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Acronyms

A4P  Agenda for Prosperity
CCF  Christian Children’s Fund
CRC  Convention on the Rights of a Child
EVD  Ebola Viral Disease
GoSL  Government of Sierra Leone
MDGs  Millenium Development Goals
MICS  Multiple Indicator Cluster Surveys
SDGs  Sustainable Development Goals
SLIHS  Sierra Leone Integrated Households Survey
WSSD  World Summit for Social Development
With the launch of the Sustainable Development Goals (SDG) in Sierra Leone and a commitment to the reduction of child poverty, the Government of Sierra Leone (GoSL) has wasted no time in estimating and preparing a report on child poverty.

This document sets the stage for initiating the thought processes that will ensure the development of adequate strategies and interventions to reduce and measure child poverty, by exploring the definition of child poverty from different perspectives and exploring the concept of deprivation. It sets out the dimensions of Sierra Leone’s child poverty measurement and the operational definitions of these dimensions, and examines the incidence of child poverty at national and sub-national levels. It also proposes policy options for each deprivation/sector to improve the wellbeing of children. This report provides the necessary information that will help the Government to plan interventions that respond to the needs of children in Sierra Leone and contribute to reducing child poverty.

An analysis of child poverty shows that reducing deprivation in one dimension alone has little impact. More holistic solutions are needed. The successful reduction of child poverty requires the active support and collaboration of partners of the Ministry of Finance and Economic Development. Key among these partners are sister ministries such as the Ministries of Health and Sanitation; Education, Science and Technology; Water Resources; Agriculture, Forestry and Food Security; Lands, Housing and the Environment; and
Information and Communication. The partnership of civil society, NGOs, UN agencies, bi-
lateral and multi-lateral organisations and funding banks is also a key component.

The preparation of this report was achieved through the efforts of members of the Inter-
sectoral Child Poverty Technical Committee who are technical experts in their sectors. In 
collaboration with UNICEF, they put a lot of effort and dedication into thinking, analysing 
and writing from a child-rights perspective. Consultations were also held with international 
child-poverty experts.

It is hoped that this document will be an instrument for positive change and improvement 
in the lives and wellbeing of children in the relevant sectors. It is worth reading.

Mohamed King Koroma

Statistician General

Statistics Sierra Leone
The GoSL strongly supports the launch of the Sierra Leone Child Poverty Report 2016, the first comprehensive attempt at, and milestone in the profiling of child poverty in Sierra Leone using a multi-dimensional approach. An outcome of this success is that the GoSL and the Ministry of Finance and Economic Development, in collaboration with key stakeholders, have added child poverty indicators, as per Goal 1.2, to the compendium of SDG indicators for Sierra Leone, which are to be monitored until 2030.

The earlier Millennium Development Goals (MDGs) were a useful benchmark that the Government strove hard to achieve. This despite the difficult post-conflict context which characterized their implementation in Sierra Leone. The MDGs were launched in 2000 when the country was just emerging from a decade-long civil war, a war (lasting from 1991 to 2001) that crippled the economy and set back human development. The agenda of the SDGs shows the renewed commitment by the UN to support global paths and efforts to end extreme poverty and to increase prosperity for all by 2030. The domestication of the SDGs in Sierra Leone has taken into consideration the principle of leaving no one behind, as this is a central dimension to the understanding of the special context and challenges facing a fragile state like Sierra Leone. This principle requires adequate preparation and response for its fulfilment, for which analysing, understanding and devising appropriate strategies for reducing child poverty cannot be overemphasized.

While the Government was pursuing the MDG agenda to its projected finality in 2015, the nation was struck by a further crisis, the outbreak of the Ebola Virus Disease (EVD).

in May 2014. The disease killed an estimated 3,500 of about 8,000 infected persons in Sierra Leone. It caused unprecedented damage to the social and economic fabric of the country before it was officially declared over on 7th November 2015. This human catastrophe coincided with a crisis in the mining sector which led to a sharp drop in the value of the country’s exports and exacerbated the country’s position.

The economy plunged phenomenally because of these twin crises. GDP growth decelerated from 15.2 per cent in 2012 and 20.1 per cent in 2013 to 4.6 per cent in 2014 and minus 21.3 per cent in 2015. Consumer prices skyrocketed and the livelihoods of at least 2.3 million people worsened. Projections are that monetary poverty levels increased as a result, impacting negatively on households and on children most especially. Accordingly, SDG consultations and popularization in the country considered marginalized and excluded groups, including the disabled, women in rural areas, children, youth and households in informal settlements.

Based on the foregoing, Statistics Sierra Leone and other government agencies will be strongly supported to allow regular collection of disaggregated (including spatial) data on key development dimensions like child poverty. This will enable effective policy making and tracking of relevant inequalities. Child poverty issues and dimensions will be prioritized and placed at the heart of the national development agenda. We now have a comprehensive baseline picture of multi-dimensional child poverty in Sierra Leone and this is an opportunity to monitor progress through the implementation of Government’s Agenda for Prosperity and Post-Ebola Presidential Delivery Priorities. The production of this report profoundly benefited from the technical and funding support by UNICEF.

I thank you all.

Honourable Minister Momodu Kargbo
Ministry of Finance and Economic Development
Since the publication of UNICEF’s seminal report, *Poverty Reduction Begins with Children*, many vital contributions have been made to our understanding of what child poverty is and how it can be measured. While child poverty continues to be interpreted in different ways, it is now generally understood to be multi-dimensional and occurs when a child is denied basic rights, such as schooling, clean water and basic healthcare.

The adoption of the SDGs, which commit governments around the world to cutting the proportion of all women, men and children living in poverty by half by 2030, has shone fresh light on the need to better understand and tackle child poverty at country level.

Levels and patterns of child poverty have been estimated for Sierra Leone on several occasions since 2000, but, until now, never by the GoSL itself. This report presents the results of the first estimates of child poverty produced by the GoSL. They are the fruit of a long process of collaborative engagement between Statistics Sierra Leone, the Ministry of Finance and Economic Development, the Ministry of Social Welfare, Gender and Children’s Affairs, the Ministry of Education, Science and Technology, the Ministry of Health and Sanitation, various NGOs and UNICEF. UNICEF has provided technical and financial support throughout the process.

The methodology used in this report to estimate child poverty follows closely that used by UNICEF and others in recent years. It matches closely the methodology used
by Gordon and others in 2003\(^2\) which was the first rigorous, cross-country study of multi-dimensional poverty among children. The methodology developed in their study reflected previous international efforts to define poverty, including child poverty, rooted in the rights we have as human beings.

This report draws extensively from this cross-country study and thus uses the following rights-based definition of poverty: a child found to be severely deprived in at least one of seven dimensions namely, nutrition, water, sanitation, health, housing, education and information, is considered poor. The methodology follows internationally-agreed definitions on what constitutes severe deprivation in each of these dimensions. The data used in the analysis comes from Sierra Leone’s 2010 Multiple Indicator Cluster Survey (MICS).

The analysis finds that 77.4 per cent of Sierra Leonean children are poor as they suffer a violation of at least one of their basic rights. That means that, on average, 8 out of every 10 children can be considered poor.

Breaking results down by dimension, the highest incidence of severe deprivation is found in housing, where 62 per cent of children either live in dwellings with mud or sand floors or in dwellings with more than five occupants per room. Severe deprivation is the lowest in education, with just over 17 per cent of children aged 7–17 found to have never attended school.

On average, rural areas show a higher incidence of child poverty than urban areas. Levels of child poverty are generally highest in the North and the South of Sierra Leone, followed by the East and then the West. The districts with the greatest incidence of poverty are Pujehun, where child poverty is estimated to be 93.0 per cent, and Bonthe, where 91.2 per cent of children are found to be poor. Child poverty is lowest in Western Urban, where the incidence is 45.8 per cent.

Children in Sierra Leone suffer from an average of more than two severe deprivations. At national level, the average number of deprivations, indicative of the severity of poverty, is about 2. The average number of deprivations is highest in the South and lowest in the West.

More than 50 per cent of children suffer from at least two severe deprivations. 28.1 per cent of children are deprived in three or more dimensions, and 11.2 per cent are deprived

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in at least four. Poverty is generally most severe in the South. A significantly higher proportion of children suffer from three, four and five deprivations in the South than in the East, the North and the West.

Analysis of the ways in which deprivations overlap show that eliminating any single severe deprivation would only have a small impact on the overall incidence of child poverty. Even in the housing dimension (the dimension in which the highest proportion of children suffer from deprivation), just 23 per cent of those considered deprived are deprived in that dimension and no other. Nearly 77 per cent of the housing-deprived are also deprived in another dimension. Moreover, more than 92 per cent of information-deprived children are deprived in other dimensions, while 93 per cent of children deprived of sanitation suffer at least one additional severe deprivation.

Reducing child poverty therefore, will require a holistic approach that reflects the fact that children suffer from multiple deprivations at the same time. Nonetheless, this report provides several recommendations for reducing deprivations in individual dimensions, from education to nutrition.

Addressing child poverty is essential if Sierra Leone is to meet the SDGs. Improving health, nutrition, education and other outcomes that comprise the child poverty measurement will be central to meeting the targets of Sierra Leone’s Vision 2035. An integrated and coordinated approach cross the relevant child development-related sectors is crucial. The children of today will be the doctors, teachers and policy makers of tomorrow. Tackling child poverty means enabling today’s children to drive Sierra Leone to middle-income status by 2035.

It should not be forgotten however, that reducing children’s vulnerabilities, improving their quality of life and cutting child poverty are important targets in themselves, and should be part of the Government’s strategy for improving the welfare of all its citizens. Finally, central to all proposed strategies is the need to increase the research, data collection and statistical capacity of the country to ensure sustained provision of appropriate information to inform policy on child development.
Chapter one
DEFINING CHILD POVERTY

1.1 Introduction

In September 2015, the SDGs were launched in New York and world leaders and development partners committed to making the world a better place for all its inhabitants. Reducing child poverty is one of the commitments made in SDG1 and is aimed at eradicating extreme poverty and halving the number of men, women and children living in poverty in all its dimensions. According to UNICEF and many authors, child poverty is multi-dimensional and linked to monetary poverty. Evidence shows that tackling child poverty with a combination of monetary support and a multi-dimensional strategy is important in improving the mental and psychosocial wellbeing of a child. Therefore, it is imperative to protect children from falling into both monetary and multi-dimensional poverty.

In March 2014, the UN Secretary General, Ban Ki-Moon, referred to Sierra Leone as “an inspiring experience for international peace-building efforts”. Although systems were improving, they were still weak. The Government, after several years of consolidating peace, stability and democratic governance, commenced with the implementation of the Agenda for Prosperity (A4P) and other developmental projects, which were on course to gain positive momentum. Before the EVD crisis, the government’s health infrastructure reforms, education, water and sanitation services had started to bear fruit. For example, the implementation of the Free Health Care initiative, targeting both curative and preventive

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services, led to remarkable improvement in some of the health indicators in the country. According to the latest Sierra Leone Demographic and Health Survey (SLDHS, 2013) the country had seen an improvement in vaccination coverage and under-five mortality rate. The vaccination coverage during the first year of life among children aged 12-23 months almost doubled from 31 per cent in 2008 to 58 per cent in 2013. In the same year, an under-five mortality rate of 156 deaths per 1,000 live births was reported showing a decline compared to the 227 deaths per 1,000 lives birth observed in 2005. Documented results also show that by 2013 over 59 per cent of pregnant women had delivered under the care of a skilled health practitioner. The country was in a trajectory of growth and social development when the EVD and flood emergencies impacted improvements in child and maternal healthcare indicators.

The EVD outbreak that spread from Guinea around May 2014 devastated the country’s economy, and placed a blockade on its journey to prosperity. The effects of the outbreak continue to have a significant direct and indirect impact on the economy and the society at large, rapidly reversing the gains Sierra Leone made over the past decade. All these had implications for children in Sierra Leone.

Over the last few decades, lot of work has been done on the measurement of child poverty. Many experts now agree that unless we focus on child poverty from a human rights perspective we may not be able to adequately prepare the next generation to reach their full potential. Gordon et al (2003) argue that child poverty denies children the ability to actualize their potential as human beings, thus exposing them to a pitiable situation. Poverty affects children in every facet of their growth, from brain development in their formative ages to their need for basic amenities during adolescence, amenities that may be unavailable because they can either not afford them or access them.

This chapter therefore seeks to explore the definition of child poverty from different perspectives and to understand a clear definition that can pave way for measurement, providing the basis for interventions that could be implemented to reduce child poverty in Sierra Leone. Such a definition of child poverty would also set in motion the thought processes that could ensure adequate strategies are put in place to support its reduction.
1.2 Defining child poverty

Child poverty has been defined by many authors, notably amongst them are Gordon et al (2003) who, following on the definition of absolute poverty established at the World Summit for Social Development (WSSD) in Copenhagen in 1995, defined child poverty in terms of severe deprivation of seven specific elements listed in the WSSD declaration. This definition has been adopted and adapted throughout the world. For instance: UNICEF (2007) for the Global Study on Child Poverty and Equity, the Economic Commission for Latin America and the Caribbean/UNICEF (2010) for Latin America, Santos and Alkire (2012) for Bangladesh, Minujin et al (2012) for East Asia and the Pacific, and Cid-Martinez (forthcoming) for Nigeria.

In this report, based on world-wide experience, the definition of child poverty is:

*A child is considered poor if he or she is deprived of at least one of the following rights which constitute poverty: housing, education, information, water, sanitation, health and nutrition.*

Two elements underpin this definition. One is the concept of rights that, if denied, constitute poverty. Not all child rights violations are easily or directly identifiable with material deprivation (e.g. violence or abuse). Thus, they do not constitute poverty.

Secondly, children experience poverty differently from adults (Christian Children' Fund (CCF), 2003). For instance, adults may experience poverty because they are unemployed and consequently have no income. However, children are not supposed to work (and are not supposed to be earning an income). Also, children have a right to education. While the continuous acquisition of skills and adult learning is very commendable and should be encouraged in any development strategy, they are not enshrined in international rights conventions or most national constitutions as a right.

It is because of differential experience and age-specific indicators used to assess child poverty that the SDGs indicate that multi-dimensional poverty should be estimated specifically and proper measures be taken to address these individual dimensions.

This is very important because, if child poverty is not defined and measured, specifically taking into accounts the rights and dimensions that are relevant for children, there could be a false sense of progress in reducing child poverty. Concretely, given that children comprise almost half of the population in Sierra Leone according to the 2015 Census figure, a measurement that does not consider the peculiar characteristics of children could incorrectly assume that poverty is being reduced in the country while children are simultaneously being left behind.
1.3 Rights-based approach to child poverty

Reduction in child poverty is paramount to achieving children’s rights as humans. The Convention on the Rights of the Child (CRC) clearly states that every child is entitled to live a life of dignity with an equal chance of rising through life, making the best of life chances presented. In addition, the extreme poor (called the *popoliopos* in Sierra Leone) should be able to rise through the intergenerational cycle of poverty and be exposed to interventions which present equality of opportunities and equality of outcomes.

The right to health, education, adequate and appropriate housing, information and water and sanitation are all enshrined in the CRC, and are something the multi-dimensional measurement of poverty hinges upon. A child deprived of education but with access to good health care services has less chance of surviving poverty when he becomes an adult. On the other hand, a child with access to superior quality education with poor health care, is not likely to survive to enjoy the benefits of his/her education. Therefore, the severity and overlap of deprivations faced by a child lowers the child’s chances of surviving shocks and vulnerabilities in the future. Child poverty is a crucial issue for children today because their rights are violated but also because it reduces their chances of being well-off as adults. When poverty is measured using only household-level consumption and expenditure data, it ignores the fact that money cannot always purchase what children need. In rural areas without access to health services or schools, money cannot buy good health or education. Increasing household income does not necessarily indicate that the quality of the lives of children will be improved. On the contrary, it may have negative consequences for children, as the increase in the income of the household may be because the child has engaged in child labour and is not attending school.\(^4\)

Therefore, child poverty is a human rights violation and should be addressed from a rights-based perspective.

1.4 Monetary poverty approach to child poverty

Monetary approaches to measuring poverty has been with us for a very long time. The World Bank’s 1.25 dollar-a-day measure has for decades been the basis for calculating poverty and comparisons between and within countries. However, this dollar-a-day approach does not measure whether people can afford a minimum basket of goods in their own country or not.

A multi-dimensional, rights-based approach to measurement is, in turn, needed to capture the entire picture of poverty. Two reasons for this stand out. One is that many elements that contribute to determining poverty are available as public goods, making income irrelevant to the enjoyment of them (free education and free health care are typical examples). In addition, some items might not be available at all, especially in rural areas. In this case, the presence of money in the household does not necessarily mean a benefit to household members at that point in time. Thus, measuring deprivation of rights directly (through the multi-dimensional approach) expands and complements the indirect (monetary) approach.

### 1.5 The Rights of the Child/Sierra Leone Child Rights Act 2007

The CRC is the international human rights treaty recognising that a child needs particular care and assistance and that what is appropriate for an adult may not be suitable or sufficient for a child. It sets standards defined by the rights that all children have: the right to a core minimum level of wellbeing, which includes the right to nutrition, basic education, survival, protection and the right to grow up in a family. The CRC Committee considers poor children to belong to the group of children with heightened vulnerabilities. There is both recognition of the vulnerability to poverty and deprivation of young children, indigenous children, immigrant children and children living in single parent households, and of the risks to young children that result from poverty and social exclusion. Thus, deprivation in any one of the seven dimensions mentioned above is not only a denial of child rights, but can also be an incidence of child poverty.

Child poverty cannot be adequately addressed by targeting individual rights; an integrated and holistic approach is needed as all rights are inalienable and indivisible. A human rights-based approach to poverty considers participation, accountability, non-discrimination, empowerment and links to human rights. The final draft of the of the guiding principles on poverty and human rights, prepared by the Special Rapporteur on extreme poverty and human rights and adopted by the Human Rights Council in 2012 argues that children’s rights must be accorded priority, calling for “immediate action to combat childhood poverty.” It stipulates that states must ensure that “all children have equal access to basic services”, and that at a minimum, children are entitled to a package of basic social services that includes high quality health care, adequate food, housing,
safe drinking water and sanitation, and primary education, so that they can grow to their full potential free of disease, malnutrition, illiteracy and other symptoms of deprivation.

Poverty renders children vulnerable to exploitation, neglect and abuse and states must strengthen and allocate the necessary resources to child protection strategies and programs with a particular focus on marginalized children such as street children, child soldiers, and children with disabilities, victims of trafficking, child heads of households and children living in care institution. They must also have the right development strategies and socio-economic policies.

The GoSL signed the CRC in 1990 and the rights contained in it have been passed into law in the Child Rights Act of Sierra Leone, 2007. This Act aims at ensuring that all children in Sierra Leone enjoy their inherent rights as humans. As part of the implementation process of the Child Rights Act, institutions with a responsibility for addressing children’s rights have been established or revitalized at national, district and community levels. These include the National Commission for Children, Family Support Units in the districts, and Child Welfare Committees at chiefdom level. Social Services Departments were established in all District Councils to ensure that the welfare and wellbeing of children is upheld. They became defunct during the EVD outbreak and UNICEF is currently in discussion with Local Councils to see how they can be revitalized.
2.1 Introduction

Gordon et al (2003) sought to produce the first accurate and reliable measure of the extent and severity of child poverty in the developing world, using internationally agreed definitions of poverty. Their primary objective was to produce an operational measure of absolute poverty for children, as agreed at the World Summit for Social Development. At the World Summit, the governments of 118 countries agreed that absolute poverty is “a condition characterised by severe deprivation of basic human needs.”

Deprivation thus became a key ingredient in the measurement of poverty, and various players described definitions of deprivation to be used in defining absolute poverty.

Brown and Madge (1982) state:

“Deprivations are loosely regarded as unsatisfactory and undesirable circumstances, whether material, emotional, physical or behavioural, as recognised by a fair degree of societal consensus. Deprivations involve a lack of something generally held to be desirable – an inadequate income, good health, etc. – a lack which is associated to a greater or lesser extent with some degree of suffering.”

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Townsend (1987) states:

“Deprivation may be defined as a state of observable and demonstrable disadvantage relative to the local community or the wider society or nation to which an individual, family or group belongs. The idea has come to be applied to conditions (that is, physical, emotional or social states or circumstances) rather than resources and to specific and not only general circumstances, and therefore can be distinguished from the concept of poverty.”

The concepts of poverty and deprivation are closely linked, although it is generally agreed that the concept of deprivation covers various conditions, independent of income, experienced by people who are poor, while the concept of poverty refers to the lack of income and other resources which make those conditions inescapable or at least highly likely (Gordon et al, 2003).

2.2 Continuum of deprivation

Deprivation can be conceptualized on a continuum that ranges from no deprivation, through to mild, moderate and severe deprivation and then to extreme deprivation (Gordon, 2002). Figure 2.1 depicts this concept.

![Figure 2.1: Continuum of deprivation](image)

2.3 Operational definitions of deprivation

Measuring absolute poverty amongst children requires defining threshold measures of severe deprivation of basic human needs for food, safe drinking water, sanitation facilities, health, shelter, education, information and access to services.

Theoretically, severe deprivation of basic human needs has been defined as those circumstances that are highly likely to have serious adverse conditions for the health, well-being and development of children. Severe deprivations are causally related to poor developmental outcomes both long and short term. The idealized operational definitions of deprivation for the eight criteria in the World Summit definition of absolute poverty, are shown in Table 2.1 (Gordon et al 2001).
Table 2.1: Operational definitions of deprivation for children (Gordon et al, 2001)

<table>
<thead>
<tr>
<th>Deprivation</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food</strong></td>
<td>Bland diet of poor nutritional value</td>
<td>Going hungry on occasion</td>
<td>Malnutrition</td>
<td>Starvation</td>
</tr>
<tr>
<td><strong>Safe drinking water</strong></td>
<td>Not having enough water on occasion due to lack of sufficient money</td>
<td>No access to water in dwelling but communal piped water available within 200m of dwelling or less than a 15-minute walk away</td>
<td>Long walk to water source (more than 200m or longer) Unsafe drinking water (e.g. open water)</td>
<td>No access to water</td>
</tr>
<tr>
<td><strong>Sanitation facilities</strong></td>
<td>Having to share facilities with another household</td>
<td>Sanitation facilities outside dwelling</td>
<td>No sanitation facilities in or near dwelling</td>
<td>No access to sanitation facilities</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Occasional lack of access to medical care due to insufficient money</td>
<td>Inadequate medical care</td>
<td>No immunization against diseases. Only limited non-professional medical care available when sick</td>
<td>No medical care</td>
</tr>
<tr>
<td><strong>Shelter</strong></td>
<td>Dwelling in poor repair. More than 1 person per room</td>
<td>Few facilities in dwelling, no facilities in house, lack of heating, structural problems. More than 3 people per room</td>
<td>Non-permanent structure, no privacy, no flooring, just one or two rooms. More than 5 people per room</td>
<td>Roofless - no shelter</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Inadequate teaching due to lack of resources</td>
<td>Unable to access secondary but can access primary education</td>
<td>Child is 7 or older and has received no primary or secondary education</td>
<td>Prevented from learning due to persecution and/or prejudice</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>Cannot afford newspapers or books</td>
<td>No television but can afford a radio</td>
<td>No access to radio, television, books or newspapers</td>
<td>Prevented from gaining access to information by government, etc.</td>
</tr>
<tr>
<td><strong>Basic social services</strong></td>
<td>Health and education facilities available but occasionally of low standard</td>
<td>Inadequate health and educational facilities nearby (e.g. less than one hour travel)</td>
<td>Limited health and educational facilities less than a day’s travel away</td>
<td>No access to health or educational facilities</td>
</tr>
</tbody>
</table>
Gordon et al (2003) found it difficult to use survey data to operationalize the idealised definitions of severe deprivation of basic human needs (see table 2.1), and therefore, had to make some compromises. The severe deprivation measures used with survey data were:

1. **Severe food deprivation**: children whose height and weight for age were more than three standard deviations below the median of the international reference population, that is, severe anthropometric failure.

2. **Severe water deprivation**: children who only had access to surface water (for example, rivers) for drinking or who lived in households where the nearest source of water was more than 15 minutes away (indicators of severe deprivation of water quality or quantity).

3. **Severe deprivation of sanitation facilities**: children who had no access to a toilet of any kind near their dwelling, that is, no private or communal toilets or latrines.

4. **Severe health deprivation**: children who had not been immunized against any diseases or young children who had a recent illness involving diarrhoea and had not received any medical advice or treatment.

5. **Severe shelter deprivation**: children in dwellings with more than five per room (severe overcrowding) or with no flooring material (for example, a mud floor).

6. **Severe educational deprivation**: children aged between 7 and 18 who had never been to school and were not currently attending school (no professional education of any kind).

7. **Severe information deprivation**: children aged between 3 and 18 with no access to radio, television, telephone or newspapers at home.

8. **Severe deprivation of access to basic services**: children living 20km or more from any type of school or 50km or more from any medical facility with doctors.

It was assumed by Gordon et al (2003) that children who suffer from these levels of severe deprivation are very likely to be living in absolute poverty because, in the overwhelming majority of cases, the cause of severe deprivation of basic human need is invariably a result of lack of resources/income. It was also assumed that some children were in this situation due to discrimination or due to disease. Because of this, only a child who suffers from two or more severe deprivations of basic human need as defined previously was assumed to be living in absolute poverty.
The main practical criteria used to select these measures of severe deprivation were:

- data availability for many children;
- the definitions must be consistent with international norms and agreements.

The countries where this methodology for measuring absolute poverty for children has been applied are:

Bolivia, Brazil, Colombia, Dominican Republic, Central African Republic, Guatemala, Haiti, Nicaragua, Peru, Egypt, Morocco, Yemen, Cambodia, China, Indonesia, Philippines, Bangladesh, India, Nepal, Pakistan, Benin, Burkina Faso, Cameroon, Chad, Comoros, Cote d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

2.4 Sierra Leone’s child poverty measurement

The methodology used to construct the national child poverty measurement employed in the following analysis draws significantly from the dimensions of deprivation and the operational definitions for these deprivations developed and used by Gordon et al (2003).

Sierra Leone’s child poverty measurement contains the following seven dimensions: severe nutritional deprivation, severe water deprivation, severe deprivation of sanitation facilities, severe health deprivation, severe housing deprivation, severe educational deprivation and severe deprivation of information.

The operational definitions used to measure these deprivations are, for most dimensions, the same as those used by Gordon et al (2003). There are, however, some crucial differences, especially in the health dimension. Table 2.2 below sets out the operational definition for each of the seven dimensions contained in the national child poverty measurement.
<table>
<thead>
<tr>
<th>Dimension</th>
<th>Indicator</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>Severe underweight</td>
<td>Deprived if less than minus three standard deviations from median weight for age of reference population</td>
</tr>
<tr>
<td></td>
<td>Severe stunting</td>
<td>Deprived if less than minus three standard deviations from median height for age of reference population</td>
</tr>
<tr>
<td></td>
<td>Severe wasting</td>
<td>Deprived if less than minus three standard deviations from median weight for height of reference population</td>
</tr>
<tr>
<td><strong>Water</strong></td>
<td>Access to improved water source</td>
<td>Deprived if household’s main source of drinking water is surface water</td>
</tr>
<tr>
<td></td>
<td>Distance to water source</td>
<td>Deprived if round trip to water source more than 30 minutes</td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td>Access to improved sanitation</td>
<td>Deprived if children have no access to any sanitation facilities whatsoever in or near their homes</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Immunization</td>
<td>Deprived if child older than 1 year has not received the complete basic vaccination treatment</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea treatment</td>
<td>Deprived if the child had untreated diarrhoea in the two weeks prior to the survey, for which no medical advice was obtained</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Overcrowding</td>
<td>Deprived if more than five people per room</td>
</tr>
<tr>
<td></td>
<td>Floor material</td>
<td>Deprived if floor is made of natural material, which is not considered permanent</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Compulsory school attendance</td>
<td>Deprived if age aged between 7 and 18 who have received no primary or secondary education, i.e. no professional education at all</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>Availability of information</td>
<td>Deprived if household has not reported to have any of the following: radio, television, non-mobile phone or mobile phone</td>
</tr>
</tbody>
</table>

In a similar way to the Gordon et al (2003) study, a child is considered deprived in a dimension if they are suffering deprivation in any of the indicators that comprise that dimension.

An important difference between the methodology proposed here and the methodology used by Gordon et al (2003) relates to the relationship between severe deprivation and poverty. While Gordon et al (2003) define a child as living in poverty if the child suffers two or more severe deprivations, here we define poor children as those suffering from at least one severe deprivation. This reflects that each dimension included in the index represents an inalienable basic right of the child. Deprivation in a dimension therefore means a violation of a basic right, which is considered poverty.
3.1 THE INCIDENCE OF CHILD POVERTY

This section looks at the incidence of child poverty, first nationally and then by area type, by region and finally by district.

As described in Chapter 2, a child is poor if they are deprived in at least one of the seven dimensions that constitute poverty. That is, a child is poor if they are denied their basic rights to at least one of the following: nutrition, water, sanitation, health, housing, education and information.

Using this methodology, 77 per cent of Sierra Leonean children are found to be poor.

**FIGURE 3.1.1 Incidence of child poverty in Sierra Leone and the percentage of children deprived in each dimension**

- Child poverty
- Nutrition
- Water
- Sanitation
- Health
- Housing
- Education
- Information

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child poverty</td>
<td>77%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>40%</td>
</tr>
<tr>
<td>Water</td>
<td>35%</td>
</tr>
<tr>
<td>Sanitation</td>
<td>30%</td>
</tr>
<tr>
<td>Health</td>
<td>20%</td>
</tr>
<tr>
<td>Housing</td>
<td>75%</td>
</tr>
<tr>
<td>Education</td>
<td>25%</td>
</tr>
<tr>
<td>Information</td>
<td>20%</td>
</tr>
</tbody>
</table>
Severe deprivation in individual dimensions varies significantly. Deprivation is most prevalent in the housing dimension, with 62 per cent of children either living in a dwelling with five or more people per room, or in a dwelling where the floor is made of mud, sand or dung. The incidence of deprivation is lowest in the educational dimension. Seventeen per cent of children aged 7-17 are found to be severely education-deprived, never having attended school.

The incidence of child poverty is far greater in rural areas than in urban areas. In rural areas, 85 per cent of children are found to be poor, while in urban areas 61 per cent of children are poor. This is a gap of 24 percentage points.

The South is the region with the highest incidence of child poverty. As shown in figure 3.1.3 below, 85 per cent of children in the South are poor, compared to 82 per cent in the North, the region with the second highest incidence of child poverty. The incidence of child poverty is 78 per cent in the East, while in the West, the region with by far the lowest incidence of child poverty, 47 per cent of children are poor.
The district with the highest levels of child poverty, Pujehun, where 93 per cent of children are found to be poor, is in the South. The districts with the second and third-highest rates of child poverty are also in the South. These are Bonthe, where 91 per cent of children are poor, and Moyamba, where 88 per cent of children are poor.

It should be noted, however, that it is possible that poverty rates in Moyamba are not statistically significantly different from those in the Northern districts of Kambia, Koinadugu and Tonkolili as their confidence intervals overlap. Child poverty levels with confidence intervals for each of Sierra Leone’s 14 districts are shown in Table 3.1.1.

The districts with the lowest levels of child poverty are those that make up

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Confidence intervals describe uncertainty associated with sample estimates of population parameters. At the 95 per cent confidence level used in this analysis, confidence intervals generated from different samples of the same population will include the population parameter in 95 per cent of cases. When 95 per cent confidence intervals for the means of two independent populations do not overlap, there is a statistically significant difference between those means at the 0.05 level of significance. It should be noted however, that the opposite is not necessarily true. A statistically significant difference between means may exist even when confidence intervals overlap.
the Western Area. Within the Western Area, Western Area Urban, with a child poverty incidence of 46 per cent, has significantly lower poverty levels than Western Area Rural, where 52 per cent of children are poor.

In all other districts, apart from Bombali in the North, Bo in the South and Kenema and Kailahun in the East, more than 80 per cent of children are poor. 71 per cent of children are poor in Bombali, while 76 per cent, 77 per cent and 78 per cent of children are poor in Bo, Kenema and Kailahun respectively. It is possible however, that results for the latter three districts are not statistically significantly different from one another.

| TABLE 3.1.1 Child poverty incidence by district and confidence interval |
|-----------------------------|-----------------------------|
| District                    | Mean | Confidence Interval |
|                             |     | Upper | Lower |
| **EAST**                    |      |       |       |
| Kailahun                    | 77.6 | 79.4  | 75.9  |
| Kenema                      | 76.6 | 78.4  | 74.9  |
| Kono*                       | 80.3 | 82.1  | 78.5  |
| **NORTH**                   |      |       |       |
| Bombali*                    | 70.6 | 72.5  | 68.7  |
| Kambia                      | 87.3 | 88.5  | 86.1  |
| Koinadugu                   | 87.4 | 88.9  | 86.0  |
| Port Loko*                  | 83.6 | 85.0  | 82.2  |
| Tonkolili                   | 86.6 | 88.1  | 85.2  |
| **SOUTH**                   |      |       |       |
| Bo*                         | 75.9 | 77.6  | 74.2  |
| Bonthe                      | 91.2 | 92.4  | 90.0  |
| Moyamba                     | 88.3 | 89.8  | 86.8  |
| Pujehun                     | 93.0 | 94.2  | 91.8  |
| **WEST**                    |      |       |       |
| Western R.*                 | 52.4 | 54.8  | 50.0  |
| Western U.*                 | 45.8 | 47.5  | 44.1  |

Note: * denotes that there is a statistically significant difference between the mean and those of other districts.

Results can also be broken down by sex. These are only meaningful however, where direct information on children is available. Differences by sex in nutritional, health and educational dimensions are shown in Figure 3.1.5 below.
While some small, statistically significant differences are found in the three nutrition sub-dimensions, underweight, stunting and wasting, with boys more likely to be deprived in each, very similar results are found for boys and girls.

The biggest difference between boys and girls is found in the stunting sub-dimension. Twenty-seven per cent of boys aged 0–4 are found to be stunted compared to 23 per cent of girls in the same age group. Nine per cent of boys are found to be underweight compared to 7 per cent of girls, while 4 per cent of boys are found to be wasted compared to 2 per cent of girls.

There is also a small, statistically significant difference in the education dimension, with boys less likely than girls to be deprived. Eighteen per cent of boys aged 7–17 are found never to have attended school compared to 16 per cent of girls.

No statistically significant differences were found between boys and girls in the health dimension, which includes information on diarrhoea treatment and immunization.

3.2 THE DEPTH AND SEVERITY OF CHILD POVERTY

Incidence is only one aspect of poverty. The same level of incidence of poverty may be accompanied by considerable variations in the depth and severity of poverty. Understanding these variations, not only helps better understanding of patterns of poverty, but also aids in the development of policy responses to eradicate or eliminate
child poverty. One aspect of poverty that is often analysed is the depth of poverty.\(^9\) The depth of poverty measures how far the poor are from the threshold.

The average number of deprivations suffered by children in poverty can be used to assess the depth of poverty. Table 3.2.1 shows the average number of deprivations suffered by children in Sierra Leone nationally and by district.

<table>
<thead>
<tr>
<th>Region</th>
<th>Average no. of deprivations</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>2.2</td>
</tr>
<tr>
<td>East</td>
<td>2.0</td>
</tr>
<tr>
<td>North</td>
<td>2.3</td>
</tr>
<tr>
<td>South</td>
<td>2.5</td>
</tr>
<tr>
<td>West</td>
<td>1.3</td>
</tr>
</tbody>
</table>

At the national level, poor children suffer an average of 2.2 deprivations. Mirroring the pattern found for the incidence of child poverty, the South is the region where poverty is the deepest. Poor children in the South suffer an average of 2.5 deprivations compared to an average number of deprivations of 2.3 in the North and 2.0 in the East. Child poverty is least deep in the West, where the average number of deprivations suffered by poor children is 1.3.

As with any average, however, these figures hide a significant amount of detail. Two very different distributions of deprivations can produce very similar figures for both the incidence and depth of poverty. Figure 3.2.1 below, which shows the number and percentage of children by number of deprivations, provides a more detailed picture of the severity of child poverty in Sierra Leone.

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As discussed in detail above, 77.4 per cent of children suffer from at least one deprivation. Of those considered poor, the largest proportion suffers from one deprivation. This represents just over 25 per cent of children, a larger proportion than that considered non-poor. A similarly large proportion of children, just over 24 per cent, suffer two deprivations, while nearly 17 per cent suffer three deprivations. Smaller proportions suffer from four, five and six deprivations and no children are deprived in all dimensions of the child poverty measurement. It should be noted, however, that more than 11 per cent of children suffer from four or more deprivations.

Similar pictures of the distribution of deprivation for Sierra Leone’s four regions are shown in Figure 3.3.2 below.

Distributions for the East, North and South follow similar patterns to the national distribution, albeit that the largest proportion of children are deprived in two dimensions rather than in one. In the West, by far the highest proportion of children are non-poor. Of the four regions, the West also has the highest proportion of children, 36 per cent, suffering from only one deprivation as only small numbers of children are deprived in more than one dimension.

The South is in general the region in which poverty is most severe. A significantly higher proportion of children suffer from 3–5 deprivations in the South than in the East, North and West. For example, 15 per cent of children in the South suffer from four deprivations compared to 6 per cent in the East, 10 per cent in the North and zero per cent in the West. Overall, 41 per cent of children suffer from three or more deprivations in the South compared to 22 per cent in the East and 33 per cent in the North and 2 per cent in the West.
It is interesting to note, however, that the North contains the largest number of children suffering from six deprivations and that this represents the largest proportion of children of any of the four regions.

FIGURE 3.2.2 Number and percentage of children by number of deprivations and region
Another way of understanding child poverty is to look at the way the various dimensions of poverty overlap. Overlap analysis can be done by looking at each dimension to see whether those deprived in that dimension are also deprived in other dimensions and if so, in what proportions. Understanding whether different deprivations are experienced simultaneously and in what combinations can help in the formation of policy responses to child poverty.10

The overlapping analysis is presented in two ways. Figure 3.3.1 represents those deprived in each dimension, separated into four categories: those deprived only in the specific dimension; those deprived in that dimension and one other; those deprived in that dimension and two others, and; those deprived in that dimension and 3–6 others. Figure 3.3.2 represents the same information displayed differently, showing the deprived as a proportion of the total number of children in the respective sub-sets, separated into the same four groups.

Housing is the dimension in which the greatest proportion of those deprived suffer from that deprivation alone. More than 23 per cent of those deprived in the housing dimension are only deprived in that dimension. Housing is also the dimension in which the greatest proportion are deprived in that dimension and one other.

Sanitation is the dimension in which the smallest proportion are deprived in only that dimension as less than 7 per cent of those deprived in sanitation are only deprived in that dimension. More than a third of those sanitation-deprived are deprived in the dimension and two others, a greater proportion than in any other dimension.

Among children who are deprived in the education dimension, about half are also deprived in three to six other dimensions (as well as in education). Moreover, more than 70 per cent of children deprived in education are also deprived in 2-6 other dimensions, a greater proportion than for any other dimension.

This suggests that, while none of the dimensions can be considered in isolation, eliminating educational deprivation alone is likely to have only a small impact on the incidence of child poverty when compared to eliminating other deprivations, especially housing deprivation.

A similar pattern arises when those deprived are considered as a proportion of all children. However, the higher incidence of deprivation in dimensions such as housing and health produces some important differences.
For example, while education is the dimension in which the greatest proportion children are deprived in that dimension and 3–6 others, the health dimension has the greatest proportion of any sub-set of children deprived in that dimension and 3–6 others. Nearly 13 per cent of children aged 0–4 are deprived in the health dimension and 3–6 others.

Similarly, the relatively small proportion of children deprived in the education dimension means that it is the dimension in which the smallest proportion of any sub-set of children is deprived in only that dimension. Just over 1.5 per cent of 7–17-year-olds are deprived in just the education dimension.

**FIGURE 3.3.2 Overlap analysis (deprived as percentage of children, by dimension)**

Comparison of incidence of child poverty and proportion of children living in poor households

Figure 3.2 shows the incidence of child poverty according to MICS 2010 as compared with the proportion of children living in poor households from the Sierra Leone Integrated Households Survey (SLIHS) 2011.

Whereas 77.4 per cent of children are poor from the viewpoint of deprivations, 55.2 per cent of children are living in poor households from the viewpoint of expenditure and consumption. This huge disparity suggests that measuring child poverty from the
consideration of deprivations allows for a deeper insight into the well-being of children than just considering the income and expenditure situation of households does.

**Figure 3.2: Comparison of coincidence of child poverty and proportion of children living in poor households**
In the last few years, Sierra Leone has suffered several different shocks, from natural disasters to human crises. The 11-year war which started just as the world was embarking on the MDGs process took a great toll on every facet of the country’s development. In the first half of 2014, the country had started to show a positive growth trajectory when the EVD health emergency struck in May 2014, shifting the country’s focus from development to an emergency. The already fragile situation in the country took an even bigger toll on children as the extended closure of schools, the no-touch policy and mistrust of the health system impacted on children’s wellbeing. In the nine months that schools remained closed due to the epidemic, over 14,000 girls became pregnant (United Nations Population Fund 2015), while the incidence of measles and other preventable diseases increased.

The current child poverty rate of 77.4 per cent is however, based on MICS 2010 and so does not reflect the situation of children during or after the EVD. However, the situation of children as reflected in the measurement should give an indication into what the situation is likely to be in the survey scheduled for 2017. Nevertheless, these estimates of child poverty can give Government the necessary information to start planning interventions in response to the needs of children in Sierra Leone.

The country must decide what its plan for achieving positive results for children (about 40 per cent of its population) will be, in line with the national development agenda A4P and the SDGs. In addition, the Government of Sierra Leone should consult on the acceptability of the indicators stated in the SDGs and decide to do more for children in order to increase their chances of achieving child related SDGs in the country.
4.1 POLICY OPTIONS

Allowing all children the opportunity to realise their inherent potential is high on the agenda of global leaders and is enshrined in the SDGs. This section will therefore focus on proposing policy options to deal with deprivation and analysing sectors that could be adapted to improve the wellbeing of children in Sierra Leone, thus contributing to reducing child poverty in the medium and longer term. It is worth noting that holistic solutions are required to make an impact in reducing child poverty in Sierra Leone. The overlap analysis above shows that reducing deprivation in one dimension alone has a negligible impact on child poverty.

4.1.1 EDUCATION

To improve the quality of education and to ensure every Sierra Leonean child has equal access, education policies must focus on expanding access, especially at the basic education level. Emphasis must be on targeting disadvantaged children including those impacted by the EVD outbreak, children from the lowest income quintiles, pregnant girls and those excluded because of gender disparities, disability or geographical location. Furthermore, more than a quarter of Sierra Leonean school-age children are out of school and policies must focus on expanding access to these children by among other things strengthening the link between non-formal and formal education. This will allow as many out of school children to transition into mainstream schools as possible. It is also important to acknowledge that for many children, even those in schools, the quality of their education remains poor and they are learning very little. Government needs to ensure that schools have adequately trained teachers, sufficient and well-resourced classrooms and necessary facilities like water, sanitation and appropriate text books, to create the enabling environment necessary for quality learning. It is also important that Government implements relevant and sustainable strategies to ensure that there are improved contact hours or more time on learning, through ensuring regular teacher and learner attendance in schools especially in rural/poorest communities.
4.1.2 HEALTH

Increased spending on health in line with the Abuja declaration of 2001, which calls for 15 per cent of total budget to be allocated to health, would go a long way in improving the situation of children. The country has put in place a free health care initiative, which has been declared by the President as policy. There is need to concretize this initiative, transforming it into a Bill of Parliament that would be passed into law.

Concretely, longer-term policy options could focus on increasing access to health care services for the entire population, by putting an emphasis on increasing health insurance coverage. Policy interventions aiming at increasing health insurance coverage could come in several forms, including community-based health insurance schemes, subsidies and/or reduced premiums for well-defined groups.

The demand-side policy recommendations outlined above could be supported by supply-side interventions to yield the intended outcomes and impacts. Such supply-side interventions could include building and expanding capacity in disease surveillance and response. This can also contribute to the reduction of child mortality and morbidity caused by malaria and measles, among others. In Sierra Leone over 26,000 children die from these diseases annually. Despite current progress made, it is recommended that further investment in these newly developed capacities and opportunities be made, to build and foster a resilient and responsive health care system and increase the quality of health care services.

It is recommended that efforts and scarce resources be focused on an integrated response, tackling the longer-term demand- and supply-side challenges in the Sierra Leonean health sector that were exposed and made more fragile during the EVD emergency. Thus, responses for the sector should focus on creating a more inclusive health care system, and increased service quality, access and uptake across the population, especially for children. Finally, it should be considered that community engagement in emergency preparedness, resilience and timeliness of response is critical for these longer-term challenges in the sector, as a prompt response can significantly reduce the future cost of emergencies in the health sector.
4.1.3 WATER AND SANITATION

Sierra Leone is one of the countries that failed to meet several MDGs, including Goal 7 which focused on the water and sanitation sector. The country had envisaged attaining 74 per cent access to improved water sources and 66 per cent access to sanitation. However, it only managed to reach 63 per cent and 13 per cent for water and sanitation respectively. Therefore, for Sierra Leone to reach the SDGs in the rural population, 3.1 million people (which translates into 3,133 water points per year at 250 people per water point) must gain access to safe water points, while 5.6 million people must have access to improved sanitation (which translates into the construction of 280,179 improved latrines per year) by 2030. There is still a large gap in terms of inequalities between urban and rural communities about current access to safe water sources and sanitation. According to 2015 national population data, the Sierra Leone population is currently estimated at 7,092,113 people, of which the urban population is 2,905,097 (41 per cent) and the rural population is 4,187,016 (59 per cent). Within the rural population, 52 per cent lack access to safe water points and 93 per cent lack improved sanitation. This contrasts with the urban population, where 85 per cent have access to safe water sources and 23 per cent have access to improved sanitation. This significant disparity highlights how rural areas have greater need for WASH services.

The reforms should therefore be focused on short, medium and longer term investments. In the shorter term, the Government should intensify increased investment in WASH in schools and health facilities. Menstrual hygiene is a challenge among adolescents and a lot is needed in terms of improving sanitation by investing in sanitary hygiene. Water wastage management systems should be put in place. In the medium and longer term, policies should be put in place to ensure appropriate and sustained availability of water and sanitation facilities in all the communities in the country.

4.1.4 INFORMATION

Information is very important for children especially those in school and adolescents. Providing information to children, particularly adolescents, at the right age and time can positively influence their health practices and health-seeking behaviour. For instance, improving hygiene practices in children reduces the likelihood of common illnesses, while access to sexual and reproductive health information enables adolescents to make informed choices that reduce the likelihood of unplanned pregnancy and the risk of contracting HIV or other sexually transmitted infections.

Government policies should therefore be focused on getting the right information to children at the right age.

4.1.5 NUTRITION

Poverty is an underlying factor in the nutrition challenges of children and adults. Undernutrition can reduce a nation’s economic advancement by at least 8 per cent (direct productivity losses, losses via poorer cognition, and losses via reduced schooling) and is an indicator of the development status of a country. Children in Sierra Leone still have very poor nutrition. Nearly 40,000 children in the country suffer from severe acute malnutrition and about 400,000 children suffer from persistent nutritional deprivations. Nearly half of the children in the country are food insecure and have limited access to affordable, diverse, nutrient-rich food; appropriate maternal and child-care practices; adequate health services and a healthy environment including safe water, sanitation and good hygiene practices. The interaction between under-nutrition and infection creates a potentially lethal vicious cycle of worsening illness, deteriorating nutritional status and deprivations.

The GoSL will therefore need to work together with relevant stakeholders, to address the food and nutritional security of children in Sierra Leone and to reduce nutrition deprivations that are either directly or indirectly responsible for undernutrition. Interventions that can help improve the nutritional situation in a country include improved infant and young child feeding practices; maternal nutrition; enhanced access to health services; improved household and environmental sanitation; ensuring that boys and girls complete secondary education; increased access to livelihood and income generation; and increased agricultural productivity, especially micronutrient rich fruits and vegetables etc. In addition, investments would need to be made in social policies and programmes to accelerate the progress in improving child feeding, women’s nutrition and household sanitation.

These improvements would need:

a) strong governance systems, a multi-sectoral approach, dedicated programme budgets and equitable action plans and objectives to address child undernutrition with an emphasis on the 1,000-day period from conception to the age of two years;

b) adequate human and institutional capacity in public health nutrition at national and sub-national level, encompassing both knowledge on public health nutrition and

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13 Improving Child Nutrition: The Achievable Imperative for Global Progress; New York, USA, UNICEF 2013
management skills (leadership, decentralized planning, and budget monitoring) to scale up nutrition programmes;

c) results-based management systems with strong monitoring, evaluation and knowledge management frameworks to document programme coverage, quality, equity and impact, allowing governments and other stakeholders to make real-time programmatic decision(s) and remain accountable; and

d) involvement and participation of civil society organisations and communities.

4.1.6 HOUSING OR SHELTER

Housing deprivation is high. Many children in urban areas are affected which affects the quality of their lives. Floods and other natural disasters have compounded the situation of children in this dimension. Policies and legislation focused on improving housing availability, accessibility and standards for urban slums would support the improvement of shelter for children. Adequate reflection of emergency responses for flood-affected communities in relevant policies, for example the social protection policy, would go a long way to cushioning the impact of an emergency. In the longer run, the Government should engage in partnerships with private individuals and sectors that can encourage investment in affordable housing for all. This partnership should include financial institutions and the Bank of Sierra Leone to provide loans for citizens which allows them to purchase low cost housing or live in them on owner/occupier basis. Appropriate housing plays a significant role in engendering the actualization of the other six dimensions that contribute to the impoverishment of children in Sierra Leone.

4.1.7 CHILD PROTECTION

Although neglect, abuse and violence are child rights violations which are not considered part of poverty, addressing child protection issues can help to reduce and/or eliminate child poverty. One such intervention (which could be considered an instrumental right in the elimination of poverty in the language of the OHCHR) is birth registration. Birth registration ensures that all children are catered for in development plans and interventions of the country.

Child labour, although it does not constitute child poverty, worsens the situation for children engaged in either commercial work or household chores. The time the child spends on these duties may result in them having to forgo part of their education. Being
victims (or just the perception of risk) of violence also prevents many children and adolescents (particularly girls) from attending school.

Areas of policy that reduce violence (physical, emotional and sexual) include protection and safety in streets and public places as well as in schools themselves. Psychosocial support should be made available for children who have been abused or threatened.

### 4.1.8 SOCIAL PROTECTION

Generic social transfers (for example cash transfers) can help families in many ways. Additional cash allows them to access the means to eliminate information deprivation, to send children to school or to a clinic when they have, say, diarrhoea, or to purchase/construct water and sanitation in their houses. In-kind social transfers might include food provision.

Other, more specific, interventions could also contribute to the elimination of child poverty. Among these the following should be mentioned: subsidies and vouchers (for housing or food), school feeding, health insurance, and scholarships for children to attend and stay in school.

In conclusion, a multi-sectoral approach to investment in children, especially those deprived in many dimensions would provide them with a fair opportunity to climb out of poverty and to escape the intergenerational cycle of poverty and in the future, contribute to the economic growth of Sierra Leone.

### 4.1.9 EQUITY

Equity plays a key role in engendering fairness and achievement of the SDGs for all children in Sierra Leone. All policy options proffered above should be implemented from an equity position, focused on age appropriateness, gender sensitivity and disability considerations. The children facing multiple deprivations within regional and urban rural disparities should receive priority consideration in individual sector planning and budgeting for activities and interventions aimed at reducing poverty in children in Sierra Leone.
4.2 CONCLUSION

Child poverty gained prominence in the new Sustainable Development Goals agreed in 2015. Countries must now consider child poverty in their development plans as it has implications for their overall achievements of the other goals. Sierra Leone has taken the bold step of including child poverty, both monetary and multi-dimensional aspects in its SDGs, to track over time. This is commendable and this report should serve as a baseline for child poverty as well as provide possible policy directions to embark on in changing the course of child poverty in Sierra Leone. With an absolute child poverty estimate of about 77 per cent and a severity of about 30 per cent, policy measures that ensure equity are appropriate to turn around the deprivation of children in Sierra Leone. To engender appropriate monitoring of child poverty aligned with the SDGs, robust monitoring and evaluation strategies and systems need to be put in place. In addition, routine generation of data is vital to track changes and achievements in the reduction of child poverty in Sierra Leone.

The next stage of the MICS in Sierra Leone, in 2017, could be another source of data for calculating child poverty estimates using multi-dimensional methods. This could be the basis for understanding changes for the best or the worst of the situation of children in the country. Nevertheless, continuous tracking of the plight of children in poverty and ensuring that every child everywhere achieves their fundamental human rights as enshrined in the CRC is key to the development agenda of the country.
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