GOVERNMENT OF SIERRA LEONE

MINISTRY OF PLANNING AND ECONOMIC DEVELOPMENT



Sierra Leone National Population Policy 2018

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Preface

The National Population Policy is designed to improve the quality of life for the people of Sierra Leone by ensuring that the sustainable management of population growth is in line with the country's economic growth, poverty reduction and available resources. Improved reproductive health, a rapid decline in fertility and the subsequent shift in population age structure will help the country harness the demographic dividend that is needed to accelerate sustainable socio-economic growth and development.

There is a strong conviction among the political leadership that effective management of the population will give Sierra Leone a real opportunity to pursue sustainable economic growth. However, progress is strongly predicated on whether effective population planning and management is backed by the right social and economic investments, as well as the formulation of progressive policies in health, education, governance and the economy.

The National Population Policy aims to achieve this vision by addressing population dynamics with an effective response to the needs and aspirations of the expanding youth population; enhancing the reproductive health and rights for all Sierra Leoneans at every stage of the life cycle; accelerating human capital development in line with projected population growth and strengthening the national capacity of relevant institutions for evidence-based population planning and management. These efforts are aligned with Sierra Leone's National Development Plan, as well as international development instruments such as the Sustainable Development Goals, the Africa Union Agenda 2063 and the International Conference on Population and Development's Programme of Action.

This National Population Policy document highlights the rationale for a population policy by examining the historical context and available population data. The Policy is anchored in the principles of inclusion and equity. The Ministry of Planning and Economic Development is committed to monitoring the policy on an annual basis and evaluating it every five years. To ensure accountability, clear policy targets and quantifiable indicators are identified in line with the Policy's four policy objectives. Serious consideration is given to the implementation phase, with clear roles and responsibilities articulated for a variety of actors. Successful implementation requires the active involvement of both public and private sector actors across Sierra Leone.

In line with the commitment of the Government of Sierra Leone to enhance the welfare of every Sierra Leonean and eradicate poverty through the promotion of sustainable development, I am pleased to present the National Population Policy. It is my hope that the Policy will be given wide publicity, and all Sierra Leoneans, especially civil society groups and local authorities, will find their own special way to contribute to the successful implementation of the National Population Policy for the benefit of all.



Nabeela F. Tunis
Minister of Planning and Economic Development

Contents

Abbreviations v

Executive summary vi

1 Context and purpose of the National Population Policy 1

1.1 Rationale for a population policy 1

1.1.1 Historical context 1

1.1.2 Background to the first population policy 1

1.1.3 Population size and growth rate 2

1.1.4 Population structure 4

1.1.5 Population projection 4

1.1.6 Fertility and mortality 5

1.1.7 Population density 6

1.1.8 Internal migration and urbanization 6

1.1.9 International migration 7

1.2 Vision, objectives, targets and indicators 7

1.2.1 Vision 8

1.2.2 Policy objectives 8

1.2.3 Policy targets and indicator 6

1.3 Linkages with national and international policies and strategies 11

1.3.1 Linkages with international conventions and protocols 11

1.3.2 Linkages with Sierra Leone's national development policies and strategies 12

1.4 Guiding principles for implementation 14

2 Priority policy areas 15

2.1 Demographic dividend 15

2.2 Adolescent pregnancy 15

2.3 Education for all 16

2.4 Reproductive health and rights 17

2.5 Women's empowerment 18

2.6 Managing environmental vulnerability 19

3 Policy implementation 20

3.1 Institutional arrangements 20

3.2 Role of MDAs, national and international institutions 20

3.3 Key challenges and implementation risks 24

3.4 Monitoring and evaluation 24

3.4.1 Rationale for monitoring and evaluating the policy 24

3.4.2 Framework and process for monitoring and evaluation 25

Glossary 26

Bibliography 30

Abbreviations

AADPD	Addis Ababa Declaration on Population and Development
CSO	Civil society organization
DD	Demographic dividend
DHS	Demographic and Health Survey
FGM/C	Female genital mutilation /cutting
GBV	Gender-based violence
GDP	Gross domestic product
ICPD	International Conference on Population and Development
MDAs	Ministries, Departments and Agencies (of Government)
MICS	Multiple Indicator Cluster Survey
M&E	Monitoring and evaluation
MoPED	Ministry of Planning and Economic Development
NGO	Non-governmental organization
PoA	Programme of Action
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
SSL	Statistics Sierra Leone
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Executive summary

The goal of the Sierra Leone National Population Policy of 2018 is to achieve an improved standard of living and quality of life for all Sierra Leoneans. The principal objectives of the policy are to address the issues of reproductive health and rights, manage the expanding youth population, address adolescent pregnancy, contribute to education for all and keep cities safe. The Policy recognizes and takes into consideration emerging and continuing population concerns and development agendas, both international and national. It is also in sync with new international and regional conventions, agreements and declarations to which Sierra Leone, as a member of the international community, is a signatory.

The National Population Policy was developed through an extensive consultative process which involved the participation of various stakeholders. It included district and regional leaders meetings, a national leaders' conference and thematic group discussions and submissions. The development of the Policy was further informed by a review of a number of related documents.

The Sierra Leone National Population Policy provides an overall framework and key policy measures to be undertaken to address critical population management and development issues. It identifies a youthful population structure, achieving education for all, reducing adolescent pregnancy, building women and gender-based empowerment, and reducing fertility and mortality rates as some of the key challenges in realizing the New Direction Agenda, the new National Development Plan and Vision 2025. High fertility rates coupled with a high unmet need for family planning over a long period of time have been the biggest contributors to the country's very young population: about 62.5 per cent of the population is below 24 years of age. This population structure leads to a high dependency rate.

Key challenges and implementation risks are foreseen in the implementation of this policy. The most critical of them include the following:

- inadequate financial resources, given the substantial amount needed for population programmes;
- human capital or resource capacity limitations;
- inadequate institutional capacity; lack of awareness on the issues among government officials;
- inadequate strategies for the integration of reproductive health and family planning into primary health systems;
- increase in rural-urban migration; increase in international migration that puts severe constraints on limited resources;
- lack of training and skills among government officials, non-governmental organizations (NGOs) and other development agencies in the integration of population issues into poverty reduction policies and programmes;
- sociocultural and religious factors;
- insufficient decentralization of population activities;
- limited involvement of the population at the grass-roots level in the process of formulation and implementation of population programmes and the lack of effective inter-agency collaboration to promote the coordination of population activities in the African region.

To ensure success at all levels of implementation of the National Population Policy, a complex network of multi-sectoral partnerships needs to work in a complementary manner: government Ministries, Departments and Agencies (MDAs); civil society organizations including the media; the organized private sector; parliament; not-

for-profit NGOs and the donor community. Interventions that are cross-cutting across MDAs and NGOs will have to be coordinated based on shared goals, targets and indicators. Implementation will take place at the national, provincial, district and local council and chiefdom levels in a cascaded manner, and the job description at each level has been carefully articulated and written into the policy document.

At each of these levels, the intention will be to build capacity for the integration of the population policy into development planning; conduct advocacy and information, education and communication; assist government MDAs in interpreting the population policy in relation to their areas of responsibility; analyse and interpret the dynamics in population phenomena; commission research on the population-development nexus and carry out monitoring and evaluation of the implementation of the Policy within their areas of responsibility or jurisdiction.

While Government continues to show a strong commitment to the International Conference on Population and Development's Programme of Action, the required resources for attaining the Population Policy milestones would require financial and capital, human and material resources far beyond government capacity. Mobilization of contributions from development partners will be invaluable to meeting the expected gap in required input resources. Greater inter-agency coordination will free up more resources for policy actions and minimizing overhead expenses. Compatibility of the policy with existing development frameworks means that existing resources will become available from the implementation of common programme items. These could be further mobilized and realigned to yield better results.

It is anticipated that the successful implementation of the National Population Policy will result in a well-managed population with a high quality of life, thereby contributing to the attainment of national development strategies, and meeting other expected objectives such as: reduced fertility and mortality; reduced adolescent pregnancy rate; substantial amount of resources freed for national development; enhanced youth skills development and employment; gender equity and empowerment; and a balanced and well-managed socio-economic and environmental sustainability programme. This will in turn free funds for investment into other development programmes and projects for the accelerated socio-economic development of Sierra Leone.

Mechanisms should be in place to review the policy implementation every five years. Monitoring and evaluation processes are built-in elements of the National Population Policy to ensure sound project design and effective management. These processes are required at the various levels of policy implementation for different purposes. The Population Unit of the Ministry of Planning and Economic Development will lead the coordination of the National Population Policy, including the annual monitoring and periodic five-year evaluation of its implementation.

1 Context and purpose of the National Population Policy

1.1 Rationale for a population policy

1.1.1 Historical context

Sierra Leone gained independence in April 1961 and was declared a Republic in 1971. The country experienced a brief period of multiparty democratic governance between 1961 and 1967, military rule from 1967 to 1968 and several years of one-party state (1978–1991) culminating in the outbreak of civil conflict in 1991. The civil conflict was brutal, horrifying and destructive, and from 1991 to 2002 the country's GDP growth contracted on average by 2.7 per cent and human development plunged.[1] In the aftermath of the devastating conflict, the country has made significant progress and effected reforms in the governance architecture. Four successive national elections, held in 2002, 2007, 2012 and 2018, have been widely acclaimed as free, fair and peaceful by both national and international observer teams.

Sierra Leone's civil war crippled the economy, with persistent negative growth through 2001. Between 2002 and 2014, however, the economy averaged an impressive 9.2 per cent annual gross domestic product (GDP) growth rate. The strong post-conflict economic performance was heavily dependent on aid, with about 50 per cent of public investment programmes financed by external resources.[2] An extractives industry boom brought significant economic windfall with increased iron ore exports. Unfortunately, post-conflict growth was interrupted, and even reversed, by two shocks in 2015 – the Ebola outbreak and the downturn in international iron ore prices – that plunged the country into a period of social and economic turmoil. The economy contracted by 21.0 per cent with the cessation of iron ore production, then economic growth rebounded to 6.3 per cent in 2016 but fell to 3.8 per cent in 2017.

Sierra Leone continues to struggle in the United Nations Human Development Index, where it is ranked 184 out of 188 countries in 2018. Part of this human development calculus is life expectancy, where the country remains one of the lowest in the world, despite having increased from 39 years in 2000 to 51.5 years in 2015 according to the Census. Infant and under-five mortality rates are 56 and 94 deaths per 1,000 live births in 2017 according to the Multiple Indicator Cluster Survey (MICS)6 survey, compared to 92 and 156 deaths per 1,000 live births in 2013 (Demographic and Health Survey, DHS). The level of illiteracy remains high at over 40 per cent. It is essential that efforts aimed at economic growth include investment in human development and the creation of meaningful work for the young people of Sierra Leone.

1.1.2 Background to the first population policy

The history of Sierra Leone's population policies dates back to the 1970s. The rapid population growth in the 1970s caused a serious drag on the development process, which created the need for an institutional setup to manage population and development interrelationships, leading to the formation of the National Population Commission in 1982. The Commission was tasked with the coordination, promotion and integration of population activities in the development process and formulating a national population policy. Unfortunately, the Commission only existed in name, as it had never been functional.

The first National Population Policy for Development, Progress and Welfare was formulated in 1988 and approved by the Government in 1989.[3] The implementation process was guided by a Plan of Action developed with support

[1] World Bank Annual Report, 2013.
[2] UNDP, Conflict Prevention Project Document, 2013
[3] It was published in the Sierra Leone Gazette (Extraordinary), vol. CXXIV, no. 15, 2 April 1993.

from the UNFPA Sierra Leone Country Office. Implementation started in earnest four years after approval, just when the nation was coming to grips with the repercussions of a devastating civil war. Wartime expenditures immediately crowded out demands for funding socio-economic development that could have made a positive impact on poverty, induced growth and produced prosperity.

Implementation of the National Population Policy was also hampered by the absence of timely, sufficient and relevant data to pursue any viable developmental programme. The results of the 1985 Population and Housing Census were not available either, to inform the process. Thus, no targets were set for policy implementation and only three indicative guide posts on fertility were included in the document. By the time the census results were out in 1995, they were outdated, and the next census was not expected until 2004. The situation was worsened by the lack of an effective programme of surveys that could have supplemented or complemented the census information. Therefore, the major instruments for policy implementation were never at hand and the relevance of the policy was severely reduced whilst the efficacy of the planning process remained questionable.

Institutional arrangements have also played a role in the limited effectiveness of past attempts at a population policy. The Ministry of Planning and Economic Development (MoPED) has gone through many different phases since the end of the civil war, aptly described as marriages and divorces between the Ministry of Finance and the Ministry of Development since 1996, when democratic governance was ushered into the country. Between 1996 and 2002, and then before 2007, the Ministry of Finance was separate from the Ministry of Development and Economic Planning (MoDEP). In 2007–2012 and then between 2012 and 2018, the two ministries were combined as the Ministry of Finance and Economic Development (MoFED). In 2018, the two ministries were separated once again into the Ministry of Finance and MoPED. It has been observed anecdotally that whenever these two ministries were combined, the Ministry of Finance wielded more power and influence over the development wing and the implementation of a population policy received less attention.

Furthermore, population policies were not fully incorporated into the national planning and development process. Many development programmes were undertaken without cognizance of demographic variables, which brought unbalanced growth and underdevelopment. By the end of the 1990s, the first population policy was relevant on paper only. At the turn of the century, the adoption of poverty reduction strategy modes of planning focused on targeting the prevailing high levels of poverty and the institutionalization of macro-economic reforms. Hence, the idea of a population policy was effectively put on the back burner.

The low prioritization of population issues over the years can be seen in the technical and resource capacity of the Population Unit within the MoPED. Staffing the Population Unit in terms of numbers and technical expertise has never been adequate. There have been problems with lack of capacity due to the low priority accorded the Population Unit for budgetary allocation. Thus, the expected production of high quality technical analyses and reviews of population phenomena to inform policy has been few and far between.

1.1.3 Population size and growth rate

The population of Sierra Leone, according to the results of the 2015 census was 7,092,113 persons, with 99.4 per cent Sierra Leoneans and 0.6 per cent non-Sierra Leoneans. Of the total national population 3,490,978 are males and 3,601,135 are females, which is a national sex ratio of 96.8 males per 100 females in 2015, compared with 94.7 in 2004. Sierra Leone has a crude birth rate of 32.4 births per 1,000 persons.[4] On the other hand, the country has a crude death rate of 14.7 deaths per 1,000 persons.[5] The population is composed of primarily young people, with 40.8 per cent of the population under the age of 15 years.

The most appropriate way to think about population growth is to examine the annual population growth rate. The intercensal annual growth rate is an estimate of the population between official census dates with both of the census counts being known. The growth rate of the national population was 2.3 per cent per annum between 1974 and 1985. It then reduced to 1.8 per cent between 1985 and 2004, in part due to the 11-year civil conflict, which resulted in massive emigration of Sierra Leoneans to neighbouring countries as refugees. Since then, between 2004 and 2015, the population has increased by about 2 million people. The intercensal annual growth rate jumped significantly to 3.2 per cent per annum between 2004 and 2015.[6]

At the present rate of growth, the population of Sierra Leone will double in 21.88 years (i.e., by August 2036). This means that there will be a need to double existing facilities to match the growing population over the same period only to maintain current levels of poverty – which are already disturbingly high. The population of Sierra Leoneans living below the poverty line is now at 60 per cent. With a GDP per capita of $1,651, it is ranked number 14 in the top 25 poorest countries.[7]

Table 1: Total population and intercensal growth rate, 1901–2015

Year	Total population	Intercensal growth rate (annual rate)
1901	1,024,174	-
1911	1,400,132	3.1
1921	1540,554	1.0
1931	1,768,480	1.4
1948	1,858,275	0.5
1963	2,180,355	1.1
1974	2,735,159	2.1
1985	3,515,812	2.3
2004	4,976,871	1.8
2015	7,092,113	3.2

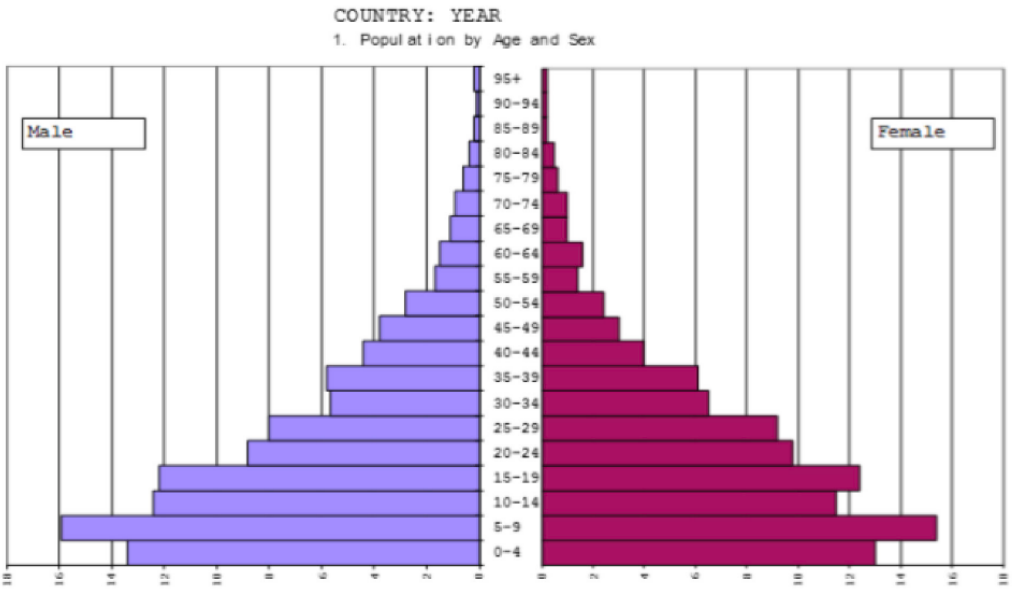
Source: Statistics Sierra Leone, 2015 Population and Housing Census.

[4] Statistics Sierra Leone, MICS 2017 Survey, Sierra Leone.
[5] Statistics Sierra Leone, Census 2015, Sierra Leone.
[6] Sierra Leone 2015 Population and Housing Census: Thematic Report on Population Projection.
[7] Statistics Sierra Leone, Poverty Profile for Sierra Leone, 2016.

1.1.4 Population structure

The population structure of Sierra Leone is characterized by a large youthful population, as seen in Figure 1. The population pyramid demonstrates an expanding youth population from ages 5 to 19 years. The difference in growth rate between genders is less pronounced.

Figure 1: Population pyramid by age and sex, 2015, Sierra Leone



Source: 2015 Population and Housing Census, Statistics Sierra Leone & UNFPA, Population Structure Report.

1.1.5 Population projection

The population of Sierra Leone is rapidly expanding and the economy must grow to meet the expanded needs of the people. The post-war annual GDP growth averaged 5.9 per cent from 2002 until 2014. More recently, in 2017, the economy expanded by 3.8 per cent. On the other hand, the intercensal annual population growth rate was 3.2 per cent per annum between 2004 and 2015. As the population grows, the rate of economic growth must grow alongside to ensure that the standard of living is rising or at least staying the same.

The population is projected to reach approximately 8.1 million persons in 2020, 9.1 million persons in 2025 and 10 million persons in 2030, according to the 2015 Thematic Census Report on Projected Population of Sierra Leone (using the medium variant projections). A detailed breakdown of these population projections, along with male-female and urban-rural separation, can be seen in Table 2.

Table 2: Projected population of Sierra Leone, 2016–2030

Summary of projected population by sex and urban-rural, medium variant					
Year	Year	Male	Female	Urban	Rural
2016	2016	3,591,542	3,704,860	2,990,394	4,306,008
		49.2%	50.8%	41.0%	59.0%
2017	2017	3,691,506	3,807,980	3,073,627	4,425,859
2018	2018	3,790,791	3,910,394	3,156,293	4,544,892
2019	2019	3,889,366	4,012,088	3,238,372	4,663,082
2020	2020	3,987,250	4,113,068	3,319,875	4,780,443
2021	2021	4,084,494	4,213,388	3,400,846	4,897,036
2022	2022	4,181,167	4,313,093	3,481,331	5,012,929
2023	2023	4,277,318	4,412,283	3,561,390	5,128,206
2024	2024	4,373,020	4,511,012	3,641,076	5,242,949
2025	2025	4,468,350	4,609,341	3,720,447	5,357,244
2026	2026	4,563,350	4,707,350	3,799,551	5,471,149
2027	2027	4,658,099	4,805,077	3,878,436	5,584,740
2028	2028	4,752,626	4,902,593	3,957,144	5,698,075
2029	2029	4,846,987	4,999,933	4,035,712	5,811,208
2030	2030	4,941,221	5,097,140	4,114,173	5,924,188
		49.2%	50.8%	41.0%	59.0%

Note: Projections are for the medium variant. The proportion of male-to-female and urban-to-rural is held consistent for the projections from 2016 to 2030.

Source: Statistics Sierra Leone, 2015 Population and Housing Census.

1.1.6 Fertility and mortality

Sierra Leone continues to be characterized by high levels of fertility, along with high levels of mortality. The total fertility rate was 4.1 births per 1,000 women aged 15–49 years in 2017 according to MICS. This fertility rate is high, but it has declined from 6.5 births per 1,000 women in 2008 (DHS, 2008). The MICS 2017 data revealed an adolescent birth rate of 101 births for women age 15–19 years. The ability of citizens to use family planning is reflected in the contraceptive prevalence rate (for women age 15–49 years currently married or in a union who are using a modern or traditional contraceptive method), which stands at 22.5 per cent in 2017. The high fertility rates are compounded by limited access to contraceptives and high rates of mortality.

Sierra Leone has a high maternal mortality ratio of 1,165 (95 per cent confidence interval (CI): 951– 1,379) deaths per 100,000 live births (DHS, 2013). In 2015, the UN estimated that the maternal mortality ratio was 1,360 (95% CI: 999–1,980) deaths per 100,000 live births. Women in Sierra Leone have a one in 17 lifetime risk of dying due to pregnancy or childbirth. Maternal deaths account for 36 per cent of all deaths among women ages 15–49 (WHO, 2015).

The country also has a very high under-five mortality rate with 94 deaths per 1,000 live births according to MICS 2017. The same report indicated that the child mortality rate, infant mortality rate and neonatal mortality rate were as high as 40, 56 and 20 per 1,000 live births, respectively. Improving these devastatingly high rates of mortality combined with high rates of fertility requires serious attention and drastic action.

1.1.7 Population density

Sierra Leone is a growing country with an estimated population of 7.72 million, up from 5.5 million in 2008. The country has a population density of 97.2 people per square kilometre (251/sq mi) from the 2015 Census, compared with 68.2 people per square kilometre in 2004. The Western Area has a population density of 2,154.6 people per square kilometre while the Northern region has a population density of 69.3 people per square kilometre. A distributional analysis of the 2015 census shows that Western Urban (Freetown) and Western Rural alone have 21.2 per cent of the total population. In the other regions, Eastern has 23.2 per cent, Northern 35.4 per cent and Southern 20.3 per cent. The population density in urban centres such as Freetown is the result of significant internal migration and urbanization in Sierra Leone.

1.1.8 Internal migration and urbanization

Internal migration in Sierra Leone is one aspect of population movements that demands attention and consideration from development planners and practitioners. Close to 1.4 million people do not live in the district they were born in, which represents about 25 per cent of the population in 2015. In comparison, in 2004, the number of Sierra Leoneans who were captured in districts other than their districts of birth constituted 21.6 per cent, which is slightly higher than 20.7 per cent recorded in 1985. The internal migration dynamics suggest the Western region receives the most migrants and the Northern region sends out the most internal migrants. Most internal migrants are between the ages of 20 and 44 years old; gender differences are not significant between migrants and non-migrants, and those with an education are most likely to migrate.[8]

Rural to urban migration is the dominant migration stream in the country. This results in many young people relocating into towns and cities with a perception of job opportunities and enhanced social amenities. Unfortunately, a number of challenges can arise from this internal migration, including underemployment, increased crime and juvenile delinquency, overcrowding of public facilities and dilapidation of amenities, environmental degradation, inadequate housing and poor sanitation, etc. The transfer of rural fertility patterns to urban areas (by first and second generation rural migrants) changes the growth pattern of urban areas to the extent that fertility is a significant contributor to urban growth. This can be seen, in part, by the rise in Sierra Leone's average annual population growth rate between 2004 and 2015 to 3.2 per cent, compared with 1.8 per cent from 1985 to 2004.

[8] Diagne (UNFPA). 2015 Population and Housing Census: Thematic Report on Migration and Urbanization.

While 40.9 per cent of the population lives in an urban area, the proportion of the population living in rural areas still makes up the majority, but the trend demonstrates increasing levels of urbanization. The more disturbing thing about urbanization in Sierra Leone is the concentration of population in a few urban nodes. This can be seen in the Western Region – including Freetown – which represents half of the country's urban population. The urban population is primarily young with half the urban population under the age of 20. The Western Rural Area (90.2 per cent) and the Western Area Urban (100 per cent) have the highest levels of urban concentration. It demands an understanding of what economic opportunities rural citizens are searching for in urban areas and how the government can support the creation of such work opportunities.

1.1.9 International migration

It is important to consider both incoming international immigrants and outgoing international emigrants in Sierra Leone.

There are relatively few international immigrants to Sierra Leone. The 2015 Census registered 58,053 international immigrants (32,703 men and 25,350 women), which is less than 1 per cent of the population.[9] Compared with 1.81 per cent in 2004 and 2.81 per cent in 1985, there has been a marked reduction in the foreign population in both absolute figures and their relative weight in the population. Just over half of the immigrants (50.3 per cent) live in the Western Region and nearly a quarter in the Eastern region, with the rest spread across the Northern and the Southern regions. The majority of these immigrants are of West African origin (primarily from Guinea, Liberia, and Nigeria). Most of them are young males and their residence pattern reveals a strong economic motive for entering the country because the principal areas of concentration coincide with the economic nerve centres of the nation.

International migration is perceived as an outlet for youth to overcome the challenges of unemployment and a lack of economic opportunities at home. Many young people are engaging in irregular migration or risky migration (e.g., domestic work in Gulf States) to seek work opportunities abroad. Some of them do not fully understand the danger and misery that lie on the route. Recent estimates suggest that between 8,000 and 10,000 young individuals are being trafficked out of Sierra Leone every year.[10] The increasing rate of irregular migration among the youth coupled with the deplorable human rights situation of migrants in the Maghreb has necessitated increased interventions by the Sierra Leone Government to preserve the dignity of its migrants. In 2017 alone, the Government repatriated over 1,100 of its citizens who were stranded in countries such as Libya, Niger and Kuwait. About 83 per cent of the repatriated migrants are men, while 17 per cent are women and 89 per cent of them are between the ages of 16 and 29. There are also many positive stories of regular and legal emigration, especially of young people studying abroad. Therefore, the opportunities for migration are many, but the risks remain high.

[9] Ibid.
[10] Irregular Migration, Human Trafficking and People Smuggling in Sierra Leone, June 2017.

1.2 Vision, objectives, targets and indicators

The National Population Policy is aimed at guiding and influencing population-related strategies and programmes to enhance the sustainable development of Sierra Leone. The policy identifies, inter alia, population dynamics (including the expanding youth population), reproductive health and rights, human capital development, environmental management issues and other socio-economic factors as critical to the achievement of sustainable development in Sierra Leone.

1.2.1 Vision

An improved quality of life for all Sierra Leoneans through the sustainable management of population growth that is proportionate to the country's economic growth, poverty reduction and available resources.

1.2.2 Policy objectives

The four policy objectives of the National Population Policy:

1. Address population dynamics by responding effectively to the needs and aspirations of the expanding youth population;
2. Enhance the reproductive health and rights for all Sierra Leoneans at every stage of the life cycle;
3. Accelerate sustainable socio-economic growth and human capital development in line with projected population growth;
4. Strengthen national capacity of relevant institutions for evidence-based population planning and management.

1.2.3 Policy targets and indicators

The main policy targets are organized under each of the four policy goals. The indicators for monitoring and evaluating progress on implementation primarily come from the 2015 Population and Housing Census, MICS 2017 and Sierra Leone DHS 2013, among others. The following targets, and their quantifiable indicators, conform to prescribed obligations in the Government's New Direction Agenda and the Sustainable Development Goals (SDGs).

Objective 1. Address population dynamics

Target 1.1 By 2028, obtain a manageable population growth rate and age dependency ratio.

Indicator 1.1.1 To manage the average annual growth rate of the population from 3.2 per cent in 2015 to 2.7 per cent in 2023 and 2.4 per cent in 2028.[11]

Indicator 1.1.2 To reduce the age dependency ratio from 80.6 per cent in 2017 to 75 per cent in 2023 and 70 per cent in 2028.[12]

[11] This refers to the ratio of dependents – people younger than 15 or older than 64 – to the working-age population aged 15–64.
[12] Irregular Migration, Human Trafficking and People Smuggling in Sierra Leone (June, 2017).

Target 1.2 By 2028, limit irregular risky outward migration of young Sierra Leoneans and encour age inward migration from abroad.

Indicator 1.2.1 Reduce the proportion of the population embarking on risky irregular migration (including those being trafficked) out of Sierra Leone annually from 0.1 per cent of the population (9,000 people) in 2017 to 0.07 per cent in 2023 to 0.05 per cent in 2028.

Indicator 1.2.2 Increase incoming immigration to Sierra Leone from 0.6 per cent of the total population (58,000 people) in 2015 to 1.5 per cent in 2023 to 2.5 per cent in 2028.

Objective 2. Expand reproductive health and rights

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.

Indicator 2.1.1 Raise the contraceptive prevalence rate (for women aged 15–49 currently married or in a union who are using a modern or traditional contraceptive method) from 22.5 per cent in 2017 to 36 per cent in 2023 to 50 per cent by 2028.[13]

Indicator 2.1.2 Reduce the adolescent fertility rate (for women aged 15–19) from 101 per 1,000 women aged 15–19 in 2017 to 70 by 2023 and to 60 by 2028.[14]

Indicator 2.1.3 Reduce total fertility rate from 4.1 per 1,000 women aged 15–49 in 2017 to 3.8 in 2023 and to 3.5 in 2028.

Target 2.2 By 2028, expand rights for women to be empowered to make decisions about their own reproduction and play a larger role in decision-making, with the aim of gender equality in society.

Indicator 2.2.1 Reduce the percentage of women aged 20–24 who have experienced early child marriage (before age 18) from 29.9 per cent in 2017 to 24 per cent by 2023 to 20 per cent by 2028.[15]

Indicator 2.2.2 Increase the proportion of women in decision-making positions by increasing the representation of female Members of Parliament from 14 per cent in 2018 to 30 per cent by 2028.[16]

Objective 3. Enhance growth and human capital development

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.

Indicator 3.1.1 Increase the proportion of electricity production from a renewable source from 30 per cent of electrical capacity in 2017 to 35 per cent in 2023 to 40 per cent by 2028.

[13] Aligned with the Sierra Leone Family Planning Costed Implementation Plan 2018–2022.
[14] Aligned with the forthcoming National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage.
[15] Aligned with the forthcoming National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage.
[16] Aligned with the Truth and Reconciliation Commission Report's recommendation of a 30 per cent quota of women representation in all elected positions.

Indicator 3.1.2 Increase access to pipe borne water supply nationwide from 16 per cent of the total population in 2015 to 50 per cent in 2023 to 75 per cent in 2028.[17]

Target 3.2 By 2028, reduce maternal and child mortality and extend the life expectancy of Sierra Leoneans.

Indicator 3.2.1 Reduce maternal mortality from 1,165 per 100,000 live births in 2013 to 400 per 100,000 live births in 2023 to 100 per 100,000 live births in 2028.[18]

Indicator 3.2.2 Reduce infant mortality from 56 per 1,000 live births in 2017 to 45 per 1,000 live births in 2023 to 20 per 1,000 live births in 2028.[19]

Indicator 3.2.3 Reduce under-five mortality from 94 per 1,000 live births in 2017 to 60 per 1,000 live births in 2023 to 30 per 1,000 live births in 2028.[20]

Indicator 3.2.4 Increase life expectancy of the population from 51 years in 2015 to 60 years by the year 2023 to 63 years by 2028.[21]

Target 3.3 By 2028, place education at the centre of Sierra Leone's development and increase equi table access to education opportunities for both girls and boys.

Indicator 3.3.1 Increase the Primary School to Junior Secondary School transition rate for girls and boys from 85 per cent and 88 per cent respectively, in 2016, to 96 per cent and 98 per cent in 2023 to 100 per cent and 100 per cent in 2028.[22]

Indicator 3.3.2 Increase adult literacy from 51.4 per cent in 2015 to 60 per cent in 2023 and 65 per cent in 2028.[23]

Objective 4. Improve population planning and management

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.

Indicator 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.

Indicator 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.

[17] Aligned with Sierra Leone's Harmonized Results Framework with the SDGs – Indicator 11.1.3.
[18] Aligned with SDG Target 3.1.
[19] Aligned with Sierra Leone's Harmonized Results Framework with the SDGs – Indicator 3.2.2.
[20] Aligned with SDG Target 3.2.
[21] Aligned with the forthcoming National Development Plan, Education for Development – Key Target C under National Goals 1& 2.
[22] Aligned with Strategic Outcome 1.4 of the Education Sector Plan, 2018–2020.
[23] Aligned with Strategic Outcome 1.9 of the Education Sector Plan, 2018–2020.

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.
Indicator 4.1.4	Number of population-related data collection exercises that are executed in partnership with Statistics Sierra Leone (SSL).

1.3 Linkages with national and international policies and strategies

1.3.1 Linkages with international conventions and protocols

Sierra Leone has ratified several international instruments aimed at improving the quality of life of its people through interventions in population and development. These include the SDGs, the Addis Ababa Declaration on Population and Development in Africa beyond 2014, Family Planning 2020, the Millennium Development Goals, African Union's 2006 Maputo Action Plan for Sexual and Reproductive Health and Rights, the 1994 ICPD Programme of Action (ICPD-PoA) and the Dakar/Ngor Declaration on Human Development of 1992. This policy will be implemented in line with guidelines in these development frameworks.

Linkages with the SDGs: The SDGs, otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. The SDGs build on the success of the Millennium Development Goals and aim to go further to end all forms of poverty. The new Goals are unique in that they call for action by all countries, poor, rich and middle-income to promote prosperity while protecting the planet. Sustainable development comprises of three elements, the three P's: Planet, People, Profit.

Population dynamics, which include changes in the size, growth and age structure, have a strong bearing on the overall well-being of people. This nexus between population and development was well-thought out in the development of the SDGs. The set of 17 goals aim to transform the world by 2030. These goals are designed to eliminate poverty, discrimination, abuse and preventable deaths, address environmental destruction, and usher in an era of development for all people, everywhere. They include goals such as quality primary and secondary education for all children, gender equality, and reduced child mortality, which have direct and indirect impacts on the population. Sierra Leone's National Population Policy will respond to the challenges posed by the dynamics of its population. To this end, it has a central goal of improving the standard of living and quality of life for all Sierra Leoneans, which is at the core of the SDGs. The policy responds directly to SDG Goal 4: Quality Education; Goal 5: Gender Equality; Goal 9: Industry, Innovation and Infrastructure and Goal 11: Sustainable Cities and Communities. The alignment of the National Population Policy with the SDGs is an important element of the Government's planning process.

Linkages with the ICPD-PoA: The implementation of the National Population Policy will follow the guiding principles of the ICPD's PoA. The PoA has been transformed into an Africa regional declaration and commitment in the Addis Ababa Declaration on Population and Development (AADPD) in October 2013. This declaration provides region-specific guidance on population and development in Africa and guidelines for the full implementation of the ICPD beyond 2014 in Africa.

The AADPD is a key framework for addressing population and development issues in Africa. The Declaration provides Africa-specific guidance on implementation and periodic review of the ICPD PoA. The Declaration

comprises of 88 priority measures (commitments) grouped under six pillars: Dignity and Equality, Health, Place and Mobility, Governance, Data and Statistics, Partnership and International Cooperation.

In making the AADPD commitments, the demographic dividend (DD) was considered as an important dimension of the AADPD agenda, and one of the key pathways from AADPD to sustainable development. With its human rights framing, the AADPD can serve as a standard for policies and programmes that empower women and young people, and uphold their rights. The National Population Policy responds to the recommendations of the AADPD and subsequent five-year recommendations.

Linkages with Family Planning 2020: The Government of Sierra Leone made commitments on 11 July 2017 to increase access to family planning and modern contraceptives across the country. The commitment strives to reduce the country's unmet need for family planning to adolescents from 30 per cent in 2013 to 20 per cent in 2021, along with reducing the adolescent birth rates from 125/1,000 in 2013 to 74/1,000 in 2021. To achieve these commitments, the Government seeks to make reforms to diversifying the family planning resource base and improving the supply chain management for family planning commodities.

1.3.2 Linkages with Sierra Leone's national development policies and strategies

Linkages with the New Direction Agenda: The National Population Policy of 2018 is in response to the New Direction Agenda coming from the Government under the leadership of His Excellency President Julius Maada Bio. The National Development Plan encapsulates the president's vision for sustainable development. The National Population Policy clearly identifies itself and is linked to the eight clusters in the National Development Plan: Education for Development; Other Human Development; Diversifying the Economy; Governance and Accountability for Results; Infrastructure and Economic Competitiveness; Empowering Women, Children and Adolescents; Addressing Vulnerabilities and Building Resilience, and Means of Implementation. In his address to the opening of Parliament in May 2018, President Bio said: "The primary objective of the New Direction is to increase access to quality pre-primary, primary, secondary, technical and vocational education and training as well as university education that will enable them engage in meaningful productive economic activity. To demonstrate our commitment to education, my government will increase and sustain budgetary allocation to education to a minimum of 20 per cent of the national budget". With its emphasis on human development, the president's development agenda can be seen operationalized in the National Population Policy.

Linkages with the Agenda for Prosperity: The National Population Policy responds to the development and poverty reduction strategies outlined in the Agenda for Prosperity. It is clearly in sync with the country's national development strategy, particularly Pillars, 3, 5, 6 and 8 in the Agenda for Prosperity: Accelerating Human Development, Labour and Employment, Social Protection and Gender and Women's Empowerment. Generally, the Agenda for Prosperity aims to increase Sierra Leone's UNDP Human Development Index score from 0.33 to 0.62, the average level of middle-income countries, by focusing on improving health and education for all, particularly for women and girls. Efforts in the health sector build upon the Free Health Care Initiative, expanding immunization, and access to water and sanitation. The Agenda for Prosperity was designed to increase access to

education at all levels, achieving higher literacy rates, and developing a labour force with the skills demanded by the employment-generating sectors of the economy.

Linkages with Vision 2025: The National Population Policy of 2018 relates closely with Sierra Leone's Vision 2025. Both documents place the people at the centre of development: "Vision 2025, like all other visioning exercises, is first and foremost a collective effort to design a better future. It is premised on the basic principle that development starts and ends with the people."[24] By placing people at the centre of development, the National Population Policy helps to ensure that Sierra Leone's development is sufficient for the growing needs of the population.

The National Population Policy, therefore, constitutes an integral tool for the achievement of Sierra Leone's broad development priorities and agenda. The policy will guide formulation of strategies and interventions to promote prioritization and integration of population dynamics into broader development plans and strategies as outlined in the policy objectives.

Linkages with sectoral policies: The National Population Policy of 2018 is a response to current population dynamics and their potentially negative implications on sustainable socio-economic development. In this regard, the policy builds on and contributes to the achievement to date of various sectoral policies, including the following:

- *Sierra Leone National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy 2017–2021*: This strategy is situated in the context of Sierra Leone having one of the world's highest maternal, newborn and child mortality rates, as well as adolescent fertility rates. The goal of the RMNCAH strategy is to accelerate the reduction of preventable deaths of women, children and adolescents, thus ensuring their health and well-being. The strategy outlines ways to strengthen health systems to deliver RMNCAH services, improve the quality of this service delivery, strengthen community services to deliver these services, and to enhance research, monitoring and evaluation (M&E) for effect delivery of RMNCAH services.[25]

- *Sierra Leone Education Sector Plan of 2018–2020*: Provide opportunities for children and adults to acquire knowledge and skills, as well as nurture attitudes and values that help the nation grow and prosper.

- *National Land Policy of 2015*: Move towards a clearer, more effective and just land tenure system that provides for social and public demands, stimulates responsible investment and forms the basis for the nation's continued development.[26]

- *National Youth Policy of 2012*: Designed to create nationally conscious and patriotic youth who are empowered to contribute positively to the development of Sierra Leone. The ultimate goal of the youth policy is to help create a more conducive environment in which youth development and empowerment interventions can sustainably achieve their desired objectives and long-term outcomes.

- *Domestic Violence Act of 2007*: Promulgated to suppress domestic violence and to provide protection for the victims of domestic violence in Sierra Leone.

[24] Sierra Leone Vision 2025: "Sweet-Salone", Strategies for National Transformation, August 2003.
[25] Sierra Leone National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy 2017-2021.
[26] The Sierra Leone Land Policy of 2015.

- *National Draft Policy for Social Protection of 2009*: Encourages and supports the care of the vulnerable within communities by strengthening community resources and assets. Ensures all orphans, physically challenged people, the aged, abused women and children and victims of trafficking receive adequate standards of care and support, including access to shelter and homes where necessary.[27]

The National Population Policy will provide advocacy and coordination expertise to achieve the broader development goals and targets of these sectoral policies. By mainstreaming population issues in other sectors, the policy will help to optimize synergies and enhance value for money in addressing broader development challenges linked to population issues.

1.4 Guiding principles for implementation

The guiding principles for the National Population Policy aim at ensuring that population growth does not hinder the achievement of targets set in Vision 2025 and the SDGs. These principles are consistent with the 1991 Constitution of Sierra Leone, development priorities and other existing sectoral policies mentioned earlier.

The National Population Policy's implementation shall be guided by the following cardinal principles:

Principle 1: Recognition that at the centre of all development efforts is the right of all people to a healthy and productive life;

Principle 2: Respect for human rights and freedoms, including the right to life, liberty, human dignity, equality and freedom from discrimination based on gender or social, cultural and religious beliefs and practices;

Principle 3: Recognition of and respect for the family as the basic unit of society;

Principle 4: Upholding and recognition of the fundamental rights of all couples and individuals to freely and responsibly decide family size, to access information and education needed with the view to make informed decisions, and to access the means to act on their decisions;

Principle 5: Recognition of regional variations with regard to population issues and the need to ensure that no one is left behind in the equitable allocation and distribution of natural resources;

Principle 6: Recognition that all communities and individuals have fundamental rights to equally access socio-economic opportunities such as education, health care, reproductive health, etc.;

Principle 7: Advancement of gender equity and equality and the empowerment of women, along with eliminating all forms of discrimination and violence, and ensuring the ability of women to control their own fertility;

Principle 8: Recognition of the multisectoral nature of population issues and the critical need for a synergetic cross-sectoral approach to implementation.

[27] The National Draft Policy for Social Protection, 2011.

2. Priority policy areas

2.1 Demographic dividend

Demographic dividend (DD) is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population. With a transformation in the age structure and a decline in dependency ratios, there is potential for economic growth spurred by increased labour income and increased savings. Fertility decline propels the change in age structure, shifting it in favour of more working-aged adults. But rapid fertility decline does not guarantee the dividend. Simultaneous investments have to be made in economic reforms that create jobs, facilitate human capital development and efficient governance.

The opportunity for the DD opens up when fertility rates decline significantly, which results in a lower proportion of children relative to working-age adults. This opportunity arises after a 'demographic transition' where birth and death rates shift from high to low levels in a population. The decline of mortality usually precedes the decline in fertility, resulting in rapid population growth. As access to family planning and sexual and reproductive health services increases, and when women become more educated and have more opportunities to participate in the formal workforce, fertility rates also decline. Population growth then slows to a sustainable pace.

Given Sierra Leone's significant youth population – 2,794,883 people aged 15–35 years, which is 39.4 per cent of the population, and 62.5 per cent of the population aged below 24 years – there is significant potential for economic transformation and achieving the DD. The total fertility rate was 4.1 in 2017. This population structure causes a high dependency rate. The age dependency ratio i.e., the ratio of dependents – people younger than 15 or older than 64 – to the working-age population of 15–64, is 80.6 per cent in Sierra Leone. A number of the country's population indicators represent challenges to attaining the DD.

Harnessing the DD requires key actions from all aspects of development planning and nation-building. The National Population Policy focuses on increasing investments in youth, driving change and setting the country on the path towards harnessing the DD. With a proportionately large young and working-age population the country has potential to reap a DD but it must do much more including addressing the challenges facing the youth. The country must focus on these four key entry points:

- *Health:* Supporting women and young people with better access to family planning and reproductive health services;
- *Education:* Encouraging girls to stay on in school to acquire knowledge and skills to survive and thrive. Encouraging all young people to get skills training in high-growth sectors and meet labour market demands;
- *Economy:* Advocating for inclusive growth and promoting productive employment and decent work for all, regardless of gender or age;
- *Governance:* Encouraging a healthy and stable political environment conducive to inclusive and gender-responsive governance, transparency and accountability, including the efficient use of public resources.

2.2 Adolescent pregnancy

Adolescent pregnancy in Sierra Leone is a major health concern because of its association with higher risks of morbidity and mortality for both the mother and child. In addition, childbearing during the teenage years frequently has adverse social consequences, particularly regarding educational attainment, because teenage mothers are more likely to curtail their schooling.

According to the 2013 DHS, 28 per cent of adolescents age 15–19 have begun childbearing; 22 per cent have had a live birth and 6 per cent are pregnant with their first child as of the date of the survey. Rates of teen motherhood increase steadily from age 15 to 19. A larger proportion of adolescents in rural areas than in urban areas have begun childbearing (34 per cent versus 19 per cent). At the regional level, the proportion of adolescents who have started childbearing is highest in the Southern Region (33 per cent) and lowest in the Western Region (18 per cent). The percentage of adolescents who have started childbearing decreases as education levels increase; 46 per cent of adolescents with no education have already begun childbearing compared with 22 per cent of those with secondary or higher education. Adolescents in the lowest wealth quintile are more likely to have started childbearing compared with those in the highest wealth quintile (36 and 14 per cent respectively). At the district level, the Western Urban area has the lowest percentage of adolescents who have started childbearing (16 per cent), while Pujehun has the highest percentage (48 per cent).[28] The risks facing adolescent females is not limited to childbearing alone, as many face challenges related to traditional practices and gender-based violence (GBV).

The incidence rates of sexual violence and GBV in Sierra Leone increased when they became an instrument of the civil war (1991–2002). GBV takes the form of harmful traditional practices like female genital mutilation/cutting (FGM/C), domestic violence, sexual violence and trafficking in persons. According to the Sierra Leone DHS, nine in 10 women aged 15–49 years have undergone FGM/C, roughly 70 per cent of married women and girls aged 15–49 years attested to having experienced violence at the hand of their husband or partner and 56 per cent of females aged 15–49 years reported having faced physical violence at some point since age 15.

According to figures released from the Family Support Unit of Sierra Leone Police, 11,362 cases of violence against women and children were recorded in 2016 compared to 10,940 cases in 2015. Out of the reported cases, there were 9,135 domestic violence cases (8,043 cases in 2015), 2,149 cases of sexual penetration (2,398 cases in 2015) and 78 rape cases (103 cases in 2015). The silence over these heinous actions over the years has helped to perpetrate them in a predominantly patriarchal society in which traditional values, roles and responsibilities hold sway. With increasing advocacy, public awareness and debate on the inimical effects of these acts have increased and affirmative actions are being taken to mitigate the situation.

2.3 Education for all

The 2015 Census findings indicated that 3.2 million people, comprising 45.8 per cent of the total population of the country, were aged 6–24 years. The school attendance status for persons aged 6 years and above revealed that 37.8 per cent of that population attended school in 2015, 20.3 per cent had left school prior to the 2015 Census, and about 42 per cent had never been to school. Nearly half of the population 15 years and above had never

[28] Sierra Leone Demographic and Health Survey, 2013.

been to school, with wider sex variations observed in favour of males. Regional distributions revealed that the proportion of persons who had never been to school was significantly higher in the Northern Region, followed by Eastern, Southern and Western regions. The Western Region recorded the highest proportion of the population that dropped out of school.

Sierra Leone's school-going age for early childhood and primary levels is 3–5 years and 6–11 years respectively. It is estimated that over 2.45 million persons aged 3 years and above were reported to be enrolled in school in 2015. Age differentials indicate that the age group 6–11 years had the highest proportion of children enrolled.[29] Inequities, particularly those related to gender and place of residence, were not substantial. Deliberate girl child interventions have successfully impacted the enrolment of girls at all levels, and gender parity has been achieved, particularly at the primary and secondary school level. At the regional level, the Northern Region has the highest proportion of the population 3 years old and above enrolled in school, followed by the Eastern Region, Western Region and the Southern Region.[30]

Offering accommodations for persons with disabilities in the education sector is essential to achieving education for all. The 2015 Housing and Population Census report provides an analysis of the prevalence of disability in Sierra Leone. Out of a total population of 7,076,119 people in the country, 93,129 have a disability. This represents 1.3 per cent of the country's total population. The vast majority of persons with disabilities, 67 per cent, are in rural areas.

If the current rate of population growth is allowed to continue, the potential number of children of school-going age and the number that will be enrolled will increase phenomenally. The likely costs would be far beyond the capability of the Government and educational quality would drop significantly because of the inadequate supply of teaching and learning materials, overcrowding of classrooms, lack of infrastructure and the increased pupil to teacher ratio. In addition, the education system often operates without regard for the demands of the job market. Hence, there may be highly trained individuals with no jobs to match their qualifications.

In launching 'Education for Development', President Bio called on parents and teachers to support the initiative, noting that the introduction of his Government's flagship programme marked the beginning of free quality education in Sierra Leone, and one that would be centred on development. He averred that education was an investment for personal and national development, the foundation of moral regeneration, a revival of the people as well as a strong pillar for the nation's industries. The president added that without quality education a nation cannot get the much-needed manpower for socio-economic advancement. To actualize this, he announced an increased to the budgetary allocation for education to 21 per cent of the national budget. Under this scheme, 2.14 million students in primary, junior and senior secondary levels will benefit from free quality education in the country.

2.4 Reproductive health and rights

The PoA of the ICPD considered that reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

[29] Sierra Leone Population and Housing Census: Thematic Report on Education.
[30] Ibid, p. 17.

Reproductive rights embrace certain human rights that already form part of our national laws, international human rights documents and other consensus documents that Sierra Leone is signatory to. These rights recognize the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of these rights, couples and individuals should take into account the needs of their children, both living and future, and their responsibility towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning and maternal health.

One area, wherein legislation can be significantly strengthened is maternal health. The Ministry of Health and Sanitation is supporting the passing of an Act of Parliament entitled, Safe Motherhood, Sexual and Reproductive Health and Rights, to legislate maternal morality ratio targets. Sierra Leone continues to invest in the reduction of maternal mortality in the context of non-supporting legal instruments. This legislation has the potential to have a drastic positive impact on maternal and child health in Sierra Leone by moving beyond policy towards legislation to save the lives of women and children.

Sexual and reproductive health and rights in Sierra Leone remains under-addressed, as women's health is often reduced to a limited understanding of maternal health, thereby overlooking actual needs of all women in their diversity. Significant challenges remain in terms of recognizing sexual rights, in addition to reproductive rights, ensuring universal access to contraceptive and safe legal abortion, and comprehensive sexuality education for young people.

2.5 Women's empowerment

Further to the stipulations on reproductive rights, the ICPD also directed that the empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. Until quite recently, the power relations that impede women's attainment of healthy and fulfilling lives operated at many levels of society, from the most personal to the highly public. In a bid to achieve change, the Government has passed many Acts of Parliament[31] which have the potential to affect dramatic demographic, socio-economic and political changes in the status of Sierra Leonean women and children within a relatively short period, by changing public opinion, societal attitudes and traditional practices concerning the rights, roles and status of women and children in society.

These policy instruments would further require programmatic actions that will improve women's access to secure livelihoods and economic resources. Since education is one of the most important means of empowering women by giving them the knowledge, skills and self-confidence necessary to participate fully in the development process, the Government has made education of the girl child a priority.

Men have a significant role to play in bringing about gender equality and women's empowerment. Improving dialogue between men and women on issues of sexuality and reproductive health and improving their understanding

[31] Beginning with the Human Trafficking Act of 2005 up until the Rights to Access to Information Act of 2013.

of their joint responsibilities can help to reduce unhelpful male behaviours which are inimical to the health of couples. Fambul Initiative Network for Equality is a Sierra Leonean organization currently promoting the role of men in the reduction of GBV, promoting maternal and newborn health outcomes and working to abandon harmful traditional practices such as child marriage, adolescent pregnancy and FGM/C. Empowering women is an important task that will require the support of all Sierra Leoneans.

2.6 Managing environmental vulnerability

Sustainable development principles dictate that the current population must use available natural resources and the environment in such a manner as to ensure that future generations are able to benefit from the same resources. The situation in Sierra Leone is vulnerable, to say the least. Rising population numbers and unsustainable practices have put the environment under severe pressure and threatened the continuous availability of resources. Population pressure and low technological development in rural areas has produced land fragmentation and disputes, deforestation, over-cultivation and over-grazing, leading to soil erosion and depletion and reduced productivity.

In urban environments, the development of slums and shanties (informal settlements), ravaging of woodlands on the rural-urban fringe and environmental pollution from indiscriminate dumping of waste matter are outcomes of population pressure. Better management of the population situation by curbing growth, introducing sustainable agricultural practices and carefully managing rural-urban migration will help save the environment and avert an otherwise devastating situation. Challenges were evident with the severe September 2015 floods in the capital, Freetown and Bo, Pujehun, Kenema and Bonthe districts. It was particular severe in Freetown, with thousands rendered homeless and numerous deaths. The national stadium had to be used as a temporary shelter and donations for food and non-food items were received.

The Government has established an Environmental Protection Agency which is asserting itself especially with mining companies but is yet to grapple with the challenges posed by the general population. The year 2017 also witnessed a recurrence of floods and strong winds blowing off rooftops, and most devastatingly, the landslide of August 2017, which claimed the lives of over 1,000 people. Even though the Government has established Disaster Management Committees at the national and district level, there is very little financial support other than that provided by international NGOs and UN Agencies.

The Environmental Protection Agency acknowledges that Sierra Leone suffers from many environmental problems including deforestation, degradation and fragmentation, the loss of soil fertility, a dramatic decline and loss of biodiversity, air pollution, and water pollution, all of which also hinder progress in economic development.

Total forest cover in the Freetown Peninsula Area is estimated at 2,725,821 hectares; approximately 38 per cent of the total land area (FAO, 2014). Between 1990 and 2010, annual average deforestation rates were 20,000 hectares per year. In 2010, this represented an annual deforestation rate of 0.70 per cent (of the total forest cover) (FAO, 2010). The main direct driver of deforestation is agriculture, both shifting cultivation practices and large-scale agricultural investments that are increasingly taking up large tracts of arable and forest land. Other important drivers are logging (both legal and illegal), mining and the unregulated use of wood for construction and fuel (i.e., charcoal production) (GoSL, 2013). Responding to these environmental threats is critical to ensuring sustainable development as the population of Sierra Leone continues to rise.

3. Policy implementation

3.1 Institutional arrangements

The National Population Policy will be implemented within the broader framework of the implementation of Vision 2025 and in keeping with the 1991 Constitution of Sierra Leone.[32] However, implementation will be anchored by cross-sectoral, multidimensional considerations, and will involve the Government, civil society organizations (CSOs), NGOs, the private sector and local communities. The MoPED will have the overarching responsibility for coordinating and serving as the advisory entity for implementation. It will have the responsibility of strengthening the synergies among state and non-state actors to facilitate the best use of resources and minimize duplication of efforts. It will also ensure that stakeholder efforts are harmonized. The broad-based sectorwide approach, known as SWAp, will be used to provide a framework for collaboration in designing, financing and implementing the National Population Policy.

3.2 Role of MDAs, national and international institutions

Role of MDAs

The MDAs have a critical role in implementing the National Population Policy. The MDAs are expected to play their respective roles in accordance with their mandate. The MoPED will be required to assist implementing partners to identify their roles in the implementation of this Policy.

3.2.1 Ministry of Planning and Economic Development (MoPED)

As the coordinating agency for the implementation of the National Population Policy, the MoPED will be responsible for:

- √ Advocating and mobilizing political and other support to own and address population issues and implement the National Population Policy;
- √ Analysing sectoral and multi-sectoral population data/issues and developing population-related policies;
- √ Providing effective leadership by coordinating MDAs and mobilizing financial and material support for population programmes;
- √ Regularly monitoring and evaluating the impact of population programmes and making policy recommendations based on the assessment results;
- √ Providing assistance to development partners and all other stakeholders in the integration of priority population interventions;
- √ Facilitating the achievement of the main objectives of the policy including but not restricted to: creating awareness, providing information and education on population issues (fertility, mortality, migration); improving policy framework and environment for population programmes; mobilizing resources for population programmes; and building human and institutional capacities for programme planning, coordination and M&E.

[32] Vision 2025 provides Sierra Leoneans with the opportunity to anticipate the challenges that lie ahead, analyse the country's capabilities and examine the alternatives open to Sierra Leone as a nation. It also provides a unique opportunity for the people to chart a desirable future for the country.

3.2.2 Ministry of Finance

√ Providing timely disbursement of funds to enable the timely delivery of activities by all implementing agencies.

3.2.3 Ministry of Health and Sanitation

√ Ensuring access to quality and affordable family planning services to manage population growth;
√ Providing comprehensive sexual and reproductive health services in health facilities and through outreach interventions within communities;
√ Supporting the passing of an Act of Parliament entitled, Safe Motherhood, Sexual and Reproductive Health and Rights, to legislate maternal morality ratio targets;
√ Ensuring improved quality and outreach of contraceptive services through expanded contraceptive choice, effective supply chain management, and overall family planning commodity security, among other strategies.

3.2.4 Ministry of Basic and Secondary Education

√ Addressing issues leading to early school drop-outs and providing access to education for girls who become pregnant, and adolescent mothers;
√ Providing support for education in non-formal schools in socially marginalized and hard to reach rural settings;
√ Introducing comprehensive sexuality education in curricula for the formal and non-formal educational system;
√ Contributing to efforts to ensure enrolment and retention of girls in schools, thus limiting early marriage and adolescent pregnancies;
√ Facilitating the capacity development of young people through innovation, leadership, vocational and entrepreneurial skills as a key asset for socioeconomic development.

3.2.5 Ministry of Social Welfare, Gender and Children's Affairs

√ Implementing all gender and girl child policies and plans and mainstreaming gender in all sectors;
√ Promoting gender equality and the empowerment of women, which is central in enabling women to have the independence to leverage reproductive health services, including family planning, for married couples and those in relationships;
√ Contributing to addressing patriarchal practices (such as limitations on ownership of land for women) that undercut economic empowerment, women's status and their contribution to national development.

3.2.6 Ministry of Lands, Housing and the Environment

√ Providing population health and environment education for sustainability;
√ Providing the necessary guidelines on effective use of forest reserves, land use and soil conservation for sustainability;
√ Establishing sound management of the environment and natural resource management to mitigate the impact of rapid population growth on the environment;
√ Ensuring that climate change adaptation and mitigation programmes incorporate population dynamics and contribute to addressing population challenges such as high population growth.

3.2.7 Ministry of Youth Affairs

√ Promoting youth programmes and responsible parenthood;
√ Facilitating the implementation of youth development and empowerment programmes to ensure that all the youth in the country become employable and self-reliant;
√ Addressing sexual and reproductive health challenges and culture-based youth development barriers that young people face;
√ Monitoring and addressing the expanding youth population through sexuality education, family planning and reproductive health care education.

3.2.8 Ministry of Agriculture and Forestry

√ Mainstreaming messages (linkages between population, food security and agricultural land preservation) on population and development issues to communities through agricultural extension workers;
√ Ensuring affordable food security for the population.

3.2.9 Ministry of Information

√ Reaching out (through advocacy, and Information, Education and Communication activities) to communities with messages on population and development issues (reproductive health, GBV, sexual abuse, HIV/AIDS, etc.) and their inter-relationships;
√ Reaching out to the public through various media outlets to ensure ownership and buy-in;
√ Promoting awareness of population issues, policies and programmes.

3.2.10 Ministry of Local Government and Rural Development

√ Ensuring population concerns are integrated into local council development plans;
√ Providing quality social and primary rural health care services.

3.2.11 Ministry of Water Resources

√ Ensuring provision of safe drinking water to the population to reduce morbidity and mortality rates;

3.2.12 Other MDAs

√ Along with local institutions, playing a role. as needed, in the implementation, M&E of the National Population Policy as it relates to their sectors;
√ Integrating population variables (morbidity, mortality, fertility and migration) into their development planning to ensure sustainable development.

3.2.13 Statistics Sierra Leone

√ Ensure the collection, analysis and dissemination of credible official statistics on population issues to monitor the implementation of the National Population Policy.

3.2.14 Role of parliament

√ Promoting the implementation of the National Population Policy;
√ Ensuring the inclusion of population issues in their agenda;
√ Advocating budget approval on population-related issues.

3.2.15 International development partners

√ Providing technical and financial assistance across the board in implementing the National Population Policy;
√ Supporting and aligning their activities in line with the Policy's priorities.

3.2.16 The private sector

√ Investing in both economic and social sectors to generate economic growth and create wealth;
√ Generating jobs for the labour force surplus (particularly the expanding youth population) to help drive a sustained decrease in fertility and mortality.

3.2.17 Academia and research institutions

√ Providing training and data collection on population and development;
√ Undertaking research and providing advisory services to MDAs on population, reproductive health and development;
√ Carrying out population research to identify key issues and trends in population and development to inform programming.

3.2.18 NGOs, faith-based organizations and civil society

√ Responsible for implementing specific activities in various sectors and to complement the Government's oversight and accountability functions and efforts;
√ Ensuring that the implementation of the policy affirms and upholds the human rights principles underlying the National Population Policy and international conventions on human rights;
√ Providing moral and spiritual guidance in policy implementation;
√ Providing reproductive health and family planning services and education that are consistent with their religious beliefs/doctrines.

3.2.19 Traditional and community leaders

√ Operating as champions of family planning, school enrolment, retention and progression;

√ Reforming or eradicating harmful traditional practices such as early marriage, and other population programmes;
√ Participating in planning, implementation, M&E of the policy;
√ Enhancing the direct role of community members in enhancing Information, Education and Communication campaigns on small families, and the delivery of family planning and other reproductive health services within communities.

3.3 Key challenges and implementation risks

There are some predictable key challenges and implementation risks in the implementation of this National Population Policy. The most critical is inadequate financial resources, given that population programmes require a substantial amount of resources for effective implementation. There are insufficient funds in the Government budget devoted to population-related activities, coupled with declining levels of official development assistance to Sierra Leone. As such, the Government will have to increase its own budgetary and logistical contribution to population programmes and mobilize increased financial and technical assistance from development partners, particularly non-traditional partners, the private sector and CSOs.

Limited human capital and minimal experience in population programming threaten the successful roll-out of the Population Policy. To mitigate the risk, the Government will need to ensure that all key positions related to population and development programmes at the national and district level are filled with qualified personnel for the smooth implementation of population programmes.

Another critical constraint is the inadequate institutional capacity to plan and implement the National Population Policy. The Government will have to review, rebuild and capacitate the current institutional arrangements and capacity to ensure that they can cope with the demands for population policy planning, programming and implementation. The urgent need to recalibrate institutional coordination, build partnerships and inter-agency collaboration, and address shortcomings to make them more effective in discharging their roles cannot be overstated.

Other risks and challenges include:

- Lack of awareness among Government officials about population issues, especially the implementation of the Dakar/Ngor Declaration and the ICPD PoA;
- Inadequate strategies for the integration of reproductive health and family planning into primary health systems;
- Lack of training and skills among Government officials, NGOs and other development agencies in the integration of population issues into poverty reduction policies and programmes;
- Sociocultural and religious factors (e.g., resistance to the empowerment of women, values placed on large family sizes and polygamy) that constrain effective implementation of population programmes;
- Insufficient decentralization of population activities and limited involvement of the population at the grass roots in the process of formulation and implementation of population programmes;
- And finally, the lack of effective inter-agency collaboration to promote the coordination of population activities

in the African region.

3.4 Monitoring and evaluation

3.4.1 Rationale for monitoring and evaluating the policy

The implementation of the National Population Policy hinges on the interconnected efforts of various actors in MDAs, Parliament, local councils, NGOs, community groups, the private sector and CSOs. Given the large number of implementing partners, the modality for implementation should employ an effective multi-sectoral participation approach in which population and development issues are fully integrated and mutually supportive. Ensuring that the efforts of these various actors are producing results requires an effective M&E process to track pertinent indicators.

3.4.2 Framework and process for monitoring and evaluation

Several MDAs, NGOs and other CSOs have established M&E traditions. Aligning these various M&E processes is the role of the MoPED's Population Unit. The Unit should aim to conduct effective follow-up, monitoring and programme performance assessment at the various levels of implementation. To this end, it should prepare an annual monitoring report based on data from SSL, along with contributions from implementing partners and supplemented by relevant information compiled from other published sources. The monitoring report would mainly assess the operational performance and problems encountered so that remedial measures, including improved coordination, may be recommended by MoPED for more effective operations in the future.

Evaluation of programme implementation should be undertaken by the Population Unit periodically, at five-year intervals, using suitable data from SSL, such as the DHS, the Population and Housing Census, MICS, etc. Given the centrality and importance of research and data collection, processing, analysis, and dissemination, the Population Unit is expected to work closely with SSL, universities and other tertiary institutions. SSL may also collect statistical information from implementing agencies on population and population-related activities for the purpose of building on the data bank for the five-year periodic evaluations.

M&E exercises will be carried out at both the national and household level. At the national level, the impact of policy activities on demographic indicators such as fertility, mortality and migration as well as contraceptive prevalence rates and behavioural change, especially relating to gender equality, equity and empowerment of women, and sexual and reproductive health among adolescents and youths should be evaluated. At the household level, it is expected that emphasis would be put on the extent to which the services are reaching the beneficiaries and the level of knowledge, attitude and practices of such services and facilities. The objectives and strategies of the National Population Policy and related resource allocations may be modified based on the evaluation results.

Apart from the yearly monitoring and five-year periodic evaluations, more frequent in-depth reviews of specific components of the Policy may be undertaken from time to time in order to assess development within such components. In view of the highly technical nature of the work and the need for objectivity in the in-depth evaluation exercises, the Population Unit may entrust this task to independent experts (individuals or teams) that would submit the reports of their findings to the MoPED. These M&E activities are crucial to understanding whether or not the National Population Policy is improving the well-being and quality of life of Sierra Leoneans.

Glossary

Adolescent

A young person who is developing from a child into an adult, referring to those between the ages of 10 and 19.

Age dependency ratio

The ratio of the young and the elderly to the adult population. It is as an approximate index of economic dependency in the form of the ratio of the combined child population (0-14 years) and aged people (65 years and over) to the intermediate assumed working-age population (15-64 years). In other words, it is the ratio of the economically inactive population (dependents) to the active population (self-supporting working persons).

Capacity building

Increasing the capacity to function more efficiently through the provision of technical support, equipment and material supplies.

Crude birth rate

The number of live births recorded per thousand persons in a given year. The rate is considered 'crude' because although it may be used to measure actual trends, false inferences may result from its uncritical use when populations with different age and sex structures are compared.

Crude death rate

The number of deaths recorded per thousand persons in a given year. The rate is considered 'crude' because although it may be used to measure actual trends, false inferences may result from its uncritical use when populations with different age and sex structures are compared.

Demographic dividend

A period – usually 20 to 30 years – when fertility rates fall due to significant reductions in child and infant mortality rates. Demographic dividend, as defined by the UNFPA, is "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)." In other words, it is "a boost in economic productivity that occurs when there are growing numbers of people in the workforce relative to the number of dependents." A country with both increasing numbers of young people and declining fertility rates has the potential to reap a demographic dividend.

Gross domestic product

In terms of economic welfare, standard of living is often expressed as GDP, which yields the real national income per capita. This is estimated as the total amount of goods and services produced in a given period (or its equivalent in money income adjusted for variation in purchasing power) divided by the total population during the period.

Infant mortality rate

The number of babies dying before celebrating their first birthday per thousand live births in a year.

Life expectancy at birth

The average number of years that a newborn baby in the population is expected to live. It is an indirect measure of the health status of the population.

Maternal mortality rate

The number of women whose deaths are related to complications in pregnancy, labour and/or child birth (puerperium) out of 100,000 live births each year.

People-centred development

A development strategy that puts people at the centre of all development programmes. It emphasizes the human factor over and above economic and demographic considerations.

Population density

An index that shows the relation between a population and the area in which it lives. The simplex index is obtained by dividing the total population by the area of the territory and is generally expressed as the number of persons per square kilometre or per square mile.

Population doubling time

The time that it takes a given population to double itself. When a population doubles, it will require the doubling of all facilities or amenities just to maintain the standard of living of the original population.

Population growth rate

The ratio of the total growth arising from the difference between births, deaths and migrations and the average population in a particular period. It is, therefore, the rate at which a population is growing (or reducing) in a given year owing to the overall change in the interplay of births, deaths and migration in a geographic area.

Population inertia

The tendency for a population to continue to grow even after the fertility may have been reduced to replacement level. It happens because a larger number of young people already present in the population enter the childbearing age and procreate.

Population policy

A government's set of population goals and objectives geared towards influencing some population variables, trends or phenomena together with the strategies of how they will be achieved. Population policies should provide a comprehensive development framework for the integration of population variables into social and economic development planning.

Reproductive health and rights

Reproductive health is defined as a dynamic state of physical, mental, spiritual and social well-being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive rights relate to the ability to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when and how to do so. It also includes the rights of men and women to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice, and other issues such as GBV.

Rural

Any area – typically village areas – holding a population of less than 2,000 inhabitants.

Sex and gender

The term 'sex' refers to the biological realities and distinctions between male and female correlates of the human race. The term 'gender' is a product of human social creation and conditioned by distinct roles as culturally perceived. Thus, sex may be given at birth but gender is constructed within particular societies and can be deconstructed.

Sexual and gender-based violence

Violence against women may include physical, sexual and psychological violence:

(a) In the family, including battering, sexual abuse of female children, dowry-related violence, marital rape, FGM/C and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
(b) Within the general community, in educational institutions and elsewhere, including rape, sexual abuse, sexual harassment and intimidation at work, trafficking in women and forced prostitution;
(c) Within the state, including physical, sexual and psychological violence perpetrated or condoned by the state.

Sustainable development

The enlargement of people's choices and capabilities through the formation of social capital to meet as equitably as possible the needs of the current generation without compromising the needs of future generations.

Total fertility rate

The number of children a woman would have throughout her reproductive life span (from age 15 to age 49) if she were to bear children at the prevailing age-specific birth rates. It is also called the completed family size of a woman.

Under-five mortality rate

Also called child mortality rate; the number of deaths among children under five years of age per thousand of the population in a given year.

UNDP Human Development Index

An index that measures the average achievements in a country in three basic dimensions of human development:

(a) A long and healthy life, as measured by life expectancy at birth;
(b) Knowledge, as measured by the adult literacy rate (with two-thirds weight) and the combined primary, secondary and tertiary gross enrolment ratio (with one-third weight);
(c) A decent standard of living, as measured by the GDP per capita in purchasing power parity terms in US dollars.

Urban/urbanization

All places holding populations of 2,000 or more persons are considered urban. Urbanization, therefore, is the degree to which population is concentrating in settlements that are classified as urban at each census.

Youth

In Sierra Leone, youth refers to persons between 15 and 35 years of age. This definition goes beyond that of the United Nations system which considers only persons 15–24 years old as youth, and was adopted by the African Youth Charter of the African Union on 2 July 2006. The broader age range in Sierra Leone was arrived at from a policy perspective of trying to cater to the needs of persons 25–35 years of age (11-year range) who may have missed out on childhood opportunities as a result of the war. Including them in this definition would allow for ingenious affirmative actions like the Comprehensive Rapid Education Programme for Schools which targeted over-aged persons to help them catch up on education.

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