



Policy Goals

Status

1. Establishing an Enabling Environment

The Child Rights Act 2007 adheres to the United Nations Convention on the Rights of Children. Efforts to improve legislation to promote the health and nutrition of women and young children and to ensure children receive preprimary education are ongoing. Coordination is low between sectors, and the level of financial investment in ECD is insufficient. The draft national ECD strategy aims to improve finance and coordination.



2. Implementing Widely

The scope of ECD programs addresses all beneficiaries. Coverage and quality, however, remain inadequate. High inequity in access by socioeconomic status and between rural and urban locations persists. Targeted interventions are required to reach the most underserved children.



3. Monitoring and Assuring Quality

Coverage of household survey data, such as from MICS and DHS, is national and includes some indicators on child development outcomes. However administrative data are sparse. Service delivery and infrastructure standards and compliance mechanisms for ECD provision are not developed in Sierra Leone.



This report presents an analysis of the Early Childhood Development (ECD) programs and policies which affect young children in Sierra Leone. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework.¹ The Country Report includes analysis of early learning, health, nutrition and social and child protection policies and interventions in Sierra Leone, along with regional and international comparisons.

Sierra Leone and Early Childhood Development

Sierra Leone is home to approximately 5.5 million people, of which 1.1 million are below the age of 14. The civil war, which lasted from 1991 to 2001, destroyed much of the country's infrastructure, displaced a generation of youth, and dismantled the provision of social services. Since this period, the country has reestablished aspects of the social system, including provision of ECD services. Although infant and child mortality rates have been reduced significantly during the last decade, these rates remain very high by international standards. The Child Rights Act (2007) is an important achievement towards developing an effective legal framework for ECD, yet substantial gaps remain. Access to essential ECD interventions is low, and too many children are not captured within the formal education system. The Government of Sierra Leone (GoSL) has developed a draft ECD policy that, if adopted, has the potential to substantially increase cohesion amongst ECD stakeholders and promote holistic ECD.

SABER – Early Childhood Development

SABER – ECD collects, analyzes and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children's development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

¹SABER-ECD is one domain within the World Bank initiative, Systems Approach to Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

²Link to UNICEF Country Statistics for Sierra Leone: http://www.unicef.org/infobycountry/sierraleone_statistics.html

Snapshot of ECD Indicators in Sierra Leone with Regional Comparisons	Sierra Leone	Ghana	Kenya	Liberia	Mali
Infant Mortality (deaths per 1,000 live births), 2010	114	50	55	74	99
Under-5 Mortality (deaths per 1,000 live births), 2010	174	74	85	103	178
Moderate and Severe Stunting (below 5), 2006-2010	36%	28%	35%	42%	38%
Birth registration 2000-2010	51%	74%	60%	4%	81%

Source: UNICEF Country Statistics, 2010²

Box 1: A checklist to consider how well ECD is promoted at the country level**What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?****Health care**

- Standard health screenings for pregnant women
- Skilled attendants at delivery
- Childhood immunizations
- Well-child visits

Nutrition

- Breastfeeding promotion
- Salt iodization
- Iron fortification

Early Learning

- Parenting programs (during pregnancy, after delivery and throughout early childhood)
- Childcare for working parents (of high quality)
- Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)

Social Protection

- Services for orphans and vulnerable children
- Policies to protect rights of children with special needs and promote their participation and access to ECD services
- Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc)

Child Protection

- Mandated birth registration
- Job protection and breastfeeding breaks for new mothers
- Specific provisions in judicial system for young children
- Guaranteed paid parental leave of least six months
- Domestic violence laws and enforcement
- Tracking of child abuse (especially for young children)
- Training for law enforcement officers in regards to the particular needs of young children

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment, Implementing Widely and Monitoring and Assuring Quality*. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers are identified, through which

decision-makers can strengthen ECD.³

Strengthening ECD policies can be viewed as a continuum; as described in Table 1, countries can range from a latent to advanced level of development within the different policy levers and goals.

³These policy goals were identified based on evidence from impact evaluations, institutional analyses and a benchmarking exercise of top-performing systems. For further information see “Investing Early: What Policies Matter” (World Bank, forthcoming).

Figure 1: Three core ECD policy goals

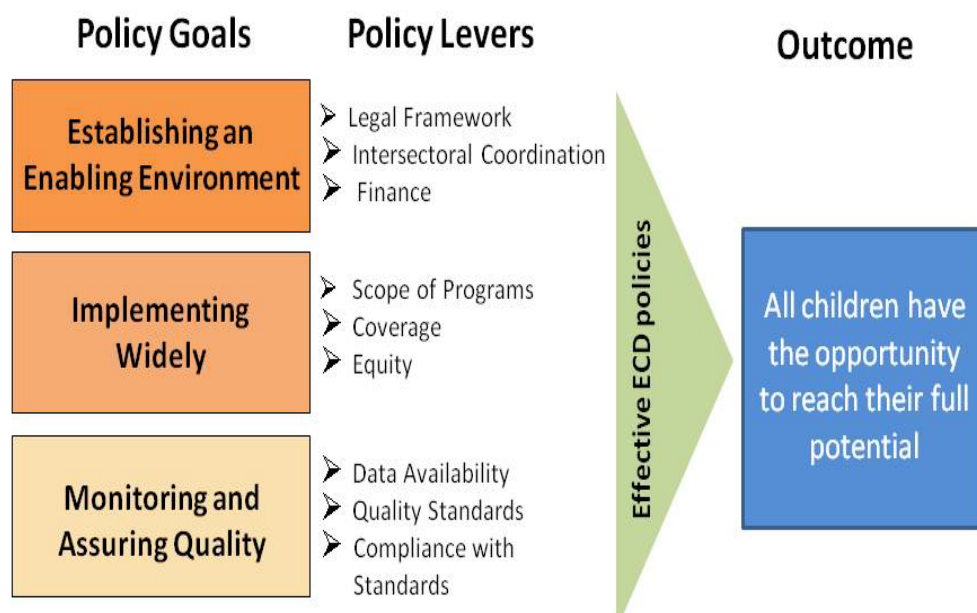


Table 1: ECD policy goals and levels of development

ECD Policy Goal	Level of Development			
	Latent ● ○ ○ ○	Emerging ● ● ○ ○	Established ● ● ● ○	Advanced ● ● ● ●
Establishing an Enabling Environment	Non-existent legal framework; ad-hoc financing; low inter-sectoral coordination.	Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination.	Regulations in some sectors; functioning inter-sectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Policy Goal 1: Establishing an Enabling Environment

➤ Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An *Enabling Environment* is the foundation for the design and implementation of effective ECD policies.⁴ An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework



The legal framework comprises all of the laws and regulations which can affect the development of young children in a country. The laws and regulations which impact ECD are diverse due to the array of sectors which influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.

National laws and regulations are being developed to promote appropriate dietary consumption for pregnant women and young children. The National Policy on Iodized Salt Consumption (drafted in 2011) aims to make salt iodization mandatory, and is currently awaiting approval by Cabinet. Sierra Leone is presently developing a policy to mandate iron fortification of food staples such as wheat, maize, and rice. The policy will complement and reinforce the National Food Fortification Alliance, which is a group that works closely with the industry and food-importing agencies to assess standards and regulations for imported and domestically produced foods. According to the 2007 UNICEF report, “Protecting Breastfeeding in West and Central Africa,” Sierra Leone is one of five countries that have drafted a policy based on the International Code for Breast Milk Substitutes, an international resolution intended to serve as a minimum requirement for all countries to protect infants and young children. The policy is still awaiting Government approval.

National laws and regulations are being developed to promote early learning.

Preprimary education is the responsibility of the Ministry of Education, Science and Technology (MoEST). Currently, there are no laws or regulations that guarantee free preprimary education for young children. According to two newly drafted proposals, the Government White Paper on the Gbamanja Commission of Enquiry Report 2010 and the draft National Education Policy (2010), the GoSL is proposing implementing three years of compulsory preprimary school for children aged 3 to 5. Primary schools commences at age 6. Implementing three years of compulsory preprimary school is extremely costly and would also strain existing capacities such as classroom space and numbers of teachers. The state of preprimary school in Sierra Leone is discussed in more detail in Policy Goal 2 of this Country Report.

National laws mandate some provision of healthcare for pregnant women and young children. The Ministry of Health and Sanitation (MoHS) is tasked with providing healthcare for pregnant women and young children. The Child Health Expanded Program on Immunization requires all children to receive a complete course of childhood immunizations⁵. Vaccines to prevent Mumps, Rubella, and meningitis are to be introduced in the next phase of the program. According to the MoHS’s Free Healthcare Services for Pregnant and Lactating Women and Young Children in Sierra Leone document, children are required to have well-child visits; however no policy or regulation guarantees children free access to well-child visits.

The MoHS offers voluntary health screening for HIV and STDs to pregnant women who attend antenatal clinics or who are referred. If a pregnant women is HIV positive, she is put on antiretroviral (ARVs) to prevent mother-to-child transmission prior to, during, and post birth. In the first three months of 2012, 40,063 pregnant women were tested, and 652 were diagnosed as HIV positive and provided with free medication (representing 1.2 percent of pregnant women tested during this time period).

⁵ EPI complete course of immunizations targets the following vaccine preventable diseases: tuberculosis; diphtheria; pertussis; tetanus; poliomyelitis; measles; hepatitis B; Haemophilus influenza type b; and yellow fever.

⁴Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005

Table 2: Regional comparison of parental leave policies

Sierra Leone	Ethiopia	Ghana	Liberia	Mali
84 days paid maternity leave at 100% salary for women; no leave for fathers.	90 days paid maternity leave at 100% salary for women; two weeks of paternity leave for fathers.	84 days paid maternity leave at 100% salary for women; no leave for fathers.	90 days paid maternity leave at 100% salary for women; no leave for fathers.	98 days paid maternity leave at 100% salary for women; 3 days at 100% salary for fathers.

Source: World Bank's Women, Business and the Law database, 2012

National laws and regulations promote opportunities for parents and caregivers to provide care to newborns and infants during their first year of life but do not offer pregnant women and new mothers necessary protection and benefits.

According to Article 14 of the Services Trade Group Collective Agreement of December 14th, 2010, women formally employed in either the public or private sector are entitled to 84 days of maternity leave, paid at 100 percent of salary. In practice, given the high levels of employment within the informal sector in Sierra Leone, many women do not benefit from paid maternity leave. According to the World Bank's Women, Business and the Law database, Sierra Leone has not developed and implemented legislation in accordance with the ILO Maternity Protection Convention. Employers are not required to guarantee the same position when the employee returns from maternity leave, nor is there a policy to prevent the dismissal of pregnant women. Furthermore, employers are not required to provide break time or suitable facilities for nursing mothers. Table 2 compares parental leave policies in Sierra Leone with Ethiopia, Ghana, Liberia, and Mali.

Social and child protection policies and services are established in Sierra Leone. The Ministry of Social Welfare, Gender and Children's Affairs (MoSWGCA) is responsible for child and social protection issues. The Child Rights Act 2007 outlines the rights of a child, including the requirement for children to be registered at birth.

The national judicial system has taken specific measures to protect young children. Judges and lawyers are trained on matters that pertain to young children, and specific juvenile courts cover matters related to ECD aged children. Law enforcement officers receive training on the Child Rights Act, the Gender Act, and Age Assessment Guidelines, and the Family Support Unit is tasked to respond to child protection issues. Lastly, the MoSWGCA created the Children's Forum Network, an

effort to unite organizations that advocate for the rights of children.

The Commission for Disability advocates for the rights of people with physical and mental disabilities. According to the Disability Act 2010, ECD services to people with disabilities are primarily provided through the MoEST and MoHS and by non-government and community-based organizations. Data are insufficient to examine the level of access to ECD services for people with disabilities. The Alternative Care Policy provides ECD services to orphans and vulnerable children and (extends through a child's life until the age of 17).

**Policy Lever 1.2:
Intersectoral Coordination**



Development in early childhood is a multi-dimensional process⁶. In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

The draft National Policy for Intersectoral ECD (NPIECD) in Sierra Leone has not been implemented.

The draft National Policy for Intersectoral ECD in Sierra Leone was developed in 2010. The numerous ministries, organizations, and agencies involved include: MoEST; MoHS; MoSWGCA; Ministry of Finance and Economic

⁶ Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007

Development; National Commission for Democracy; UNESCO; CARITAS; Sierra Leone Broadcasting Service; Civil Society; The First Lady's Initiative; Mothers Union; Sierra Leone Teachers Union; the Family Support Unit; Ministry of Internal Affairs, Local Government, and Rural Development; Port Loko Teachers College; Eastern Polytechnic; Northern Polytechnic; Milton Margai College of Education and Technology; National Curriculum Development and Research Centre; Ministry of Agriculture, Forestry, and Food Security; Ministry of Lands, Housing and Environment; Children's Learning Services; and Standard Times newspaper.

Noticeably absent from this group were international development partners and some local and national NGOs. The primary objectives of the policy are to develop guidelines for ECD, assign responsibilities for state and non-state actors, and establish mechanisms for coordination, monitoring, and quality assurance of ECD services in Sierra Leone.

The draft NPIECD aims to establish an institutional anchor to champion ECD and a national coordinating committee. The institutional anchor has not yet been determined, and the national coordinating committee will include representatives from each of the relevant Ministries – Education, Health and Sanitation, Social Welfare, Gender and Children's Affairs, Finance and Economic Development, Agriculture, Justice, Internal Affairs, Rural Development and Local Government, Housing and the Environment, Nursery Schools Association – as well as the Family Support Unit of the Sierra Leone Police, civil society organizations, donor agencies and development partners, and the private sector. At the subnational and local level, the policy envisions three bodies that focus on implementing and coordinating the NPIECD mandate: District Coordinating Committee, Local Government Committee, and Community ECD Committee.

The NPIECD sets forth an ambitious set of goals pertaining to intervention coverage levels and quality. A snapshot of the goals to be achieved by 2015 includes:

- Ensure the provision of 70 percent of public primary schools with three preprimary classrooms;
- Raise parents' awareness with the aim to ensure all children aged 3 years have access to ECD programs;
- Ensure all maternal hospitals and clinics are baby friendly; and 80 percent of babies are exclusively breastfed until six months of age;

- Educate 90 percent of pregnant women and lactating mothers of the importance of adequate and balanced diet; and inform them about the optimal feeding practices for infants and young children.

Although the NPIECD aims to achieve high intersectoral synergies, it is important to note that the policy was not designed in a participatory manner. Reports indicate that some important stakeholders, such as development partners, have not reviewed or contributed to the policy. Furthermore, it is unclear to what extent some critical government stakeholders contributed and whether Government is willing to pass the draft policy.

There are currently no mechanisms to promote coordination between state and non-state stakeholders. If passed, the draft NPIECD will create a national network of non-state organizations to improve communication and cohesion amongst stakeholders. Currently, coordination within sectors is limited to the sector specific donor groups.

Policy Lever 1.3: Finance



While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits⁷. Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

⁷ Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003.

There is no defined process for ECD financial allocations in any sector; no sector disaggregates spending by ECD aged children and pregnant women.

Each of the involved Ministries is tasked with financing their respective interventions. However none of the Ministries have specific criteria to determine financial allocations for the provision of ECD services, nor is there coordination across sectors to ensure the timeliness and sufficiency of ECD investments. The education and social and child protection sectors cannot accurately report public expenditures for ECD aged children. According to the MoHS report entitled “Free healthcare for pregnant and lactating women and young children in Sierra Leone”, the Government spent USD 91,000,000 (SLL 395,841,489,407) in 2010 on this group.

According to policy, financial allocation for ECD services is equitably distributed across various segments of society, however high private costs are a barrier to access. A large portion of preprimary schools are privately operated and charge fees. Typically the fee covers tuition, matriculation, uniforms, and other school necessities. Under the revamped education system, which is discussed in detail in Policy Lever 2.2, the objective is to provide preprimary education free of

charge to all, however no timetable on when this will be achieved exists. As already mentioned in this Country Report, the Government’s proposal is quite costly and therefore infeasible.

According to policy, health, nutrition, and social and child protection services are provided free of charge to ECD aged children and pregnant women. The list of health services includes: labor and delivery, immunizations, provision of insecticide-treated bed net, well-child visits, treatment to prevent mother-to-child transmission of HIV/AIDS, tuberculosis treatment, diarrhea treatment, malaria treatment, and contraceptives.

Presented in Table 3, data from the World Health Organization Global Health Expenditure Database show that, although policy stipulates free provision, in practice there is a high level of out of pocket expenditures⁸. Next to Mali, Sierra Leone’s level of out of pocket expenditure (79 percent) is the highest amongst the regional comparison countries.

Table 3: Regional comparison of health expenditure indicators

	Sierra Leone	Ethiopia	Kenya	Liberia	Mali
Out of pocket expenditure as percentage of all private health expenditure	90%	80%	77%	52%	99%
Out of pocket expenditure as percentage of total health expenditures	79%	37%	43%	35%	53%
General government expenditure on health as a percentage of GDP	13%	5%	5%	12%	5%
Percentage of routine EPI vaccines financed by government	No data	5%	48%	6%	20%

Source: WHO Global Health Expenditure Database, 2010; UNICEF Country Statistics, 2010 (EPI vaccines)

⁸ Out of pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups.

Table 4: Regional comparison of salaries for preprimary teachers compared with GNI per capita

	Salary range for ECD professionals	GNI per capita (adjusted for purchasing power parity, 2011)
Sierra Leone	USD 108 to USD 200 per month	USD 850 per year
Liberia	USD 155 to USD 485 per month	USD 520 per year
Tanzania	USD 139 to USD 413 per month	USD 1510 per year

Source: Nursery schools association (Sierra Leone); Section 2 of Budget Law (Liberia); and Ministry of Education (Tanzania).

Data are insufficient to evaluate the adequacy of ECD finance to meet the needs of the population. The GoSL does not disaggregate spending by preprimary level, and therefore official figures are not available for the percentage of the annual education budget that is allocated towards preprimary education. However, a forthcoming UNICEF sponsored study estimates that recurrent spending on preprimary education is equivalent to 1.5 percent of Government expenditures in the education sector.

Presented in Table 3, data are not available on the percentage of routine EPI vaccines that are financed by GoSL. The portion of vaccines financed by government can indicate correlation with the program's sustainability. Of the regional countries presented, Kenya finances 48 percent of routine EPI vaccines, while other countries are all below 20 percent.

The official levels of remuneration for ECD service providers are adequate compared with gross national income per capita, however they apply only to teachers in the public system. Table 4 presents preprimary teacher salaries for Sierra Leone, Liberia, and Tanzania. According to policy, preprimary teachers earn between USD 108 and USD 200 per month in Sierra Leone. However a forthcoming UNICEF studies estimates this figure to be USD 93 per month. Although this level of payment exceeds GNI per capita, there are two important points to note. First, potential earning in Sierra Leone is well below the upper limit in both Liberia and Tanzania. Second, because a large portion of preprimary schools are not accredited, the remuneration guidelines only pertain to a portion of teachers. Those working in non-accredited preprimary schools and centers may be paid less.

promote appropriate dietary consumption by pregnant women and young children. The GoSL should act promptly to approve, implement, and enforce policies that pertain to salt iodization, food fortification, and the International Code of Marketing of Breast Milk Substitutes – all of which could substantially improve children's nutrition in their early years and impact lifelong development and potential. The GoSL should also fully examine the factors involved in mandating three years of preprimary school, and potentially consider a phased approach to achieve universal coverage for 5 year olds prior to addressing younger years.

- **Intersectoral Coordination** – The GoSL should revive efforts to develop the NPIECD. The policy should articulate the responsibilities of each ministry and the services provided to children and key beneficiary groups. The policy should include a set of goals and objectives and associated timeframe to achieve them, as well as the development of a costed implementation plan. It will be important to identify an institutional anchor to develop accountability and credibility. Box 2 provides insight and relevant lessons from Liberia.
- **Finance** – Financial data are not disaggregated by ECD provision or age of the child and therefore it is not possible to assess the adequacy of investment in any of the sectors. As a first step, the GoSL could develop a framework to capture spending by age and type of investment. Second, substantial, consistent financing will be required in all sectors to achieve universal, holistic coverage for all children. This is particularly true in education. Next year UNICEF will support development of a costed model for ECD.

Policy Options to Strengthen the Enabling Environment for ECD in Sierra Leone

- **Legal framework** – Significant strides have been taken to develop national laws and regulations that

Box 2. Relevant lessons from Liberia: Designing a Multisectoral Approach to ECD

Summary: Similar to Sierra Leone, historically Liberia has had a sectoral approach to ECD. Each of the respective ministries was tasked with administering services within their domain, with little coordination across sectors. In 2011, the Government of Liberia created the Bureau for Early Childhood Education, which is situated within the Ministry of Education and is the institutional anchor for ECD. In April 2012, the National Intersectoral Policy on ECD was formally launched. The policy aims to enhance coordination and cohesion amongst the ECD actors by clearly outlining the responsibilities of each sector and each level of government with respect to holistic child development. The policy also highlights the primary non-government actors and lists their responsibilities. The policy sets forth a set of goals pertaining to intervention coverage levels and quality, and the design of an integrated ECD system.

Key considerations for Sierra Leone:

- ✓ Selection of institutional anchor for ECD.
- ✓ Identify large service delivery gaps, possible economies of scale, and opportunities for synergies between ECD stakeholders.
- ✓ Incorporate non-government stakeholders into the process.
- ✓ Developing a cost implementation plan to accompany draft NPIECD.

Policy Goal 2: Implementing Widely

➤ **Policy Levers: Scope of Programs • Coverage • Equity**

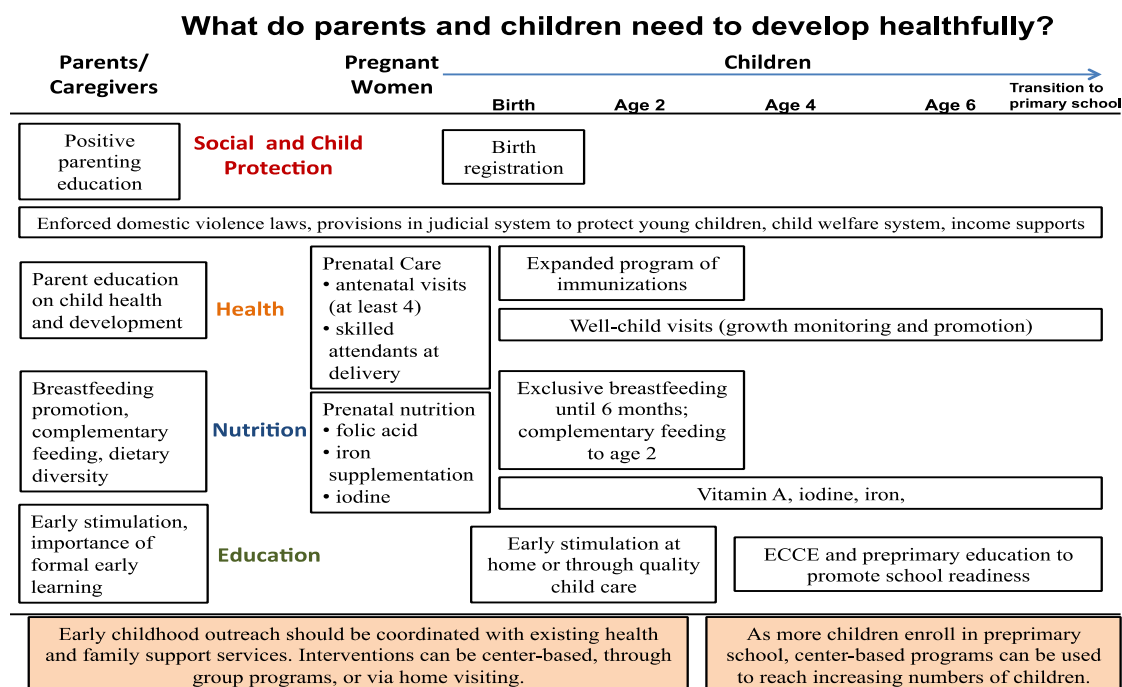
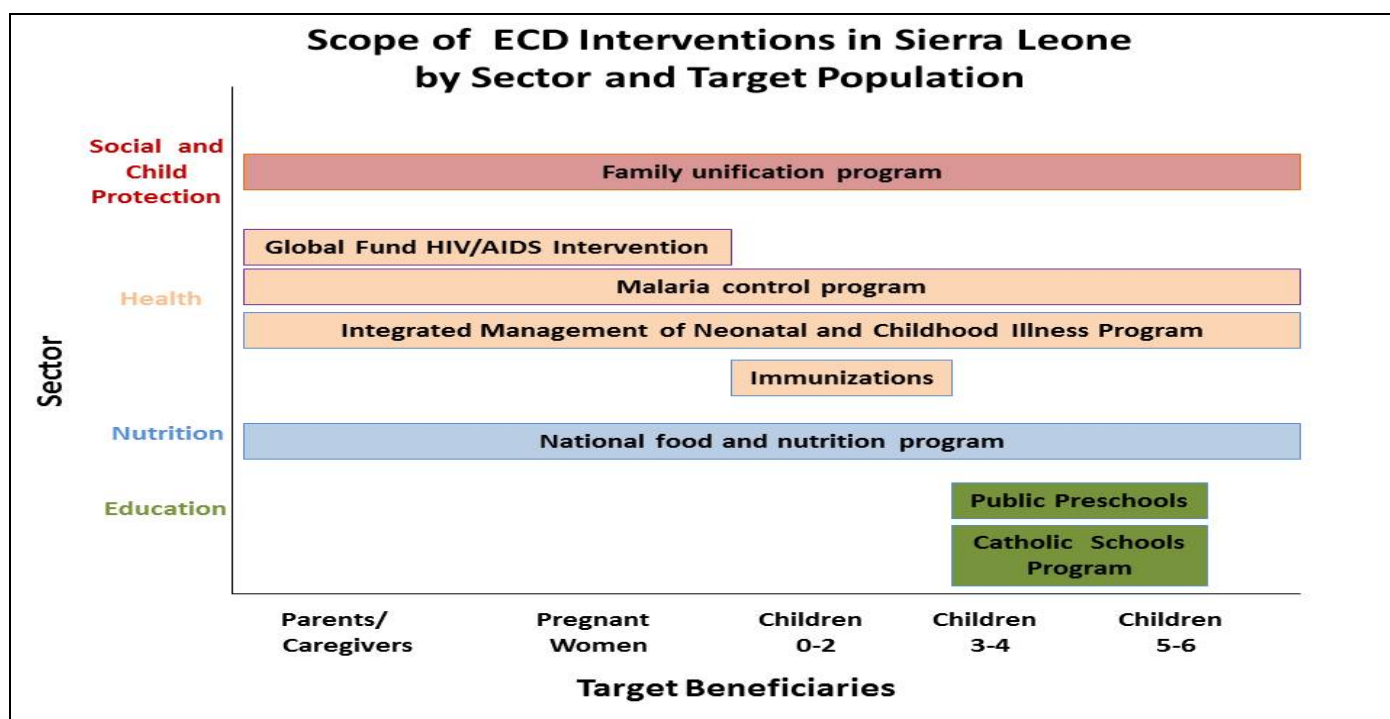
Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should include programs in all essential sectors; provide comparable coverage and equitable access across regions and socioeconomic status – especially reaching the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs

Established



Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 2 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 2: Essential interventions during different periods of young children's development**Figure 3: Scope of ECD interventions in Sierra Leone by sector and target population**

ECD programs are established in each of the core areas of focus: education, health, nutrition, and social and child protection; coverage is inadequate overall. Sierra Leone has programs that target the main ECD groups of beneficiaries – children aged 0 to 83 months, pregnant mothers, and caregivers. As presented in Figure 3, interventions targeting social and child protection are limited. There are a range of health interventions that target all beneficiary groups.

The presence of war can have a devastating impact on a country's physical infrastructure, service delivery system, and human psyche. Often children do not receive the adequate nutrition and health services, early stimulation, care and protection required to fully develop. In the aftermath of war, it is essential to focus on ECD aged children, while also providing support mechanisms for older children who did not receive adequate support and services in their early years. Box 3 presents the example of Angola and discusses specific features and approaches to support children in conflict and post-conflict situations.

Local and international agencies, NGOs, and civil society groups play an important role in ECD in Sierra Leone. These stakeholders, some of whom are identified in the draft NPIECD, engage in various activities, including: operate and deliver ECD activities, provide technical assistance to other ECD stakeholders, finance initiatives, and conduct monitoring and evaluation of ECD interventions. As discussed in Policy Lever 1.2, significant efforts are required to improve coordination between government and non-government stakeholders.

Some of the organizations with a large ECD presence in Sierra Leone include UNICEF, Plan International Sierra Leone, United Kingdom's Department for International Development, the Open Society Initiative, and the World Food Programme (WFP). UNICEF is a strong advocate for ECD and operates several interventions, including health and hygiene activities at the district level, (school sanitation and hygiene education (SSHE) and school-led total sanitation (SLTS) activities). Plan International Sierra Leone also has ECCE centers and works in child advocacy. The Open Society Initiative has the OSI for West Africa, and the World Food Programme provides food assistance to protect mothers and children at risk of malnutrition.

While Figure 3 displays some of the interventions in Sierra Leone, it does not depict coverage levels. Table 5 presents the range of interventions in Sierra Leone, number of regions in which they operate, and level of coverage. Complete data are not available for some interventions. Although many interventions exist, coverage is low and data poor.

Select health and nutrition interventions have achieved near universal coverage. For most other interventions, coverage is moderate or low. A significant challenge is the lack of data collected by the GoSL. For instance, the MoHS operates childhood wellness and growth monitoring through their health centers, but data are not available. Therefore it is not possible to compute how many children are not accessing well-child visits, nor is it possible to evaluate the effectiveness of the investment and service delivery methods. Other interventions that do not have data include: interventions for children with special needs, advocacy interventions for children with special needs, as well as select education, health and nutrition interventions. No conditional cash transfer interventions exist in Sierra Leone and could be considered as a way to incentivize families to access ECD services, such as preprimary school.

Box 3: Example from Angola: Supporting young children in conflict and post-conflict situations

War and the period afterwards pose enormous challenges to ECD. Children and parents are subject to armed conflict, sexual and gender-based violence, land mines, and displacement. Physical infrastructure is often destroyed, and children and parents do not have access to proper ECD facilities and interventions. Angola is a country that has experienced internal conflict and war. In 2002, at the end of the war, one-third of Angolans (3.5 million people) were displaced, and half of this population was below the age of 12. The country's social infrastructure was destroyed, creating a lost generation of children who grew up in the most difficult situations. Furthermore, parents, who are often overwhelmed by their war experience, lack the skills and resources to be effective caregivers and guardians. To tackle these immense challenges, the Christian Children's Fund (CCF) in Angola developed an effective program model that has four critical pillars.

- 1) Ecological approach: to support young children, it is necessary to support their caregivers. Ecological approaches highlight social influences, such as family, friends, and community as important factors for achieving holistic child development. CCF Angola conducts community workshops for adults, offering space for reflection about the past, present, and future.
- 2) Community mobilization: often in a conflict or post-conflict environment the initial response is to adopt a service delivery model so that materials can be distributed as quickly as possible. Although the deliverables are important, the approach can undermine parents' role as caregivers and create dependency. Well-planned, participatory approaches engage the community and establishes a framework for sustainable ECD programming.
- 3) Program integration: as discussed in Policy Lever 1.2, holistic ECD requires effective coordination across all sectors. CCF Angola uses an integrative strategy of building psychosocial and protection supports for children in each sector. As a result, the program does not target specific beneficiary groups, but rather aims to address the entire eligible population, which makes the support of young children one element in a wider system of supports for all children.
- 4) Culturally grounded approach: the CCF Angola incorporates local beliefs and practices with international best practices to ensure programming is relevant and acceptable to the population.

Key Lessons for Sierra Leone:

- ✓ Integrated framework that engages all sectors and stakeholders and incorporates cultural and local practices.
- ✓ Supports parents with a particular emphasis on emotional healing in post-crisis period.

Table 5: ECD programs and coverage in Sierra Leone

ECD Intervention	Scale		
	Pilot programs	Number of Regions covered (out of 4)	Level of coverage
EDUCATION (stimulation and early learning)			
Government-provided early childhood care and education		4	Low
Privately-provided for profit early childhood care and education		4	Low
Privately-provided not-for-profit early childhood care and education		4	Low
Community-based early childhood care and education		4	Low
Capacity building for early childhood care and education	No data		
HEALTH			
Prenatal healthcare		4	Moderate
Labor and delivery		4	Moderate
Comprehensive immunizations for infants		4	Universal
Childhood wellness and growth monitoring	No data		
Capacity building intervention on quality of child health services	No data		
Maternal depression screening or services	No data		
NUTRITION			
Micronutrient support for pregnant women		4	Universal
Food supplements for pregnant women	No data		
Micronutrient support for young children		4	Universal
Food supplements for young children	No data		
Food fortification	No data		
Breastfeeding promotion programs		4	Low
Anti-obesity programs encouraging healthy eating/exercise	No intervention		
Feeding programs in preprimary schools		4	Low
PARENTING			
Parenting integrated into health/community programs	No data		
Home visiting programs to provide parenting messages	No data		
ANTI-POVERTY			
Cash transfers conditional on ECD services or enrollment	No intervention		
SOCIAL AND CHILD PROTECTION			
Programs for OVCs		4	Low
Interventions for children with special needs	No data		
Advocacy and capacity building intervention for provision of care to children with special needs	No data		
MULTISECTORAL OR COMPREHENSIVE			
A comprehensive system that tracks individual children’s needs and intervenes, as necessary	No intervention		

Source: SABER-ECD Policy Data Collection Instrument and SABER-ECD Program Data Collection Instrument

*Note: Nearly universal coverage signifies coverage rates above 95 percent

Policy Lever 2.2: Coverage



A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably – especially the most disadvantaged young children – so that every child and expecting mother have guaranteed access to essential ECD services.

Currently, only 14 percent of children aged 3 to 5 years attend preprimary programs in Sierra Leone. The Early Childhood Care and Education system is embarking upon a period of transformation. The current system largely consists of private provision. Presented in Table 6, as of the 2010/2011 academic school year, there were a total of 644 preprimary schools reported. Of these, 40 percent operate privately, and 39 percent are mission schools. Community based centers account for

13 percent of schools, and only 7 percent of schools are publicly operated. The discussion in Policy Lever 3.3 details that many schools are not approved by the GoSL.

The draft National Education Policy 2010 mandates a new structure for the education sector. The main changes to the existing system entail: the inclusion of compulsory preprimary school (also referred to as preschool) for children aged 3 to 5 and the extension by one year of secondary level education. The motivating factor behind these changes is to improve the learning outcomes of children and youth, starting at a young age. Under the new format, the proposal is to establish preprimary school for a duration of 3 years and would be situated on the same location as primary schools.

Table 6: Number of preprimary schools by region and proprietor / owner (2010/2011)

Region	GOSL	Private	Community	Missions	Other Agencies	All
East	11	26	20	51	2	110
North	17	16	11	44	2	90
South	6	30	7	54	3	100
West	9	185	43	105	2	344
National	43	257	81	254	9	644
(% of national)	7%	40%	13%	39%	1%	

Source: MoEST 2010/2011 School Census Report

The new framework set forth in the draft National Education Policy 2010 is very ambitious and lists a set of key areas to achieve universal, high quality preprimary school for 3 years for all children. These include the following:

- prioritize access for children from disadvantaged backgrounds and children with special needs;
- support and articulate training for preprimary teachers;
- establish minimum operating standards for all providers of preprimary education;
- monitor preprimary schools for adherence to the standards;
- support feeding programs for preprimary schools;
- ensure newly constructed primary schools make accommodation for a preprimary wing; and,
- support the National Institute of Education, Training, and Research (NIETAR) to develop appropriate preprimary curricula.

Despite the intentions of the new policy, it does not accurately reflect the current state of preprimary education in Sierra Leone. A recent cost analysis demonstrates that the cost of expanding preprimary school is prohibitive and that the GoSL should consider

other avenues to increase coverage and quality of preprimary school.

Presented in Table 7, enrollment in preprimary school in Sierra Leone varies significantly by region. The West region has the highest coverage, with 36.5 percent of eligible children attending preprimary school – 53.4 percent of all preprimary schools are located in this region. Data that depict average number of students per school and distribution of schools within each region are not available.

Access to health interventions for pregnant women in Sierra Leone is low. Table 8 presents three indicators that depict the level of access to ECD health interventions for pregnant women in Sierra Leone and regional comparison. Sixty-two percent of HIV+ pregnant women receive antiretroviral drugs to prevent mother-to-child transmission. Compared with other countries in the region, this level is high and demonstrates the success of the MoHS intervention, though room for improvement remains. A second indicator is the percentage of pregnant women receiving antenatal care at least four times. Although the rate in Sierra Leone (56 percent) is higher than most other countries presented in Table 8, it is very low by international standards.

Table 7: Enrollment by region

Region	Enrollment (age 36-59 months)	% of preprimary schools located in the region
East	19%	17%
North	7%	14%
South	11%	16%
West	37%	53%
National Enrollment	14%	

Source: MoEST 2010/2011 School Census Report

Table 8: Level of access to programs for pregnant women in Sierra Leone and comparison countries

	Sierra Leone	Ghana	Kenya	Liberia	Mali
Births attended by skilled attendant	42%	57%	44%	46%	49%
Pregnant women receiving antenatal care (at least four times)	56%	78%	47%	66%	35%
HIV+ pregnant women/exposed infants receive ARVs for PMTCT	62%	No data	43%	38%	34%

Source: UNICEF Country Statistics, 2010, UNAIDS database (2010)

Table 9: Level of access to essential health services for young children in Sierra Leone and regional countries

	Sierra Leone	Ghana	Kenya	Liberia	Mali
1-year-old children immunized against DPT (corresponding vaccines: DPT3β)	90%	94%	93%	64%	90%
Children below 5 with diarrhea receive oral rehydration/ continued feeding	57%	45%	43%	47%	38%
Children below 5 with suspected pneumonia receive antibiotics	27%	51%	50%	62%	38%
Children below 5 sleeping under ITN	26%	28%	47%	26%	70%
Children below 5 with fever, receive anti-malarial	30%	43%	23%	67%	No data

Source: UNICEF Country Statistics, 2010

The level of access to essential health interventions for young children in Sierra Leone is low. Access to health interventions is low in each of the five countries presented in Table 9. This is particularly true for Sierra Leone. Of the population below the age of 5, only 26 percent sleep under an insecticide-treated bed net, and just 30 percent who have a fever receive anti-malarial drugs. Both of these rates are extremely low, especially in a country with high susceptibility to malaria. Compared with other African countries, the percentage of children below age 5 with diarrhea who receive oral rehydration and continued feeding (57 percent) is high. However, this is a product of low coverage levels in the comparison countries rather than high coverage in Sierra Leone. Viewed through a different lens, 43 percent of children with diarrhea do not receive oral rehydration. A noteworthy achievement is that 90 percent of 1 year old children are immunized against DPT.

The level of access to essential nutrition interventions for young children and pregnant women is relatively low in Sierra Leone. Presented in Table 10, the level of moderate and severe stunting amongst children 5 years of age or younger is 36 percent. Although this rate is lower than Liberia and Mali, it is extremely high by

international standards and indicates that children are not receiving the nutrients and balanced diet required to optimize development. The impact of stunting on a child's development is immense. The period between conception and the age of 2 is a window of opportunity to address and prevent the damage caused by malnutrition. If not addressed, a child that suffers from malnutrition will not fully develop physically, which in turn hinders linguistic, cognitive, and socio-emotional development. This can result in diminished human capital and lower lifetime earnings. The proportion of children that are exclusively breastfed in Sierra Leone is extremely low (currently 11 percent); efforts to increase exclusive breastfeeding until the age of six months could help address the prevalence of stunting.

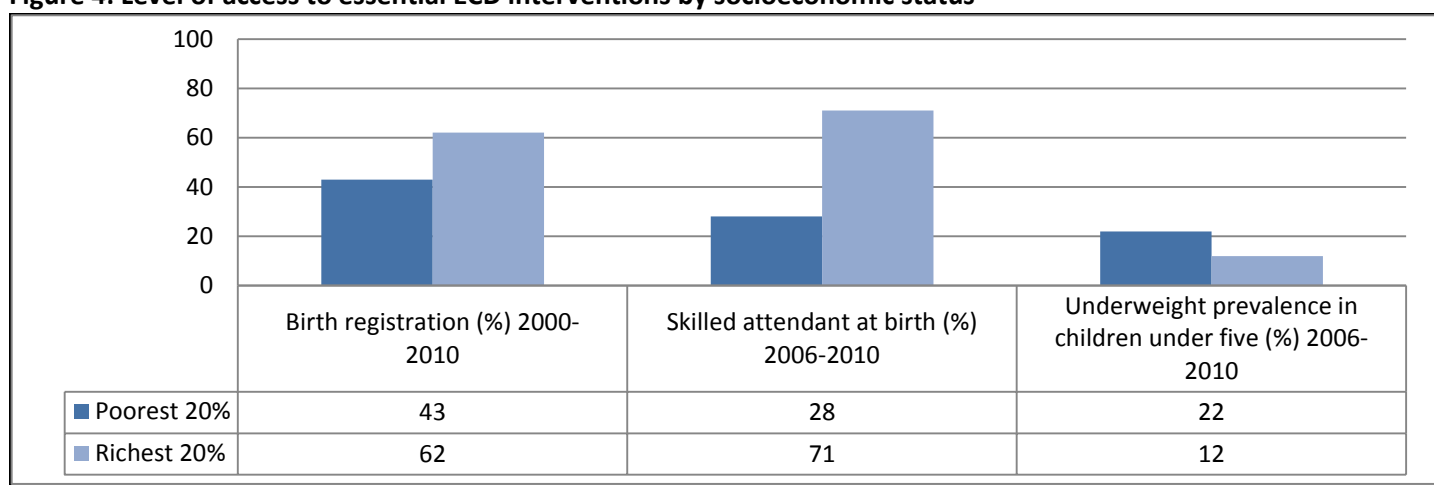
Another concern is the prevalence of anemia in pregnant women (60 percent) and young children (83 percent). This is an issue across the region. A noteworthy success is the universal Vitamin A supplementation for children aged 5 to 59 months.

Table 10: Level of access to essential nutrition interventions for young children and pregnant women in Sierra Leone and comparison countries

	Sierra Leone	Ghana	Kenya	Liberia	Mali
Children below 5 with moderate/severe stunting	36%	28%	35%	42%	38%
Vitamin A supplementation coverage (6-59 months)	100%	93%	62%	53%	59%
Infants exclusively breastfed until 6 months	11%	63%	32%	34%	38%
Infants with low birth weight	14%	13%	8%	14%	19%
Prevalence of anemia in pregnant women	60%	65%	55%	62%	73%
Children below 5 with anemia	83%	76%	69%	88%	83%
Population that consumes iodized salt	58%	32%	98%	No data	79%

Source: UNICEF Country Statistics 2010, WHO Worldwide Prevalence of anaemia, 1993-2005

Figure 4: Level of access to essential ECD interventions by socioeconomic status



Source: UNICEF Country Statistics 2010

Policy Lever 2.3: Equity

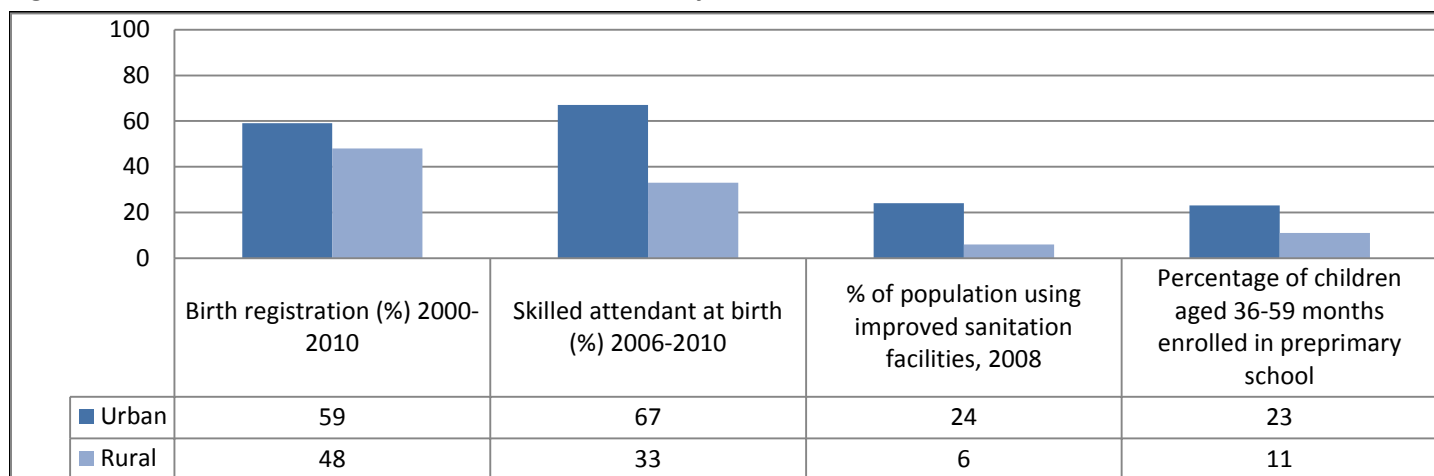


Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services⁹. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

Access to essential ECD services in the health, nutrition, and social and child protection sectors is highly inequitable by location and socioeconomic status. The following section presents data from the UNICEF Country Statistics on access to several interventions and ECD outcomes by socioeconomic status and rural/urban

location. Figure 4 compares birth registration, skilled attendant at birth, and underweight prevalence in children below 5 for the poorest 20 percent of children with the richest 20 percent. The results indicate that there is high inequity in access. Skilled attendants assist with more than 70 percent of births for the richest quintile, whereas the figure is only 28 percent for the poorest quintile. Furthermore, 62 percent of children in the highest quintile are registered at birth, compared to only 43 percent of the poorest children. Figure 5 illustrates inequity in access by rural/urban location. The four indicators analyzed are: birth

⁹ Nadeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007

Figure 5: Level of access to essential ECD interventions by urban/rural location

Source: UNICEF Country Statistics 2010

registration, skilled attendant at birth, percentage of population using improved sanitation facilities, and percentage of children aged 36 to 59 months enrolled in preprimary school. For each of these indicators the level of access is much higher in urban locations than in rural areas. This disparity is most pronounced for skilled attendant at birth: births are attended by a skilled attendant 67 percent of the time in urban areas, compared with 33 percent in rural areas. The percentage of population using improved sanitation facilities is only 24 percent in urban locations and a meager 6 percent in rural locations. In respect to access to preprimary school, 23 percent of children aged 36 to 59 months attend preprimary schools in urban locations, whereas the rate is only 11 percent in rural locations. Of the total 37,351 children age 3 to 5 years who attend preprimary school, 51 percent (19,104) are female, indicating no gender disparity in preprimary enrollment.

Policy Options to Implement ECD Widely in Sierra Leone

➤ **Scope of Programs** – Due to the sectoral structure of ECD provision and absence of a unifying policy, there is a gap in knowledge of what interventions exist and where they operate. This contributes to low access in some areas of the country and for specific populations. The GoSL should consider undertaking a mapping exercise to develop a database of ECD interventions. This could be completed in conjunction with the revised ECD policy. It is also important to recognize and evaluate the feasibility of introducing three years of universal

preprimary school. Current capacity and resource limitations are prohibitive, at least in the short-term. The Government could evaluate the different service delivery modalities and develop more flexible arrangements to support the non-State providers of preprimary education.

- **Coverage** – Coverage is inadequate for numerous essential ECD interventions. This is particularly true in education, health, and nutrition. One possible explanation is that, despite policy stating otherwise, the significant private costs associated with health services are preventing access. The GoSL should consider strengthening efforts to reduce the financial burden on pregnant women and young children as a way to increase access and achieve better health outcomes.
- **Equity** – Data clearly illustrates that the poorest, most marginalized populations have less access to ECD interventions. These are the children that benefit the most from investment in ECD. The GoSL could better identify the underserved populations and consider alternative methods to service provision. One option to consider is a Conditional Cash Transfer (CCT) program, which provides financial support to parents conditional upon specific requirements being met (i.e. child enrolled and attends one (or multiple) intervention, such as preprimary school). Box 4 provides relevant lessons from the Mauritian example on the use of CCTs to promote ECCE enrollment.

Box 4: Example from Mauritius: Conditional Cash Transfers (CCTs) to Promote ECCE Enrollment

Summary: The Government of Mauritius has focused policy efforts on increasing preprimary school enrollment in the last decade. In order to encourage parents to enroll their children, the Government provides all families with financial support contingent upon the child attending the final year of preprimary school (age 4 in Mauritius). The transfer amounts to USD 6 per month and has helped achieve an 85% enrollment rate in preprimary school for children age 3-5 in Mauritius. Provision is largely through non-State centers (17% of all preschools are State-managed), but the design and enforcement of quality control mechanisms has remained central to Government policy efforts.

Key considerations for Sierra Leone:

- ✓ Incentivizing on-time enrollment in the last year of preprimary school could be a first step to scale-up ECCE provision school.
- ✓ CCTs could be considered either for the entire population or targeted to the most underserved areas or segments of society (i.e. poorest families, families in rural areas, etc).
- ✓ It will be important to determine the appropriate funding level to maximize effectiveness of policy.

Policy Goal 3: Monitoring and Assuring Quality

➤ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

Policy Lever 3.1: Data Availability



Accurate, comprehensive and timely data collection can promote more effective policy-making. Well-developed information systems can improve decision-making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards and efforts to target children most in need.

Both administrative and survey data are collected, however administrative data are not robust in Sierra Leone. Table 11 presents a series of key indicators that a country can collect to track the provision of services to promote young children's development. These data include both administrative and survey data. Administrative data refer to data formally collected through GoSL information systems and report actual figures (i.e. enrollment, expenditures, etc.). Administrative data collection systems exist in education, health, and child and social protection, but do not collect robust, comprehensive data. Within the education sector, data are more complete for primary and secondary school, but are poor for the preprimary level. Access data are captured by region, but are not detailed to include age of the child, special needs, or socioeconomic status, for example. Survey data, which are based on sampling of a specific population, are more thorough. The fourth and most recent version of UNICEF Multiple Indicators Cluster Survey was conducted in 2010. Administrative and survey data in Sierra Leone disaggregate by gender, rural/urban location, and socioeconomic status for select indicators.

Table 11: Availability of data to monitor ECD in Sierra Leone

Administrative Data	
Indicator	Tracked
Special needs children enrolled in ECCE (number of)	X
Children attending well-child visits (number of)	X
Children benefitting from public nutrition interventions (number of)	X
Women receiving prenatal nutrition interventions (number of)	X
Children enrolled in ECCE by sub-national region (number of)	✓
Average per student-to-teacher ratio in public ECCE	X
Is ECCE spending in education sector differentiated within education budget?	X
Is ECD spending in health sector differentiated within health budget?	X
Survey Data	
Indicator	Tracked
Population consuming iodized salt (%)	✓
Vitamin A Supplementation rate for children 6 -59 months (%)	✓
Anemia prevalence amongst pregnant women (%)	✓
Children below the age of 5 registered at birth (%)	✓
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four antenatal visits (%)	✓
Children enrolled in ECCE by socioeconomic status (%)	✓

X refers to indicators that are not tracked. Source: UNICEF Country Statistics 2010, MoEST, MoHS

Table 12: Early learning and stimulation at the household level

Region	Children aged 36-59 months		Books in the home		Child plays with		
	With whom adult household members engaged in four or more activities over 3 day period	With whom the father engaged in one or more activities over 3 day period	3 or more children's books	10 or more children's books	Homemade toys	Manufactured /store bought toys	Household objects/toys found outside
East	53%	48%	1%	0%	20%	28%	53%
North	48%	31%	1%	0%	31%	22%	62%
South	56%	56%	1%	0%	26%	26%	58%
West	80%	31%	12%	2%	30%	70%	53%
Total	54%	42%	2%	0%	27%	30%	57%

Source: UNICEF MICS Country Report, 2010

Child development outcomes are captured in MICS.

Sierra Leone does not have a system to track child development on a regular basis in the four interrelated domains of child development: physical, cognitive, linguistic, and social and emotional development.

A snapshot of the home environment and the promotion of child development are captured in the MICS-4 data. Table 12 presents select indicators for early learning and stimulation at the household level. In total, only 2 percent of households have 3 or more children's books, and only 0.3 percent have more than 10 children's books. Exposure to books can have an

immense impact on reading and language development and is important for later school performance and IQ scores. Although the prevalence and use of books is low, it is important to note that families in Sierra Leone have a rich history of oral story telling which contributes to children's early learning and stimulation.

Slightly more than 54 percent of children aged 36 to 59 months benefit from adult engagement in four or more activities over a three day period. This percentage is lower when isolated for fathers. Only 42 percent of fathers engaged in one or more activities with their child, and in the North and West regions of the country this rate is 31 percent and 30 percent, respectively.

Though the number of families engaged in early learning activities with children is low overall, the national and regional averages are significantly higher than preschool enrollment levels – in many countries this type of discrepancy indicates that parents recognize the value of early learning opportunities for children but face constraints to enrolling children in formal preschool or early learning opportunities such as cost or location.

Policy Lever 3.2: Quality Standards



Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children¹⁰.

The MoEST has drafted a national preprimary school curriculum. The drafted national preprimary school curriculum aims to lay the foundation for the holistic development of the child, including preparation for primary school. The curriculum has eight development domains – social/emotional, psychosocial, physical and well-being, cognitive, technology, spiritual/moral, literacy, and language – and presents a framework to evaluate each area at specific periods throughout a child's development. No details are available regarding the timeframe or process for implementation.

Requirements for ECCE professionals are not clear. Pre-service requirements for ECCE professionals are not well depicted in Sierra Leone. According to the MoEST, preprimary teachers should have at a minimum a teacher certificate (TC), yet it is preferred if they have a higher teacher certificate (HTC) or a bachelor degree in ECCE. Early childhood education was introduced in the Institute of Education and Extra-Mural Studies (INSEEMS) at Fourah Bay College in 2009 to target preschool education. Programmes include Certificate in Early Childhood Care and Education (ECCE) offered for one year, Diploma in ECCE offered for two years and B.Ed in ECCE offered for four years. Yet very few institutions do offer such training. The draft National Education Policy 2010 highlights this as a priority area.

¹⁰ Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003

Primary school infrastructure standards apply to preprimary schools; service delivery standards are not specific to preprimary school. According to the MoEST, preprimary facilities must adhere to the same infrastructure standards as primary schools. The standards aim to provide a safe environment for students, and include all aspects of the building (i.e. roof, floor, windows, etc.). Schools are supposed to be built with concrete and are required to have access to electricity, potable water, and functional hygiene facilities.

In respect to service delivery, most schools operate at their discretion. Specified child to teacher ratio do not exist, nor are there specific space requirements or operating environments for children.

Registration and accreditation procedures exist, but details are not available to assess the procedures. The MoEST reports that registration and accreditation procedures exist for preprimary schools, however no details on the exact procedures were provided for the preparation of this Country Report.

Policy Lever 3.3: Compliance with Standards



Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

Data are not collected to assess the level of pre-service training amongst ECCE professionals. The MoEST states that ECCE professionals must have a teacher certificate but no data exist to verify in public or private ECCE centers.

Public and non-public schools do not adhere to infrastructure, accreditation, or service delivery standards. Of the 644 preprimary schools operating, 50 percent are not formally approved by the MoEST. Furthermore, it is likely that many other schools operate outside jurisdiction of the GoSL. This is an exceptionally high number and illustrates that the MoEST, due to inadequate financial resources, infrastructure, and technical capacity, cannot currently adequately oversee the provision of preprimary school in Sierra Leone.

In respect to infrastructure, as presented in Table 13, 48 percent of all preprimary classrooms are in need of

repair. Data on schools that have access to potable water and functional hygienic facilities are not disaggregated by school type. Out of all eligible schools, approximately 38 percent do not have access to functional facilities. All schools have access to water; however the water source in many instances is not potable.

Table 13: Percentage of preprimary classrooms in need of repairs

Region	Number of preschools	Percentage of preschools in need of repair
East	110	61%
North	90	52%
South	100	68%
West	344	42%
National	644	48%

Source: MoEST 2010/2011 School Census Report

Policy Options to Monitor and Assure ECD Quality in Sierra Leone

- **Data Availability** – Participating in MICS-4 is an excellent step to improve the availability of data regarding children's development. In conjunction, the GoSL should assist each relevant ministry to improve management information systems to improve and capture access and quality indicators across interventions to better understand the status of ECD. In the future the Government should consider developing and monitoring child development indicators (in addition to MICS) to ensure the child's full development and identify areas for intervention early on.

- **Quality Standards** – As outlined in the draft NPIECD, the GoSL recognizes that substantive efforts are required to improve service delivery and infrastructure standards. Particular attention should be paid to developing attainable service delivery standards, including duration and intensity of ECCE, and number of children per qualified teacher. It will be important to include a time period and outline adequate resources to achieve desired outcomes.

- **Compliance with Standards** – In parallel with improved standards, the GoSL should consider expanding the technical capacity and financial resources to enforce standards. This includes frequent site visits and potentially mandating retrofitting where necessary. It is also paramount to monitor the compliance of teachers with pre-service requirements to ensure quality service provision.

Comparing Official Policies with Outcomes

The existence of laws and policies alone does not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 14 compares policy intent with ECD outcomes in Sierra Leone. Three of the policies presented – breastfeeding promotion, compulsory preprimary school and salt iodization – are in draft form. For each of these, the outcome is very poor, indicating the need for effective policy development and implementation. The Child Rights Act 2007 mandates birth registration, yet only 51 percent of children are registered.

Table 14: Comparing ECD policies with outcomes in Sierra Leone

Policy	Outcomes
No policy that complies with the International Code of Marketing of Breast milk Substitutes	Rate of exclusive breastfeeding until 6 months: 11%
Child Health Program mandates a complete course of childhood immunizations	Children with DPT (12-23 months): 90%
Child Right Act mandates birth registration	Birth registration rate: 51%
Draft education strategy will mandate compulsory preprimary for 3-5 year olds by 2015	Net preprimary school enrollment (3-5 years): 14%

Table 15: Comparing policy intent with ECD outcomes in Sierra Leone and comparison countries

	Sierra Leone	Kenya	Liberia	Uganda
Salt Iodization				
Salt Iodization Policy	Draft policy	Mandatory	No policy	No policy
Population Consuming Iodized Salt	58%	90+%	20%	96%
Appropriate Infant Feeding and Breastfeeding Promotion				
Compliance, Code of Marketing of Breast Milk Substitutes	Draft policy	Some provisions law	Voluntary	Law
Exclusive Breastfeeding until 6 Months	11%	32%	34%	60%
Preprimary Education				
Preprimary School Policy	Not compulsory; largely non-state provision	Not compulsory; Government finances some recurrent costs but user fees are common	Not compulsory; State and non-state provision	Not compulsory; all provision non-state
Preprimary School Enrollment Rate	14%	42%	47%	7%
Birth Registration				
Birth Registration Policy	Mandatory	Mandatory	Mandatory	Mandatory within 3 months of birth
Birth Registration Rate	51%	60%	4%	21%

Table 15 compares key policy provisions and associated outcomes in Sierra Leone with countries in the region. The table shows a wide range of policy development and ECD outcomes. Only Kenya has a policy mandating salt iodization, and shows that the policy is effective by having 90 percent coverage rates. Uganda is the only country with a law that adheres to the International Code of Marketing of Breast Milk Substitutes, and also has nearly twice the rate of exclusive breastfeeding as Kenya and Liberia. None of the countries mandate compulsory preprimary education, yet coverage varies from as low as 7 percent in Uganda to 42 percent in Kenya and 47 percent in Liberia (although there is concern over the validity of the statistic in Liberia). Lastly, all countries mandate birth registration, and Kenya has achieved the highest level of birth registration (60 percent). These findings underscore the importance of implementation and enforcement mechanisms to accompany well-designed policy. In isolation, stated policy bears little weight, however when paired with strong political will and effective systems, the likelihood of success is much greater.

Preliminary Benchmarking and International Comparison of ECD in Sierra Leone. Table 16 presents the classification of the level of development in ECD in Sierra Leone within

each of the nine policy levers and three policy goals. For each of the three policy goals, Sierra Leone's level of development is classified as "latent." In the legal framework policy lever, Sierra Leone performs at the "emerging" level, which reflects the adoption of the Child Rights Act 2007, and will continue to improve with further legislation being considered for preprimary education and for health and nutrition interventions. Both intersectoral coordination and finance are "latent" and can be improved by revisiting the draft NPIECD and increasing financial commitment to ECD. Sierra Leone is classified as "established" for scope of programs because interventions are available for each beneficiary group – parents and caregivers, pregnant women, and ECD aged children – but coverage and equity are "latent" due to low access, especially in rural locations and by children in lower socioeconomic households. Each of the data availability, quality standards, and compliance with standards policy levers is classified as "latent." To ensure positive ECD outcomes, it is vital to design and implement quality standards that are founded in strong data. The policy options outlined in this report present avenues to improve the level of development for each of the policy levers.

Table 16: Benchmarking Early Childhood Development Policy in Sierra Leone

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	<div><div></div><div></div><div></div><div></div></div>	Legal Framework	<div><div></div><div></div><div></div><div></div></div>
		Inter-sectoral Coordination	<div><div></div><div></div><div></div><div></div></div>
		Finance	<div><div></div><div></div><div></div><div></div></div>
Implementing Widely	<div><div></div><div></div><div></div><div></div></div>	Scope of Programs	<div><div></div><div></div><div></div><div></div></div>
		Coverage	<div><div></div><div></div><div></div><div></div></div>
		Equity	<div><div></div><div></div><div></div><div></div></div>
Monitoring and Assuring Quality	<div><div></div><div></div><div></div><div></div></div>	Data Availability	<div><div></div><div></div><div></div><div></div></div>
		Quality Standards	<div><div></div><div></div><div></div><div></div></div>
		Compliance with Standards	<div><div></div><div></div><div></div><div></div></div>
<div><div><div>Legend:</div><div><div><div></div><div></div><div></div><div></div></div><div>Latent</div><div><div><div></div><div></div><div></div><div></div></div><div>Emerging</div><div><div><div></div><div></div><div></div><div></div></div><div>Established</div><div><div><div></div><div></div><div></div><div></div></div><div>Advanced</div></div></div></div></div></div></div>			

Table 17: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development					
		Sierra Leone	Ethiopia	Kenya	Liberia	Mali	Tanzania
Establishing an Enabling Environment	Legal Framework						
	Coordination						
	Finance			N			
Implementing Widely	Scope of Programs						
	Coverage						
	Equity		N	N			
Monitoring and Assuring Quality	Data Availability						
	Quality Standards						
	Compliance with Standards						
Legend: Latent Emerging Established Advanced							

Table 17 presents the status of ECD policy development in Sierra Leone alongside a selection of countries in East and West Africa. The level of development in Sierra Leone is comparable to the level of development in Liberia and Mali, while Kenya and Tanzania have achieved higher levels of development. Both Kenya and Tanzania have ECD systems with effective elements that are relevant to Sierra Leone. In particular, Kenya has developed strong quality standards and now must focus

on ensuring these standards are enforced. Tanzania recently developed an intersectoral strategy to coordinate ECD which could serve as a model for Sierra Leone. Both of these ECD systems have substantial room for improvement, too.

Table 18: Summary of policy options to improve ECD in Sierra Leone

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	<ul style="list-style-type: none"> • Finalize, approve, and enforce the national policy on iodized salt consumption, policy on iron fortification, and law on breastfeeding to promote appropriate dietary consumption. • Revisit the National Policy on Intersectoral Early Childhood Development (NPIECD) by engaging all stakeholders and articulating responsibilities, institutional design, and sharing service delivery models. • Develop an achievable, costed implementation plan to accompany the NPIECD. • Develop methodology to measure and track financial investments in ECD in all sectors. • Identify funding sources to increase investment to meet scale-up of preprimary school.
Implementing Widely	<ul style="list-style-type: none"> • Increase awareness and cohesion amongst ECD stakeholders by undertaking a mapping exercise of ECD interventions. • Evaluate various non-state preprimary modalities to expand access and quality of service delivery. • Identify primary gaps in service delivery system, with particular focus on marginalized children. • Consider alternative means to increase coverage and deliver ECD interventions to needy children, such as a conditional cash transfer programs.
Monitoring and Assuring Quality	<ul style="list-style-type: none"> • Further advance information management systems in each of the respective line ministries to better capture access and quality data. • As presented in the draft NPIECD, develop effective service delivery and infrastructure standards to ensure the well-being and safety of young children and provide effective environment for ECD. • Develop teacher training standards specific to ECD. • Establish technical capacity with sufficient financial resources to enforce standards.

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges. This Country Report presents a framework to compare Sierra Leone's ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD are offered.

The lasting impact of the civil war cannot be understated. Much of the country's infrastructure was destroyed, and the social security system remains

overstretched. In light of these challenges, the GoSL enacted the Child Rights Act and is on the verge of further advancing the legislative and regulatory framework. It is critical that this momentum is seized and acted upon. The draft NPIECD has the potential to raise awareness of the importance of ECD and increase coordination within Government and between all stakeholders. Coverage is low in all sectors, especially education. One avenue being considered to address this issue is compulsory preprimary school. The current system has weak capacity. Implementing three years of preprimary school is not financially realistic. Rather, the Government should focus on improving access for all while achieving high quality standards and compliance. Table 18 summarizes possible policy options presented in this Country Report to improve ECD in Sierra Leone.

The **Systems Approach for Better Education Results (SABER)** initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policymakers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development. For technical questions or comments about this report, please contact the SABER-ECD team (helpdeskecd@worldbank.org).

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