

## **Child Rights Organizations Submission to the Universal Periodic Review of Sierra Leone - November 2010**

### **A. Consultation Process**

This submission has been prepared by a coalition of child focused organizations operating in Sierra Leone in the areas of child rights, child protection, education and health. A total of thirteen organizations working in rural and urban settings throughout Sierra Leone participated in the submission process: Save the Children UK, War Child Holland; Child Fund; YMCA; Christian Brothers; Goal; AMNet; Caritas; Community Concern Network; Pikin to Pikin; Children's Advocacy Production; Children's Forum Network; Youth Partnership for Development and Peace. The submission was prepared with broad consultation of children; over 100 children in the four main regions of Sierra Leone gave feedback to the initial draft and made inputs to the final recommendations.

### **B. Country Context**

Sierra Leone has an estimated population of 6.2 million<sup>1</sup> of which more than 50% are aged 18 or under and 18.4% of the population is less than 5 years old.<sup>2</sup> The majority of the population lives on less than \$2 a day and 70% of the population lives below the poverty line. The country ranks near the bottom of the Human Development Index; the Human Development Report for 2009 ranks Sierra Leone at 180 out of 182 countries.

Sierra Leone signed and ratified the Convention on the Rights of the Child (CRC) in 1991 to which it is now legally bound and has enacted into law through the national Child Rights Act 2007 (CRA). Sierra Leone has also ratified the following international and regional human rights instruments relating to the protection of children: the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography; the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict; the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; and the African Charter on the Rights and Welfare of the Child.

### **C. Priority Child Rights Issues**

During the consultation process, six (6) priority child rights issues affecting children in Sierra Leone were identified:

1. Inadequate implementation of the 2007 Child Rights Act
2. Child Mortality
3. Violence Against Children
4. Access to and quality of Education
5. Female Genital Mutilation

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<sup>1</sup> Statistics Sierra Leone (2004) Population and Housing Census

<sup>2</sup> GoSL (2005) Draft Country Report on the Implementation of the Convention on the Rights of the Child

## 6. Teenage Pregnancy

### ***1. Inadequate implementation of the 2007 Child Rights Act (CRA)***

In 2007 the Government of Sierra Leone passed the Child Rights Act 2007 (CRA) to ‘provide for the promotion of the rights of the child compatible with the Convention on the Rights of the Child, adopted by the General Assembly of the United Nations on 20th November, 1989, and its Optional Protocols of 8th September, 2000; and the African Charter on the Rights and Welfare of the Child, and for other related matters’<sup>3</sup>.

The CRA aims to harmonize national laws, both statutory common law and customary law for the benefit of all children in the country. The CRA holds supremacy over customary law and any local traditions practiced as custom must conform to the Act.

Though the Government of Sierra Leone must be applauded for the ratification of the CRA, additional review is necessary in order to further strengthen it and align it to international legal standards. This need has been identified both by civil society in Sierra Leone and the international community through the UN Committee on the Rights of the Child.<sup>4</sup>

Furthermore, though the CRA establishes a number of bodies including the National Commission for Children (NCC), Child Panel, Family Court and Child Welfare Committees (village and chiefdom level) and defines their roles and responsibilities in the protection of children, most of the key structures have not yet been established. This is the case for the NCC, the Family Courts and Child Panels. This has meant that the implementation and monitoring of the CRA has been slow and uneven throughout the country.

### ***Recommendations:***

- 1. We urge the Ministry of Social Welfare, Gender and Children’s Affairs to work with civil society and community stakeholders to undertake a transparent, participatory, consultative and comprehensive review of the CRA in order to strengthen it and align it to international standards, by May 2011.**
- 2. We urge the Government of Sierra Leone to establish an independent and resourced National Children’s Commission for Children by mid 2012 in line its commitments in the CRA and UN CRC.**
- 3. We urge the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) to fulfill its obligation as specified in the CRA to establish Child**

<sup>3</sup> Sierra Leone Child Rights Act, 2007

<sup>4</sup> UN Committee on the Rights of the Child, Concluding Observations: Sierra Leone; CRC/C/OPSC/SLE/CO/1 (1 October 2010)

**Welfare Departments including staff, equipment and training in each district and Child Welfare Committees in every Chiefdom and village of Sierra Leone by the end of 2014.**

- 4. We urge the Ministry of Justice to fulfill its obligations as specified in the CRA to establish Family Court and Child Panels throughout the country by 2014.**

## ***2. Child Mortality***

Sierra Leone has the world's highest under 5 and maternal mortality rates and extremely high rates of infant and neonatal mortality. According to Demographic and Health Survey (DHS) 2008, the under-five, infant and neonatal mortality rates are currently estimated to be 140, 89 and 36 per 1,000 live births. This is roughly equivalent to 1 child in every 7 dying before their fifth birthday. Nearly two thirds of these under five children die during infancy, first year of life and of these, over 40% die during the neonatal period, first month of life.<sup>5</sup> Preventable and treatable diseases including pneumonia, diarrhea, and malaria are major causes of child mortality, accounting for an estimated 26, 20 and 12% of child death, respectively.<sup>6</sup>

The Government health system is weak and under-funded and many parents lack resources to improve their children's health and well-being. There is limited access to and utilisation of essential health services to support the health and wellbeing of the vulnerable especially children under five.

The Government of Sierra Leone must be applauded for the introduction of the Free Health Care initiative (FHCI) for children under five and pregnant and lactating women. This national policy was formally introduced in April 2010 and initial anecdotal evidence suggests that healthcare utilization has increased and that community awareness raising around the FHCI has been good. However, the FHCI is funded mainly by the United Kingdom and United Nations who have paid to refurbish hospitals, supply drugs and pay healthcare professionals' wages. As such, despite the introduction of free health care many challenges remain. These challenges are linked to the sustainability and the implementation of the FHCI at field level.

### ***Recommendations:***

- 1. We urge the government to develop and implement a long term and sustainable health financing mechanism by April 2011 to minimize aid dependence and to ensure that the maximum extent of available resources are allocated to realize the child's right to survival and to health, in particular through the Free Health Care Initiative (FHCI), in accordance**

<sup>5</sup> Sierra Leone Demographic and Health Survey 2008

<sup>6</sup> Countdown to 2015, Tracking Progress in Maternal, Newborn, and Child Health, 2008

**with article 4 of the UN CRC. This should include funding for appropriate measures, including human resources, training of health workers, drugs and equipment, infrastructure and roads, monitoring and evaluation systems, tracking, and communication and dissemination of information.**

- 2. We urge the Ministry of Health and Sanitation (MOHS) to take appropriate measures to reduce infant and child mortality by April 2011 by educating children, mothers and communities on hygiene, nutrition, immunization, using mosquito nets, how to prevent 3 top killer diseases (Malaria, Pneumonia, Diarrhea) in accordance with Article 24 of the UNCRC.**
- 3. We urge the government to improve the birth registration mechanism in accordance with Article 7, UN CRC, by improving access and services, exempting costs for registration for all children under 12 months of age and making registration facilities available within a reasonable geographical distance in all areas of the country by April 2012.**

### ***3. Violence against Children***

For the majority of children in Sierra Leone, physical violence is part of every-day life. Beating, canning and other forms of physical and emotional abuse are used systematically as punishment and in meting out discipline. The effects of physical abuse are highly detrimental to the child's wellbeing, intellectual and social development. Physical pain, injury and sometimes even death, as well as the use of demeaning forms of discipline actively promotes aggressive behavior and violence over values such as tolerance and understanding.

The 2005 Multiple Indicator Cluster Survey (MICS) found that 92% of children in Sierra Leone aged 2 to 14 years had experienced some form of psychological or physical punishment. Even more concerning is that 82% of children received psychological aggression from adults as a form of punishment and 22% received severe physical punishment.<sup>7</sup>

Corporal punishment of children is culturally entrenched in Sierra Leone and physical abuse often comes in the guise of discipline. Physical violence and abuse is not only tolerated but widely accepted: the MICS report indicates that 56% of mothers or care takers believe that physical punishment of their children is necessary and 85% of women think domestic violence is justified.<sup>8</sup>

This situation is aggravated by the limited capacity of the Family Support Unit (FSU) and Ministry of Social Welfare, Gender and Children' Affairs Social Workers who are mandated by the Child Rights Act (CRA) to handle cases involving violence against children. In practice, many FSUs are under staffed, especially with respect to the

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<sup>7</sup> Multiple Indicator Cluster Survey, The Republic of Sierra Leone and UNICEF, 2005

<sup>8</sup> Ibid

representatives from the MSWGCA. In terms of capacity, there are also serious concerns with regards to the ability of FSU and MSWGCA Social Workers to deal with cases involving violence against children in a sensitive and appropriate way.

***Recommendations:***

- 1. We urge the government in collaboration with NGOs to develop a strategy to eradicate violence against children, including raising awareness in communities on the negative effects of violence against children and promoting positive, non-violent forms of discipline by parents, caregivers, teachers and others by December 2012.**
- 2. We urge government to expand and strengthen the presence and technical capacity of the Family Support Unit and Ministry of Social Welfare, Gender and Children' Affairs Social Workers at chiefdom level to competently and sensitively handle cases involving violence against children by December 2012.**

***Access to and Quality of Education***

Access to quality education remains a significant challenge for children in Sierra Leone. Following the government's introduction of free primary education in 2001, primary enrolment in Sierra Leone increased significantly. However, in spite of significant progress, net enrolment rates in primary school remain at just 70%; in 2007 there were an estimated 300 000 Sierra Leonean children out of school.<sup>9</sup> Furthermore, even though more children enroll in primary school, retention, especially of girls remains a major challenge.

Although the government has abolished school fees in Sierra Leone, primary education is not free for children because of the wide variety of charges still imposed on students. These charges form a major barrier to education for all in a country where poverty is so widespread. Unofficial fees are usually charged by teachers and/or school administrators and can include uniforms, books, tuition fees, supplementary classes, extra-curricular activities, transportation to and from school and food. The average amount spent to send a child to primary school is 50,900<sup>10</sup> Leones per year (\$17) and with the average Sierra Leonean earning 200,000 Leones a month (\$67) and 54% living on less than \$1 per day, it is a question of daily survival or investing in the future. Abject poverty for many is the main reason why families do not give much importance to education and the high user fees discourages vulnerable families from sending their children to school. At the national level, the 2010 budget allocation to the Ministry of Education, Youth and Sports (MEYS) was just 10.8%. At the same time, education management is poor and inefficient

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<sup>9</sup>The Out of School Children of Sierra Leone, UNICEF, 2008

at all levels, meaning that allocated funds are not efficiently utilized to reach the most deprived areas and children.

The quality of education also remains very poor in Sierra Leone and this has a serious effect on retention of children throughout primary school. The environment in schools is not conducive to learning due to factors such as inadequate physical infrastructure, high teacher to pupil ratios (an average 1:80, leaving classrooms seriously overcrowded), lack of school furniture, insufficient and inappropriate teaching and learning materials. Furthermore, 60% of teachers are untrained and unqualified which leads to inefficient and inappropriate teaching methodologies with poor learning outcomes as a result. Harmful discipline techniques (including corporal and humiliating punishment) is still widely used by teachers on students. Teacher morale is low due to reasons such as late payment of salaries, unfair policies in recruitment, poor working and living conditions in the rural areas and limited opportunity for accessible in-service teacher training. Teaching methods used in the classrooms are mostly teacher-centered, and they do not engage children actively nor allow for differentiated learning which is appropriate to children's age, ability and developmental level. As noted, discipline techniques continue to include corporal and humiliating punishment and though the MEYS must be applauded for the development of the Teacher's Code of Conduct, this document has not been internalized and implemented in schools throughout the country.

#### *Recommendations*

- 1. We urge the Ministry of Finance to increase the annual budget allocation to the Ministry of Education, Youth and Sports to 20% and to work to improve education management at all levels for efficient resource utilization in order to first and foremost provide quality education as a basic human right to children, address poverty and increase literacy levels in Sierra Leone by November 2011.**
- 2. We urge the Ministry of Education, Youth and Sports to review the terms and conditions of teachers' remuneration packages, including increasing salaries and the introduction of remote area allowances, in order to promote fair and equitable distribution of trained and qualified teachers, with emphasis on female teachers, across the country by May 2012.**
- 3. We urge the MEYS to work closely with Local Councils to increase the number of school supervisors, properly train and monitor them and give them adequate resources so they can strengthen monitoring and supervision of schools and coaching and on-the-spot training of teachers to ensure that unofficial extra charges for basic education are eliminated and quality teaching is improved by September 2012.**
- 4. We urge the MEYS to work with development partners to implement the Teachers' Code of Conduct so that it is adopted by all primary schools in Sierra Leone by September 2011.**

- 5. We urge the MEYS to work with development partners, in particular the World Food Programme to implement school feeding programmes in primary schools in the most vulnerable communities in Sierra Leone by September 2012.**

### *Female Genital Mutilation*

Female Genital Mutilation (FGM) is the partial or total removal of the female external genitalia or other injury to the female genital organs.<sup>11</sup> The practice of FGM/C in Sierra Leone is widespread but is shrouded in secrecy and conducted by members of a secret society known as the Bondo Society. Approximately 94% of women in Sierra Leone are members of a secret society which means by proxy they have gone through the process of FGM/C.<sup>12</sup>

FGM is traumatic and often results in complications that can include excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissue. Other complications may include septicaemia, infertility, obstructed labor, and even death. FGM is an issue which has serious implications for the human rights of women and girls. It is a form of violence against the girl child, not only because unwilling girls are sometimes coerced into being circumcised to make them members of secret societies, but also because it affects their life as adult women in several ways.

Many girls are initiated at a relatively early age without the opportunity to decide whether they would like to be circumcised. The immediate and long term health hazards associated with the surgical operation have been widely documented. Studies have also shown that circumcision leads to early marriage, increases the risk of exposure to early sexual activity, to pregnancy, and to child bearing at relatively young ages, either within or outside marriage. These may result in premature, but permanent interruption of the girl child's education, and will ensure that by the time she gets to full womanhood, she does not possess the capacity for social, political and economic self empowerment.

Though FGM is an issue affecting almost all girls in Sierra Leone, the CRA does not specifically address or include FGM. Article 33 states that no person shall subject a child to any "*cultural practice which dehumanizes or is injurious to the physical and mental welfare of the child*". Specific customary practices such as early marriage and child betrothal are also outlawed in Section 46 of the CRA.<sup>13</sup> However, there is no specific and explicit mention of FGM in the entire CRA.

### *Recommendations:*

- 1. We urge the Government to explicitly prohibit FGM for anyone under the age of 18, by January 2014.**

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<sup>11</sup> Multiple Indicator Cluster Survey (UNICEF) (2005)

<sup>12</sup> *Ibid*

<sup>13</sup> Child Rights Act 2007

2. **We urge the Government to work with NGOs, civil society and key community stakeholders to facilitate an open dialogue on FGM where after the Government will lead the development of a national strategy to eradicate FGM for children under the age of 18 by January 2012.**

### *Teenage Pregnancy*

Teenage pregnancy and teenage motherhood are serious issues in Sierra Leone, which though under reported, are on the rise. The Multiple Indicator Cluster Survey of 2005 indicated that 25% of females aged 15-19 had sex for the first time before the age of 15.<sup>14</sup> A more recent report commissioned by UNICEF identified that two out of three sexually experienced teenage girls (68%) have been pregnant, while two out of seven sexually experienced boys have caused a pregnancy. The mean age for pregnancy is 15 years old, yet 41% of those who experienced a pregnancy were within the age range of 12-14 years.<sup>15</sup> Just over 40 percent of women in their late twenties had their first baby by the time they were 18, and 12 percent of them by age 15.<sup>16</sup>

During the civil war in Sierra Leone, many women and girls experienced high levels of sexual violence and deliberate brutality. Violence against women and girls has continued in the post conflict period, and this coupled with their social and economic vulnerability and low levels of literacy cultivates an environment that promotes exploitation and manipulation. The lack of basic needs, such as food, clothing and money to pay for school fees is a key reason why many teenage girls reportedly engage in sex.

Traditional beliefs and practices surrounding girls (and boys) and community attitudes and perceptions about sexual and reproductive health and condoms also contribute largely to high levels of teenage pregnancy. Finally, a deficiency in parenting skills and inability of parents to provide basic needs also exacerbates the problem.

### *Recommendations*

1. **We urge the Ministry of Education, Youth and Sports (MEYS) to review and re-introduce Family Life Education (FLE) in the primary school curriculum, starting in class five (5). The curriculum should focus on values, attitudes, communication and negotiation skills, as well as the emotional and biological aspects of sexual and reproductive health and be in place by September 2012.**
2. **We urge the Government, in coordination with NGOs to develop a national strategy to promote a change in attitudes towards sexual relations and practices in Sierra Leone, including by raising awareness amongst parents, children and community leaders on the dangers of child pregnancy and by**

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<sup>14</sup> Multiple Indicator Cluster Survey, The Republic of Sierra Leone and UNICEF, 2005

<sup>15</sup> A Glimpse into the World of Teenage Pregnancy in Sierra Leone, Emily Coinco for UNICEF; June 2010.

<sup>16</sup> MICS



**promoting community education on the importance of talking to children about sexual and reproductive health issues, gender based violence and sexual abuse and exploitation of children by January 2012.**