

Government of Sierra Leone
Ministry of Planning and Economic Development

Implementation of the Sierra Leone National Population Policy and International Conference on Population and Development Commitments

As Part of Sierra Leone's 2021 VNR/SDGs Reporting Process

July 2020

Table of Content

1. Introduction 4
2. Sierra Leone's 2021 VNR Report 4
3. Population management issues in the country's 2021 VNR Report 5
4. Approach to the preparation of the report 6
5. Summary of key results from the implementation of the NPP/ICPD 6
6. Among population management implementation challenges encountered in the last 2 years 9
7. Some recommendations going forward 13

Acronyms

DHMT	District Health Management Team
DHS	Demographic and Health Survey
GoSL	Government of Sierra Leone
HMIS	Health Management and Information System
ICPD	International Conference on Population and Development
MICS	Multiple Indicator Cluster Survey
MoPED	Ministry of Planning and Economic Development
NPP	National Population Policy
PHC	Population and Housing Census
SDGs	Sustainable Development Goals
SLIHS	Sierra Leone Integrated Household Survey
UNFPA	United Nations Population Fund
VNR	Voluntary National Review

Acknowledgment

The United Nations Population Fund in Sierra Leone; all implementing partners for the joint Government of Sierra Leone/UNFPA Programmes at central and local levels; the Leadership and Management of the Ministry of Planning and Economic Development; staff of the Department of Planning, Policy and Research in the Ministry, especially those in the Population Secretariat in the Department providing frontline coordination of population management related issues; all participants during the consultations leading to the production of this report; and the national consultant facilitating the process.

Executive Summary

I. Background, objective and approach

This report has been produced as an input into Sierra Leone's Voluntary National Review (VNR) reporting on the Sustainable Development Goals (SDG) for 2021. The Government of Sierra Leone (GoSL) and the United Nations Population Fund (UNFPA) have had a long cooperation on the implementation of national population management frameworks. As a cross-cutting, structural issue, population management has been central in the achievement of the (SDGs) in the country. In 2018 and 2019, the National Population Policy (NPP) was produced and launched, respectively, with clearly defined objectives, targets and indicators aligned to the Sierra Leone's Medium-Term National Development Plan (MTNDP 2019-2023) and SDGs. The country also participates in the International Conference on Population Development (ICPD) with express commitments drawn from the Population Policy that the government monitors and periodically reports on at the international level. Since November 2019 when the Nairobi Conference on ICDP was held, these commitments have been followed up on, especially in the context of the implications that the COVID-19 pandemic may have for future population management in the country.

It is against this background that Sierra Leone's 2021 VNR Report on the SDGs has included an update on progress in implementing the **three broad** ICPD commitments for the country, aligned to its NPP. Within a very limited time available for the preparation of the VNR Report, intensive technical sessions were accommodated to prepare the ICPD/NPP update as an input into the SDGs review process.

II. Results from the implementation of the Population Policy/ICPD

On the national commitment to the goal of zero unmet need for family planning services by 2030, focusing on: a) ensuring allocation of at least 1 percent of the health budget for family planning by 2022, and b) reducing the unmet need for family planning from 24.8 percent to 20 percent by 2025: - In 2020, 0.03 percent was allocated in the national budget, but not disbursed. A family planning unit in the Ministry of Health was established to follow up on these issues, amongst other actions necessary to meet this goal. In terms of reducing the unmet need for family planning, this came down to 20.8 from 24.8 percent for all women, while service providers in family planning were trained in all 16 districts of Sierra Leone to reduce the need.

On the national commitment to the goal of zero preventable maternal deaths by 2030, focusing on: a) training and employing 1000 midwives, 180 nurse anaesthetists, and 72 surgical assistants by 2025, and b) reducing the maternal mortality rate from 1,165 per 100,000 live births by 50 percent in 2028. During 2019-2020, a total of 406 midwives, 24 surgical assistants, and 50 nurse anaesthetists were produced. The maternal mortality rate went down from 1,165 in 2013 to 717 in 2019, by 38.45 percentage points.

On the national commitment to the goal of zero gender-based violence and harmful practices by 2030, focusing on: a) enacting the Prohibition of Child Marriage Bill by the end of 2020; reducing adolescent birth rates from 125.1/1000 in 2013 to 74/1000 by 2020. Milestones achieved include heightening child marriage campaign in communities, including Hands-off-our Girl's campaign headed by the First Lady of Sierra Leone; engaging traditional and religious leaders in the campaign; reviewing the Child Rights Act 2007; and conduct of life skill sessions on ending child marriage. With regard to adolescent birth rates, this has dropped to 102/1000 currently, on the back of various deliverables, including the establishment of a well-funded National Secretariat for the reduction of teenage pregnancy as a GoSL flagship project; media engagement on adolescent pregnancy; and ensuring integration of comprehensive sexuality education into the Basic Education Curriculum Framework and key subjects.

III. Challenges and recommendations

A major challenge to the implementation of population management-related strategies during 2019-2020/21 is the eruption of the COVID-19 pandemic that produced devastating effects at macroeconomic, household and sector level, including the healthcare system. Generation of state revenue to financing development programmes was extremely affected. Poverty and vulnerabilities were heightened, thus households, especially the weak, were exposed to behaviour not consistent with good population management to cope with the pandemic context, including sending children out of school and exposing them to early pregnancy, among others.

Following required family planning methods generally remains a challenge, with total fertility rate continuing to be high, leading to a dependency ratio of 0.86. Health systems remain traditionally ill-equipped and under-funded, while more remains to be achieved in advancing the educational system and investing in the youth so that the country can reap the demographic dividend potential it has—the population is young, with around 45.8 percent below the age of 15; and 74.8 percent below the age of 25.

Recommendations include the need to improve disease prevention, control, and surveillance systems, improve health governance and human resource management, increase modern diagnostic and specialist treatment within the country, increase the national healthcare budget allocation to 15 percent, strengthen the Health Management and Information System, encourage public-private partnership in healthcare delivery, heighten campaigns on family planning and reproductive health, and enhance general public education, policy implementation and legislative enforcement on population management related issues.

1. Introduction

Sierra Leone has made immense progress towards the national development goals in the face of many challenges since the end of the country's civil war (1991-2002), a conflict in which key institutions, infrastructure, and the economy were severely damaged. While the re-establishment of democracy over four elections since 2002 has been an important achievement, signs of fragility remain. Generally, Sierra Leone benefits from both advantageous geography and abundant natural resources, and a unique ecosystem, which provides livelihoods, particularly for the country's rural population. Located on the southwest coast of West Africa and bordered by Liberia to the southeast and Guinea to the northeast, the country is one of the largest producers of such minerals as iron ore, diamonds, titanium, bauxite, and gold.

The Ministry of Planning and Economic Development (MoPED) is charged with the mandate to formulate an effective national development policy framework to guide the socio-economic transformation of the state, including the strategic monitoring and evaluation of the implementation of state programmes. The ministry currently follows up on the implementation of the country's Medium-Term National Development Plan (2019-2023), used for guiding the government development spending and donor support to the state, including the operations of non-governmental organisations (NGOs). This National Development Plan is well aligned to the United Nations 2030 Agenda and the Sustainable Development Goals, as well as the African Union Agenda 2063.

As part of the follow-up and reporting requirement of the SDGs, the UN Member States are encouraged to submit Voluntary National Review (VNR) Reports on the implementation of these Goals from time to time.

2. Sierra Leone's 2021 VNR Report

The country attaches great importance to the implementation of the SDGs. It has been very active in the ***Voluntary National Review*** processes since the launch of the Goals in September 2015, working closely with development partners, such as the UN Country Team in Sierra Leone and other international bodies in sharing experiences and best practices in their implementation.

To date, Sierra Leone has done three VNR Reports. The *first* and *second* reports were presented in 2016 and 2019, respectively. The *third* report (2021) will be presented on 14 July; the same month the previous ones were presented. The country currently stands among nations that have presented such reports for the highest number of times to the annual UN High-Level Political Forum.

Its first VNR Report (2016) focused on integrating the SDGs into the country's national development planning processes, while the 2019 Report covered milestones the country had achieved since 2016 as it strengthened institutional arrangement for implementation.

Though Sierra Leone, as the entire globe, faced extraordinary trying times in the last two years with the COVID-19 pandemic, the country stayed the cause of implementing the SDGs within the national development plan; a context in which it will present its 2021 VNR Report. This report

was aimed at presenting tangible results in the implementation of the SDGs in the country, capturing the impact of policy interventions in strategic areas.

3. Population management issues in the country's 2021 VNR Report

The Government of Sierra Leone and the United Nations Population Fund (UNFPA) have long cooperated on the implementation of population management frameworks in the country. As a cross-cutting and structural issue, population management has been central in the 2030 Agenda and achievement of the SDGs in the country.

The country's population was estimated at 7.09 million in 2015 as per the 2015 National Population and Housing Census (PHC 2015). It is currently estimated at 7.8 million as per the 2019 projections with an annual population growth of 2.3 percent. From 2004 to 2015 the population increased from 4,976,871 to 7,092,113, representing an intercensal percentage increase of 42.5 percent with an average annual growth rate of 3.2 percent, compared to 1.8 percent from 1985 to 2004 and 2.3 percent from 1974 to 1985 (PHC 2015).

With the current population estimate of 7.8 million and more, and an annual population growth rate of 2.3 percent over the last decade, a total of 70,000 new jobs will be required per year to maintain optimal employment rates.[1] In 2017, the working-age population grew at 2.8 percent, while the total population grew by 2.2 percent, creating a pressing need for more formal and better-paying new jobs. However, Sierra Leone's economy has seen very little structural change. The country suffers from a crucial lack of access to basic infrastructure, coupled with its relatively weak performance on governance measures of government effectiveness, regulatory quality, corruption, and the rule of law.

Sierra Leone's current population is young, with around 45.8 percent below the age of 15; and 74.8 percent below the age of 25. The country's human development outcomes are estimated to be very low, with a ranking on the Human Capital Index (HCI)[2] among the lowest in the world, at 151 out of 157 countries, and an HCI value lower than the sub-Saharan regional average.

Against this backdrop, the Government (with support from UNFPA) had accordingly prepared and implemented a National Population Policy since 2019 within the country's MTNDP (2019-2023) and beyond, with clearly defined objectives, indicators, and targets for 2023 and 2028, all aligned to the SDGs and the National Plan Results Framework. The country also participates in the International Conference on Population and Development (ICPD), with express commitments drawn from its National Population Policy (NPP). The ICPD monitors and periodically reports on these UN Member States' commitments at the international level.

From 2019 to date, these commitments and planned policy results have been followed up on in the context of the possible implications COVID-19 generates for future population management in the

[1] World Bank (2020): Country Partnership Framework for the Republic of Sierra Leone (FY21-FY26).

[2] The HCI is made up of five indicators: the probability of survival to age 5, a child's expected years of schooling, harmonized test scores as a measure of the quality of learning, adult survival rate (fraction of 15-year-olds who will survive to age 60), and the proportion of children who are not stunted.

country; noting also that addressing the COVID dimension to the 2021 VNR reporting on the SDGs was identified as crucial in the UN Guidelines for this year's review.

It is in this context that providing an update on progress in implementing the ICPD Commitments and general Population Policy Targets of the country was deemed crucial within the Sierra Leone 2021 VNR reporting.

4. Approach to the preparation of this report

The following were the steps involved in generating status update on the implementation of the ICPD and the National Population Policy during 2019-2020/21, with the services of a Technical Assistant (TA) hired to help facilitate the consultations and produce data, technical materials, and the overall report.

- Data collection instruments (matrices) were designed by the Technical Assistant, working with the staff of the Ministry of Planning and Economic Development and Statistics Sierra Leone. These were used to collect data from GoSL/UNFPA Programme Implementing Partners on population-related issues across Ministries, Departments and Agencies (MDA's), and other development partners. Field data collectors were trained in the administration of these instruments.

- Two days of technical meetings and discussions on the implementation of the NPP/ICPD were then organized by MoPED and UNFPA, facilitated by the Technical Assistant and GoSL/UNFPA staff in Freetown. These sessions were used to review the progress of the NPP and ICPD matrices.

- The ICPD and NPP contain clear result frameworks that defined commitments, objectives, targets, and indicators to report on overtime.

- Participate in the supervision of field data collection in the implementation of the ICPD.

5. Summary of key results from the implementation of the ICPD/NPP

Some significant progress has been made in advancing the country's commitments on the ICDP and in the implementation of the National Population Policy. The following presents a summary of progress made in this area in the last 2 Years, while details can be found in the matrices contained in **Annex I**.

On the Government of Sierra Leone's commitment to the overall goal of zero unmet need for family planning services by 2030

Regarding the determination to allocate at least 1 percent of the health budget for family planning by 2022 under this commitment:

- In 2020, 0.03 percent was allocated in the national budget, but reportedly not disbursed.

- A family planning unit was established in the Ministry of Health to follow up on these issues, while the Minister of Planning and Economic Development provided a constant update on the commitments to Cabinet. The Ministry of Planning and Economic Development holds the Unit that coordinates UNFPA support on population issues across the country.

In terms of reducing the unmet need for family planning from 24.8 percent to 20 percent by 2025:

- This has gone down to 20.8 percent for all women, and 21.2 percent for modern methods, currently.

- There have been trained service providers in family planning across the 16 districts of Sierra Leone; and there has been an increase in procurement and expanded distribution method-mix for family planning, including the last mile to avoid stock-outs.

On the Government of Sierra Leone commitment to the overall goal of zero preventable maternal deaths by 2030

A major progress indicator here is training and employing 1000 midwives, 180 nurse anaesthetists, and 72 surgical assistants by 2025 under this commitment

- During 2019-2020 a total of 406 midwives were produced;

- As well as 24 surgical assistants and 50 nurse anaesthetics were produced.

Reduction of maternal mortality from 1,165 per 100,000 live births by 50 percent in 2028

- This has gone down from 1,165 in 2013 to 717 in 2019 (by 38.45 percent presently).

On the Government of Sierra Leone commitment to the overall goal of zero gender-based violence and harmful practices by 2030

A major progress indicator is to enact the prohibition of the Child Marriage Bill which will criminalize child marriage for all types of marriages by the end of 2020; for which some of the milestones already achieved in the last two years include:

- Heightened child marriage campaign in communities, including Hands-off-our Girl's campaign headed by the First Lady of Sierra Leone;

- Engagement with traditional and religious leaders;
- Review of the Child Rights Act 2007; and
- Conduct life skill sessions on ending child marriage.

In terms of reducing adolescent birth rates from 125.1/1000 (2013) to 74/1000 by 2020

- This has dropped to 102/1000 currently on the back of various deliverables, including:
  - The establishment and well-funded National Secretariat for the reduction of teenage pregnancy as a GoSL flagship project;
  - Establishment of the Adolescent and Youth Friendly Services;
  - Media engagement on adolescent pregnancy;
  - Reviewed and updated policies targeting the girl child; and
  - Ensuring the integration of comprehensive sexuality education into the Basic Education Curriculum Framework and key subjects.

Progress on education as a fundamental population management issue

Since 2019, the Government of Sierra Leone has committed more than 20 percent of its annual budget to the education sector. As part of its vision to enhance appropriate education, entrepreneurship, and innovation for those that are tolerant, and productive. The Government's Education Sector Plan 2018-2020 commits to providing opportunities for children and adults to acquire knowledge and skills, as well as nurture attitudes and values that help the nation grow and prosper. The Free Quality School Education, launched by the Government of Sierra Leone in 2018 aims to greatly reduce the illiteracy level in the country, especially among girls. The programme includes the provision of subsidies to schools to cover school fees, free school materials for all children, and school feeding for children in deprived communities.

Education for sustainable development forms the cornerstone of Sierra Leone's national development agenda. In this priority focus, the government has prioritized Free Quality Education as its flagship policy programme. The literacy rate has been steadily improving over the years. The 2015 Population and Housing Census results indicate that the literacy rate for those aged 10 years and above is approximately 51.4% but there is an alarming gap between males and females with the literacy rate of males being 59.4% whilst that for females is 43.9%.

The matrices in **Annex II** have details of progress made in the last two (2) Years on indicators and targets data that could be obtained.

6. Among population management implementation challenges encountered in the last 2 years

COVID-19 related

Sierra Leone, like many countries in the world, direly suffered from human and economic impacts from the COVID-19 pandemic. Prior to the COVID-19 crisis, Sierra Leone was one of the fastest-growing countries in Africa. However, growth prospects have been severely undermined since the COVID-19 outbreak. The COVID-19 crisis, like the 2014–15 Ebola epidemic, is likely to damage adolescent girls' education prospects and their human capital potentials as the prevalence of child marriage and early childbearing as well as the risk of girls dropping out of school are all exacerbated during crises. Already, Sierra Leone's Human Capital Index had measured very low prior to COVID at 0.36, which indicates that a child born in Sierra Leone today will be 36 percent as productive when she grows up as an adult.

On the macroeconomic front: The economy was projected to grow at 4.2 percent in 2020 from 5.4 percent in 2019, and at an average of 4.5 percent during 2021-2023 before COVID. With the onset of the pandemic, ***real GDP*** contracted by 2.2 percent in 2020, with a 7.6 percentage point lower than the 5.4 percent growth posted in 2019.[3] The 2020 ***total revenues*** (including grants) of Le 7.81 trillion (19.0 percent of GDP) was 6.0 percent lower than the Le 8.30 trillion in the revised budget for the year (20.2 percent of GDP), following COVID. The contraction in GDP and domestic revenue generation stemmed from the several lockdowns Sierra Leone went through during the pandemic; compelled to institute measures restricting the movement of people; and placing strict caps on public and private gathering and general functions. These health and safety protocols made it hard for businesses to operate, with tourism, hotel operations, entertainment industry, manufacturing, agriculture, and services among the hardest hit sectors during this period.

At household level: According to a survey following the eruption of the COVID-19, the number of households that had been able to consume required meals in a week dropped by 20 percent from April to the first week of July 2020; the number of those reporting reduced daily meals amounting to 30 percent.[4] The rural areas, where incomes are generally low, have been especially affected—the income-poor in the rural sector were reported by the 2018 Sierra Leone Integrated Household Survey (SLISH2018) at 73.9 percent, compared to 34.8 percent for the urban poor.[5]

Food insecurity had reached 63 percent in June 2020 from 53.3 percent in August 2019, according to an emergency food security monitoring system; with 10 percent reporting to be severely food insecure.[6] In real number terms, by July 2020, about 5.1 million people were food insecure, according to this survey; increasing by 41 percent from 3.9 million reported for this condition in January 2020.[7]

[3] See Report of the UN Socioeconomic Impact Assessment for COVID-19; Sierra Leone 2019/20 Annual Progress Report on MTNDP (2019-2023)

[4] See Report of the UN Socioeconomic Impact Assessment for COVID-19 (2020, page 26).

[5] See the 2018 SLIHS Report (2019, page lii).

[6] See Report of the UN Socioeconomic Impact Assessment for COVID-19

[7] See Report of the UN Socioeconomic Impact Assessment for COVID-19 (2020, page 27).

Healthcare front: Health experts have indicated that the country faces a higher risk of spread and mortality due to poor and underequipped health infrastructure and limited personnel to enhance robust testing, contact tracing, and treatment response. Additionally, the dense urban population in the cities hampers enforcement of social distancing to curtail the spread of the pandemic among the population. Other analysts have also linked the rapid spread of the virus to the manifestations of public anxiety and fear to report symptoms to avoid stigmatization, dwindling public trust, increased misinformation, and the spread of fake news on social media and other channels which undermine efforts to stem the spread of the disease in the country.

General health sector-related challenges

The relatively poor health outcomes are part of the perennial poor quality and inefficient service delivery at all levels of the health system. The quality of health facilities is often a deciding factor in service utilization. Like many countries, Sierra Leone faces inequitable geographic distribution of service quality. The quality and the availability of health service providers, is still low at the rural than the urban areas. The availability of medical equipment and level of diagnostic accuracy is also high in the urban areas than rural areas.

The sector issues outlined below underscores the need to improve the quality of essential health services, to increase the utilization of health services, and improve the health status of the population.

> ***The lack of medical equipment and infrastructure in facilities is a matter of concern***. Basic equipment as prescribed by the government is not available at most primary health facilities. This is alarming given the fact that most of the population access health care at a public primary health facility. There are also major challenges around infrastructure. Less than half of the health facilities in Sierra Leone have the required components of infrastructure. The general service readiness index, a composite measure of the overall capacity of health facilities to provide the essential package of health services, is only 56 percent. Sierra Leone has an average of 12 inpatient bed densities per 10,000 population. This is low compared with the recommended threshold of 25 inpatient beds per 10,000 population. All 14 districts have an inpatient bed density below the threshold level of 25 per 10,000 population[8]. The availability of maternity beds is an important indicator of access to maternity services, but the overall maternity bed density is 8 beds per 1,000 pregnant women, ranging from four (4) in the Western Rural Area to 13 in the Kenema district. Eight of the 14 districts are below the recommended level of 10 maternity beds per 1,000 pregnant women. Most health facilities lack basic equipment (blood pressure apparatus, stethoscope, adult scale, child scale, thermometer, light source, neonatal bag, and mask). Only 25 percent of health facilities have all tracer items. Standard precautions for infection prevention are key to ensure the implementation of infection prevention practices in health facilities, but only 26 percent of health facilities have the nine(9) tracer

[8] SARA + 2027

items (safe final disposal of sharps, safe final disposal of infectious wastes, appropriate storage of sharps waste and infectious water, disinfectant, single-use disposable /auto-disposable syringes, soap and running water or alcohol-based hand rub, latex gloves, and guidelines for standard precautions) for infection prevention[9].

- ***The availability of skilled and core health workers remains a major bottleneck to improving the quality of care.*** An imbalance of health workers, in terms of absolute scarcity and maldistribution across districts, including rural and urban distribution, significantly impacts access to and quality of health service delivery. On average, countries require a minimum of 23 core health workers per 10,000 population to achieve adequate coverage rates for the essential primary health care interventions. In Sierra Leone, the skilled health worker density is only 6.40 per 10,000 population. Moreover, the distribution of health workers is skewed towards the urban districts, which has a higher density of health workers compared to rural districts, and physician density is estimated at 0.05 per 1,000 population across the country[10]. In addition to increasing the volume of health workers to address the shortage of providers, improvements in management, supervision, and training are critical to ensure quality health service delivery by a skilled Human Resource for Health (HRH) base. Overall provider knowledge and abilities are very low to deliver quality services. Training needs to be better focused with the main objective of capacitating health workers to accurately diagnose and treat the main causes of illness as well as to have the skills to refer complicated cases up to higher levels of care. There should also be a concerted emphasis on adhering to the national guidelines as far as managing critical health conditions is concerned[11].

  Availability of essential medicines. No health facility has all the essential medicines (SARA+ 2017). Drug availability, particularly for mothers and children is quite poor with only 56 percent of priority drugs available in most health facilities[12]. This is also corroborated by SDI 2018, which found that urban facilities have higher availability of priority drugs (60.9 percent) compared to rural facilities (53.9 percent). Progress has been made in reproductive health services, with an overall family planning readiness score of over 70 percent in all districts except Western rural and Western urban districts. However, only 17 percent of facilities have all family planning tracer items[13].

- *Weaknesses in institutional capacity are widespread across the sector.* While the central MoHS has a significant number of directors with the requisite sector expertise and knowledge, there is an overall weak capacity of their support staff. These issues, more often than not, lead to delays in the implementation of project activities. The situation is more pronounced at the district level with a significant number of DHMTs having a low capacity in planning and implementation of activities, including performing fiduciary functions.

[9] SARA + 2027

[10] Sierra Leone has a workforce of 4,826 skilled health workers: 323 physicians, 389 Community Health Officers, 3,185 nurses, 402 midwives, 41 pharmacists, 30 nutritionists, and 456 laboratory technicians. (SARA,2017).

[11] SDI, 2018

[12] SDI, 2018

[13] Availability of FP guidelines, job aids, and staff trained in FP services, blood pressure machines, and FP commodities.

Most DHMTs do not have finance officers that would help in the preparation and execution of their budget, including donor funds. Consequently, a significant proportion of donors' funds are held in liquidations, often resulting in the under-utilization of the funds.

Family planning and related challenges

Furthermore**,** Sierra Leone is not well placed to reap the demographic dividend. Its total fertility rate (TFR) for women aged 15-49 years is 4.1 (5.1 rural and 3.0 urban) children per woman in 2017, slightly down from 4.9 in 2013[14]. The adolescent birth rate for the same cohort of women is 101. Early childbearing is a key driver of the adolescent birth rate, and it poses a real challenge to the country's development aspirations. According to the MICS 2017, 19.3 percent of women aged 15-19 have had a live birth. The figure is more intriguing among the poorest quintile (28.3 percent) compared to the richest quintile (7.2 percent). The high fertility rate has led to a dependency ratio of 0.86[15]. To address these issues and ensure the country reaps the demographic dividend, policies that would lead to rapid fertility transition will be required.

Despite the modest increase in growth, several structural challenges prevent the country from achieving inclusive growth and shared prosperity. By international standards, Sierra Leone's income per capita is still very low. With the population growing at more than 2 percent per year, the country's economy is not growing fast enough to substantially increase income per capita. The overall poverty rate, estimated at 56.8 percent[16], is among the highest in the world. Women and girls are disproportionately impacted by poverty. Sierra Leone has a gender inequality index value of 0.645, ranking 150th out of 160 countries in 2017, reflecting gender-based inequities in reproductive health, empowerment, and economic activity.

Despite great progress since the end of the civil war, the country remains confronted by massive challenges related to child marriage, early childbearing, and low educational attainment for girls relative to some comparator countries in West Africa (Cote d'Ivoire, Ghana, Guinea, Liberia, and Senegal) based on household survey data[17]. There has been only limited progress in reducing child marriage and early childbearing and at current rates of progress, the country will not achieve the target to end child marriage under the SDGs. The prevalence of child marriage among girls aged 18-22 was at 28.2 percent in the 2017 MICS[18].

While three in four girls complete their primary education, only one in two completes lower secondary education, and less than one in five completes upper secondary. Girls are on par with boys for primary completion (72.6 percent for girls aged 15-18 versus 71.9 percent for boys of the same age), but they lag behind boys at the lower secondary level (50.9 percent completion rate for girls versus 57.9 percent for boys) and even more so at the upper secondary level (10.4 percent completion rate for girls versus 21.5 percent for boys).

[14] SLDHS 2013
[15] SLIHS 2018
[16] Sierra Leone Integrated Household Survey, 2018.
[17] Sierra-Leone-Economic-Update-2020-The-Power-of-Investing-in-Girls
[18] Sierra-Leone-Economic-Update-2020-The-Power-of-Investing-in-Girls

7. Some recommendations going forward

To address the above issues and problems and to scale up progress on the ICPD commitments and the National Population Policy targets, the Government of Sierra Leone will need to pay attention to the following:

a. The need to improve disease prevention, control, and surveillance;
b. Improve health governance and human resource management by 2023;
c. Increase modern diagnostic and specialist treatment within the country and improve secondary health delivery systems by 2023.
d. Increase the national healthcare budget allocation to 15 percent;
e. Strengthen the Health Management and Information System (HMIS) through the digitalization of healthcare systems and processes;
f. Recruit specialists through the introduction of attractive schemes for Sierra Leonean specialists in the diaspora and partnerships with international agencies;
g. Encourage public-private partnership involvement by developing a policy and legal framework to secure modern diagnostic facilities and provide laboratory equipment and facilities in all districts;
h. Strengthen the capacity of medical regulatory bodies through the review of a legal and policy regulatory framework in line with regional and international benchmarks;
i. Promote efficient healthcare delivery through constructive dialogue among stakeholders within the sector.

Annex I

UPDATE ON THE IMPLEMENTATION OF SIERRA LEONE ICPD@25 COMMITMENTS

ICPD Indicators	Key Deliverables Achieved During 2019 – 2021	Challenges	Recommendations
Allocate at least 1% of the health budget for family planning by 2022.	percent was allocated in the 2020 national budget but not disbursed; The established the family planning unit of the government of Sierra Leone; The Minister of Planning and Economic Development reported the commitment to the cabinet.	Lack of analysing the percentage allocation for family planning.	Advocacy for at least 1% of the health budget for family planning by 2022.
Increase the number of adolescents reached with modern contraceptive method	modern CPR reported at 21% (DHS 2019) **Deliverables**: Trained service providers across districts; Procure and expand the method mix of family planning to include new methods such as DMPA-SC; Enhanced last-mile distribution of commodities to avoid stockouts; Improved service delivery data management to inform targeted corrective actions.	Access to some LARC methods is limited in hard-to-reach communities; Inadequate numbers of trained providers especially in hard-to-reach communities; Occasional stock outs of commodities due to delay in last-mile distribution especially in hard-to-reach communities; Myths and misconceptions about some contraceptive methods; Highly donor-driven especially for commodities.	The budget line to be allocated to RH/FP, MOHS (procurement) for commodities; Rotation and incentivize FP providers in hard-to-reach areas; Integration of FP into the curricula for the training of health providers; Work with women support groups to address myths and misconceptions and promote proper use of family planning; Strengthen contraceptive counseling gaps at various points of their reproductive life especially post-natal.
Reduce the unmet need for family planning from 24.8% to 20% in 2025	24.8 for married women; 20.8 for all women; Modern CPR was reported at 21% (DHS 2019). **Deliverables:**	Access to some LARC methods is limited in hard-to-reach communities; Inadequate number of trained providers	The budget line to be allocated to RH/FP, MOHS (procurement) for commodities; Rotation and incentivize FP providers in hard-to-reach areas;

ICPD Indicators	Key Deliverables Achieved During 2019 – 2021	Challenges	Recommendations
Reduce the unmet need for family planning from 24.8% to 20% in 2025..	Trained service providers across districts; Procure and expand the method mix of family planning to include new methods such as DMPA-SC; Enhanced last-mile distribution of commodities to avoid stockouts; Improved service delivery data management to inform targeted corrective actions.	especially in hard-to-reach communities; Occasional stock outs of commodities due to delays in last-mile distribution especially in hard-to-reach communities; Myths and misconceptions about some contraceptive methods; Highly donor-driven especially for commodities.	Integration of FP into the curricula for the training of health providers; Work with women support groups to address myths and misconceptions and promote proper use of family planning; Strengthen contraceptive counseling gaps at various.
Train and employ 1000 midwives, 180 nurse anaesthetists, 72 surgical assistants by 2025.	**Status** **2019:** Reduced by 32 percent 1165/100000(DHS 2013) 717/100000(DHS2019) **Deliverables**: Training of Skills Birth Attendants in EMoNC (Doctors, Midwives, and Nurses including CHOs), ETAT, long-lasting Family Planning Methods among other life-saving interventions; Investing in Midwifery Education- Three Midwifery Training Schools in Freetown, Makeni, and Bo supported. Scholarships offered to Nurses for Midwifery training. Increased intake of the number of Student Midwives. A fourth School is under construction in Kenema;	Accessibility issues – Hard to reach areas due to poor terrain causing delays in reaching facilities on time; Traditional beliefs and Values; Inadequate Number of Skill Birth Attendants; The distribution of Multidisciplinary teams to vulnerable communities is sufficient to address the problems; Lack of Modernized life-saving equipment and commodities; Lack of Knowledge on contraceptive services by women and girls; HIV/AIDS and other diseases affecting women during pregnancy;	Consolidate ongoing efforts to improve the delivery of health care services and achieve favourable health outcomes nationwide by investing in health infrastructure, improving the quality of health services, building the capacity of health staff, and improving health governance systems; Increase production/training and equitable distribution of Midwives, and Obstetricians and Gynecologists, and other key health personnel; Increase funding and investment in Midwifery Training; Update SOPS and guidelines for midwifery practices; Awareness and Sensitization campaigns on Hospital visits during pregnancy, labour and delivery, and postnatal periods;

ICPD Indicators	Key Deliverables Achieved During 2019 – 2021	Challenges	Recommendations
Train and employ 1000 midwives, 180 nurse anaesthetists, 72 surgical assistants by 2025.	Maternal Death surveillance Review Committee Meetings in all Districts; Supportive supervision across districts; Review of Maternal and Child Health Manual to be rolled out.	Late referrals and delay from community level to facility; Lack of Water, Electricity supplies, and other Enablers in Hospitals and Clinics including PHUs.	Early detection and diagnosis of health conditions and referrals by communities; Provide feedback on Maternal Deaths to community leaders and stakeholders to act on root causes; Continuous engagement with stakeholders and communities and health partners supporting maternal and child health; Invest in Women and Girls Empowerment programs; Provide more trained and competent Staff for communities with high Maternal and Infant Mortality Rates; Invest in solar power and upgrade facilities to BEMONC and CEMONC status; Remote Allowances Implement cost-effective life-saving programs for MMR/IMR; Expand setting up of triage system and high dependence units at all district and regional hospitals as a minimum standard practice to improve care for pregnancy-related emergencies; Conduct annual rapid assessments for an in-depth understanding of the status of emergency obstetric and newborn care with a focus on infrastructure, equipment and supplies, human resource, referral system, and service availability and utilization;

ICPD Indicators	Key Deliverables Achieved During 2019 – 2021	Challenges	Recommendations
Train and employ 1000 midwives, 180 nurse anaesthetists, 72 surgical assistants by 2025.			Establish a Continued Professional Development (CPD) system on skills related to pregnancy, delivery, and postnatal care, for renewal of practicing licenses for staff working in maternal and newborn health – this will encourage staff to pursue skills development without relying on workshops organized by government and other organizations; Establish a high level multidisciplinary and multisectoral national MPDSR steering committee and national level to oversee actions aimed at addressing maternal mortality; Support the use of community volunteers to help track pregnant women, link them to the health system, and follow-up till delivery and postnatal period; Decentralize blood collection and processing to all maternity referral hospitals and regional hospitals, and strengthen the system country-wide through the formation and appropriate training of blood collection and processing teams including laboratory staff.
Reduce maternal mortality from 1,165 per 100,000 live births by 50% in 2028.	1165/100000(DHS 2013) 717/100000(DHS2019) **Deliverables**: Construction and Renovation of BEmONC Centres in selected districts; Procurement and distribution of Free Health	Accessibility issues – Hard to reach areas due to poor terrain causing delays in reaching facilities on time; Traditional beliefs and Values; Inadequate number of Skill Birth Attendants;	Increase production/training and equitable distribution of Midwives, and Obstetricians and Gynecologists, and other key health personnel; Increase funding and investment in midwifery training; Update SOPS and guidelines for midwifery practices;

ICPD Indicators	Key Deliverables Achieved During 2019 – 2021	Challenges	Recommendations
Reduce maternal mortality from 1,165 per 100,000 live births by 50% in 2028.	Care Commodities in all districts; Training of Skills Birth Attendants in EMoNC (Doctors, Midwives, and Nurses including CHOs), ETAT, long-lasting Family Planning Methods among other life-saving interventions. Investing in Midwifery Education- Three Midwifery Training Schools in Freetown, Makeni, and Bo supported. Scholarships offered to Nurses for Midwifery training. Increased intake of the number of Student Midwives. A fourth School is under construction in Kenema; Maternal Death surveillance Review Committee Meetings at all Districts; Supportive supervision across districts; Review of Maternal and Child Health Manual to be rolled out; Universal Health Coverage; Introduction of anti-shock garment for postpartum haemorrhage; Management of first-time adolescent mothers; Development the implementation of	The distribution of Multidisciplinary teams to vulnerable communities is sufficient to address the problems; Lack of Modernized lifesaving equipment and commodities; Lack of Knowledge on contraceptive services by women and girls; HIV/AIDS and other diseases affecting women during pregnancy; Late referrals and delays from community level to facility; Lack of water, electricity supplies, and other enablers in Hospitals and Clinics including PHUs.	Awareness and Sensitization campaigns on Hospital visits during pregnancy, labour and delivery, and postnatal periods; Early detection and diagnosis of health conditions and referrals at the community level; Provide feedback on maternal deaths to community leaders and stakeholders to act on root causes; Continuous engagement with stakeholders and community health partners to support maternal and child health; Invest in Women and Girls Empowerment Programs to provide more trained and competent Staff for communities with high maternal and infant mortality rates; Invest in solar power and upgrade facilities for BEMONC and CEMONC programme; Implement the Remote Allowances for the cost-effective life-saving programmes for MMR/IMR; Expand Setting up of triage system and high dependence units at all district and regional hospitals as a minimum standard practice to improve care for pregnancy-related emergencies; Conduct annual rapid assessments for an in-depth understanding of the status of emergency obstetric and

ICPD Indicators	Key Deliverables Achieved During 2019 – 2021	Challenges	Recommendations
Reduce maternal mortality from 1,165 per 100,000 live births by 50% in 2028.	Universal Health Coverage roadmaps; Setting up a triage system and high dependence units at all district and regional hospitals to improve care for pregnancy-related emergencies; Establishment of the ambulance system to improve the referral system.		newborn care with a focus on infrastructure, equipment and supplies, human resource, referral system, and service availability and utilization; Establish a Continued Professional Development (CPD) system on skills related to pregnancy, delivery, and postnatal care, for renewal of practicing licenses for staff working in maternal and newborn health – this will encourage staff to pursue skills development without relying on workshops organized by government and other organizations; Establish a high-level multidisciplinary and multisectoral national MPDSR steering committee and national level to oversee actions aimed at addressing maternal mortality; Support use of community volunteers to help track pregnant women, link them to the health system, and follow-up till delivery and postnatal period; Decentralize blood collection and processing to all maternity referral hospitals and regional hospitals and strengthen the system country-wide through the formation and appropriate training of blood collection and processing teams including laboratory staff.

ICPD Indicators	Key Deliverables Achieved During 2019 – 2021	Challenges	Recommendations
Enact the Prohibition of Child Marriage Bill which will criminalize child marriage for all types of marriages by the end of 2020.	29.6 % (DHS 2019) **Deliverables:** End child marriage campaign in communities; Hands-off-our Girl's campaign; Engaged traditional and religious leaders; Safe spaces with life skill sessions on ending child marriage; Reviewed the Child right act 2007.	The index is still high and ongoing; Challenges in social norm change/ behavioral change.	Enact the draft bill to end child marriage; Intensify advocacy and sensitization of relevant stakeholders in communities.
Reduce adolescent birth rates from 125.1/1000 (2013) to 74/1000	102/1000 (DHS 2019) **Deliverables:** Established and support the National secretariat for the reduction of teenage pregnancy under the H.E flagship project; Launched the "Hands off our girls" campaign by the First Lady; Established adolescent and Youth Friendly Services; Media engagement on adolescent pregnancy; Reviewed and updated policies targeting the girl child; Integrated Comprehensive sexuality education into the Basic education curriculum framework and five key subjects.	Prevalence of Harmful practices affecting the girl child. E.g., child marriage, FGM; Issues around sex and sexuality where parents avoid talking about sex to their children. It remains a taboo in some communities; Funding limitations for new AYFS centers in schools or around schools; No referral pathway for the adolescent to access centers.	Increase and intensify Advocacy to end harmful practices (child marriage, FGM, etc.); Engage parents on social norm change; Resource mobilization to address funding gaps; Involve men and boys, traditional and religious leaders to end harmful practices.

Annex II

Update on the Implementation of the Sierra Leone National Population Policy

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
Policy Objective 1: Address population dynamics				
General Policy Target 1.1 By 2028, obtain a manageable population growth rate and age dependency ratio.				
The average annual growth rate of the population (%) ***Achieved: 2.9 as Projected in the 2015 SLNPHC***	In a bid to reduce the annual growth rate, the GOSL and development partners have passed the family planning policy of 2017 in the bill by 2020; Establishment of the NSSDS within statistics Sierra Leone for the coordination of statistical systems in the country.	Lack of staff capacity and inadequate staff at MoPED to coordinate development partners work to ensure this indicator on NPP; Low financial resources or lack of financial resources to implement the NPP is a challenge; Lack of coordination or low coordination of population issues within the MDAs other than MoPED; Low or lack of effective use of the Population data by MDAs.	To Strengthen Coordination; Resources Mobilization for the NPP implementation; The capacity-building effort to be instituted for the MoPED staff and other Population and data staff; Supports to MDAs were required to use available population data rather than hiring consultants for data that already exist.	

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
Age dependency ratio (%) ***Achieved: 76.3% World bank report 2020***	The government's flagship project of free quality basic and secondary education to ensure human capital development; Free healthcare systems of the government for the Under 5 and lactating mothers, persons with disabilities, and Ebola survivors.	Lack of resources and technical know-how in the free health care or free Quality education; Access to this free health care or education for especially those in the hard-to-reach communities remains.		
General Policy Target 1.2 By 2028, limit irregular risky outward migration of young Sierra Leoneans and encourage inward migration from abroad.				
1.2.2 Immigration to Sierra Leone (%)	Strengthen the regulatory and institutional framework for Labour Administration; Enhance Labour Standards and Social dialogue for decent work; Empowering women, youths, and PWDs to overcome the employment challenges; Private Sector development-stimulating investment in Enterprise for job creation; Labour Market Policy – skill development for Job creation; Macroeconomic Policy linking employment with economic growth for job creation;	There have been funding constraints for the awareness campaign on ir-regular migration, human trafficking, and violent extremism in partnership with youth and women's groups; Technical Working Committee for the awareness campaign on ir-regular migration, human trafficking, and violent extremism in partnership	There is a need for the establishment of labour border crossing points; There is a need for the use of youth structure at the border crossing points.	

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
1.2.2 Immigration to Sierra Leone (%)	The country has prepared a draft of the National Migration policy in 2016; A Labour migration policy has been enacted in 2019 and sensitisation was made at the regional level in the country; Plans are on the way by ECOWAS and IOM to establish a national migration working group on data collection.	with youth and women's groups is yet to be established; Not enough Manpower for the awareness campaign on ir-regular migration, human trafficking, and violent extremism in partnership with youth and women's groups; The Scope of work is wide for the awareness campaign on ir-regular migration, human trafficking, and violent extremism in partnership with youth and women's groups; The awareness campaign on ir-regular migration, human trafficking, and violent extremism exercise was put on hold as a result of the		

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
1.2.2 Immigration to Sierra Leone (%)		COVID-19 lockdown countrywide; The policy and legal frame-work on migration are still awaiting adoption and endorsement by the Government; Nonavailability of tools and equipment for the training border operatives at the moment due to limited funds; The process of reviewing the 2005 Trafficking in Persons Act and penalty of convicted persons is still ongoing; The training meeting for combat human trafficking is yet to be conducted.		
Objective 2. Expand reproductive health and rights				
General Policy Target 2.1 By 2028, ensure universal access to and affordability of family planning services and commodities for men and women to enable them to regulate their fertility and family size.				
2.1.1 Contraceptive prevalence rate (for women aged	**Status:** modern CPR reported at 21% (DHS 2019)	Access to some LARC methods is limited in	The budget line to be allocated to RH/FP, MOHS	DHS 2019 HMIS data

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
15–49 currently married or in a union who are using a modern or traditional contraceptive method) (%)	**Deliverables:** Trained service providers across districts; Procure and expand the method mix of family planning to include new methods such as DMPA-SC; Enhanced last-mile distribution of commodities to avoid stockouts; Improved service delivery data management to inform targeted corrective actions.	hard-to-reach communities; Inadequate numbers of trained providers especially in hard-to-reach communities; Occasional stock outs of commodities due to delays in last-mile distribution especially in hard-to-reach communities; Myths and misconceptions about some contraceptive methods; Highly donor-driven especially for commodities.	(procurement) for commodities; Rotation and incentivize FP providers in hard-to-reach areas; Integration of FP into the curricula for the training of health providers; Work with women support groups to address myths and misconceptions and promote proper use of family planning; Strengthen contraceptive counseling gaps at various points of their reproductive life especially post-natal.	RHFP Program report.
2.1.2 Adolescent fertility rate (for women aged 15–19) per 1,000.	**Status:** 102/1000 (DHS 2019) **Deliverables:** Established and support the National secretariat for the reduction of teenage pregnancy under the H.E flagship project; Launched the "Hands off our girls" campaign by the First Lady;	Prevalence of Harmful practices affecting the girl child. E.g., child marriage, FGM; Issues around sex and sexuality where parents avoid talking about sex to their children. It remains a taboo	Increase and intensify Advocacy to end harmful practices (child marriage, FGM, etc.); Engage parents on social norm change; Resource mobilization to address funding gaps; Involve men and boys, traditional and religious leaders to	DHS 2019

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
2.1.2 Adolescent fertility rate (for women aged 15–19) per 1,000.	Established adolescent and Youth Friendly Services; Media engagement on adolescent pregnancy; Reviewed and update policies targeting the girl child; Integrated Comprehensive Sexuality Education into the Basic Education Curriculum Framework and five key subjects.	in some communities; Funding limitations for new AYFS Centres in schools or around schools; No referral pathway for the adolescent to access Centres.	end harmful practices.	
2.1.3 Fertility rate per 1,000 women aged 15–49 (%)	**Status:** 4.2/1000 (DHS 2019) **Deliverables:** Availability of contraceptive commodities in health facilities.	Cultural belief about childbearing; Fear of losing children to death.	Consistent community engagement to address myths and misconceptions.	DHS 2019
Target 2.2 By 2028, expand rights for women to be empowered to make decisions about their reproduction and play a larger role in decision-making, with the aim of gender equality in society.				
2.2.1 women aged 20–24 who have experienced early child marriage before age 18 (%).	**Status:** 29.6% at age 18 and 8.6% at age 15 (DHS 2019) **Deliverables:** End child marriage campaign in communities; Hands-off-our Girl's campaign; Engaged traditional and religious leaders; Safe spaces with life skill sessions on ending child marriage;	The index is still high and ongoing; Challenges in social norm change/ behavioural change; Inconsistency in the age of consent for marriage. CRA provides for 18 whilst the Registration of Customary Marriage and Divorce Act (2009) permits	Enact the draft bill to end child marriage; Intensify advocacy and sensitization of relevant stakeholders in the communities.	DHS 2019

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
2.2.1 women aged 20–24 who have experienced early child marriage before age 18 (%).	Review of the Child right act 2007; Child Rights Act (CRA) Amendment Bill drafted. The Bill provides for uniformity in the legal age of marriage of all types (age 18yrs). The amended CRA will address inconsistencies in respect of age of marriage between the CRA and Registration of Customary Marriage and Divorce Act (2009); The First Lady Hands Off the Girls initiative also seek to address early child marriage; Free Quality Education promotes the retention of girls, especially at basic and senior secondary education levels. Whilst girls are in school, they are not likely to be married; The Gender Equality and Women's Empowerment Policy was formulated and launched in 2021; The promotion of sexual reproductive health and rights (including ending child/under-age marriage) is one of the strategic objectives/ priorities of the GEWE Policy.	customary marriage for persons under 18 provided there is parental consent; Entrenched traditional practice and culture.		
2.2.2 Proportion of women in decision-making positions by increasing the representation of	**Status:** 16 out of 132 Parliamentary seats (12.1%) were won by female candidates. The number reduced to 15	Cultural barriers; Financial strength;	Mainstream gender into all spheres of life and work.	NEC 2018

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
female Members at Parliament (%).	(11.3%) following the Election Petition ruling. Additionally, 2 out of 14 PC MPs are females. 2 out of 7 Mayors are females (28.5%); 1 out of 21 Chairpersons are females (4.7%), and 90 out of 479 Local Councillors are females (18.7%)	Lack of education;		
2.2.2 Proportion of women in decision-making positions by increasing the representation of female Members at Parliament (%).	**Deliverables:** Train and support women with skills to empower and participate in decision making and vie for political positions; 50-50 group. Appointment of women in key decision-making positions; Develop and launch the Gender Equality and Women Empowerment policy. GEWE Policy formulated in 2020. Among its priority objectives is increasing women's participation and representation in governance and decision-making bodies Draft GEWE Bill (the Bill provides for a 30% quota).	Political party constitutions are not gender-sensitive.		
Objective 3. Enhance the growth and human capital development				
General Policy Target 3.1 By 2028, establish the fundamentals of sustainable development in Sierra Leone, providing the people with its benefits and preserving the country's natural resources and the environment.				
3.1.1 Increase the proportion of electricity production from a renewable source (%).	**Status:** 15 percent of the total population have access; 2.5 percent of the rural population has access.	Delay in the disbursements of funds (Allocation and counterpart funds) Office Accommodation;	Continue exploring the potentials of hydro and solar energy generation.	

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
3.1.1 Increase the proportion of electricity production from a renewable source (%).	**Deliverables:** Construction of mini-grids in forty-four communities across the country (UNOPS); Rehabilitation of existing EGTC Thermal Plants; 5MW Solar Plant for Bo (Solar Era); 6MWp grid-connected solar plant at Newton (IPP); 6MW grid-connected solar plant at Newton (ADFD); Feasibility studies for 30 MW World Bank Solar Plant at Newton; Rehabilitation and Expansion of Bo and Kenema Township distribution networks; Interconnection between Bo Kenema and CLSG line; Completion of feasibility studies for 45 mini-grids by WINDGEN(USTDA).	Generation capacity and seasonal variation are disseminated using inadequate and aging transmission and distribution networks; The power sector is small, with less than 100 MW of energy capacity connecting less than 150,000 customers with the cost for electricity heavily subsidized; Delay / non-payment of post-paid meter bills especially for MDAs; Commercial inefficiency due to Electricity Theft; Load Shedding and unreliability of the Transmission & Distribution networks. The primary Distribution		

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
3.1.1 Increase the proportion of electricity production from a renewable source (%).		capacity in Freetown is 73MW; High operating costs and Government subsidies. Govt. Subsidies for FY 2019 of Le. 100B, exhausted by Q2; High commercial (including illegal connections) and technical losses at 40%;		
3.1.2 Increase access to pipe-borne water supply nationwide (%).	**Status:** 2017: MICS 2017indicates the access to basic water services is 58% (47% in rural areas and 72% in urban areas); 2018: In Freetown, GVWC supplies water to around 60 percent of the population. **Deliverables:** Construction of 100 solar-powered boreholes with distribution systems in the 13 Districts; Construction of 45 solar-powered industrial boreholes; Start of construction of the Rokel River Water Supply for Freetown and its	Inadequate working environment to Coordinate Sector programmes; Insufficient Staffing and remuneration to support the Ministry's programmes and activities; Inadequate funding to the sector; Environmental challenges associated with water catchment areas;		

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
3.1.2 Increase access to pipe-borne water supply nationwide (%).	Environs (GoSL/Chinese consortium) – Phase 1; New Water and Sanitation Policy - By June 2020; Annual Sector (WASH) Report 2019 – Dec 2020; Annual WASH Conference 2020 - By Nov 2020; Improvement of WQ capacity nationwide; Construction of 3 gravity water supply schemes (Western Area); Construction of 5 solar-powered boreholes (Freetown environs); Support to Post-Graduate training in Water Engineering at the University of Sierra Leone.	Limited operational logistics to undertake Ministry's activities.		
***3.2.1 Reduce maternal mortality per 100,000 live births*.**	**Status:** 2019: Reduced by 32 percent 1165/100000(DHS 2013) 717/100000(DHS2019) **Deliverables:** MMR dropped from 1,165 to 796 deaths per 100,000 live births; Construction and renovation of BEmONC Centres in selected districts; Procurement and distribution of Free Health Care Commodities in all districts;	Accessibility issues – Hard to reach areas due to poor terrain causing delays in reaching facilities on time; Traditional beliefs and Values; Inadequate Number of Skill Birth Attendants;	Consolidate ongoing efforts to improve the delivery of health care services and achieve favourable health outcomes nationwide by investing in health infrastructure, improving the quality of health services, building the capacity of health staff, and improving health governance systems; Increase production/training and equitable distribution of	DHS 2013 DHS 2019 RH/FP Program Report Minutes from MDSR meetings.

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
***3.2.1 Reduce maternal mortality per 100,000 live births*.**	Training of Skills Birth Attendants in EMoNC (Doctors, Midwives, and Nurses including CHOs), ETAT, long-lasting Family Planning Methods among other life-saving interventions; Investing in Midwifery Education- Three Midwifery Training Schools in Freetown, Makeni, and Bo supported; Scholarships offered to Nurses for Midwifery training. Increased intake of the number of student midwives. A fourth school is under construction in Kenema; Maternal Death Surveillance Review Committee Meetings in all districts; Supportive supervision across districts; Review of Maternal and Child Health Manual to be rolled out; Universal Health Coverage; Introduction of anti-shock garment for postpartum haemorrhage; Management of first-time adolescent mothers; Development and implementation of Universal Health Coverage roadmaps;	The distribution of Multidisciplinary Teams to vulnerable communities is sufficient to address the problems; Lack of modernized life-saving equipment and commodities; Lack of knowledge on contraceptive services by women and girls; HIV/AIDS and other diseases affecting women during pregnancy; Late referrals and delay from community level to Health Facility Centers; Lack of water, electricity supplies, and other enablers in Hospitals and Clinics including PHUs.	midwives, and Obstetricians and Gynecologists, and other key health personnel; Increase funding and investment in midwifery training. Update SOPS and guidelines for midwifery practices Awareness and sensitization campaigns on Hospital visits during pregnancy, labour and delivery, and postnatal periods; Early detection and diagnosis of health conditions and referrals by communities; Provide feedback on Maternal Deaths to community leaders and stakeholders to act on root causes; Transportation and road constructions; Continuous engagement with stakeholders and communities and health partners supporting maternal and child health;	

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
***3.2.1 Reduce maternal mortality per 100,000 live births*.**	Setting up a triage system and high dependence units at all district and regional hospitals to improve care for pregnancy-related emergencies; Establishment of the ambulance system to improve the referral system; for Midwifery training. Increased intake of the number of Student Midwives. A fourth School is under construction in Kenema; Maternal Death surveillance Review Committee Meetings in all Districts; Supportive supervision across districts; Review of the Maternal and Child Health Manual to be rolled out; Universal Health Coverage; Introduction of anti-shock garment for postpartum haemorrhage; Management of first-time adolescent mothers; Development and implementation of Universal Health Coverage roadmaps; Setting up a triage system and high dependence units at all district and regional hospitals to improve care for		Invest in Women and Girls Empowerment Programs; Provide more trained and competent Staff for communities with high Maternal and Infant Mortality Rates; Invest in Solar power and upgrade facilities to BEMONC and CEMONC status; Remote allowances implement cost-effective life-saving programs for MMR/IMR; Expand setting up of triage system and high dependence units at all district and regional hospitals as a minimum standard practice to improve care for pregnancy-related emergencies; Conduct annual rapid assessments for an in-depth understanding of the status of emergency obstetric and new-born care with a focus on infrastructure, equipment and supplies, human resource, referral system, and service availability and utilization;	

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
***3.2.1 Reduce maternal mortality per 100,000 live births*.**	pregnancy-related emergencies; Establishment of the ambulance system to improve the referral system.		Establish a Continued Professional Development (CPD) system on skills related to pregnancy, delivery, and postnatal care, for renewal of practicing licenses for staff working in maternal and new-born health – this will encourage staff to pursue skills development without relying on workshops organized by government and other organizations; Establish a high level multidisciplinary and multisectoral national MPDSR steering committee and national level to oversee actions aimed at addressing maternal mortality; Support the use of community volunteers to help track pregnant women, link them to the health system, and follow-up till delivery and postnatal period; Decentralize blood collection and processing to all Maternity Referral Hospitals and Regional Hospitals, and strengthen the	

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
3.2.1 Reduce maternal mortality per 100,000 live births.			system country-wide through the formation and appropriate training of blood collection and processing teams including laboratory staff.	
3.2.2 Reduce Infant Mortality per 1,000 live births.	**Status:** 75/1000 (DHS 2019) **Deliverables:** Training of nurses in paediatrics/ neonatology; New curriculum and courses for paediatric/ neonatal nursing developed and now implemented at COMAHS; Construction of Neonatal Intensive Care Units; Training of Staff on eTAT; Donor and partner support intensified.	Under-five's facilities need upgrading and staffing; Poverty and lack of knowledge on childcare; Lack of community awareness on childhood care; Lack of Modern Equipment and specialized facilities for treatment of critically ill babies; Inadequate facilities and diagnostic laboratories; An inadequate number of trained and qualified Doctors and Midwives including Neonatal Nurses;	More Neonatal Intensive Care units to be set up; Train more Paediatricians, Neonatologists, and Paediatric Nurses; Recruitment of experts on Child/ Infant Management from countries with advanced facilities to support; Review and update SOPS and guidelines following international standards; Provide High-Quality Laboratories and Services for Diagnostic and Treatment of Infant and Childhood Diseases; Community engagement on child-care practices/ Empower Child-Care on best practices related to child welfare;	DHS 2019 Child Health Program Report.

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
3.2.2 Reduce Infant Mortality per 1,000 live births.		Poor Child Care practices and harmful traditional practices; Poor parent support and overburden of families with lots of children; MoHS/Donors and Partners to address gaps in funding support.	Health Education Talks through various channels and Media for communities on Childcare; Expert knowledge on Infant Care needed for Service Providers and Caregivers including the community; Increase advocacy for support to Infant and Child services; Consolidate ongoing efforts to improve the delivery of health care services and achieve favourable health outcomes nationwide by investing in health infrastructure, improving the quality of health services, building the capacity of health staff, and improving health governance systems.	
3.2.3 Reduce under-five mortality per 1,000 live births	**Status:** 2013: 156 deaths per 1,000 live births 2019: Reduced by 22 percent 122/1000(DHS 2019) **Deliverables:** The under-five mortality rate dropped from 156 to 122 per 1,000 live births between 2013 and 2019.		Consolidate ongoing efforts to improve the delivery of health care services and achieve favourable health outcomes nationwide by investing in health infrastructure, improving the quality of health services, building the capacity of health staff, and improving health governance systems.	2019 Sierra Leone Demographic and Health Survey (DHS)- From Statistics Sierra Leone.

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
Target 3.3 By 2028, place education at the Centre of Sierra Leone's development and increase equitable access to education opportunities for both girls and boys.				
3.3.1 Increase the Primary School to Junior Secondary School transition rate for girls and boys (%)	**Status:** 2019 Transition Rate: Boys Primary to Junior Secondary:97.5% Junior Secondary to Senior Secondary: 94.3% Girls Primary to Junior Secondary: 92.3% Junior Secondary to Senior Secondary: 91.2% 2019: 5,000 teachers recruited (Increase of 14.3%) 2019-2020: 160 New Inspectors **Deliverables:** Increase Transition Rate to Secondary School; Increase recruitment of trained and qualified teachers; Recruitment of school inspectors.	Long distances to secondary schools; Perceived low value placed on education by parents especially for girls; Early marriage of girls affect their transition to secondary schools (30 percent of girls get married before age 18)	Enforce 9 years of basic education for every child to address to ensure expanded access at the JSS level; Maintain and/or construct fully equipped and functional classrooms in schools; Improve classroom sizes and teacher-pupil ratio in overcrowded schools; Address the problem of gender difference in the transition of pupils from primary to secondary; Organize stakeholder sensitization meetings for education on equal chances for both boys and girls; Fully enforce the law on the early marriage of girls.	2019 School Census Report. SIERRA LEONE EDUCATION SECTOR PLAN 2018 - 2020.[19]

[19] https://www.unicef.org/sierraleone/education

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
3.3.2 Increase Adult Literacy from 51.4 percent in 2015 to 60 percent in 2023 and 65 percent in 2028.	**Status:** 2020: 10,100 Adult Learners, 404 Facilitators. **Deliverables:** 202 Accelerated Learning Centers established at Chiefdom Headquarters towns and municipalities in all of the 16 districts in Sierra Leone.	Delay in the payment of facilitator's stipends; Mobility of Literacy Organizers to go too hard to reach-out areas; Lack of external support.	Government to give more support to adult literacy programmes; To have a policy on adult education in Sierra Leone.	Non-Formal Directorate Office MBSSE, New England Ville, Freetown.
Objective 4. Improve population planning and management				
General Policy Target: Target 4.1 By 2028, strengthen national capacity for population policy formulation and management and improve awareness and prioritization of population dynamics in national and local development planning through the regular use of population-related data.				
4.1.1 Number of staff trained in MoPED, or relevant Ministries, Departments and Agencies of government (MDAs) and local councils, on population policy formulation and management.	No training was conducted for the formulation and management of the population policy.	The emergence of Covid-19 affected the implementation of the policy.	Training on the management and reporting of the policy is required for all Population and Development Institutions.	
4.1.2 Number of relevant institutions (MDAs, local councils, and private sector) that receive copies of the National Population Policy with at least 1,000 copies distributed by February 2019.	Four Hundred and Forty copies have been sent out to population and development partners and during the meetings and the launch of the national policy document.	The funding gap slows down the process.	Capacity building is required for the staff that is implementing the policy documents.	

NPP Indicators	Key Deliverables Achieved During (2019 – 2021)	Challenges	Recommendations	Means of Verification
Indicator 4.1.3 Number of dissemination seminars organized to roll out the National Population Policy nationwide with at least one session per region by March 2019.	One national Launch was conducted in August 2019; Distribution of the national population policy were sent to population and development-related institutions; One Stakeholders/partnership meeting was conducted were.	Lack of staff capacity and inadequate staff at MoPED; Inadequate resource allocation from donor partners for the process; Due to CoVID-19 restrictions, the dissemination process of the policy document was not fully achieved; Poor means of transportation to facilitate the movement of staff and materials for the popularization of the National Population Policy; Lack of enough human resource capacity at the Population Desk in MoPED to manage and implement the popularization of the policy.	Capacity building is required for staff (MoPED, MoYA, MoHS, MoGCA, and STAT-SL) that are implementing the policy documents.	