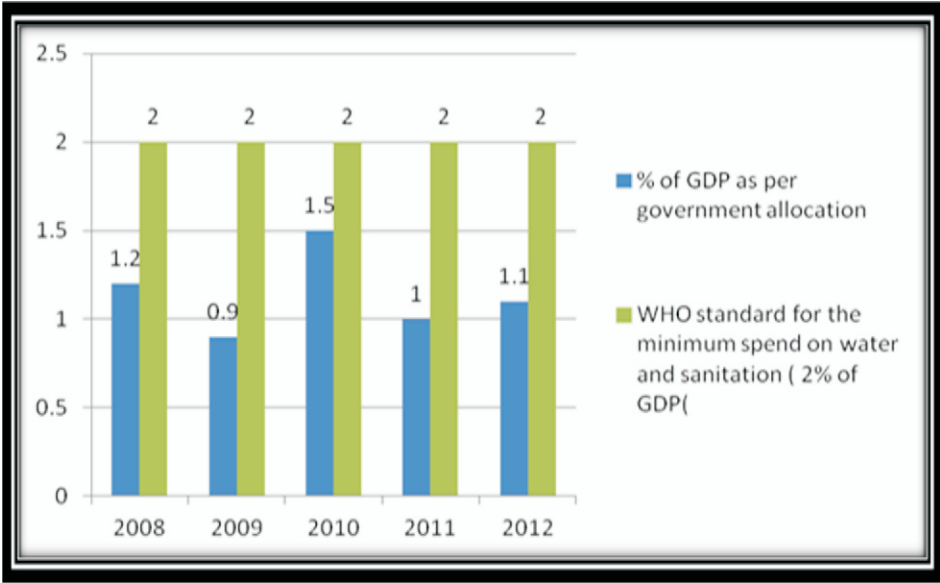


The government's allocation to water and sanitation combined has been considerably lower than the minimum of 2% recommended by the WHO, as shown below.

Figure 1: Water/Sanitation expenditure compared to WHO Standard



Source: WHO (2009) and Sierra Leone Budget Bureau (2012)

Donors contribute most of the resources allocated to the *development* budget of the water sector, as shown below.

Figure 2: Donor contribution to the water development budget, 2010 – 2013



Policy recommendations

The Budget Advocacy Network believes that the Government should:

Ensure that it implements, and is held to account for, the commitments made on water and sanitation in the Agenda for Prosperity (see box)

Government commitments on water in the Agenda for Prosperity

These are laid out on pages 75-6 of the document and include:

- Improve access to safe pipe-borne and safe drinking water
- Build capacity at national and local levels
- Improve monitoring and reporting mechanisms
- Improve institutional and regulatory framework

Government commitments on sanitation in the Agenda for Prosperity

These are laid out on pages 78-9 of the document and include:

- Develop guidelines and investment plans for effective implementation of national environmental health and waste management policies
- Enhance capacity in the sector
- increase the budgetary allocation to water and sanitation to reduce the disease burden.
- balance the infrastructure (hardware) facilities with institutional, regulatory and efficiency reforms (software) that will truly ensure the sustainable delivery of water and sanitation services.



BUDGET ADVOCACY NETWORK

POLICY BRIEF
ON
WATER AND SANITATION



THE NEED TO MAKE A PRIORITY OF WATER AND SANITATION

This brief highlights the Government of Sierra Leone's commitments in the water and sanitation sector, the challenges facing water and sanitation and the Government's budgetary commitments. It ends by making policy recommendations to improve Government water and sanitation spending and policy.

Lack of safe, reliable, affordable and accessible water supply and sanitation services are essential for good health. Poor water supplies can cause acute infectious diarrhoea, repeat or chronic diarrhoea episodes, and non-diarrhoeal disease. As noted in the Agenda for Prosperity, diseases related to water and sanitation (such as malaria and respiratory and diarrhoeal diseases) account for over 75% of deaths of children under five. Where there is no safe and clean toilet to go to, people are further exposed to disease, lack of privacy and indignity.

The state of water and sanitation in Sierra Leone

During 1990-2008, access to improved sources of drinking water fluctuated between 26% and 35% of the population. However, current reforms are improving sanitation and water service delivery, and access to improved water supply increased to 57% in 2010. Access to sanitation, however, has remained constant at a very low 13% for non-shared facilities and is around 40% for improved sanitation including shared and public facilities. The most common toilet facility is the open pit, used by 37% of all people in rural areas. The Water Point Mapping in 2012 reported that 18% of existing water points across the country were broken, while another 14% were partly damaged and dysfunctional.

The National Water and Sanitation Policy has targets of 74% for improved drinking water and 66% for improved sanitation by 2015. According to the Agenda for Prosperity, these targets are achievable by 2018.

Challenges in the water sector, according to the Agenda for Prosperity

At present Sierra Leone:

- ❖ Limited access to pipe borne drinking water
- ❖ Old and dilapidated distribution system.
- ❖ Small capacity of dams and reservoirs
- ❖ Low access to safe drinking water in rural area.
- ❖ Low institutional capacity at national and local levels
- ❖ Weak monitoring and reporting mechanisms
- ❖ Weak institutional and regulatory frameworks

Challenges in the sanitation sector, according to the Agenda for Prosperity

- ❖ Policy and Legislation: The Environment Health and sanitation Policy (2000)and Public Health Ordinance(1960)are outdated.
- ❖ Directorate: There has been no Directorate for environment health and sanitation ,also inadequate human and other resources.
- ❖ Rural Sanitation:
 - Low levels of improved sanitation coverage in rural area so that open defecation is widespread.
 - Low sanitation coverage in school and public institutions
- ❖ Urban sanitation: A lack of effective waste water and sewerage treatment and disposal systems

- ❖ Lack of effective solid waste management in both urban and rural are as. and
- ❖ Cross cutting issues:
 - Inadequate budget allocation to sanitation.
 - Inadequate revenue collection and tariff allocation for solid waste and sewerage .
 - Low awareness amongst the population of the need for sanitation improvements .
 - The sanitation market in urban and rural Sierra Leone remains undeveloped ,so that infrastructure has been locally driven, with local materials and household or communal labour.
 - The private sector is not developed to drive the sanitation agenda.
 - Weak monitoring and supervision services.

Sierra Leone's population almost tripled between 1960 and 2011, and is projected to almost double again over the next 40 years. The urban annual growth rate has consistently been higher than total growth; by 2050, the urban population will be 59% and rural 41% of the total, due to net rural-urban migration. The rapid urbanisation that occurred during the 11 year conflict caused 70% of Freetown to become an unplanned urban slum. These demographic pressures make it difficult for planning and infrastructure to keep pace. Hardly any significant water and sanitation infrastructure has been developed in the country since the first two post-independence decades. The Guma Dam, constructed immediately after independence and still the sole public water infrastructure to Greater Freetown, is designed to supply a population of 300,000 people, but over 1.5 million people live there today.

Government policy on water and sanitation

Under the National Water and Sanitation Policy of 2011, the Government has pledged to make institutional and regulatory reforms and to develop strategies and guidelines. The Agenda for Prosperity also commits the Government to other policies (see box below).

- ❖ Improve coordination and harmonization of WASH delivery approaches by state, non state and development partners
- ❖ Enactment of new laws, and institutional and organizational arrangements to support water supply and management, and water-related sanitation.
- ❖ Development and operationalization of WASH sector investment plans at national and council levels.
- ❖ Improved water resource management at national, district and local levels
- ❖ Increased capacity for monitoring and evaluation, including data collection system, analysis and feedback to improve sector wide information and decision-making.

The Government's overarching aim in the long term is to make available bulk potable safe water to as many people as possible, targeting high population density areas, such as urban, peri-urban and large villages. Pipe borne water supply will be the preference. Government policy objectives include providing drinking water and sanitation facilities to improve the health of the people and free them (especially women, children, disabled and the aged) from water-borne and water-related diseases and time spent in fetching water, so that they will be free to devote time to productive activities and to schooling.

Budgetary allocations to water

Table 1 shows that Government spending on water is low at considerably less than 1% of GDP. This compares to the World Health Organisation's recommended expenditure on water and sanitation of 2%.

Per capita spending on water has been very low, averaging Le 11,000-12,000. Projected expenditure on water and sanitation in the three years 2013-2015 is estimated at around Le 66 billion per year, according to the government's budget. There are also massive discrepancies between projected and actual spending – in 2012, for example actual spending on water amounted to only Le 8 billion out of projected spending of Le 69 billion.

The Agenda for Prosperity notes that 'the sector has in the past been given low priority in the national development agenda, with the effect that resources allocated are inadequate to meet the needs of all', but says that the Government is stepping up its commitment. This remains to be seen. If this sector is not adequately financed it will continue to pose serious threats to the lives of the poor and cost the Government more resources. In 2012, for example, the Government and donors spent over \$2 million to fight the cholera outbreak which killed over 250 people; the same amount of money could have provided safe drinking water to over 10,000 people.

Table 1: Water, youth employment and sports and social protection allocations, 2010-2012 (million leones)

Indicators	2010			2011			2012			2013	
	Actual		Variance (%)	Actual		Variance (%)	Actual		Variance (%)	Proj	
	Proj	Actual		Proj	Actual		Proj	Actual			
in million Leones, unless otherwise indicated											
Total Youth, Employment and Sports	5,350.3	3,457.0		25,453.8	4,047.1		9,741.7	6,404.3		11,577.0	
Total SWGCA	2,714.7	2,108.7		6,813.7	3,798.5		6,479.6	4,365.9		10,232.6	
Total Water	45,564.5	12,880.4		76,318.0	17,425.2		69,238.7	8,391.3		72,587.5	
Central Government											
Youths, Employment and Sports	5,047.3	3,161.6		25,103.8	3,718.1		9,356.7	6,019.3		11,162.0	
Recurrent	4,647.3	3,161.6	68.0%	4,153.8	3,718.1	89.5%	3,881.7	6,019.3	155.1%	4,780.0	
Development	400.0	na		20,950.0	na		5,475.0	na		6,382.0	
Social Welfare, Gender and Children Affairs	2,318.4	1,740.9		6,333.7	3,347.3		5,951.6	3,852.4		5,920.0	
Recurrent	1,893.4	1,325.9	70.0%	5,833.7	3,347.3	57.4%	5,451.6	3,852.4	70.7%	5,420.0	
Development	425.0	415.0		500.0	na		500.0	na		500.0	
Water Services	33,060.5			63,132.8	4,292.0		62,701.4	1,866.4		60,395.0	
Recurrent	4,442.5	4,198.4	94.5%	4,601.8	4,292.0	93.3%	4,300.4	1,866.4	43.4%	4,360.0	
Development	28,618.0	na		58,531.0	na		58,401.0	na		56,035.0	
Local Councils											
Rural Water Services	12,504.0	12,480.4	99.8%	13,185.2	13,133.2	99.6%	6,537.3	6,524.9	99.8%	12,192.5	
GoSL	824.0	800.4	97.1%	865.2	813.2	94.0%	900.0	887.6	98.6%	917.9	
DDDP	11,680.0	11,680.0	100.0%	12,320.0	12,320.0	100.0%	5,637.3	5,637.3	100.0%	11,274.6	
Social Welfare, Gender & Children Affairs	396.3	367.8	92.8%	480.0	451.2	94.0%	528.0	513.5	97.3%	4,312.6	
GoSL	396.3	367.8		480.0	451.2	94.0%	528.0	513.5		554.4	
DDDP										3,758.2	
Youths, Employment and Sports	303.0	295.4		350.0	329.0		385.0	385.0	100.0%	415.0	
GDP (million Leones)											
Domestic Revenues (million Leones)	7,247,300	7,605,000	104.9%	8,678,000	12,602,000		11,629,550	14,932,000		17,141,422	
Domestic Revenues (million Leones)	1,411,629	1,551,581		1,747,566	2,170,758		2,303,945	2,492,973		2,680,007	
Non-Salary, non-interest recurrent expenditures (million Leones)	483,382	591,627		617,086	671,251		751,415	729,915		660,576	
Total population	5,746,800			5,890,800			6,037,660			6,190,280	
Per capita spending for water	7,929			12,955			11,468			11,726	
in percent of GDP											
Total Youth, Employment and Sports	0.1%			0.3%			0.1%			0.1%	
Total SWGCA	0.0%			0.1%			0.1%			0.1%	
Total Water	0.6%			0.9%			0.6%			0.4%	
in percent of Domestic Revenues											
Total Youth, Employment and Sports	0.4%			1.5%			0.4%			0.4%	
Total SWGCA	0.2%			0.4%			0.3%			0.4%	
Total Water	3.2%			4.4%			3.0%			2.7%	
in percent of non Salary, non-interest recurrent expenditures											
Total Youth, Employment and Sports	1.1%			4.1%			1.3%			1.8%	
Total SWGCA	0.6%			1.1%			0.9%			1.5%	
Total Water	9.4%			12.4%			9.2%			11.0%	

Assistance (for example, the chronically poor, the economically at risk and the socially vulnerable), making effective monitoring and evaluation impossible

There is no coordinated donor support to implementing Social Assistance and where support is given is not documented in government reports.

Policy recommendations

The Budget Advocacy Network believes that the Government should:

Ensure that it implements, and is held to account for, the commitments made on Social Protection in the Agenda for Prosperity (see box)

Government commitments on Social Protection in the Agenda for Prosperity

These are laid out on pages 109-110 of the document and include:

Clarifying and implementing institutional roles and responsibilities

Increasing access to essential social services for the most vulnerable households and groups

Defining and providing basic social protection packages for disadvantaged children, women, girls, the aged, homeless and the disabled

Improving livelihoods of poor and vulnerable households through income and employment generation

Extending social insurance interventions to the informal sector and the physically challenged

Strengthening community resilience

Providing affordable housing

Significantly increase the budget allocation to Social Protection

Designate a single institution as responsible for coordinating Social Protection policies

Improve data gathering to make effective monitoring and evaluation possible



BUDGET ADVOCACY NETWORK

POLICY BRIEF

ON

SOCIAL PROTECTION



The need to increase support for Social Protection

This brief highlights the Government of Sierra Leone's commitments concerning Social Protection, the challenges facing the sector and the Government's budgetary commitments. It ends by making policy recommendations to improve Government Social Protection spending and policy.

The Agenda for Prosperity recognises that 'Sierra Leone is faced with a major development challenge as economic growth over the years has not translated into substantial reduction in poverty, inequality and vulnerability to risks. Poverty, inequality and vulnerability are widespread and multi-dimensional'.¹ For this reason, Social Protection policies are critical, and generally involve providing Social Insurance and Social Assistance to a country's population using three key instruments:

- ❖ welfare instruments which provide relief and sometimes recovery from deprivation
- ❖ risk-insurance instruments which seek to avert deprivation by establishing robust and accessible recovery mechanisms; and
- ❖ resilience-building instruments aiming to enhance incomes and capabilities and to build assets.

Key Social Protection issues in Sierra Leone

Some of the key social protection issues in Sierra Leone are:

- ❖ *Malnutrition.* Serious chronic and acute malnutrition among children remains pervasive, depriving the country of much needed human capital.
- ❖ *Barriers to education.* Girls in Sierra Leone, especially in rural areas, face barriers such as high rates of early marriage, teenage pregnancy, school fees and sexual exploitation. A significant number of children are out of school due to poverty, inadequate facilities, school environments that are not ideal for learning and inadequate parental care. Orphaned children and those not living with their biological parents are at greater risk of missing out on education.
- ❖ *Teenage pregnancy and early marriage.* The high rates of teenage pregnancy and early marriage have had a severe negative effect on the health, education and life opportunities of girls. The proportion of women age 20-24 years who have had a live birth before age 18 is 38%. Some 16 per cent of girls aged 15-19 were married before age 15 in 2010. The persistent problem of early marriage violates child rights and the law, and contributes to the high rate of teenage pregnancy and its associated health and socio-economic problems.

¹Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.104

- ❖ *Abuse of children.* Around 82 percent of children experience some form of violent discipline. Abuse and exploitation of children contributes to some children running away from home, living and working on the streets and thus being unable to access basic services. Research shows that child abuse, violence, neglect and exploitation are rooted in the social norms upheld by communities and economic challenges that families face. Around 22% of children are not living with their biological parents and 13 per cent have at least one parent deceased. Children not living with their parents are more at risk of abuse, violence, neglect and exploitation.
- ❖ *Disability.* Significant numbers of adults and children have physical and mental disabilities in Sierra Leone, but they face inadequate specialized medical care, lack of support for skills development and a lack of opportunity for participation in the economy. Children with disabilities have little educational support, as there are no government schools to cater for their special needs. The few non-state schools that receive government grants are expensive and cannot meet the educational demands of children with disability.³
- ❖ *Family protection services.* Government family protection services, such as chiefdom social workers and the Sierra Leone Police Family Support Unit are ineffective due to limited reach, weak technical and human capacity, and logistical constraints. Many current approaches, laws and guidelines influencing child protection work in Sierra Leone have limited impact in meeting needs. Formalised service provision does not fit the trusted traditional structures and practices and a parallel system is much in evidence. The current system has been unable to holistically address the needs of families and children including the vulnerable. Rural areas especially lack access to appropriate support and services. The system has lacked coordination and leadership. Due to reliance on the donor community, which support is inadequate, the Government has not been able to establish its own long term agenda.

Government policy and budget

Government commitments to uplift the lives of the most vulnerable and poorest are included in the Constitution (article 8), the 2008 African Union Social Protection Framework and the National Social Protection Policy of 2011. Social Protection is also a stand-alone pillar (Pillar 6) in the Government's Agenda for Prosperity, which identifies the chronically poor, the economically at risk and the socially vulnerable as the major categories of people in need of social protection. The National Social Protection Policy calls for strengthening the Social Protection delivery system and to ensure that the poorest and most vulnerable are afforded an equal opportunity to access basic services. The Policy also emphasizes the importance of extended families and the active participation of communities in

³Statistics Sierra Leone (2011). Multiple Indicator Cluster Survey (MICS) 2010. Statistics Sierra Leone, Freetown.

²Ministry of Education, Science and Technology (2011). Annual Education Sector Review 2010. MEST, Freetown.

providing community-based care and support.

Challenges concerning Social Protection

Even the Government recognises that the annual budgetary allocation to Social Protection is very low - less than 1% of GDP.⁴ This is not large enough to address the extent of poverty in the country. Indeed, the Agenda for Prosperity also notes that 'Sierra Leone's social protection service is deeply fragmented and inadequate in terms of coverage and targeting'.⁵ Only certain policies have been extensive, such as free health care and education for the most vulnerable, but implementation is uneven.

Challenges facing Social Protection identified in the Agenda for Prosperity⁶

- ❖ Fragmented and uncoordinated mandates for the delivery of social protection services.
- ❖ Limited budget allocation, and constrained government participant in and ownership of social protection programmed ;weak social service protection interventions
- ❖ High level of school dropout ;large number of street children.
- ❖ High chronic disease level ,malnutrition especially among the poorest.
- ❖ Low participation in social insurance programmes leading to high income vulnerability.
- ❖ Large portion of employment is informal, with workers without retirement security.
- ❖ Lack of social assistance for the physically vulnerable
- ❖ High level of unemployment in vulnerable households
- ❖ High levels of food insecurity which lead to hunger ,poor nutrition and health status and poor school attendance.
- ❖ Social marginalization of the physically challenged.
- ❖ High gender disparity in poverty needs and benefits from social protection interventions
- ❖ Housing policies for direct government provision of housing were unable to meet housing need, had a limited impact and were unsustainable .Consequently the shelter situation deteriorated even further particularly for the poor and most vulnerable groups.

The National Social Protection Policy suffers from a number of problems and gaps:

There is no clearly defined institution responsible for coordinating the design and implementation of Social Protection policies. For example, the two major components of social protection (Social Insurance and Social Assistance) are administered by different ministries (Labour, Youths and Social Welfare).

There is lack of data on the key elements that make up Social

³Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.104

⁴Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.105

⁵Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.107

Table 2: Health and Sanitation allocations, 2010-2012

Indicators	2010			2011			2012			2013	
	Proj	Actual	Variance (%)	Proj	Actual	Variance (%)	Proj	Actual	Variance (%)	Proj	Proj
Total Health Spending	104,431.3	63,085.0		134,647.3	77,700.1		118,365.9	64,291.7		218,379.7	
CG Health and Sanitation Spending	81,412.7	24,784.2		86,726.7	32,396.6		80,168.1	26,093.9		161,002.0	
Recurrent	43,525.7	24,784.2	43.1%	31,924.7	32,396.6	-1.5%	30,199.1	26,093.9	13.6%	38,968.0	
Administrative	3,091.7	3,091.7	0.0%	3,472.5	7,911.1	-127.8%	3,245.1	6,040.9	-86.2%	4,800.0	
Human Resource Management	5,864.2	4,109.9	29.9%	3,501.1	1,659.7	52.6%	3,271.8	1,797.4	45.1%	2,000.0	
Primary Health Care Services	8,033.3	4,438.4	44.7%	3,981.1	1,726.4	56.6%	3,720.3	2,221.0	40.3%	5,190.0	
Reproductive Child Health	0.0	0.0		12,058.1	6,636.3	45.0%	10,947.3	7,052.4	35.6%	16,830.0	
Secondary Health Care Services	9,080.7	1,282.8	85.9%	1,399.5	1,441.9	-3.0%	1,307.8	803.0	38.6%	408.0	
Tertiary Health Care Services	10,886.6	2,021.4	81.4%	1,660.0	0.0	100.0%	1,551.2	673.2	56.6%	420.0	
Directorate of Hospital and Labouratory Support Services	0.0	0.0		956.9	529.6	44.7%	894.2	549.0	38.6%	580.0	
Health Service Commission	6,569.2	9,840.0	-49.8%	4,895.5	12,491.6	-155.2%	4,574.8	6,659.0	-45.6%	8,260.0	
Development	0.0	0.0		0.0	0.0		686.6	298.0	56.6%	480.0	
LCs Health and Sanitation spending	37,887.0	n.a		54,802.0	n.a		49,969.0	n.a		122,034.0	
GoSL	23,018.6	38,300.8	-66.4%	47,920.6	45,303.5	5.5%	38,197.8	38,197.8	0.0%	57,377.7	
DSDP	15,718.6	31,000.8	-97.2%	32,135.6	29,518.5	8.1%	33,500.0	33,500.0	0.0%	34,437.2	
RCHP	7,300.0	7,300.0	0.0%	7,700.0	7,700.0	0.0%	4,697.8	4,697.8	0.0%	9,395.5	
	0.0	0.0		8,085.0	8,085.0		0.0	0.0		13,545.0	
Total Health Spending	21.6%	10.7%		21.8%	11.6%		15.8%	8.8%		33.1%	
GDP (million Leones)	7,247,300	7,605,000		8,678,000	12,602,000		11,629,550	14,932,000		17,141,422	
Domestic Revenues (million Leones)	1,411,629	1,551,581		1,747,566	2,170,758		2,303,845	2,492,973		2,680,007	
Non-Salary, non-interest recurrent expenditures (million Leones)	483,382	591,627		617,086	671,251		751,415	729,915		660,576	
Total Health Spending					in percent of GDP						
CG Health and Sanitation Spending	1.4%	0.8%		1.6%	0.6%		1.0%	0.4%		1.3%	
LCs Health and Sanitation Spending	1.1%	0.3%		1.0%	0.3%		0.7%	0.2%		0.9%	
	0.3%	0.5%		0.6%	0.4%		0.3%	0.3%		0.3%	
Total Health Spending					in percent of Domestic Revenues						
CG Health and Sanitation Spending	7.4%	4.1%		7.7%	3.6%		5.1%	2.6%		8.1%	
LCs Health and Sanitation Spending	5.8%	1.6%		5.0%	1.5%		3.5%	1.0%		6.0%	
	1.6%	2.5%		2.7%	2.1%		1.7%	1.5%		2.1%	
Total Health Spending	21.6%	10.7%		21.8%	11.6%		15.8%	8.8%		33.1%	
CG Health and Sanitation Spending	16.8%	4.2%		14.1%	4.8%		10.7%	3.6%		24.4%	
LCs Health and Sanitation Spending	4.8%	6.5%		7.8%	6.7%		5.1%	5.2%		8.7%	

Source: Annexes in Budget Speeches, 2011, 2012 and 2013

Policy recommendations

The Budget Advocacy Network believes that the Government should:

Ensure that it implements, and is held to account for, the commitments made on health in the Agenda for Prosperity (see box)

Government commitments on health in the Agenda for Prosperity

These are laid out on pages 66-9 of the document and include:

- Reducing high infant, under-five and maternal mortality
- Providing nutrition services
- Strengthening mental health programmes
- Strengthening health services for the physically-challenged
- Accelerating the provision of water and sanitation services
- Preventing and controlling communicable and non-communicable diseases
- Improving human resources for quality health care delivery
- Improving the availability of drugs and medical technology supply
- Strengthening health sector governance for quality health care delivery
- Strengthening health care financing
- Strengthening monitoring and supervision through health care information management
- Strengthening infrastructural development for service delivery
- Ensure the universal provision of essential services
- Finance the health budget adequately and not resort to imposing user-fees
- Establish a comprehensive data/information system, including monitoring health inequity and the social determinants of health, to guide decision-making towards more effective policies, systems and programmes for improved health delivery.
- Give greater priority to early childhood development by developing a comprehensive programme for children, mothers and care givers
- Improved living conditions for urban and rural dwellers by investing in urban slum up grading and rural development
- Establish a comprehensive social security system to include those in precarious work and the large informal sector
- Ensure that there is equitable distribution of health resources across the country, with priority given to under-served areas
- Ensure that there is equal access to good health services regardless of ethnicity, tribe, region, language or religion



BUDGET ADVOCACY NETWORK

POLICY BRIEF ON HEALTH



Improving measures to end Sierra Leone's health crisis

This brief highlights the Government of Sierra Leone's commitments in the health sector, the challenges facing health and the Government's budgetary commitments. It ends by making policy recommendations to improve Government health spending and policy.

As noted in the Agenda for Prosperity, improving the health of the poor, especially women and children, is an investment in economic and social growth and development and a priority for reducing poverty. Research shows that substantially improved health outcomes of a population are a prerequisite for developing countries to break out of the cycle of poverty.

Government commitments on health

The government is committed to providing primary, secondary and tertiary health services, rehabilitating the peripheral health units in rural communities and achieving MDG goals 4 and 5 (reduce child mortality and improve maternal mortality rate) and 6 (combat HIV/AIDS, malaria and other diseases). In the Free Health Care programme, the Government is targeting three categories of vulnerable groups: Pregnant women, lactating mothers and children under five. The Government is also recruiting more medical practitioners and implementing the package for increasing medical practitioners' salaries.

In recent times, African leaders have signalled their increased interest in the health sector, particularly in the control of malaria, HIV/AIDS and tuberculosis, yet many worthy commitments remain unfulfilled. The commitments include:

- ❖ African governments committed to spending at least 15% of the national budgets on health in the World Health Organisation's Abuja Declaration in 2001. They subsequently committed themselves to increasing resources to provide universal access for the treatment of HIV/AIDS, malaria and TB
- ❖ At the 'Roll-back malaria' summit in Abuja, Nigeria in 2000, African Heads of State and Government committed themselves to reduce malaria mortality by 50% by 2010.
- ❖ In 2001 in Bamako, Mali, they committed themselves to reduce maternal and neo-natal mortality by half by 2010
- ❖ In 2005, they declared TB as an emergency
- ❖ In 2006, they committed themselves to a plan of action to promote sexual and reproductive health as rights
- ❖ In 2007, they renewed their commitment to promote African traditional medicines. In the same year, they adopted the Africa

Health Strategy (2007-2015) whose principal aim is to strengthen the health systems and to build up the health workforce.

The state of health in Sierra Leone

Sierra Leone suffers from several deep public health problems, as shown in Table 1. Some 45% of children under 5 are stunted (low height for age) and 1 in 5 are wasted (low weight for age). Moreover, Sierra Leone holds four appalling world records, according to World Bank statistics:

- ❖ It has the lowest life expectancy in the world – 45 years for men and 46 for women
- ❖ It has the worst infant mortality rate in the world, with 1 in 9 children dying before reaching age 1.
- ❖ It has the worst child (under 5) mortality rate in the world, with 1 in 6 children dying before reaching age 5.
- ❖ It has the highest maternal mortality rate in the world, with 1 in 91 women dying in labour.

Table 1: Health statistics

Life expectancy at birth (male)	45 (2012)
Life expectancy at birth (female)	46 (2012)
Malnutrition prevalence (height for age, children under 5)	44.9 (2010)
Malnutrition prevalence (weight for age, children under 5)	21.1 (2010)
Maternal mortality rate (per 100,000 live births)	1,100 (2013)
Mortality rate for infants (per 1,000 live births)	117 (2012)
Mortality rate for age 5 and under (per 1,000 live births)	182 (2012)
Access to improved sanitation ¹	13% (2012)
Births attended by skilled health staff	63% (2010)
Prevalence of HIV/AIDS (age 15-49)	1.5% (2012)

Source: World Bank,
<http://data.worldbank.org/indicator/SE.PRM.TCAQ.ZS/countries/MW-ZF-XM?display=default>

However, there are signs of progress in some indicators:
The maternal mortality has fallen from 1,200 in 2010 to 1,100 in 2012.
The infant mortality rate has fallen from 125 in 2009 to 117 in 2012.
The under 5 mortality rate has fallen from 198 in 2009 to 182 in 2012.

The health sector in Sierra Leone faces numerous challenges, many of which are outlined in the Agenda for Prosperity (see box).

Challenges in the health sector outlined in the Agenda for Prosperity

- The challenges in the health sector are summarized as follow:
- ❖ In-equipped and inadequate health infrastructure nationwide (hospital ,laboratories, diagnostic centres, stores and pharmacies)
 - ❖ Inadequate financing to support and or complement out-of pocket health expenditure.
 - ❖ Unsafe drinking water and poor sanitation
 - ❖ Poor child care giving and dietary practices.
 - ❖ High burden of communicable diseases, especially malaria, ARI, diagnose, TB
 - ❖ Increasing trend of non-communicable diseases, including mental disorder.
 - ❖ Shortage of skilled manpower ,weak recruitment and retention strategy. maldistribution, poor condition of service, lack of social amenities inadequate training.
 - ❖ Weak health sector coordinating and governance.
 - ❖ Weak monitoring and supervision within the health system, from national to District, and from District to PHUs.
 - ❖ Incomplete and untimely availability of data
 - ❖ Frequent stock-out of essential drugs medical consumables.

The budget allocation to health

The Government allocated only 6.8% of the national budget to health in FY 2012 and 7.5% in FY 2013. This is only half way towards the 15% Abuja target. The Agenda for Prosperity states that the Government will 'advocate for the attainment of the Abuja target', which is vague and hardly a commitment to actually reaching it. According to the World Bank, however, Sierra Leone spent \$96 per person on health in 2012, which was higher than in most neighbouring countries such as Ghana (\$83), Nigeria (\$94), Senegal (\$51), Liberia (\$65) and Guinea (\$32).

Health and sanitation expenditure comprise allocations from the central government and local councils and consists of recurrent and development expenditures. Table 2 below shows budgetary allocations to health and sanitation for the period 2010-2012. Health spending was projected to be Le 218 billion in 2013, amounting to 1.3% of GDP. However, there are very large differences between projected and actual spending in recent years. In 2012, for example, health spending was projected to be Le 118 billion but actual spending amounted to only Le 64 billion.

Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.65

World Bank, <http://data.worldbank.org/indicator/SE.PRM.TCAQ.ZS/countries/MW-ZF-XM?display=default>

³improved sanitation facilities include flush/pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet.
⁴Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.66
⁵Government Budget and Statement of Economic and Financial Policies for FY 2012, November 2011, <http://mofed.gov.sl/annualbudgetrep.htm>
⁶Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.68
⁷<http://data.worldbank.org/indicator/SH.XPD.PCAP/countries/MW-ZF-XM?display=default>

states to allocate 20% of the government budget to education.

Education expenditure comprises allocations from the central government and local councils, and consists of recurrent and development expenditure. Table 2 below shows budgetary allocations to education for 2010-2012. In 2013, the education budget was projected at Le 194.4 billion, representing 1.1% of GDP and 7.3% of domestic revenues. Of this, the central government allocation was Le 164 billion and local councils Le 30 billion. The table shows there is often a marked difference between projected and actual expenditures: in 2012, for example, projected expenditure was Le 136.8 billion, but this amounted to Le 163.5 billion in practice. It should be noted that the education *development* budget (as opposed to the recurrent budget) is largely funded by donors.

Table 2: Education sector allocations, 2010-2012 (million leones)

Indicators	2010			2011			2012			2013	
	Proj	Actual	Variance (%)	Proj	Actual	Variance (%)	Proj	Actual	Variance (%)	Proj	Actual
Total Education Spending	141,396.1	101,044.3		127,458.8	113,742.3		136,793.9	163,516.0		194,350.2	
CG Education Spending	100,156.2	66,768.6		86,724.3	79,361.5		100,969.4	127,811.4		164,135.0	
Recurrent	83,515.2	66,768.6	20.1%	76,064.3	79,361.5	-4.3%	84,361.4	127,811.4	-51.5%	136,980.0	
Office of the PS	11,016.7	8,154.3	26.0%	8,016.7	13,745.1	-71.5%	7,491.6	4,652.4	37.9%	6,480.0	
Planning and Development	1,492.2	1,086.8	27.2%	2,242.2	580.7	74.1%	2,095.3	1,029.4	50.9%	820.0	
Pre-primary and primary education	2,310.1	1,136.5	50.8%	2,310.1	942.5	59.2%	2,158.8	1,203.4	44.3%	1,480.0	
Secondary Education	17,309.3	11,910.3	31.2%	15,213.3	11,915.1	21.7%	14,216.8	11,675.3	17.9%	12,210.0	
Tertiary and Teachers Education	47,956.0	41,612.0	13.2%	44,005.0	49,339.4	-12.1%	53,838.0	106,495.0	-97.8%	111,820.0	
Technical Vocational Education	1,327.7	1,110.1	16.4%	1,327.7	152.9	88.5%	1,240.7	685.5	44.7%	1,000.0	
Other education services	2,103.2	1,758.6	16.4%	2,949.3	2,685.8	8.9%	3,320.2	2,070.4	37.6%	3,170.0	
Development	16,641.0	n.a		10,660.0	n.a		16,608.0	n.a		27,155.0	
LCs Education Spending	41,239.9	34,275.7	16.9%	40,734.5	34,380.8	15.6%	35,824.5	35,704.6	0.3%	30,215.2	
GoSL	35,399.9	28,435.7		34,574.5	28,220.8		31,126.7	31,066.8		20,819.7	
Indirect Transfers	30,015.2	23,051.0	23.2%	28,923.3	22,965.2	20.6%	26,298.7	26,178.8	0.5%	15,910.0	
School Fees Subsidy	12,917.5	12,394.8		14,210.0	8,251.9		14,536.7	11,688.7		7,030.0	
Textbooks (Primary and mid Secondary)	8,761.6	2,477.4		4,103.0	4,103.0		3,000.0	3,916.5		2,000.0	
Teaching & Learning Materials (TLM)	3,089.9	1,196.6		2,162.9	2,162.9		1,662.0	1,872.5		1,000.0	
Examination Fees WAEC (NPSE)	3,521.4	2,584.2		3,873.5	3,873.5		2,600.0	2,897.6		2,380.0	
Examination Fees WAEC (BECE)	1,724.8	4,398.0		4,573.9	4,573.9		4,500.0	5,803.5		3,500.0	
Direct Transfers	5,384.7	5,384.7	0.0%	5,651.2	5,255.6	7.0%	4,828.0	4,828.0	0.0%	4,909.7	
DSDP	5,840.0	5,840.0		6,160.0	6,160.0		4,697.8	4,697.8		9,395.5	
GDP (million Leones)	7,247,300	7,605,000		8,678,000	12,602,000		11,629,550	14,932,000		17,141,422	
Domestic Revenues (million Leones)	1,411,629	1,551,581		1,747,566	2,170,758		2,303,845	2,492,973		2,680,007	
Non-Salary, non-interest recurrent expenditures (million Leones)	483,382	591,627		617,086	671,251		751,415	729,915		660,576	
in percent of GDP											
Total Education Spending (in % of GDP)	2.0%	1.3%		1.5%	0.9%		1.2%	1.1%		1.1%	
CG Education Spending	1.4%	0.9%		1.0%	0.6%		0.9%	0.9%		1.0%	
LCs Education Spending	0.6%	0.5%		0.5%	0.3%		0.3%	0.2%		0.2%	
in percent of Domestic Revenues											
Total Education Spending (in % of domestic revenues)	10.0%	6.5%		7.3%	5.2%		5.9%	6.6%		7.3%	
CG Education Spending	7.1%	4.3%		5.0%	3.7%		4.4%	5.1%		6.1%	
LCs Education Spending	2.9%	2.2%		2.3%	1.6%		1.6%	1.4%		1.1%	
in percent of non Salary, non-interest recurrent expenditures											
Total Education Spending (in % of non-salary non interest exp.)	29.3%	17.1%		20.7%	16.9%		18.2%	22.4%		29.4%	
CG Education Spending	20.7%	11.3%		14.1%	11.8%		13.4%	17.5%		24.8%	
LCs Education Spending	8.5%	5.8%		6.6%	5.1%		4.8%	4.9%		4.6%	

Source: Annexes to Budget Speeches, 2009, 2010, 2011, 2012 and 2013

⁵Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.61

⁶*Government Budget and Statement of Economic and Financial Policies for FY 2012*, November 2011, <http://mofed.gov.sl/annualbudgetrep.htm>

Policy Recommendations

The Budget Advocacy Network believes that the Government should:

Ensure that it implements, and is held to account for, the commitments made on education in the Agenda for Prosperity (see box)

Government commitments on education in the Agenda for Prosperity

These are laid out on pages 61-3 of the document and include:

Make education more equitable and accessible
Improve education completion rates, especially for girls
Improve teaching/learning quality of education at all levels
Make student learning more relevant
Ensure adequate school contact hours
Improve education administration
Improve labour market skills
Increase adult literacy
Strengthen the education service delivery system

Increase the education budget considerably to meet the urgent education needs in the country. It should review other budget allocations to ensure sufficient resources are allocated to education rather than to sectors of lower priority.

Better regulate school systems to ensure that “out of pocket” charges are minimised and affordable by the poor.

Support the training of more teachers with an emphasis on female teachers, and establish a teacher service commission to oversee key teaching issues.

Ensure the full implementation of the Education Act 2004 to address the issue of free, compulsory and universal basic education for all.

Strengthen the Information Management System in the education sector, according to the Education Sector Plan.



BUDGET ADVOCACY NETWORK

POLICY BRIEF ON EDUCATION



The need for Sierra Leone to improve education spending and policy

This brief highlights the Government of Sierra Leone's commitments in the education sector, the challenges facing education and the Government's budgetary commitments. It ends by making policy recommendations to improve Government education spending and policy.

Education is vital in itself and for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting good health, human rights and democracy, protecting the environment, and influencing population growth. Low or inadequate education condemns future generations to illiteracy and low human development.

Sierra Leone's commitments

The Government of Sierra Leone has responsibilities towards its citizens to protect and promote human rights. Sierra Leone is a member of the United Nations and has ratified a number of its treaties. The realisation of economic, social and cultural rights is particularly relevant in developing countries such as Sierra Leone, where human development indicators are often poor.

Sierra Leone has made various international, regional and national commitments to education. The Government has, for example, signed up to the Millennium Development Goals, one of which is to 'provide free and compulsory primary education for all' and to the UN's Education for All process, which began in 1990 and which in 2015 reaffirmed the commitment to achieving Education for All by 2015. The Government has also signed the African Charter on the Rights and Welfare of the Child, which calls for all children to be provided with a primary education.

Government policies/laws on education include the 1991 Constitution, the Education Act of 2004, the National Education Policy 2010, the Child Rights Act and the Education Sector Plan. Sierra Leone's Education Act 2004 requires all children to complete basic education - defined as six years of primary school and three years of junior secondary school. The 1991 Constitution of Sierra Leone recognises education as a human right, clearly stating the obligation of the government to provide education for all people in the country. Chapter II, Section 9 sub-section 1 of the 1991 Constitution of Sierra Leone states:

“The Government shall direct its policy towards ensuring that there are equal rights and adequate educational opportunities for all citizens at all levels by ensuring that every citizen is given the opportunity to be educated to the best of his ability, aptitude and inclination by providing educational facilities at all levels and aspects of education such as primary, secondary, vocational, technical, college and university; safeguarding the rights of vulnerable groups,

such as children, women and the disabled in security educational facilities;and providing the necessary structures, finance and supportive facilities for education as and when practicable.”

Education is one of the key tools of pillar 3 of the Agenda for Prosperity, in which the Government envisions free education for every child by 2035. Education is seen by the Government as important to enhancing human development and economic progress in Sierra Leone. The Agenda for Prosperity identifies education as key in light of high unemployment and under-employment, especially among youth and women and because much of the labour force has little training or education.

The state of education in Sierra Leone

Table 1 below provides statistics on the state of education in Sierra Leone. It shows that only 43% of the general population is literate and that there is a big difference between male and female literacy: although 70% of men aged 15-24 are literate, only 52% of women are. The table also shows that, while all children enroll in primary school, only 72% complete it; this figure has, however, risen from 65% in 2009. Furthermore, only 55% of primary school teachers are trained.

Table 1: Education statistics

Literacy rate (age 15 and above)	43% (2011)
Literacy rate (age 15-24, male)	70% (2011)
Literacy rate (age 15-24, female)	52% (2011)
Primary school enrollment (% of total)	100% (2012)
Primary completion rate (all)	72% (2012)
Primary completion rate (female)	71% (2012)
Primary completion rate (male)	74% (2012)
Trained teachers in primary education (% of total)	55% (2012)

Source: World Bank, <http://data.worldbank.org/indicator/SE.PRM.PRSL.FE.ZS/countries/MW-ZF-XM?display=default>

The official figures are that all children in Sierra Leone are enrolled in primary school.

However, the Agenda for Prosperity notes that 'many children who should be in school do not have access or are not enrolled' and that 'many other access school much later than the official age of 6'.

Sierra Leone's educational system focuses more on enrolment than the acquisition of knowledge, skills and attitudes to enhance high learning outcomes. Most teachers fail to complete syllabuses at all levels, which explains the high proportion who lack qualifications. In addition, the education sector suffers from inadequate learning materials to enhance in-school and out-of-school learning. These problems are largely due to lack of government implementation of its education commitments and the lackadaisical attitude of education institutions in ensuring that every Sierra Leonean has a good schooling.

There are also high out-of-pocket payments for schooling. The Government provides free primary education but evidence abounds in various research and testimonies from victims that large charges are levied for “school functions”, imposing major cost burdens on the poor. This is despite Government regulation of school management committees to determine the manner of prescribing extra charges for school functions. Huge leakages in the education sector are an additional negative factor, as shown in recent Public Expenditure Tracking System reports.

The Ministry of Education, Youth and Sports displays a lukewarm attitude in dealing with the leakages in the sector and provides inefficient supervision of schools. There is also weak oversight from the Parliamentary Education Committee and Local Councils. Community ownership and participation in education service delivery is also key in determining the manner and quality of education service.

The low quality of education compounds the problem of lack of adequate skills in the workplace and the extent of informal employment, which remains pre-dominant. Education and training, along with small-enterprise development and access to credit, are key in raising Sierra Leone's labour productivity. Barriers to the education of girls are a particular problem that not only undermines rights but also holds back the country's economic progress. Low levels of literacy and the poor quality of education are at the root of Sierra Leone's poor human development performance – in 2012, Sierra Leone was ranked 177 out of 186 countries.

Challenges to education identified in the Agenda for Prosperity

- The education sector service challenges to the needs of society and the labor market despite the gains make in recent years:
- ❖ A high number of out-of-school children of primary school age, and low access to the secondary level ,especially by girls(the high primary gross intake and enrolment rate hide these out of school children, since they include under –and over age children)
 - ❖ 40% of children start grade one age 7 or above.
 - ❖ High repetition rates
 - ❖ Low completion rates especially for girls
 - ❖ Low quality education at all level
 - ❖ Inadequate education infrastructure to effectively and efficiently deliver education
 - ❖ Instructional hour low and not used efficiently.
 - ❖ Mismatch between skills supply and labour –market demands (mining,agriculture,ect)
 - ❖ High illiteracy rate among youths and adults.
 - ❖ Lack of government and management capacity for education service delivery.

The budgetary allocation to education

The Government allocated 8.0% of the national budget to education in FY 2012 and 8.1% in FY 2013. This is a third of the amount allocated to the roads sector and not half way towards the Education for All call for

¹<http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-all/the-efa-movement/>

²1991 Constitution p.9

³Government of Sierra Leone, *The Agenda for Prosperity, 2013-2018*, p.60

⁴<http://hdr.undp.org/en/data>