/reports/global/hdr2011/>).

UNESCO Institute for Statistics (UIS) database-
http://stats.uis.unesco.org/unesco/TableViewer/document.aspx?ReportId=136&IF_Language=eng&BR_Topic=0

UNICEF (2011). "Level & Trends in Child Mortality. Report 2011." Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA, UNPD).

UNICEF (2010). "The Nutrition Situation in Sierra Leone- Nutrition Survey Using SMART Method." October.

UNICEF (2008a). "The Out-of-School Children of Sierra Leone." August.

UNICEF (2008b). "Sierra Leone: Singing About the Unmentionable." Case Study 8.

Université Catholique de Louvain "The OFDA/CRED International Disaster Database." Belgium.
<http://www.emdat.be/>

U.S. Department of State (2011). " Trafficking in Persons Report 2011." <http://www.state.gov/g/tip/rls/tiprpt/2011/>

WFP(2011). "The State of Food Security and Nutrition in Sierra Leone- Comprehensive Food Security and Vulnerability Analysis (CFSVA)." World Food Programme, Rome.

World Bank (2012a). "The World Bank's Social Protection and Labor Strategy 2012-2022- Resilience, Equity and Opportunity."

World Bank (2012b). "The World Bank's Africa Social Protection and Labor Strategy 2012-2022- Managing Risk, Promoting Growth: Developing Systems For Social Protection in Africa."

World Bank (2011a). "Aide-Memoire - Sierra Leone -Poverty Impacts of Food and Fuel Price Changes." May 6.

World Bank (2011b). "Building Resilience and Opportunity-World Bank's Social Protection and Labor Strategy 2012-2022." Concept Note.
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/0,,contentMDK:23043115~pagePK:210058~piPK:210062~theSitePK:282637,00.html>

World Bank (2011c). “ Implementation Status & Results Report-Sierra Leone Reproductive and Child Health Project 2.” Reports 3 and 4.

World Bank (2011d). “Republic of Sierra Leone- Implementation Support Mission for Youth Employment Support Project. Aide Mémoire.” October 6-14.

World Bank (2010a). “Sierra Leone- Public Expenditure Review.” PREM 4. Africa Region. October .

World Bank (2010b) “Designing and Implementing a Rural Safety Net in a Low Income Setting Lessons Learned From Ethiopia’s Productive Safety Net Program 2005–2009”.

World Bank (2010c). “Strengthening Caribbean Pensions-Improving Equity and Sustainability.” Human Development Sector Management Unit, Caribbean Country Management Unit, Latin America and the Caribbean Region, Report No. 47673-LAC, March.

World Bank (2009a). “Sierra Leone Poverty Diagnostic.” World Bank Report No. 44082-SL. October 30, 2009.

World Bank (2009b). “Implementation Completion and Results Report (Tf-92619) on a Food Crisis Response Development Policy Grant in the Amount of US\$ 3 Million to the Republic Of Sierra Leone”. Report No: ICR 00001189. December 17.

World Bank (2009c). “Decentralized Service Delivery Program -Project Appraisal Document.” September 21.

World Bank (2008). “Rising Food and Fuel Prices: Addressing the Risks to Future Generations.” Human Development Network (HDN). Poverty Reduction and Economic Management (PREM) Network. October 12.

World Bank (2007). “Education in Sierra Leone-Present Challenges, Future Opportunities.” Africa Human Development Series.

World Bank (2005). “World Development Report 2006.” World Bank.

World Health Organization and The World Bank (2011). “World Report on Disability.”

World Development Indicators.
(<http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=2>)

World Bank Commodity Prices Database.
<http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=1175>

Zhou, Yongmei, editor (2009). “Decentralization, Democracy and Development-Recent Experience from Sierra Leone.” World Bank Country Study.