



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



UNITED NATIONS
SIERRA LEONE



SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

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COUNTRY BRIEF



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COUNTRY BRIEF

November 2022

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

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ACRONYMS AND ABBREVIATIONS

CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
DIG	Disability Inclusion Group (of the UNCT)
FCDO	Foreign, Commonwealth & Development Office
GoSL	Government of Sierra Leone
MDAs	Ministries, Departments and Agencies
MOHS	Ministry of Health and Sanitation
MOPED	Ministry of Planning and Economic Development
MOSW	Ministry of Social Welfare
MTNDP	Sierra Leone Medium Term National Development Plan (2019-2023)
NCPD	National Commission for Persons with Disability
OPD	Organizations of Persons with Disabilities
PHC	Population and Housing Census 2015
PwDA	Person with Disability Act
SDG	Sustainable Development Goals
SLUDI	Sierra Leone Union on Disability Issues
UNCT	UN Country Team
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
USAID	US Agency for International Development
VNR	Voluntary National Review

1 BACKGROUND

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique partnership that brings together United Nations (UN) entities, governments, organizations of persons with disabilities (OPDs), and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC). The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden and the United Kingdom.

In 2020, with the Strategic and Operational Framework 2020-2025 UNPRPD adopted a new programme design approach. The Framework moves towards proactive, results-oriented joint programming to drive implementation of the CRPD and disability-inclusive SDGs.

In the same year, the UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes with the objectives of advancing CRPD implementation and improving the implementation of disability-inclusive SDGs. The 26 selected teams (see Annex 1) were then allocated an initial budget to deliver an induction training, conduct a country situational analysis and complete a full joint programme proposal based on the findings of the situational analysis.

The 26 countries each conducted a comprehensive multistakeholder situational analysis to identify gaps and opportunities around preconditions to CRPD implementation and agree on a set of recommendations to address them.

From March to October 2021, the Sierra Leone UNCT conducted the comprehensive situational analysis. The methodology included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises, and consultative workshops with key stakeholders.

The full situational analysis report can be found [here](#).

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WHY A COUNTRY ANALYSIS?



Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic way requires understanding the main bottlenecks and priorities in each country in relation to the fulfilment of the CRPD. We needed to know who the key stakeholders are, how implementation/monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The situation analyses were designed to:

- Inform the design of future PRPD-funded programmes in the country and serve as a baseline for them;
- Inform UNCTs of gaps in achieving disability inclusion in ongoing national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations (CSOs), as well as the private sector and academia, as the basis for future co-design of joint programmes;
- Strengthen the capacity of those stakeholders to more effectively include and address the rights of persons with disabilities as outlined in the CRPD; and,
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

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INTRODUCTION TO DISABILITY CONTEXT IN SIERRA LEONE

 Population	7.8 million
 Disability Prevalance	1.3% [2015]¹ 2.4% [2004]²

Sierra Leone is a post-conflict country with a population of 7.8 million people, ranked 182 out of 189 countries on the 2020 UNDP Human Development Index. Per capita gross national income was US\$490 in 2020, with close to 70 percent of the population living below the national poverty line and most classified as food insecure. Data on persons with disabilities and disability inclusion in Sierra Leone is generally considered to be unreliable. Although the 2015 Population and Housing Census (PHC) contains some disability-related information, it seems to grossly underestimate the prevalence of disability when compared to the previous census conducted in 2004, which indicates a prevalence rate of 2.4 percent. Due to unreliable data, it is likely that the prevalence rate is much higher.

The poverty level in Sierra Leone renders the experience of living with disability entirely different from that of other more economically developed countries. Poverty poses special challenges for persons with disabilities, notably the lack of even basic adaptive environments and assistive devices found in more affluent countries. The quality of mainstream public services does not meet minimum standards and cannot guarantee basic human rights.

4 FINDINGS

4.1 Stakeholder coordination mechanisms

The key stakeholders responsible for implementing and monitoring the CRPD are highlighted below. A full list of stakeholders and their detailed descriptions is included in the full report.

Government

- **National Commission for Persons with Disability (NCPD)** was established in 2012, pursuant to the provisions of the Persons with Disabilities Act (PwDA). Its affairs are managed by a chairperson appointed by government and the Commission's membership includes four representatives of OPDs. Eight key ministries and two key non-governmental organization partners, one local and one international, are also represented. NCPD has regional coordinators in each of the four regions and is supervised by the Ministry of Social Welfare, although it also works with other ministries, departments and agencies (MDA) and local councils.
- The **Ministry of Social Welfare (MOSW)** is the national coordinating body for all disability issues and has the statutory mandate to protect persons with disabilities.
- **Other key line ministries** operate programmes important to persons with disabilities. The Free Health Care programme falls under the Ministry of Health and Sanitation (MOHS) and relates to both primary and secondary health care. Rehabilitation also falls under this ministry, as do screening and family visits by community health workers and efforts to establish universal health coverage. The Ministry of Basic and Senior Secondary Education is responsible for special needs schools and inclusive education in mainstream schools, including implementation of the new Radical Inclusion Policy. The Ministry of Works is in charge of implementing the provisions of the law concerning building accessibility. The Ministry of Finance creates the budget that enables disability-related public expenditures. The Ministry of Labour oversees social protection programmes and the Ministry of Communication ensures that persons with disabilities can access public information.

- **Other government commissions** also have specific provisions for persons with disabilities. The governing body of the National Youth Commission includes three persons representing youth groups, one of whom must, by law, be a person with disabilities (another one must be a woman). During the 2012 general elections, the National Electoral Commission established a Disability Desk, which was later transformed into a permanent Gender and Disability Unit. The National Human Rights Commission also has a focal person for disability.
- **Local councils (19 in total, generally at the district level)** also have a role related to disability inclusion, although the PwDA is silent on their duties. Its only provision concerns the coordination required between them and the NCPD. Notwithstanding, a few councils have established disability units on their own initiative. In addition, The Freetown City Council recently established initiatives to make the municipality more inclusive and accessible for persons with disabilities. Its programmes help persons with disabilities with education, skills development and cash transfers.

Organizations of persons with disabilities

Sierra Leone Union of Disability Issues (SLUDI) is one of the oldest and most influential OPDs in the country and is one of four OPDs that are NCPD members. It operates as a broad federation and individual OPDs register with SLUDI to become members. In principle, all OPDs are members of SLUDI, but in practice, not all of them feel equally well-represented. SLUDI is especially strong in Freetown, although it also has branches in the provinces. Besides SLUDI, other umbrella organizations with extended geographical coverage exist, sometimes in cooperation and sometimes in competition with SLUDI, although no other umbrella organization covers all 16 districts.

Most individual OPDs focus on one type of disability, gathering people with similar life experiences, but some are cross-cutting across multiple types of disabilities. The strongest and most well-established are the organizations of the deaf, blind and physically challenged, the latter mostly gathering polio survivors. Several OPDs focus on advocacy, while others are formed primarily to provide shelter (often precarious) for their members, without any organized form of income-generating activity. Among the latter group, some seek to provide livelihood opportunities as well, responding to the acute poverty experienced by many persons with disabilities.

The NCPD counts 150 OPDs, while SLUDI is aware of approximately 200 OPDs in the country. Although some very strong women-only organizations exist and most organizations have created a chairwoman position, women are generally underrepresented in OPD leadership positions.

UN System

UN agencies support several government programmes discussed in this situational analysis. In 2019, a Disability Inclusion Group (DIG) was set up at the UNCT level, with representatives from all in-country UN agencies to coordinate disability issues on behalf of the UNCT. All agencies have designated a disability focal point. DIG members recently

participated in a technical training delivered by Humanity & Inclusion and a shorter version of the training was offered to all UNCT staff members. Disability mainstreaming is a goal in all activities, but disability-focused projects are few. No universal standard protocol exists to measure the extent to which programmes are disability inclusive.

Donors

Key international donors in this area are USAID, the UK's Foreign, Commonwealth and Development Office, UN agencies and the World Bank. The European Union is the largest funder of Humanity & Inclusion, while the Dutch-based Liliane Fonds is the largest donor to OneFamilyPeople.

Some of the other international actors with a broad scope of action include:

- Dorothy Springer Trusts (UK) - skills training in the field of ICT, providing assistive devices and championing disability rights;
- Hellen Keller International (US) - blindness prevention and awareness raising in communities;
- Westminster Foundation for Democracy (UK) - political participation of persons with disabilities;
- Clinton Health Access Initiative - activities in the field of assistive technology;
- Partners in Health - works with the Government of Sierra Leone (GoSL) as the major international partner supporting modernization of the psychiatric hospital;
- Church of Jesus Christ of Latter-Day Saints (US religious organization) - provides some assistive devices; and,
- Christian Aid (religious organization) - advocates for health rights and supporting persons living with HIV.

Summary of stakeholder coordination analysis

The stakeholder analysis found many actors involved in disability-related work. Relationships among SLUDI, the NCPD and MOSW are somewhat unclear, as all are tasked to represent the interests of persons with disabilities in some way. Coordination among them does not seem to be fully effective and some of the groups lack the material, human and technical capacity to fulfil all their disability-related tasks. Some duplication of tasks may be occurring and some areas may be neglected. The NCPD could play a coordination role, but it is seriously under-resourced given the significant expertise and many responsibilities it is expected to provide and carry out.

SLUDI serves on the board of the NCPD and plays an instrumental role in NCPD activities. SLUDI offers constructive criticism of NCPD operations and the government in general on disability-related issues, suggesting appropriate alternative approaches to improve the general well-being of persons with disabilities. Aside from SLUDI, there are a range of OPDs active at the national level and their strengths and capabilities vary. Those that lack even minimal infrastructure, such as computers, are limited in their advocacy capacity and ability to attract and connect with members.

Few ministries, and even fewer local councils, have disability units. Where such a unit does exist, the interests of persons with disabilities are represented more strongly. Similarly, the existence of a disability unit at the local council level, together with a strong OPD in the district, helps to make those districts particularly disability friendly. This supports the conclusion that the lack of such dedicated disability units in other MDAs and districts limits these groups' potential accomplishments in support of disability inclusion.

4.2 Preconditions for disability inclusion

In its Strategic Framework, UNPRPD identified five preconditions as foundational elements that must be in place to address the rights of persons with disabilities across sectors. The following findings focus on the extent to which the preconditions are present in Sierra Leone.

- 1 Equality and non-discrimination
- 2 Accessibility
- 3 Inclusive service delivery
- 4 CRPD-compliant budgeting and financial management
- 5 Accountability and governance

Equality and non-discrimination

Sierra Leone ratified the CRPD in 2009. By 2011, the Convention was fully domesticated with the enactment of the PwDA. The PwDA prohibits discrimination against persons with disabilities and seeks to achieve equal opportunities. It is currently being revised, presumably to strengthen it. Sierra Leone submitted a CRPD report to the Committee of Experts on Disability in 2019 titled "Sierra Leone's First Status Report in compliance with Article (35) of the United Nations Convention on the Rights of Persons with Disabilities 2013-2018." The report provides an overview of the significant progress the country has made, as well as the challenges faced in improving the lives of persons with disabilities.

Several laws prohibit discrimination on different grounds, such as the Constitution, the Education Act 2004, the 2007 Prevention and Control of HIV and AIDS Act, the Refugees Protection Act of 2007, the Registration of Customary Marriages and Divorces Act, the Devolution of Estates Act, the Domestic Violence Act, and the Persons with Disabilities Act. Sierra Leone's Medium-Term National Development Plan 2019-2023 (MTNDP) is a more recent framework document. It lays down the blueprint for the country's overall development policy, addressing a wide range of sectors. One of eight policy clusters under the MTNDP is "Empowering women, children, and persons with disability." The MTNDP

includes language that specifically addresses challenges affecting persons with disabilities in the following areas: education; health and hygiene; livelihood; and participation.

Key findings

- Monitoring mechanisms to oversee human rights violations and continued discrimination are fragmented. Because the various commissions are directly subordinate to the government, they cannot be regarded as independent. Although they have the authority, in principle, to protect citizens against discrimination, in reality they have little power to pursue cases. There is no specific commission to protect women against gender-based discrimination and a conspicuous lack of protection of the LGBTQ community.
- The lack of a reliable data management system providing information on the number and real circumstances of persons with disabilities poses the most significant obstacle impeding the full implementation of anti-discrimination measures and enforcement of the PwDA. This information is necessary to assess discrimination fully. Implementation of progressive laws and policies is weak because of lack of government financial resources, absence of clear strategies and weak monitoring mechanisms.
- Although OPD members know that discrimination is prohibited by law, they do not necessarily know how to recognize and prove it and how to seek protection or justice. Persons with disabilities who are not part of an organized group probably know less about their rights because they may have only a vague understanding of the concept of discrimination.
- In principle, the NCPD is responsible to ensure that the anti-discrimination elements of the PwDA are respected and enforced but lacks the ability to realize this on a large scale. However, the NCPD does raise awareness within OPDs and communities and is considered the first logical contact point for any claims and grievances on the ground of disability.

Inclusive service delivery

Disability assessment and referral services

The NCPD outlined disability assessment criteria, but these were subsequently rejected by MOHS as too broad. This points to ineffective coordination between NCPD and MOHS and inconsistencies between the social and medical aspects of disability. The need for greater cooperation between the two entities to establish consistent criteria has been acknowledged only recently. Without clear assessment criteria, no functioning procedures exist for the systematic identification and assessment of persons with disabilities.

Similarly, there are no standards for a certification system, although certification is often required to enforce certain rights, for example, in health, education and social protection. At present, the process of identifying beneficiaries for these services is ad hoc, slow and bureaucratic. The lack of a nationwide, standardized assessment and certification programme jeopardizes the identification of eligible beneficiaries and makes it difficult to monitor their access to rights. Donors could make improvements, too. Most UN agencies

found that their programmes do not include adequate disability-related objectives and indicators and that impact assessments are lacking.

Health care providers are generally familiar with the free health care policy for persons with disabilities, but often provide free services only to patients with visible disabilities. Because no system is in place to routinely issue medical certificates, the patient's only option is to ask the NCPD to intervene. In that case, NCPD makes a specific request to the chief medical officer to issue the certificate. One hospital in Freetown has established a disability unit that provides such certification on the spot, but this is the exception, and even that service is not available consistently. In addition, even after being found eligible for free medical care, patients do not necessarily receive free medication.

Disability support services

Rehabilitation, along with housing/essential infrastructure and livelihood, was identified unanimously by research participants as a support service deserving special attention. Rehabilitation services, including the provision of assistive devices, are considered an absolute priority as the most basic element of disability services and a precondition for participation, inclusion and enjoyment of all other rights. However, the PwDA does not include this precondition in its language.

Although government extends free health care to persons with disabilities, rehabilitation services are not included. Professional rehabilitation services exist only at a few locations and assistive devices are in extremely short supply. The difficulty of obtaining them prevents persons with disabilities from participating in social, economic and political life on an equal basis with others. For many persons with disabilities, general accessibility is meaningless without assistive devices and other support services (including sign language interpretation).

Mainstream services

Inclusive service delivery for persons with disabilities has three major preconditions: the existence of public services of an acceptable quality available to the entire population; enforceable laws and measures that guarantee the equal participation of persons with disabilities and their access to these services; and, targeted 'positive discrimination' measures that can counterbalance existing disadvantages and incorporate an equity component in the equality principle.

Due to a lack of material and financial resources in Sierra Leone, the quality of essential services throughout society is generally low. Even in the best case, low-quality services allow only for low-quality inclusion. This is certainly true for health care services and education, where lack of trained human resources is the most important bottleneck. Important reforms have taken place in both sectors recently, but have not resolved all service delivery problems. As of 2018, education has been free for all up to the tertiary level and health care is free for persons with disabilities. However, the free health care programme does not fully meet the needs of persons with disabilities in terms of medication, as the provision of essential drugs is inadequate. In addition, persons with an intellectual disability or disabling mental health problems have limited access to the specialized medical services they require. Drugs for mental health problems are not

included in the list of essential drugs under the free health care programme. Similarly, sexual and reproductive health and preventive health care services are two notable areas not covered adequately under the free health care programme.

Services such as housing and livelihood are high priority areas for persons with disabilities. The legal conditions are in place in Sierra Leone to mainstream disability in these essential services because of policy-making and policy review in recent years. But even with these conditions met, it is important to assess the extent of disability mainstreaming in practice in these two areas.

Key findings

- The lack of reliable data on persons with disabilities constrains the development of targeted programmes to reach marginalized and neglected subgroups.
- A recent study in Sierra Leone found that finances constitute the most significant obstacle to the ability of persons with disabilities to access rehabilitation services and assistive devices. Other challenges include the overall limited availability of devices and unsystematic distribution, requiring prospective users to spend considerable time trying to determine whether resources are available. In many cases, the lack or inadequacy of these services aggravates an existing disability or causes a second type of disability.
- Rehabilitation services for physical disabilities are not accessible in all districts. Even where they are, the scarcity of trained professionals and basic materials limits their use. Rehabilitation for intellectual disabilities is effectively non-existent.
- Health, education and social protection policies are undergoing dramatic and progressive changes, ensuring that persons with disabilities are included and, sometimes, even prioritized. However, the conditions for effective implementation have not been established. Lack of resources poses the most serious obstacle to overall adequate essential service provision. This points to the need for more proportional budgeting and more targeted training of professionals in essential sectors for improved service delivery to all, including persons with disabilities.
- Not surprisingly, persons with disabilities have complained that the assessment and certification system is cumbersome and lacks coherency and transparency. Health emergencies often do not allow time for such a long procedure and persons with disabilities in rural and hard-to-reach areas are clearly at a disadvantage for obtaining such a certificate.
- In addition, and related, to the lack of financial resources, the lack of well-trained personnel poses the most important obstacle to inclusive services.

Accessibility

Accessibility is a critical condition for the participation of persons with disabilities. It is a complex issue covering many areas, from housing and urban planning to access to justice and information. The PwDA enshrines the right of persons with disabilities to a “barrier-free environment” and stipulates that a proprietor of a public building shall “adapt it to suit persons with disability in such a manner as may be specified by the Commission.”³

With this language, the PwDA considers accessibility only from the point of view of the physically challenged. However, access to public spaces could be further enhanced for all persons with disabilities by installing braille signposts, providing sign language interpreters and publishing easy-to-read information.

Public transport is another critical area for accessibility as most people in Sierra Leone rely on it. The PwDA considers “public service vehicles” to be any vehicles that serve the public, whether owned publicly or privately, and stipulates that such vehicles must be adapted for persons with disabilities. Nonetheless, passengers complain about the difficulties of using public transport.

Sierra Leone has taken some very progressive and important measures in the area of access to information, justice and political rights. The Sierra Leonean Broadcast Company, the primary national television station, employs sign language interpreters, although most households do not have televisions. With regard to access to justice, the establishment of the Legal Aid Board in 2015 was an important step. The Board provides free legal advice to less privileged persons. The number of people benefiting from these services increases each year, but not everyone knows that it exists. During our interviews, we did not encounter anyone with disabilities who had direct experience with the Board.

Key findings

- The law in Sierra Leone provides for accessibility, but it is not enforced because of the lack of clear control mechanisms. Public buildings are not accessible and accessibility provisions are not enforced.
- Access to justice and information is often constrained by lack of special provisions, discrimination and structural disadvantages. The NCPD is responsible to defend the rights of persons with disabilities, but does not have an internal legal team and has only limited resources to engage outside counsel.

CRPD compliant budgeting and financial management

It was challenging to collect information on disability-specific budgeting during interviews conducted for this situational analysis, partly due to lack of disaggregated data on persons with disabilities benefiting from essential services and because disability-related service responsibilities are fragmented among a complex network of MDAs.

In general, the country’s high debt level restricts its social welfare spending, as about 25 percent of all domestic revenue is allocated to debt service. In addition, the low rate of domestic revenue collection (around 14 percent of GDP) and the resulting dependence on donors poses additional restrictions. Despite these difficulties, the government is committed to make considerable efforts on social and human development. Twenty-two percent of all expenditures go to education and 11 percent to health, but the resources available for social development do not meet the needs. Although exact figures have not been provided, interviewees’ estimates regarding funding inadequacy were remarkably consistent. All officials in MDAs and service-providing institutions estimated that the

official budget allocation covers only around 20-25 percent of their needs. In addition to resource scarcity, MDAs and institutions must also deal with delayed disbursement of funding and subventions.

Key findings

- Overall resource scarcity poses the greatest obstacle to CRPD-compliant programming. Although the government is working on measures such as tax reform to increase domestic revenue collection, many development programmes are donor funded, which may hinder government ownership and commitment.
- CRPD-related budget lines are not traceable in the national budget and the government is not required to publish annual revenues and expenditures. It is unclear if the distribution of funds to different ministries for disability-related functions is realistic and proportional to needs. Although the PwDA foresees the establishment of a special disability fund, it is not yet operational. Agreement has not been reached on how it should function, where it should be based and how it should be financed. Operationalizing a fund is contingent on the NCPD developing a comprehensive plan and submitting it to the government. This has not happened, although the NCPD expects the fund to be established in 2022.

Accountability and governance

Inclusive evidence and data gathering systems

Disability-specific census data are generally considered inaccurate and unreliable. Although the 2015 PHC contains some disability-related information, it seems to grossly underestimate the prevalence of disability when compared to the previous census conducted in 2004. Another more recent survey, the Sierra Leone Integrated Household Survey (2018), presents a more realistic figure of 4.3 percent, but even this cannot be considered fully reliable considering that WHO estimates the proportion of persons with disabilities globally at 15 percent.

Uncertainties concerning data accuracy reflect shortcomings in the statistical data recording methods used. They also stem from lack of clarity in the definition of 'disability' included in questions used during surveys and lack of training of enumerators on this topic.

Inaccurate statistics and lack of baseline data impede evidence-based programming and mechanisms to assess impacts are practically non-existent. For example, the government's cash transfer programme lacks information on its impact on beneficiaries' lives.

National accountability mechanisms

Reducing corruption is a government priority today, but slow progress toward that goal reflects the weak capacity of monitoring and enforcement mechanisms, which also hinders enforcement of the PwDA and implementation of related policies. The inadequacy of control mechanisms within governance structures can lead to wasted resources and inefficient programming.

Sierra Leone participates in international human rights, CRDP and SDG monitoring initiatives and reports are made public and available. The NCPD, SLUDI and CSOs work together on the Universal Periodic Review. The GoSL produces CRPD and SDG reports and consults civil society in that process, although OPD involvement varies. MOSW, which is responsible for the CRPD report, consulted OPDs extensively in each stage of the study. These reports are of high quality and contain many excellent recommendations, but they cannot be followed up systematically due to lack of resources.

Key findings

- PwDA implementation is impeded by the lack of a related strategy or policy. Overall governance in this area would be improved by better adherence to international standards.
- Perceived corruption is high, fuelling public mistrust of public institutions. The general population expects to encounter corruption and widely tolerates it. The low and irregular income of public servants (including teachers and medical staff) makes them vulnerable to corruption.
- Meaningful evidence-based programming suffers from a lack of impact assessment mechanisms at all levels, compounded by resource scarcity. MDAs and institutions face inadequate funding relative to their mandate, as well as delayed disbursement of budgets and subventions.
- SDG processes, including periodic Voluntary National Reviews (VNRs), are clear and ambitious. The Ministry of Planning and Economic Development (MOPED) coordinates those processes, but we could not identify a sustained, systematic feedback loop allowing for continuous information flow among MOPED, ministries, and civil society.
- OPDs' voices are not heard sufficiently between formal VNR review periods. They believe that the inclusion of persons with disabilities and OPDs in SDG monitoring is ad hoc and opportunistic, rather than systematic.

4.3 Cross-cutting approaches: Participation, gender, inequalities

The UNPRPD has adopted three cross-cutting approaches to be intrinsically applied across all of UNPRPD MPTF's work, including its structures, programmes, and processes to ensure full and meaningful participation of all persons with disabilities. The following outlines the extent to which these are in place in Sierra Leone.



Participation:

Enabling full and effective participation of persons with disabilities



Inequalities:

Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities



Gender:

Addressing gender inequality and advancing the rights of women and girls with disabilities

Participation

Despite a few significant examples, few persons with disabilities hold public office. Some hold positions in the national government, parliament and local councils. Greater efforts could promote more persons with disabilities in leadership roles, drawing on positive role models and inclusive practices. Voting rights of persons with disabilities are assured by accessible polling stations equipped with tactile ballots, but not all persons with disabilities know how to use them, so outreach training programmes on their use would be valuable.

OPDs have predominantly male leadership (except for a few all-women organizations), and many offer only a symbolic place to a chairwoman. OPDs need to make targeted efforts to engage more women in leadership positions. In some communities, persons with disabilities and OPDs are sidelined from community activities, in part due to stigma and negative cultural stereotypes.

Gender

Many persons with disabilities are often homeless and homeless women with disabilities are more vulnerable than their male peers, exposing them to risk of sexual abuse and violence. Many have children they raise in undignified conditions due to poverty, with no material support from the father. Single parenthood places an additional burden on women with disabilities, especially for the most vulnerable among them. There is no specific commission charged with protecting women against gender-based discrimination and a conspicuous lack of protection for the LGBTQ community. Sexual and reproductive services are also underdeveloped in the health system. A gender equality and women's empowerment bill is under consideration in Parliament and covers the economic and political empowerment of girls and women with disabilities.

The Sierra Leone UNCT includes recommendations in the full situational analysis report on building OPD capacity for gender mainstreaming and supporting government programmes on gender equality, sexual and reproductive health and rights and gender-based violence.

Inequalities

As mentioned previously, the lack of reliable data on persons with disabilities limits the development of targeted programs to reach marginalized and underrepresented groups of persons with disabilities, such as those not connected to the networks of the existing OPDs, those living in remote areas, those living in the streets, and those with less visible or easily identifiable disabilities, especially psychosocial and intellectual disabilities. In addition, the representation of and advocacy for persons with intellectual disabilities is weak, as OPDs focused on these issues are under-resourced. As a result, persons with intellectual disabilities are often excluded from social protection measures available to persons with disabilities. For example, rehabilitation services for persons with intellectual disabilities is essentially non-existent.

4.4 Disability inclusion in broader development, humanitarian and emergency contexts

National development plans

Based on the 2021 Common Country Analysis report produced by the UN Country Team, the UNCT carries out programme activities to support disability inclusion under Outcome Area 4 of the UN Sustainable Development Cooperation Framework (2020-2023).^{4, 5} Disability inclusion is not necessarily mainstreamed across all programmes, although efforts are ongoing in that regard. The UNCT completed a Disability Scorecard for 2020, as required by the UN's Disability Inclusion Strategy, and will work on the 2021 scorecard towards the end of 2021.

The MTNDP, which is the current national development framework, is rooted in the SDGs and several government flagship policies targeted for implementation, including universal health coverage and the Radical Inclusion Policy for education, which are directly related to the SDGs.

MOPED coordinates SDG processes and monitoring and specific tasks are devolved to concerned line ministries. The most recent of the country's three VNRs was completed in 2021. MOPED consulted with civil society and these consultations were well attended and supported by the CSOs' integrated platform for the SDGs in Sierra Leone.

The NCPD was part of the initial VNR consultation workshop and persons with disabilities are listed among the groups of persons consulted. The document has a section focused on Leave No One Behind, noting that NCPD has accelerated the participation and inclusion of persons with disabilities in decision making and governance. It also highlights how the

National Commission for Social Action has promoted and implemented social protection programmes for vulnerable groups, with a concerted effort to identify eligible persons with disabilities.

Climate change, disaster risk reduction and humanitarian action

The situational analysis report did not include relevant findings in this area.

COVID-19:

The ongoing COVID-19 pandemic had a strong impact on the current political, social, and economic environment. During consultations and analyses for this report, the effects of the pandemic on persons with disabilities in Sierra Leone showed that they were disproportionately affected, in terms of both health services and the overall impact of pandemic-related restrictions on the trade and the economy. The most widespread impact of COVID-19 in Sierra Leone has been on overall economic performance. GoSL efforts to restore economic activity to pre-COVID levels are part of general economic growth and development initiatives and do not constitute separate COVID-19 recovery programmes or specific measures for persons with disabilities.

5 CONCLUSIONS

As a post-conflict, low-income West African country, Sierra Leone faces many development challenges. However, the country is firmly committed to the SDGs and the CRPD. Disability inclusion continues to be a strong priority for the government and development partners.

In a country where almost 70 percent of the population live below the national poverty line, the social situation is challenging for many persons with disabilities. Crucial provisions of the PwDA have not been implemented and most gaps relate to resource scarcity among those government entities tasked to ensure implementation. Available funds are estimated to cover only 20-25 percent of these entities' funding needs. Resource scarcities affect all preconditions, but the limited provision of assistive devices and rehabilitation services that persons with disabilities often require further limits their access to other essential services such as education, WASH, health, and transportation. This was highlighted as important. Other significant gaps include lack of reliable statistical data on persons with disabilities and their living situations; a regularly updated data management system; and a consistent mechanism for the assessment, identification, registration, and certification of persons with disabilities.

To address the challenges identified in the situational analysis, key recommendations are outlined below:

- Build capacity and knowledge on CPRD provisions among duty bearers in all branches of government who are engaged with ongoing revision and implementation of the PwDA.
- Develop OPD and NCPD organizational capacity and enhance their knowledge of CPRD provisions for better engagement in PwDA revision and national development plan coordination mechanisms, all to advance CPRD compliance and accountability. In addition, build OPD skills in areas such as advocacy, gender equality, and financial management. This promotes service equality to vulnerable and underrepresented groups, including women, girls and the homeless.
- Revise the PwDA to comply with CRPD provisions, with multi-stakeholder participation and contribution, as well as inputs from UN experts on disability rights and inclusion, to further refine key elements such as the roles and responsibilities of different ministries, departments and agencies.

- Review other priority laws, policies, and systems that are undergoing revision for compliance with CPRD and PwDA provisions, including attention to gender equality and ability to reach marginalized and underrepresented groups of persons with disabilities.
- Develop an assessment and certification system for persons with disabilities to support PwDA implementation and facilitate access to rights and services by persons with disabilities. This system would promote equality and non-discrimination in government programming to better reach marginalized and underrepresented groups of persons with disabilities.
- Operationalize the Disability Development Fund envisioned in the original PwDA, with a strong governance structure, as a financial tool for PwDA realization in key areas.
- Develop an evidence-based plan for a nationwide community-based rehabilitation system to realize the PwDA mandate to provide of rehabilitation services within communities.
- Improve implementation of disability-inclusive SDGs at the country level by providing technical support for a new SDG Monitoring Platform being developed by Statistics Sierra Leone so that it is sensitive to persons with disabilities, disaggregates data by disability (as feasible), and includes disability inclusion-related SDG targets.

ANNEX 1:

26 SELECTED COUNTRIES

Argentina
Colombia
Guatemala
Panama
Trinidad & Tobago

AMERICAS

Cameroon
DRC
Eswatini
Ghana
Rwanda
Sierra Leone
Tanzania
The Gambia
Tunisia
Zimbabwe

AFRICA

Montenegro
North Macedonia
Republic of Moldova

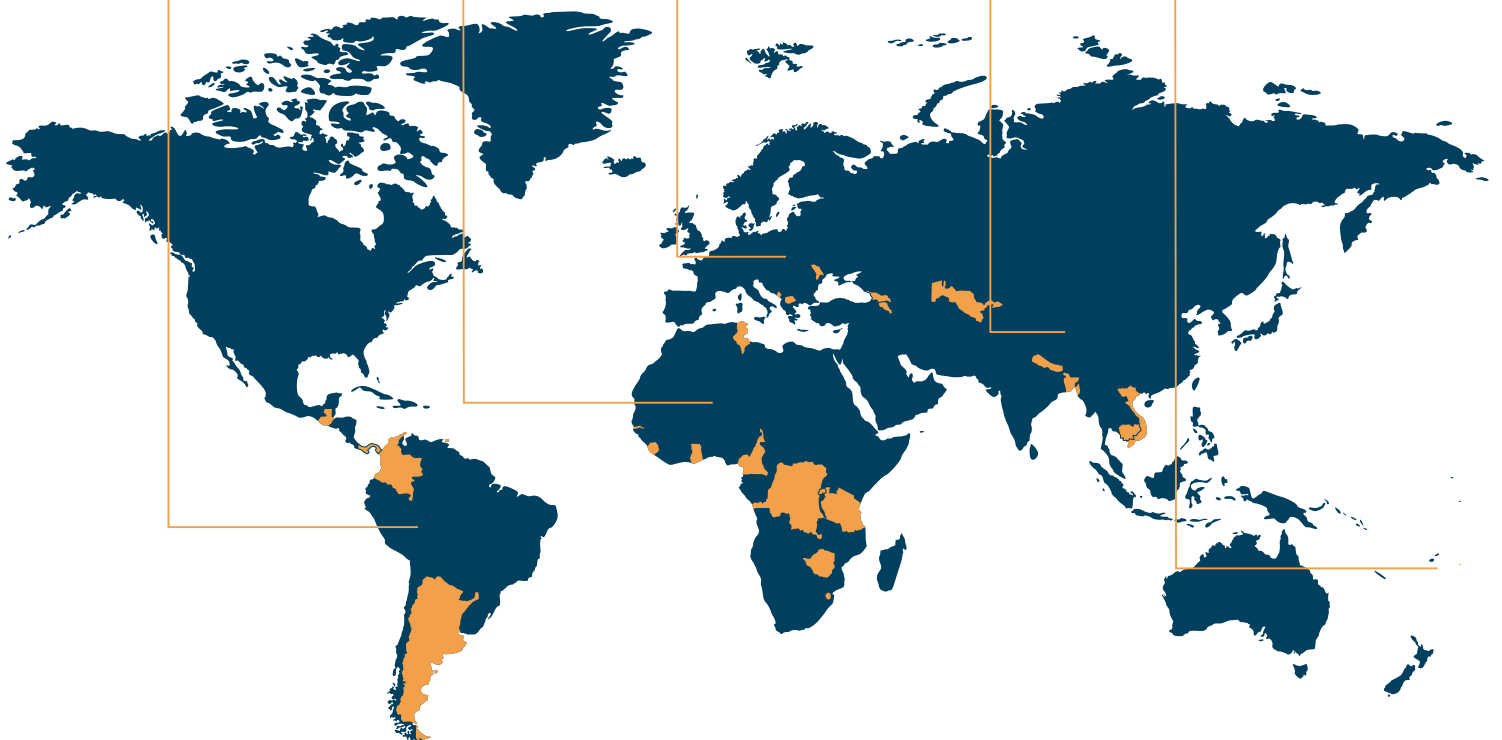
EUROPE

Armenia
Bangladesh
Cambodia
Georgia
Nepal
Uzbekistan
Vietnam

ASIA

Cook Islands

OCEANIA



ENDNOTES

- 1 Population and Housing Census 2015
- 2 Population and Housing Census 2004
- 3 Government of Sierra Leone (2011). The Persons with Disability Act
- 4 <https://sierraleone.un.org/index.php/en/185819-common-country-analysis-2021-update>
- 5 <https://sierraleone.un.org/en/100608-united-nations-sustainable-development-cooperation-framework-sierra-leone-2020-2023>

