

Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: SIERRA LEONE

Development of maturity model and assessment
tools for harmful practices policies

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List of acronyms

CM	Child marriage
CP	Child protection
CRA	Children’s Rights Act
FGM/C	Female genital mutilation/ cutting
GPECM	Global Programme on the Elimination of Child Marriage
GRB	Gender responsive budgeting
JPFGM	UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation
TP	Teenage pregnancy
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

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I. Background

Rates of Female Genital Mutilation (FGM) in Sierra Leone are among the highest in West Africa. According to the 2017 Multiple Indicator Cluster Survey, 86 per cent of women (aged 15–49 years) and 64 per cent of women (15–19 years) have undergone FGM. Support for the practice remains high, with 68 per cent of women (15–49 years) in favour.¹

Secret societies such as Sande both condone and practice FGM, as part of the process to 'prepare' girls for marriage. Approximately 94 per cent of women are members of a secret society which means that, by proxy, they have gone through the process of FGM. There remains no law or policy in Sierra Leone that criminalizes FGM, despite the Government's commitment to address it. Officials, many of whom are themselves members of secret societies, are not willing to break the rules of such groups and some are not entirely convinced that FGM is a harmful practice.

Despite the Child Rights Act outlining the minimum age for marriage as 18, 39 per cent of girls in Sierra Leone are married before the age of 18 and 13 per cent are married before the age of 15.² According to UNICEF, Sierra Leone has the eighteenth highest rate of child marriage in the world. Children are forced (or sometimes consent) to marry at an early age for several reasons. The most common is economic; parents or caregivers want to give the child away so that the husband will provide for the girl. Another often cited reason is the economic benefit that the girl's family gets from the future husband.

Teenage pregnancy is also very common, reducing a girl's chances in life and often interfering with schooling, limiting opportunities and placing girls at increased risk of child marriage, HIV infections and domestic violence. In Sierra Leone the percentage of teenagers who have given birth or are pregnant with their first child has decreased since 2013, from 28 per cent to 21 per cent.³

Purpose

This document aims to accelerate change to achieve the 2030 Sustainable Development Goal 5.2, Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. A draft maturity model or framework for combating harmful practices has been developed for review by, and feedback from, country-level stakeholders. The model aims to provide an integrated strategy on measuring processes, systems, services and information based on a public policy management approach.⁴ It is intended to complement the Global Partnership Framework on Elimination of Child Marriage (GPECM) and the Joint Partnership on the elimination of Female Genital Mutilation (JPFGM).

Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries⁵ to measure the progress of their processes, systems and services to eliminate harmful practices. Draft action plans were developed based on identified actions (short, medium and long term), to inform national action plans and advocacy strategies.

It is against this background that a desk review was conducted, the maturity model was completed and prototyped, and the draft findings of this country level report are shared. This reflects the inception stage of showing national stakeholders the potential uses of a comparable framework to accelerate action for change across 12 countries.

II. Methodology

The desk review is comprised of core documents shared by the country including laws, policies, strategies, guidance and standards, and monitoring and evaluation reports relevant to harmful practices. Competency frameworks from other countries are included to provide insight into how they are tackling harmful practices. The findings of the review are in Appendix A.

The review was completed by using several key questions defined by the six operational/functions areas and subdomains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

- 1. What is the effectiveness of Government structures, including coordination across departments, between centralization levels, and between formal and informal actors?
- 2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?
- 3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?
- 4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?
- 5. What is the availability and access to prevention and response services for women and children most at risk of harmful practices?
- 6. What is the effectiveness of data-collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and draft completed maturity model are organized in terms of the questions we aimed to answer. Where information was limited or gaps were identified, this is included under each question. Each operational/functional area (intermediate outcome) comprises benchmarks or 'subdomains'. For the example,

for the intermediate outcome on 'Governance and Coordination structures' there are three subdomains: – Political commitment, Coordination structures and National action plans. Each is rated in the maturity model between 1–4.

1. Weak - Building **2. Average - Enhancing** **3. Good - Integrating** **4. Excellent - Mature**



Governance and coordination structures

Measurement standard for mature rating:

The country has strong political commitment to eliminate harmful practices with a high-level Declaration spelling out its commitments; there is a national multisectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a plan of action with clearly defined targets aligned to national statistics frameworks.

A1. Political commitment: There is a strong political will to eliminate harmful practices in Sierra Leone. In 2017, the Government issued a statement committing to bring in legislation ending child marriage during the African Union Child Marriage elimination campaign. The Child Rights Amendment Bill (2022) sets the threshold for marriage at the age of 18, and repeals customary marriage. The bill also bans FGM for girls below the age of 18. There is a Memorandum of Understanding with Paramount Chiefs and civil society organizations AMNET, to end the initiation of children below age of 18. The Government declared an emergency on rape and other forms of violence against women and girls in 2019. It also introduced many policies, including a free health care initiative and the free quality school education (FQSE) programme. Currently, 21 per cent of the Government budget is allocated to FQSE. The Government's 2018 manifesto commits to Eliminating Violence Against Children and Women. There is also the First Lady's 'Hands off our girls campaign'.

The National Committee for GBV is chaired by the Ministry of Gender with subcommittees at district levels, but the focus is mainly on GBV and rape. District GBV committees are chaired by the local councils and some meet monthly. The National Secretariat for the Reduction of Teenage Pregnancy is the responsibility of the Ministry of Health, but funded largely by donors. The Government provides a minimal budget for the celebration of key international advocacy days through the Ministry of Gender and Children Affairs and the Ministry of Social Welfare, including the Day of the African Child, and International Day of the Girl Child. However, funds for this are often delayed and very limited.

A.2 Coordination structures: There is a lead ministry in charge, but there is no committee focusing on the elimination of harmful practices (FGM and child marriage). The Ministry of Gender and Children's Affairs and the Ministry of Social Welfare are well established and linked with other sectors, but there is no mandate on FGM. There is limited communication/ coordination between Government ministries, departments and agencies. Child welfare committees and the NaCGBV are in place at national, regional and district levels, with representation from different ministries and partners with approved terms of reference (which were recently revised for the national welfare committee). The National Secretariat for teenage pregnancy and Elimination of Child Marriage (ECM) brings together different actors to address child marriage. District child welfare committee meetings and district GBV steering committees happen sporadically, but with clear terms of reference in some districts.

A.3 National Plan of Action: There has been a national strategy aimed at ending teenage pregnancy and child marriage (2018–2022) with an action plan, targets and M & E framework. A review of this strategy is in progress. It has been mainly funded by donors and coordinated through the GPECM. It has realistic targets, measured through the DHS and MICS with indicators on FGM, child marriage and teenage pregnancy, but no activities on FGM specifically. Harmful practices are not mentioned as a violation of human rights in the strategy.

Name of Country	Overall Score	Sub-Domains	Specific Score
Sierra Leone	2,6	A1: Political commitment	2,7
		A2: Coordination structures	2,3
		A3: National Action Plans	2,8

Policy and legislative framework

Measurement standard for mature rating:

There are laws and policies which specifically protect women and girls, including those most at risk from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and subnational levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

There are number of international legal instruments which have been signed and ratified in Sierra Leone, including the United Nations Convention on the Rights of the Child, United Nations Protocol on the sale of children, child prostitution and child pornography, United Nations Convention on the Elimination of All Forms of Discrimination against Women, the African Charter on the Rights and Welfare of the Child, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). However, there is no national legislation in Sierra Leone that specifically criminalizes and punishes the practice of FGM, and very few domestic laws address the issue directly.⁶

B1. Legislation, policies and implementation mechanisms for harmful practices: Sierra Leone has developed laws to protect women and girls from harmful practices including the Registration of Customary Marriage and Divorce Act, Inheritance of property, Domestic Violence Act (2007), Sexual Offences Act (2022), CRA (2007), and the Maputo Protocol (2015) but with reservation on FGM. The 1991 Constitution provides for equality before the law. The Sierra Leone Persons with Disability Act (2011) speaks more about inclusion and acknowledges the double barriers women and girls with disability face. Laws exist to protect women from other traditional practices, but this does not include FGM or child marriage.

The National Referral Protocol on GBV (2022) sets out the objectives and the terms of coordination and collaboration between the key governmental and non-governmental entities that support the process of reporting and responding to cases of sexual and gender-based violence (SGBV) and outlines these entities' roles and responsibilities.

The Child Rights Act of 2007 and the revised Sexual Offences Act (2019) criminalizes underage marriage and bans sex under the age of 18. However the Registration of Customary marriage and Divorce Act (2007) makes an exception if there is parental or local authority consent for marriage to happen at age 18. The CRA 2007 amendment has been approved by Cabinet to include criminalization of underage marriage and a ban on the underage rite of passage for children below 18 for FGM. Marriage under the legal age is irreversible. The Child Rights Bill 2022 is currently with Parliament for action.

There is a draft policy available with Ministry of Gender for safeguarding policies. There is no policy on FGM survivors or at-risk girls. The Free Health Care Initiative (2010) gives access to free medical to pregnant and lactating mothers and Free Quality School Education (2018) and the Radical Inclusion Policy enables pregnant girls to attend school.

Name of Country	Overall Score	Sub-Domains	Specific Score
Sierra Leone	1,9	B1: Legislation, policies and implementation mechanisms for harmful practices	1,9

Engagement and participation

Measurement standard for mature rating:

There is an independent complaints mechanism that accepts complaints by, or on behalf of, women refused or receiving services dealing with harmful practices. These services are expected to reply within a stipulated time frame; civil society is extensively engaged in strengthening political commitment, planning and budgeting processes, monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with Government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1. Independent complaint mechanism: The Human Rights Commission has a complaints mechanism in place. The National Commission for Children also receive and investigate complaints related to children. The police also have a local Partnership Police Board that receives complaints from the public

C2. Civil society engagement, including women and children: There is limited involvement of CSOs in budgeting, planning of harmful practices and they are largely separate from Government. There is a forum/coalition of CSOs which meet on harmful practices (Forum Against Harmful Practices), but this is not attended by Government. There are memorandums of understanding in place with FGM initiators and Paramount Chiefs to stop underage initiation, but there is an ideological split among CSOs on the total abandonment of FGM. The CSO coalition supports the police with investigation / response activities involving FGM practices which result in death. However, there is no strategy in place. The forum for harmful practices works with community leaders but not directly with Government. They monitor and report on incidences of child initiation and engage with children and service providers directly.

C.3 Community-based mechanisms for harmful practices prevention: There are community-based mechanisms in place to respond to protection issues. These include child welfare committees (CWCs), religious leaders, chiefs and other traditional rulers, and community action groups formed by various partners – mother support groups, etc. Many of these are established nationally but not all function effectively. They are generally involved in awareness-raising activities, mediation and monitoring. The activities are mainly funded by donors and CSOs. There are no specific guidelines for journalists reporting on children’s issues. The Independent Media Commission Code of Ethics does not explicitly elaborate on this area of reporting, and many local journalists do not have the capacity to ethically report on harmful practices.

Name of Country	Overall Score	Sub-Domains	Specific Score
Engagement and participation	2,4	C1: Independent complaint mechanism exists for children and women	3
		C2: Civil society engagement, including women and children	1,6
		C3: Community-based mechanisms for harmful practices prevention	3

Financing and human resources

Measurement standard for mature rating:

Adequate financial resources have been allocated by the Government and partners, with the Government meeting the majority of the costs, the funding is realized on time and is accessible to the relevant sectoral Ministry(or ministries), with regular reviews of allocation taking place. Routine capacity-building is provided for key stakeholders with supportive supervision services on harmful practices with significant sustained coverage.

D1. Financing of harmful practices services: There is very limited funding available to support the elimination of harmful practices. There are budgetary commitments for adolescent work, child marriage and teenage pregnancy reduction programmes, but it is easy to ignore more sensitive activities, such as eliminating FGM. The Government-allocated budget to the Ministry of Gender and the Ministry of Social Welfare is less than one per cent. The National Secretariat for Teenage Pregnancy Reduction is funded mostly by partners. Most intervention activities are funded by NGOs and International NGOs. The National Secretariat’s costed plan is heavily funded by partners. There is a strategy for SGBV and a draft strategy to end FGM but this has not been validated. The most pressing

challenge for implementing this strategy is a lack of financial resources.

D2. National budget establishment: There is limited money available for services dedicated to eliminating harmful practices. Local councils and ministries respond to budget call circulars – but the call is not open to CSOs or the public until at parliamentary level. The Government support for ministries and agencies for dealing with harmful practices is less than 1 per cent. The budget addresses some aspects of national policies, as many policies do not have costed implementation plans. Even though many new laws, policies, action plans and verbal commitments have been made there is a limited commitment to prioritize interventions for the elimination of harmful practices.

D3. National budget execution: Government budgets are limited, with a mismatch between policies and budget allocation and, when allocations arrive, they are usually late.

D4. National budget amount: Government allocation to activities combating harmful practices is made within broader ministry activities, with the result that they are not necessarily priorities. Contribution is less than one per cent to ministries as a proportion of total state budget.

D.5 National budget monitoring and review: There is some limited review of budget with local councils and Parliament with CSOs partly involved, but this is not seen as effective and there is no feedback on the outcome of review process

D6 Human resources: There are 53 social workers employed by Government at community level, but, overall, there is very limited staffing. Ad hoc trainings on child justice, GBV and case management processes have been undertaken for health, gender, social welfare and the police. However, there is no training planned or conducted for the judiciary on the elimination of harmful practices.

Name of Country	Overall Score	Sub-Domains	Specific Score
Financing & HR	1,2	D1: Financing of harmful practices services	1,4
		D2: National budget establishment	1,2
		D3: National budget execution	1
		D4: National budget amount	1
		D5: National budget monitoring and review	1,5
		D6: Human resources	1,3

Access to services

Measurement standard for mature rating:

There are clearly defined and gender responsive SOPs or protocols for eliminating harmful practices, which are regularly reviewed and revised to adapt to changing situations. There is an excellent awareness of harmful practices among policymakers. There are also services for prevention and response, led and funded by the Government. These include integrated case management and referral services, which are accessible at national and subnational level, and are user-friendly and gender responsive.

on Teenage Pregnancy and Child Marriage. Ministries of social welfare and gender also run ad hoc programmes on child marriage, especially on international advocacy days. Policymakers, particularly women, depend on the practice of FGM to secure votes during elections. Hence, while there may be some understanding of the deleterious impact of harmful practices on women and children, there is limited action due to various political and economic incentives to continue them.

E3: Modelling testing and scaling of harmful practices services: There is some modelling and testing of a host of prevention and response related harmful practices services, mostly funded by partners and donors. One-stop centres are being rolled out gradually in 8 out of 16 districts. The Rainbow Centre for victims of SGBV are present in all 5 district HQ towns, and 80 Family Support Units of the Sierra Leone Police are spread out nationally.

E4: Availability of harmful practices services, case management and referral systems: There are various dedicated services available at national and district level, but the focus is not on the elimination of harmful practices. For instance, there are SGBV case management services, but the response is mainly for SGBV and not harmful practices. There are also national referral protocols in place. There are juvenile courts, and the police have Family Support Units with the mandate of responding to cases involving women and children, including those involving child marriage. FGM is not covered due to the lack of a legislative framework. There are also one-stop Centres with Family Support Unit (FSU) officers and a specialized Sexual Offences Court. Additionally, there are various safe spaces, adolescent sexual reproductive health centres and nationally available livelihood programmes for girls funded by development partners but, once again, with a limited focus on the elimination of harmful practices.

E1: Availability of standard operating procedures and/or protocols for harmful practices services: There are SOPs for violence against children within case management SOPs but none for eliminating harmful practices. A SOP for the National Referral Protocol on GBV is being finalized but this does not deal directly with harmful practices.

E.2 Understanding and articulation of harmful practices system: The National Secretariat for Teenage Pregnancy runs regular awareness-raising activities in the media

Name of Country	Overall Score	Sub-Domains	Specific Score
Access to Services	2,1	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	2
		E2: Understanding and articulation of harmful practices system	2
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	2,3

Data collection, monitoring and evaluation

Measurement standard for mature rating:

There are administrative data systems, part of a broader national statistics system, which regularly generate gender and age disaggregated data on harmful practices and includes information on hard-to-reach populations. Data are regularly used for policy, planning and monitoring of programmes and there are data security and governance mechanisms, such as legislation, which ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys, and inform the design of prevention and response service interventions. There is also a centralized coordination of data by the national statistics offices with relevant ministries and agencies.

F1: Administrative data systems and monitoring to routinely generate data on FGM: There is a data-collection system in place with the Demographic Health Survey (2013 and 2019) and the Multiple Cluster Indicator Survey (MICSs 2017) which include information on harmful practices. There are studies available on FGM and child marriage social norms and all programmes are informed by research. There are plans for an evaluation of the GPECM Safe Space programme. Additional advocacy is under way for FGM to be included as a harmful practice.

F2: Data security and governance: There is an ethical Research Board under the Ministry of Health that grants permission for research proposals.

F3: Research and surveys: The DHS (2019) and MICS (2017) have indicators on child marriage, FGM, teenage pregnancies and SGBV. Partner studies on FGM have not been validated by the Government.

Name of Country	Overall Score	Sub-Domains	Specific Score
Data collection, monitoring and evaluation	2	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2
		F2: Data security and governance	2
		F3: Research and surveys	2

IV. Prioritization of actions for Sierra Leone

Governance & Coordination

A1 Political commitment.

Rating: 2.7

- | | |
|------------------------------|--|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Children's Rights Bill to be passed into law.• Advocacy with Government to include harmful practices in committees and organize regular and structured meetings with minutes and links.• Develop and fund business case, showing impact of harmful practices on women's and girls' health and development cost to the nation |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Support development of regulations when Bill is enacted.• Develop a communications strategy for the new law.• Advocate for increased allocation to enable implementation of policies.• Ensure cross-sectoral links across various sectors up to presidential committee and with coalitions working on harmful practices.• Support establishment of national secretariat offices at regional and district levels. |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Support implementation• Advocate to develop strategic plans to address harmful practices• Government to allocate funds for implementation, monitoring and evaluation |

A2 Coordination structures.

Rating: 2.3

- | | |
|------------------------------|--|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Partner-mapping of actors nationally, and at various levels.• More collaboration with United Nations agencies (UNFPA & UN Women) to address FGM• Integrate FGM into mandate or scope of above committees• Scaling up of district committees to other districts and make them function more effectively.• Mapping of stakeholders at all levels for coordination meetings• Build capacity of committee members to recognize effects of harmful practices and to function effectively• Review findings and recommendations from SCI and UNICEF studies to inform next steps. |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Advocate for ministries to become more visible and lead in prevention and response on harmful practices• Decentralize work of secretariat through local councils to districts• Build the capacity of committee members to effectively carry out their functions• Build capacity of partners on harmful practices and roll out adapted TOR• Provide secretarial support to the committees and ensure key outcomes are escalated to the highest level of policymaking.• Include harmful practices in National Referral Protocol and popularize referral pathways |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Increase budget allocation for ministries and create gender-responsive budgets, and fund implementation of activities against harmful practices.• Strengthen national coordination and oversight mechanisms - funding, capacity-building, staffing• Gather information and data to inform policy and programming• Research and knowledge management on what works• Create separate budget for committees to enable them actively monitor harmful practices• Engage with parliamentarians, build capacity and link up with CWCs and other local child protection structures |

A3 National Action Plans.

Rating: 2.8

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Infuse harmful practices into development of new strategy• Review of national strategy to spell out who/what/where and when• Targets to include FGM• Advocate for harmful practices, including FGM, to be mentioned as a human rights violation in national action plans |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Revise/develop new strategy• Advocate cross-sectoral buy-in and funding for new strategy |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Ensure links work and coordination is effective for strategy implementation• Determine barriers to ending harmful practices |

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices.

Rating: 1.9

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Full enactment of the Maputo Protocol• Advocate for the enactment of new Children's Rights Bill. |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Advocate with Government to create separate budget line for ending harmful practices, and for implementation of policies / laws• Develop regulations to guide the implementation of the Act, including byelaws.• Develop and fund new policies and communication strategy to support roll out |
| Long Term (5+ yrs) | <ul style="list-style-type: none">• Strengthen oversight and accountability structures• Government to align policies with budget allocations• Fund related activities and provide robust coordination and oversight mechanisms |

Engagement and participation

C1 Independent complaint mechanism exists for children and women.

Rating: 3

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">• Support National Children's Council (NCC) to expand nationally to raise awareness on reporting procedures |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">• Advocacy with Government to strengthen technical capacity of NCC to carry out their mandate |

C2 Civil society engagement, including women and children.

Rating: 1.6

- Short Term (1-2 yrs)**
- Encourage participation of coalition in Government chaired committee meetings
 - Continue advocacy to influence Government for total abandonment of harmful practices, especially FGM
 - Support CSOs to use evidence from research to advocate with Government to validate strategy.
 - Support CSOs to work with local authorities to create context-specific rules to prohibit compromise and harassment cases

- Medium Term (2-5 yrs)**
- Develop or implement national action plan to end harmful practices
 - Support expansion of coalition nationally and at all levels
 - Build capacities around GRB
 - Advocate with Government to create dedicated budget to implement the strategy
 - Build capacity of Child Welfare Committees at all levels to be able to supervise service providers and help with service delivery

- Long Term (5+ yrs)**
- Organize quarterly public disclosure meetings for community members to hold their leaders and service providers accountable

C3 Community-based mechanisms for harmful practices prevention.

Rating: 2.5

- Short Term (1-2 yrs)**
- Build capacity of journalists around CRA
 - Support and fund scale up of CP mechanisms

- Medium Term (2-5 yrs)**
- Child Rights reporting to be incorporated into university curriculum for students of journalism and communications
 - Link community-based mechanisms with formal systems – National Referral Protocols effectively.

- Long Term (5+ yrs)**
- Support community-based mechanisms through local councils to be able to address needs and function

Financing & HR

D1 Financing of harmful practices services.

Rating: 1.4

- Short Term (1-2 yrs)**
- Recommend separation of budget, allocating one line to FGM, and another to child marriage and teenage pregnancy reduction.
 - Identify gaps in harmful practice policies, plans and budgets, and gaps in funds allocation
 - Advocate with CSOs for Government to increase funding to line ministries and agencies and structures at national and subnational levels
 - Identify bottlenecks and key entry points for strengthening activities on harmful practices
 - Government to increase budgetary allocations to key line ministries

- Medium Term (2-5 yrs)**
- Advocate for additional budgetary allocation.
 - Advocate for line ministries to include information on investment in combating child marriage, and FGM
 - Advocacy for decentralized budget allocation for child protection structures at community level – CWC, FSU, etc.

- Long Term (5+ yrs)**
- Support adequate oversight and coordination mechanisms
 - Support CSOs to oversee ECM / FGM initiatives and to monitor Government compliance with international HR treaties and recommendations

D2 National budget establishment.

Rating: 1.2

- Short Term (1-2 yrs)**
- Collaborate with UN Women to build capacities around Gender Responsive Budgeting (GRB)
 - Sensitization and capacity-building on GRB for all stakeholders
 - Support Government to open space for public participation in budgetary processes – linking local development action plans into national priorities
 - Government to develop a separate budget line for the FSUs, One Stop Centres, Rainbow Initiative.
 - Develop costed plans to go with policies
 - Government to include FGM as a harmful practice along with child marriage and update relevant TORs for its committees

- Medium Term (2-5 yrs)**
- Support implementation of GRB across all levels
 - Advocate for action against harmful practices to be included in local council budgets
 - Fund the implementation of the plan

- Long Term (5+ yrs)**
- Raise awareness of communities through local structures and build knowledge on the dangers of FGM and child marriage

D3 National budget execution.

Rating: 1

- Short Term (1-2 yrs)**
- Capacity-building on GRB
 - Support Government to deliver timely budgets

- Medium Term (2-5 yrs)**
- Strengthen CSOs to provide oversight and coordination

D4 National budget amount.

Rating: 1

- Short Term (1-2 yrs)**
- Advocate for increased budget allocation towards elimination of HPs

D5 National budget monitoring and review.

Rating: 1.5

- Short Term (1-2 yrs)**
- Build capacity of CSOs to track expenditure on harmful practices

- Medium Term (2-5 yrs)**
- Support south–south learning exchange programmes

D6 Human resources.

Rating: 1.3

- Short Term (1-2 yrs)**
- Support Government with staff recruitment, build capacity of staff
 - Support CSOs to develop national capacity-building plan
 - To engage with and plan training for the judiciary actors for responding to harmful practices especially during elections

- Medium Term (2-5 yrs)**
- Develop training plan for social workers and increase their numbers
 - Fund capacity-building plan
 - Advocate for training of the judiciary to include topics on harmful practices

- Long Term (5+ yrs)**
- Include courses on harmful practices in training the judiciary

Access to Services

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services. Rating: 2

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">Integrate harmful practices in the National Referral Protocol SOPs and case management for GBV information management systems |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">Advocate for funds to be allocated to these activities |
| Long Term (5+ yrs) | <ul style="list-style-type: none">Develop communication strategy to popularize SOPs |

E2 Understanding and articulation of harmful practices system. Rating: 2

- | | |
|-----------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">Support local councils in launching awareness-raising activities incorporating local realitiesChild protection programming to include politicians and parliamentarians, sensitization on Children's Rights Act and the creation of byelaws to stop the practice. |
|-----------------------------|---|

E3 Modelling testing and scaling of harmful practices services. Rating: 2

-

E4 Availability of harmful practices services, case management and referral systems. Rating: 2.3

- | | |
|-----------------------------|--|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">Government to allocate funds for the establishment of a forensic lab to prosecute rape cases |
|-----------------------------|--|

Data collection, M&E

F1 Administrative data systems and monitoring to routinely generate data on harmful practices. Rating: 2

- | | |
|------------------------------|---|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">Simplify data to share among young people in and out of schoolsAdvocate with Government on the relevance of including harmful practices dataAdvocacy for FGM to be included as a harmful practice |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">Support interventions to attract young people to share their views and experience around harmful practicesBuild capacity of stakeholders on dangers of FGM |

F2 Data security and governance. Rating: 2

- | | |
|------------------------------|--|
| Short Term (1-2 yrs) | <ul style="list-style-type: none">Expand and popularize the Ethical Research Board terms of reference to cover all studies |
| Medium Term (2-5 yrs) | <ul style="list-style-type: none">Build capacity on safeguarding and other CP issues |
| Long Term (5+ yrs) | <ul style="list-style-type: none">Support Board with resources to function well |

F3 Research and surveys. Rating: 2

-

Appendix A: Desk review

No. 1 Draft law

Name of document:

Sierra Leone Bill entitled the Child Rights Act, Freetown, Sierra Leone, 2022.

Provides for the promotion of the rights of the child in compliance with the Convention on the Rights of the Child and to provide for other related matters.

The Act is intended to replace the 2007 Child Rights Act. The law is in draft.

The President has appointed a National Commission for Children, to monitor and coordinate the implementation of the Convention and the Charter.

The Act specifies (Article 38) that the minimum age for marriage shall be 18, and a person shall not force a child to be betrothed, or subject them to early marriage, or FGM.

that, by proxy, they have gone through the process of FGM. Social workers and police report that girls “are hidden in the bush and only the female members of that secret society can enter the Bondo Bush.[...] The importance of understanding and recognizing the relationship between the secret societies to the child protection system cannot be underestimated.” The procedure may lead to injuries, blood loss and death. There are also longer-term negative consequences ranging from being forced to leave school, to complications during childbirth. There remains no law or policy in Sierra Leone that criminalizes FGM, despite the Government’s commitment to address it. Although parents are sensitized about the dangers of FGM, “they still continue to do it for their children as a normal practice, considering it as a right for their children.” Moreover, parents prefer to initiate children at an early age as it is not so expensive: “The parents also look at the financial implications – the initiation ceremony and after-parties are less expensive when the child is under 10 years.”

Sometimes children consent to FGM as they “want the new clothes and the material benefits following the initiation.” Peer pressure is another factor that encourages children to agree to the procedure: “In schools if one has not joined, while the others belong to a Bondo society, they may not be able to be friends anymore.”

Making the girls go on their own or force their parents to send them. If they are in the same area/community, the parents don’t want the children to be left behind. “ However, where coercion and peer pressure is absent, in many cases of FGM are forced on girls.

Factors perpetuating FGM FGM is an embedded traditional practice, supported by communities, particularly secret societies. The very few females who are not members of a secret society are physically distanced from the other females within their community: “If the female social

workers of the MSWGCA enter the Bondo bush, they will be subjected to severe embarrassment. Thereby the custom is another problem for us.” Additionally, preventative measures taken to address FGM are intimately tied in with secret societies: “There is an MOU with the Paramount chiefs to ban FGM, although it’s not working effectively as the chiefs protect their relatives who refuse to go against the tradition.” Bribing chiefs is another common factor perpetuating the practice: “Forty girls were initiated, and the chief was called to select any one of the girls as his wife.”

Officials, many of whom are themselves members of secret societies, are not willing to break these societies’ rules and some are not entirely convinced that FGM is a harmful practice. Arrests due to child deaths from FGM become a political issue and are normally dropped: “Because the particular Soweï was arrested, all the Soweï came to ask for bail and it became a sensitive political issue. The case never went to court and the suspect was released on bail.”

Child marriage: Despite the Child Rights Act outlining the minimum age for marriage as 18 years old, 39% of girls in Sierra Leone are married before their eighteenth birthday and 13% are married before the age of 15.⁷ According to UNICEF, Sierra Leone has the eighteenth highest prevalence rate of child marriage in the world. Children are forced (or sometimes consent) to marry at an early age for several reasons. The most prominently mentioned factor is economic: parents or caregivers want to give the child away so that the husband provides for the girl. Another commonly cited reason is economic benefits that the family of the girl gets from the future husband: “The girl becomes a good asset to the family by getting married and getting money and cows. They tie them up in the house so the girl will not run away and make wedding arrangements after which the girl is forced to the husband.” There was reference to a diminishing culture of pre-planned marriages fixed at the time of birth, practised by some in the rural communities.

No. 2 Research report

Name of document:

Maestral, Formative research on violence against children (VAC) in homes to inform opportunities for positive parenting in Sierra Leone, 2019.

This study aimed to measure the prevailing trends of knowledge, attitudes and practices relating to negative forms of child discipline and care, through an in-depth exploration of the underlying factors contributing to the problem, personal beliefs, cultural values, the decision-making process within families, and perceived social benefits and consequences of physical punishment (i.e., harsh discipline) in four regions of Sierra Leone. The report provides suggestions for evidence-based positive parenting programmes and other family strengthening initiatives to prevent VAC in homes.

In Sierra Leone, the level of violence in the home is high, and includes physical and emotional violence, sexual abuse and neglect. The field research revealed that some of the common forms of punishment, potentially harmful to children are viewed by some parents and communities as ‘appropriate’ to address the children’s perceived misbehaviours, while some parents said they lack information on child development and non-violent alternative methods to discipline their children. 98 % believe they are good at parenting their children.

Some of the social norms around violence and crisis

response may be rooted in its long-term impacts, including decreased risk-averse decision-making, decreased support networks, children reliant on adults they know less well, and children becoming aggressively hostile to adults after conflict.

Conflict and Ebola also impacted education – schools were destroyed during the war and closed during Ebola, so that children were not able to go to school for long periods of time, resulting in two generations whose education was interrupted or not completed. Taking into account the undercurrent of poverty throughout both crises, there have been periods of immense challenge for individual families, communities and the national child protection system as a whole.

The Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) is the lead agency for child protection.

Harmful Practices: The research highlighted some of the common traditional practices which negatively impact the health and well-being of children, particularly girls. The main practices discussed during interviews were FGM, child marriage, factors that perpetuate these customs, and outcomes of these practices.

FGM: This is widely practised in Sierra Leone, with 90 % of women having experienced it. Secret societies such as Sande both condone and practice FGM, as part of the process to ‘prepare’ girls for marriage. Approximately 94% of women are members of a secret society which means

No. 3 National strategy

Name of document:

Sierra Leone National Strategy for response to sexual and gender-based violence 2021–2023, Freetown, Sierra Leone, 2021.

- The purposes of this strategy are to guide a coordinated response to cases of sexual and gender-based violence by the different parts of the Government across the country, in liaison with civil society; to provide good quality survivor-centric support to women and children who continue to endure violence and abuse; and to ensure that perpetrators are brought to justice.
- The most pressing challenge for implementing this strategy is a lack of financial resources

- The strategy is designed to be used in tandem with the national Male Involvement Strategy for the Prevention of SGBV (2020) by Government institutions in partnership with those directly engaging with survivors and perpetrators and overseen by the Ministry of Gender and Children's Affairs.
- 48.8% of all women and girls have experienced intimate partner violence, a rate that is more than 16% higher than the global average.
- The percentage of teenagers who have given birth or are pregnant with their first child has decreased since 2013, from 28% to 21%. Some but not all pregnancies will be a result of sexual violence, exploitation and/or abuse.

No. 4 National strategy

Name of document:

Sierra Leone " National Strategy for the reduction of adolescent pregnancy and child marriage 2018–2022, Freetown, Sierra Leone, 2018.

- The strategy includes background information on the rationale for the strategy, review of the strategy for teenage pregnancy reduction, situation analysis and legal and policy framework. It has a monitoring and evaluation, as well as a costing, framework.
- Adolescent pregnancy and child marriage are inextricably linked. In many cases, child marriage is a driver of early pregnancy; in other cases, marriage follows a girl's, often unwanted, pregnancy. They are harmful practices that deprive girls of their childhood and happen merely because they have happened for generations.

- These practices can be linked to the process of rite of passage, deeply rooted in dominant social norms (beliefs, values, and attitudes) that construct gender roles.
- Additionally, for many poor families, marrying their daughter off at an early age essentially is a strategy for economic survival, as it means one less person to feed, clothe and educate.
- According to the 2013 Demographic and Health Survey, in Sierra Leone: of women aged 20–24 years were married before the age of 15 years and of women aged 20–24 were married before the age of 18 years.

No. 5 Research report

Name of document:

Child Frontiers, Study of Bondo Initiation in Sierra Leone, draft research report, 2020.

Purpose of research is to obtain in-depth, qualitative information about the underlying social and cultural factors that motivate and sustain the Bondo practice in the five regions: Northern Province, North West Province, Eastern Province, Southern Province and Freetown/Western Area. Family and community factors that influence decision-making processes were explored and analysed as well as when and how socioeconomic and cultural environments play a role in this process.

Bondo society:

Bondo societies, also known as Sande, are women-only secret societies that are prevalent in most communities in Sierra Leone. Their purpose is to provide a sense of sisterhood and shared identity among women, a major part of which involves supporting girls to transition from childhood to adulthood in a process called 'initiation'. Girls gain locally-valued skills and knowledge to take on their future roles as women, wives and mothers. They also undergo circumcision as part of the rite of passage. Rates of FGM in Sierra Leone are among the highest in West Africa. According to the MICS 2017, 86% of women (15–49 years) and 64% of women (15–19 years) have undergone FGM. Support for the practice remains high, with 68% of women (15–49 years) in favour.⁸

Key findings:

Legal framework: A number of international legal instruments have been signed and ratified in Sierra Leone,

including the United Nations Convention on the Rights of the Child, United Nations Protocol on the sale of children, child prostitution and child pornography, United Nations Convention on the Elimination of All Forms of Discrimination against Women, the African Charter on the Rights and Welfare of the Child, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). However, there is currently no national legislation in Sierra Leone that specifically criminalizes and punishes the practice of FGM and very few domestic laws address the issue directly.

The Constitution does not specifically address violence against women and girls, or FGM. The only section of relevance is article 20(1) which states that 'no person shall be subject to any form of torture or any punishment or other treatment which is inhuman or degrading'.

The Child Welfare Policy, 2013 recognizes the role of traditional structures (such as Chiefs, Mammy Queens, religious leaders, and ward councillors) and practices, and acknowledges challenges in reconciling different perspectives on issues such as FGM and child marriage.

The Child Rights Act, 2007 sets out the legislative framework to protect persons below the age of 18 years. Section 2 defines FGM as including 'cutting or removal of any part of the female genitalia'. Although FGM is not referred to by name anywhere else in the Act, it prohibits cultural practices that dehumanize or injure the physical and mental welfare of a child. However, under pressure from the Paramount Chiefs of practising communities throughout Sierra Leone, FGM was removed from Section 46, which sets out customary practices that are specifically prohibited and criminalized in respect of children.⁹

No. 6 Strategy

Name of document:

Sierra Leone, Ministry of Gender and Children's Affairs, National male involvement strategy for the prevention of sexual and gender-based violence in Sierra Leone, Freetown, Sierra Leone, 2020.

This adopts a socially transformative approach that seeks to accelerate implementation by encouraging the participation of men and boys as change agents and champions of women's and girls' rights, in their families, communities, schools and workplaces. It also goes further, to encourage mitigating conflicts, sensitizing their peers and ensuring survivors receive appropriate services.

The document has five main sections. The first is the background which presents the historical, economic and political context of gender inequality in the country which results in SGBV. It next outlines the legal and policy framework that exists for a viable National Male Involvement Strategy and the ratified international conventions and protocols that Sierra Leone is obligated to. It then presents the strategy's five guiding principles: being women-centred, using a multisectoral approach, respecting human rights, being community-led and being gender transformative in design and implementation.

No. 7 Research

Name of document:

United Nations Children's Fund, 'Baseline study on social norms and behavioural drivers related to child marriage in Sierra Leone', UNICEF, 2021.

The report aims to unpack the antecedents of child marriage in Sierra Leone, analysing the forces that perpetuate the practice as well as those that support its abandonment. It provides a landscape view of the potential for social and behaviour change, identifying both influences and influencers and assessing respondents' readiness and inclination to end the practice. The findings from this study provide insight into pervasive attitudes and norms surrounding child marriage, with the goal of collecting baseline data and providing insight that will help UNICEF design programmes and interventions rooted in the specific country context.

Situation:

- In 2013, the DHS estimated that 13% of girls under 15 in Sierra Leone were married, with 39% being married by the age of 18.
- Sierra Leone ranks nineteenth in prevalence of child marriage and thirteenth for the rates of teenage pregnancy of all countries, despite having legal protections in place (Child Rights Act 2007).
- In some regions in Sierra Leone, including Kenema, Pujehun and Kambia, where this study took place, child marriage is a long-established practice.

Key Findings:

- The majority of respondents think child marriage should be discontinued and hope their children marry in their 20s rather than as teenagers.
- Most have been exposed to discussions or materials promoting the abandonment of child marriage, and most want to continue to participate in these discussions, however, few knew the minimum age for child marriage in Sierra Leone.
- Respondents had a good understanding of the negative consequences of child marriage and a majority believe that marriage is not the best option for adolescents (girls or boys).
- While respondents said they support abandoning child marriage, they believe others in the community will continue to practice child marriage, perhaps driven by strong beliefs around traditional gender norms.
- Though respondents believe they would experience judgment and pressure from their peers if they opted not to marry their children as teenagers, more said that this action would impact their daughters specifically (in terms of their reputation and chances for a good marriage).
- Around one third of respondents said they consult others when it comes to decisions about marrying their children, and those reference groups tended to have a high level of influence emphasizing the need for shifting impressions of collective norms.

No. 8 Evaluation

Name of document:

United Nations Population Fund and United Nations Children's Fund, Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change Phase III (2018-2021), UNFPA, New York, 2021.

The joint evaluation assesses the programme contributions to outputs and outcomes during Phase III of the Joint Programme on the Elimination of Female Genital Mutilation (2018–2021) (the Joint Programme). It supports evidence-based decision-making and informs programming beyond 2021, including the strategic direction, gaps and opportunities for the UNFPA and UNICEF Joint Programme in changing gender and social norms.

Key conclusions include:

- The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM, and is implemented across 17 countries.
- The Phase III design recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
- There has been progress in the development of both costed national action plans and monitoring functions, although less than planned. The Joint Programme has recognized the need for dedicated budgets and has advocated for this.

Key recommendations include:

- Continue to strengthen global policy and advocacy strategies
- Strategically strengthen and support implementation of accountability systems. The Joint Programme should also advocate for fully funded national legal and policy frameworks
- In countries where national governments are tackling complex situations around FGM, the Joint Programme should continue to build on its achievements. Strengthen links with other streams of work towards enhanced access to good quality services for FGM prevention, protection and care.
- Accelerate usage of the ACT Framework which measures social norms change around FGM to generate data. Build the post-Phase III Joint Programme to be gender-transformative
- Continue considered use of public declarations of elimination as an indicator.
- Incorporate a humanitarian approach within the post-Phase III Joint Programme design.

No. 9 Evaluation report

Name of document:

United Nations Children's Fund, UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, UNICEF, New York, May 2019.

The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the UNFPA and UNICEF. The programme is implemented in 12 countries in 4 regions with multiple partners and stakeholders at the national, regional and global levels.

Key findings and conclusions include:

- The programme is well aligned to global and regional frameworks and commitments to end child marriage.
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, though only a few countries have formally adapted the theory of change.
- The widespread acknowledgement that child marriage impinges on children's rights and welfare provides a strong foundation and rationale for the ending child marriage.
- Despite efforts to target areas where child marriage is widespread and reach the most vulnerable, interventions have not yet reached many of the most remote areas.
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities under Output 1.1, having reached nearly 5.5 million girls by mid-2018, far exceeding the programme's objective of reaching 2.5 million girls by the end of 2019.

- Outcome 2 – Country offices significantly expanded community outreach (Output 2.1) and the GPECM showed signs of scaling up, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined.
- Outcome 3 – Country offices increased targets for girls' access to health and protection services every year of the GPECM and collectively exceeded targets each year.
- Outcome 4 – UNFPA and UNICEF worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage.
- Outcome 5 – GPECM investments in research and data contributed to building a stronger evidence base on child marriage, though tracking has not offered an indication of data quality and usability to date.

Key recommendations include:

- prioritizing normative leadership
- expanding framework for country contextualization (theory of change)
- consolidating and strengthening the evidence base and knowledge management
- defining and monitoring jointness, convergence and complementarity
- strengthening and contextualizing monitoring and reporting systems
- investing in human resources strengthening the programme
- finding funds.

No. 10 Assessment Tool

Name of document:

United Nations Children’s Fund, Child Protection Systems Strengthening, Approaches, Benchmarks and Interventions, UNICEF, September 2021

The Child Protection System Strengthening Maturity model developed by UNICEF elaborates priorities, processes, and results to be achieved in each phase of strengthening the child protection system and provides comprehensive benchmarks to effectively manage investments and results in systems strengthening.¹⁰ The benchmarks are defined by ‘intermediate outcomes’, or ‘subdomains’.

This tool will be used as the primary framework to benchmark the level of maturity of the Namibian Child Protection System, with an addition added to identify

priority actions needed to improve the ratings or level of maturity. The intermediate outcomes identified in the tool include:

- legal and policy framework
- governance and coordination structures
- a continuum of services
- minimum standards and oversight mechanisms
- human, Financial and infrastructure resources
- mechanisms for child participation and community engagement
- data-collection and monitoring systems

No. 11 Global policy document

Name of document:

Organisation for Economic Cooperation and Development, Building Blocks for Policy Coherence for Development, OECD, Paris, 2009.

In order for governments to meet the challenge of building strong child protection systems while also building a global partnership for development, they need to ensure that their policies are supportive, or at a minimum, do not undermine their development policies. This entails the systematic application of mutually reinforcing policies and the integration of development concerns across Government departments to achieve development goals, along with national policy objectives”.¹¹

Progress towards policy coherence is understood as a three-phase cycle. The phases are:

- setting and prioritizing objectives
- coordinating policy and its implementation
- monitoring, analysis and reporting.

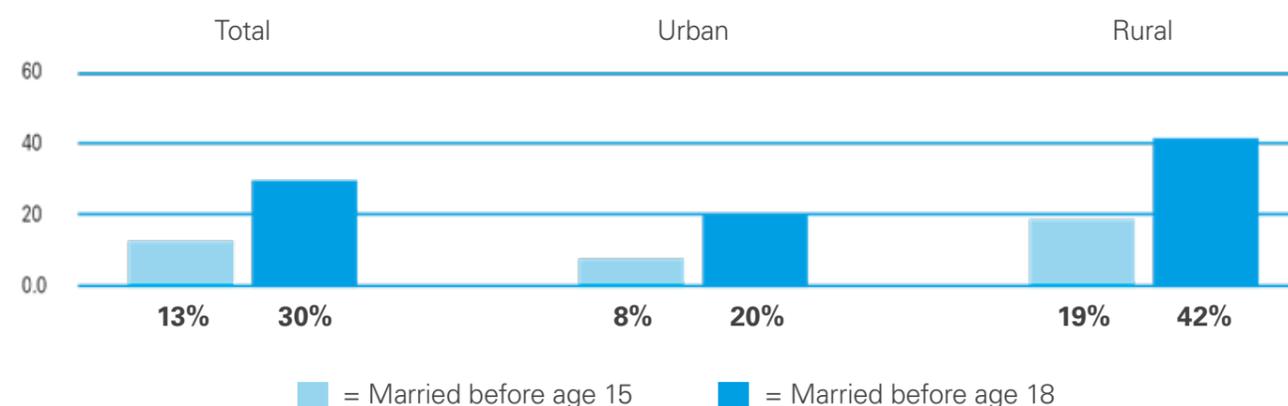
No. 12 MICS Survey snapshot

Name of document:

Statistics Sierra Leone, Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report, Freetown, Sierra Leone, 2018.

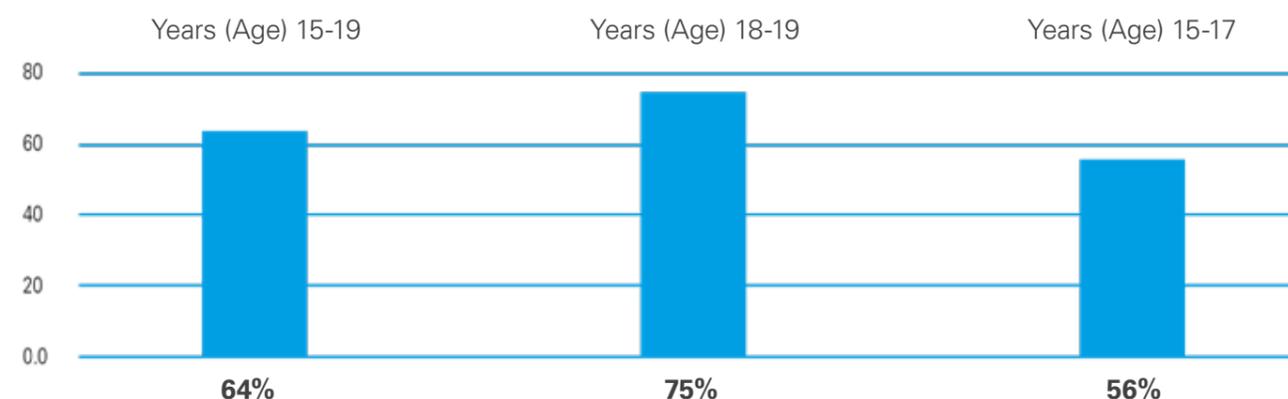
Child Marriage: SDG 5.3.1

Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by residence



Female Genital Mutilation / Cutting*

Percentage of girls aged 15 to 19 years who have undergone FGM/C, by age group



*Age disaggregate of SDG 5.3.2: Prevalence of FGM/C among women age 15-49

No. 13 Survey

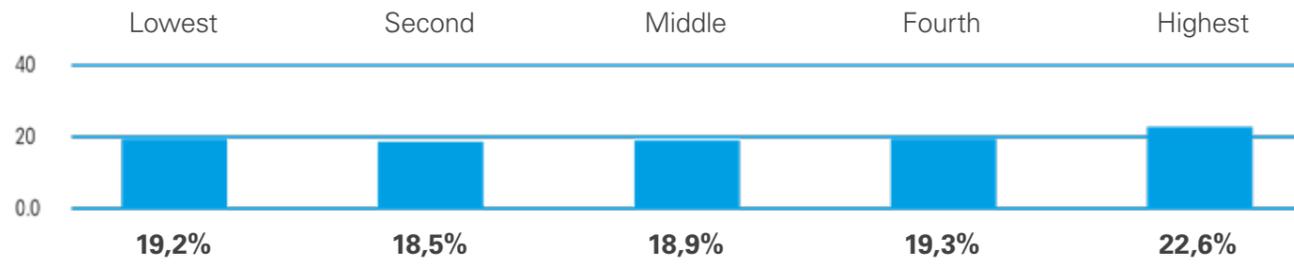
Name of document:

Sierra Leone, Ministry of Health and Sanitation, Demographic and Health Survey 2019, Freetown, Sierra Leone, October 2020

Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting: 83 %.

Women's median age at marriage by wealth

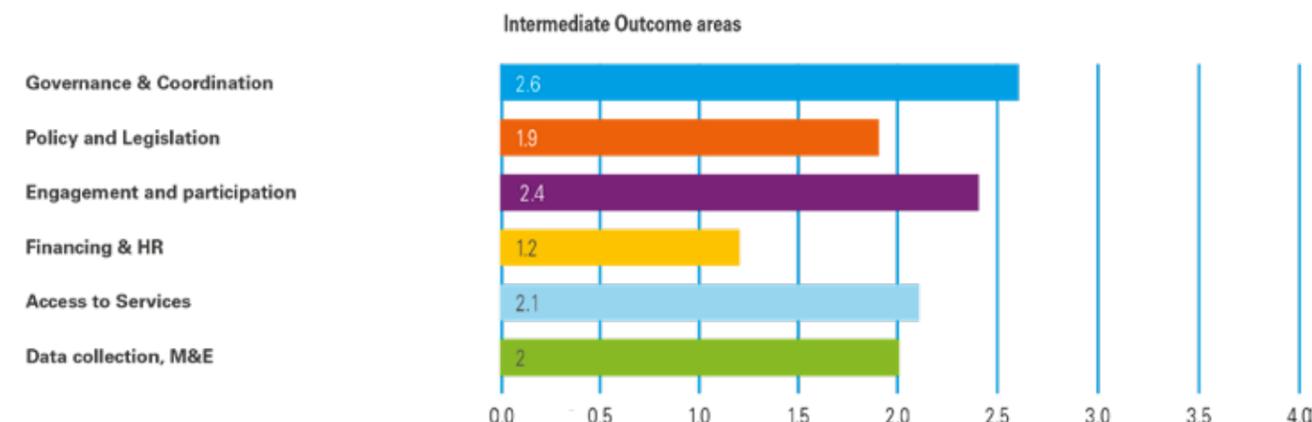
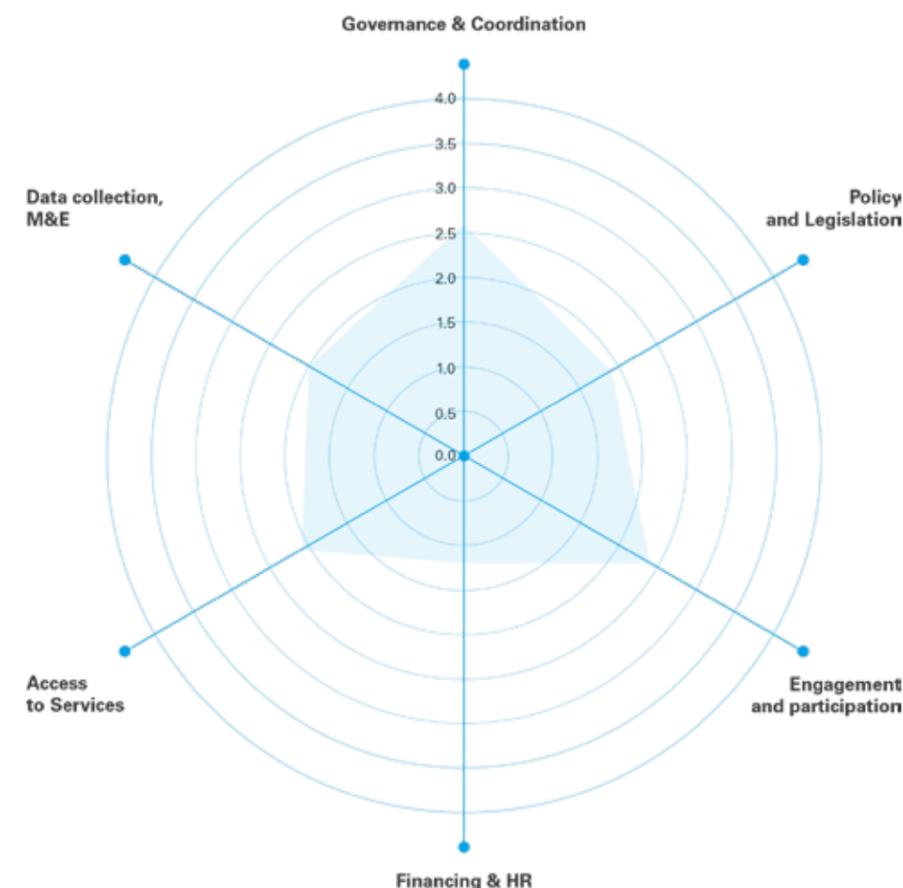
Median age at first marriage among women age 25-49



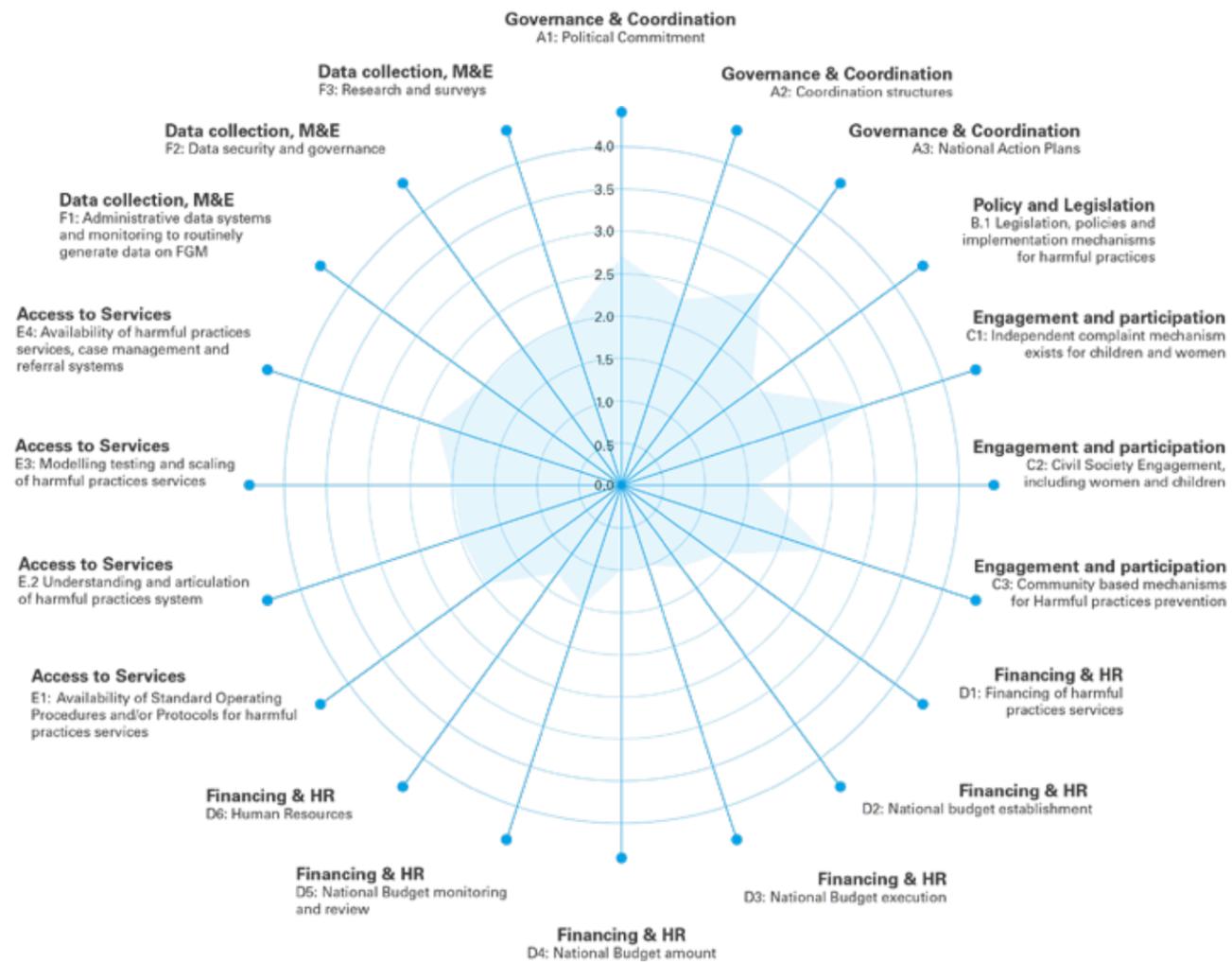
Appendix B: Country data visualization Sierra Leone

Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	2,6	A1: Political commitment	2,7
		A2: Coordination structures	2,3
		A3: National Action Plans	2,8
Policy and Legislation	1,9	B1: Legislation, policies and implementation mechanisms for harmful practices	1,9
Engagement and participation	2,4	C1: Independent complaint mechanism exists for children and women	3
		C2: Civil society engagement, including women and children	1,6
		C3: Community-based mechanisms for harmful practices prevention	2,5
Financing & HR	1,2	D1: Financing of harmful practices services	1,4
		D2: National budget establishment	1,2
		D3: National budget execution	1
		D4: National budget amount	1
		D5: National budget monitoring and review	1,5
		D6: Human resources	1,3
Access to Services	2,1	E1: Availability of Standard Operating Procedures (SOPs) and/or protocols for harmful practices services	2
		E2: Understanding and articulation of harmful practices system	2
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	2,3
Data collection, monitoring and evaluation	2	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2
		F2: Data security and governance	2
		F3: Research and surveys	2

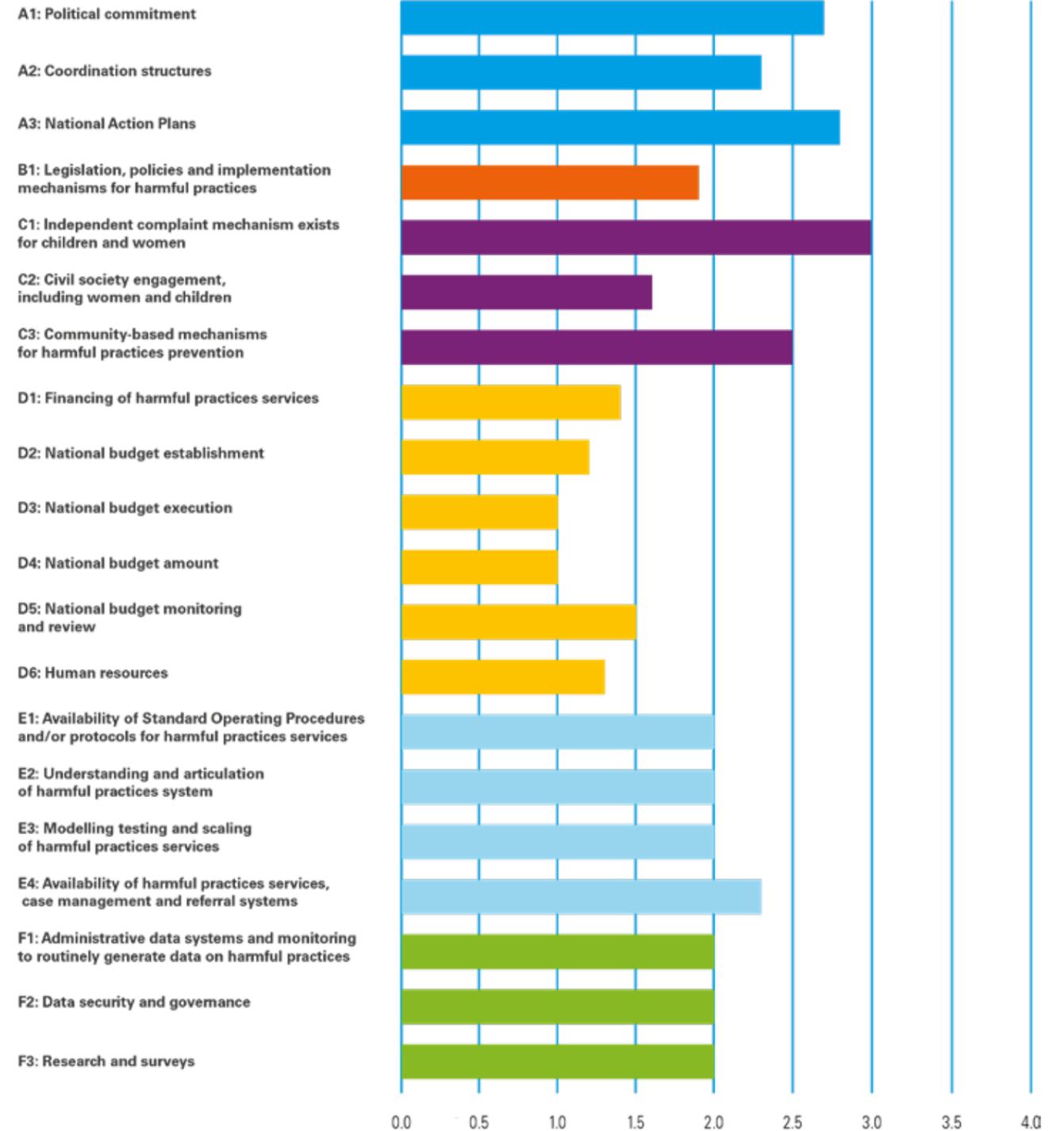
Intermediate Outcomes Summary



Sub-Domains Summary



Intermediate Outcome areas



Endnotes

- 1 Statistics Sierra Leone, Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report, Freetown, Sierra Leone, 2018.
- 2 Ibid.
- 3 Sierra Leone National Strategy for response to sexual and gender-based violence 2021–2023, Freetown, Sierra Leone, 2021.
- 4 The PPM approach formulates and influences public policy through a public policy process or 'the policy cycle' consisting of five major stages – namely agenda setting, formulating and legitimisation of goals and programmes, programme implementation, evaluation and implementation, decision about the future of the policy and programme. Source: Ripley, Randall B., 'Stages of the policy process', in *Public Policy Theories, Models, and Concepts*, edited by Daniel C McCool, Prentice-Hall, New Jersey, 1995, pp. 157–170. (1985).
- 5 These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, Niger, Sierra Leone, Uganda and Zambia
- 6 Source: Child Frontiers, Study of Bondo Initiation in Sierra Leone, draft research report, 2020.
- 7 United Nations Children's Fund, 'Ending child marriage and teenage pregnancy in Sierra Leone, Data from 2015 show that nearly 40% of girls in Sierra Leone are married before their 18th birthday', 19 September 2017, <www.unicef.org/infoycountry/sierraleone_100861.html>.
- 8 Sierra Leone Multiple Indicator Cluster Survey, 2017.
- 9 Thomson Reuters Foundation, 2018.
- 10 UNICEF, (2021). "Child Protection Systems Strengthening, Approach, Benchmarks, Interventions". Retrieved from: <https://www.unicef.org/documents/child-protection-systems-strengthening>
- 11 Organisation for Economic Cooperation and Development, Policy Framework for Policy Coherence for Development, Working paper 1, OECD, Paris, 2012.

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: SIERRA LEONE

Development of maturity model and assessment
tools for harmful practices policies