

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

SIERRA LEONE



COUNTRY REPORT 2021



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November 2022

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LIST OF ACRONYMS & ABBREVIATIONS %

CBR \$	Community Based Rehabilitation
CRPD \$	Convention on the Rights of Persons with Disabilities
CHW \$	Community Health Worker
DIG \$	Disability Inclusion Group (of the UNCT)
FCDO \$	Foreign, Commonwealth & Development Office (UK)
GoSL \$	Government of Sierra Leone
HI \$	Handicap International (aka Humanity Inclusion)
M&E \$	Monitoring and Evaluation
MDAs \$	Ministries, Departments and Agencies
MOHS \$	Ministry of Health and Sanitation
MOPED \$	Ministry of Planning and Economic Development
MOSW \$	Ministry of Social Welfare
MOWPA \$	Ministry of Works and Public Assets
MTNDP \$	Sierra Leone Medium Term National Development Plan (2019-2023)
NACSA \$	National Commission for Social Action
NASSIT \$	National Social Security and Insurance Trust
NCPD \$	National Commission for Persons with Disability
NEC \$	National Electoral Commission
NRC \$	National Rehabilitation Center
OPD \$	Organisation of Persons with Disabilities
PHC \$	Population and Housing Census 2015
PHCTRD \$	Sierra Leone 2015 Population and Housing Census Thematic Report on Disability
PwDA \$	Person with Disability Act
SDG	Sustainable Development Goals
SLESHI \$	Sierra Leone Social Health Insurance
SLUDI \$	Sierra Leone Union on Disability Issues
UHC \$	Universal Health Coverage
UNCT \$	UN Country Team
UPR \$	Universal Periodic Review
UNPRPD \$	United Nations Partnership on the Rights of Persons with Disabilities
USAID \$	US Agency for International Development
WASH \$	Water Sanitation and Hygiene for all UN initiative

EXECUTIVE SUMMARY %

Sierra Leone is a post-conflict, low-income country in West Africa facing many development challenges but firmly committed to working towards the Sustainable Development Goal (SDGs). Disability inclusion is a priority for government and development partners. In this context, the UN Country Team (UNCT) in Sierra Leone, in cooperation with the Ministry of Social Welfare (MOSW) and other key stakeholders, submitted an Expression of Interest to the UN Partnership on the Rights of Persons with disabilities (UNPRPD) 4th funding call that was successful.

UNPRPD's aim is to improve the situation of persons with disabilities globally and this funding call is focussed on the six preconditions of disability inclusion: 1. Equality and non-discrimination; 2. Accessibility; 3. Inclusive service delivery; 4. Participation; 5. Convention on the Rights of Persons with Disabilities (CRPD)-compliant budgeting and financial management; and 6. Accountability and governance.

Sierra Leone ratified the CRPD, in 2009. It was fully domesticated by the enactment of the Persons with Disability Act (PwDA) in 2011, which is currently undergoing revision. The blueprint for the country's overall development is the Medium-Term National Development Plan 2019-2023 (MTNDP), which has one of eight policy clusters on 'Empowering women, children, and persons with disability' and specifically addresses challenges affecting persons with disabilities under sections on education, health and hygiene, livelihood, and participation.

The last Population and Housing Census conducted in 2015 found around 93,000 persons with disabilities in the country, corresponding to 1.3% of the population, but the 2018 Integrated Household Survey of found it to be 4.3% of the population. The gap between the two values shows that disability-related data are not reliable, and Organizations of Persons with Disabilities (OPD) and others estimate the affected population to be much larger. Uncertainties concerning the accuracy of the data reflect shortcomings in the statistical data recording methods used, as well as lack of clarity in the definition of 'disability' included in questions used for the surveys. It would be beneficial to develop a theoretical and methodological framework capable of producing more realistic numbers. The data show that among the four provinces of Sierra Leone, the largest number of persons with disabilities reside in the Northern Region (35%), followed by the Eastern and Southern regions.

In a country where almost 70% of the population live below the national poverty line, the social situation is challenging for many persons with disabilities. A great number live on begging and are homeless, while some reside in collective shelters formed and maintained by persons with disabilities. Some communities of persons with disabilities (both residential and non-residential) have established skill training centres, but ensuring a stable livelihood is a common struggle to most persons with disabilities. Discrimination is a daily experience for them and many in rural areas migrate to the capital of Freetown to escape the hardship experienced in their communities.

To help address these challenges, this study assessed the six preconditions for disability inclusion in the context of Sierra Leone. It relied on field research that included desk research, key informant interviews, focus-group discussions, and on-line surveys of UNCT. The research strived for diverse geographic input as much as possible within COVID-19 movement restrictions and facing other logistical challenge in the country. Ultimately, in-person or virtual consultations were conducted in 9

of 16 districts. The research revealed important gaps and bottlenecks, but also opportunities for improvement, and on that basis a series of recommendations was formulated. Findings and recommendations were shared and discussed with representatives of OPDs and government during a validation workshop where participants gave feedback and ranked recommendations in order of importance.

Crucial provisions of the PwDA have not been implemented and most gaps relate to resource scarcity. Although exact figures were hard to obtain, officials in government, as well as service providers and OPDs, were consistent in estimating that available funds cover only 20-25% of their needs. Resource scarcities affect all preconditions, but most important from the perspective of persons with disabilities, provision of assistive devices and rehabilitation services that are often required to access other essential services such as education, WASH, health, and transportation.

The country's Free Health Care program is in place, but it faces an obstacle of insufficient and unreliable distribution of essential drugs. The goal of inclusive and quality education is supported by the Free and Quality Education and the new Radical Inclusion policies. However, lack of resources, especially that of properly trained staff, is slowing down implementation. Human resources are critically scarce for special education teachers, rehabilitation service providers, and specialists in mental health and rehabilitation for intellectual disabilities.

Other significant gaps include lack of reliable statistical data on persons with disabilities and their living situations; a regularly updated data management system; and a consistent mechanism for the assessment, identification, registration, and certification of persons with disabilities so that benefits are channelled to legitimate beneficiaries. Disaggregated statistical data would help ensure equitable inclusion of persons with disabilities in existing and emerging policies related to education, health care and social protection, among others, perhaps through special provisions. It would also promote appropriate geographic distribution of targeted programs for persons with disabilities. Using an evidence-base for planning and programming would likely benefit vulnerable groups such as persons with multiple disabilities, those with intellectual disabilities, the elderly, women, children, the homeless, and those living in remote areas.

More disability focus in national budgeting, more transparency in the distribution and use of funds, and greater coordination between line ministries and other key stakeholders at the national level seems necessary to realize CRPD-related development objectives. There is also a problem of insufficient monitoring and control mechanisms at all levels, including program impact assessment. Operationalizing a Disability Fund foreseen in the 2011 PwDA is one way to expand resources for disability inclusion and promote targeted funding towards investments in priority areas. A multi-sectoral, transparent, good governance approach would be essential to design of such a fund.

Implementation of CRPD principles could be further enhanced by the ratification and domestication of the Optional Protocol to the CRPD and that of the Protocol to the African Charter of Human and People's Rights. Additionally, there are opportunities to advance the cause of disability in national development processes through more systematic consultations with OPDs for planning, budgeting, and monitoring activities.

Stronger representation of OPDs in sector-specific policy and strategy discussions would advance the interests of persons with disabilities. However, the National Commission on Persons with Disabilities (NCPD), established by the PwDA, and the national umbrella organization for persons with disabilities

(SLUDI) lack capacities to fully engage on these matters. Beyond the lack of material resources, insufficient competences in financial/administrative management, gender mainstreaming, advocacy and lobbying, and in the case of NCPD legal capacities to fulfill its mandate, limit their participation in SDG and CRPD-related development processes.

The PwDA is currently being revised, which shows a strong political will to maximize the potential of the Act for implementation of CRPD principles. Beneficial to this process would be building capacity of government officials, policymakers such as Parliament, and other relevant stakeholders on CRPD provisions. NCPD is well-positioned to lead these efforts.

Establishment of NCPD is considered the most significant and long-lasting achievement of the original PwDA. It has progressively advanced in its role and established good collaboration with SLUDI and MOSW. NCPD has many initiatives underway that can be built on in the areas of mapping accessibility, empowering persons with disabilities and OPDs, tracking cases of discrimination, working with Statistics Sierra Leone on improvement of data collection systems, and working with Ministry of Health and Sanitation (MOHS) on the establishment of the persons with disabilities certification system.

The Government of Sierra Leone (GoSL) is putting huge efforts into revising outdated policies and creating new, bold policies in which disability mainstreaming is a recurrent feature, in keeping with the MTNDP. Government's sincere commitment to work towards the SDGs is reflected in these actions as well as its undertaking of a third Voluntary National Review (VNR) in 2021. NCPD was part of the initial VNR consultation workshop and persons with disabilities are listed among the groups of persons consulted, however more regular feedback mechanisms would strengthen overall monitoring on disability-related targets.

The present moment is also one for UNCT to strengthen disability-inclusion in its programs and operations. Most UN agencies reported having insufficient disability-related objectives and indicators for their programs and that impact assessments are lacking. This is something that can be strengthened through ongoing M&E work under the UN Sustainable Development Cooperation Framework (2020-2023), along with more focus on disability inclusive operations, in keeping with the United Nations Disability Inclusion Strategy.

1.0 BACKGROUND %

1.1. Purpose of analysis

In 2020, the United Nations Partnership on the Rights of Persons with Disability (UNPRPD) launched a call for proposal open for UN Country Teams (UNCTs) in view of advancing the implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) and to improve implementation of disability- inclusive Sustainable Development Goals (SDGs). The UNCT in Sierra Leone, in cooperation with the Ministry of Social Welfare (MOSW) and other key stakeholders, submitted an Expression of Interest that was successful. Subsequently, UNFPA was chosen as the agency to receive initial funding for completion of three Inception Phase activities as follows, working closely with the UNCT's Disability Inclusion Group: 1) Induction workshop, 2) Situational analysis, and 3) Proposal development.

The present study has been conducted to fulfill activity 2 and it will inform the proposal development under activity 3. Furthermore, it can advance overall policymaking and programming related to persons with disabilities in Sierra Leone, as it will be made available to government, organizations of persons with disabilities (OPDs) and other stakeholders to use it as an advocacy tool and for building partnerships to further disability inclusion.

This Situational Analysis report is organized into six sections: Background, Approach, Findings, Analysis, Recommendations, and a last section containing the Priorities Table and the Results Framework as requested by UNPRPD.

1.2. Introduction to Disability in Sierra Leone

Sierra Leone is a post-conflict country with a population of 7.8 million people, ranked 182 out of 189 countries on the 2020 UNDP Human Development Index. Per capita GNI was US\$ 490 in 2020, with close to 70% of the population living below the national poverty line and most classified as food insecure. The country is divided into four provinces plus the Western Area which includes the capital of Freetown. Also referred to as regions, the provinces are further divided into 16 districts.

This section begins with a discussion of issues surrounding data on persons with disabilities and continues with an overview of their social situation to provide context to topics discussed in later sections of the report.

Data on Persons with Disabilities

Data on persons with disabilities and disability inclusion in Sierra Leone is generally considered to be unreliable. Although the Population and Housing Census (PHC) of 2015 contains some disability-related information, it seems to grossly underestimate the prevalence of disability when compared to the previous census conducted in 2004. The 2004 PHC reported around 119,000 people with disabilities corresponding to 2.4% of the total population. Despite the population increase, the 2015 PHC only gave account of only around 93,000 persons with disabilities, representing 1.3% of the total population. Another more recent survey, the Sierra Leone Integrated Household Survey (2018), presents a more realistic figure of 4.3%, but even this cannot be considered fully reliable if one considers that WHO estimates the proportion of persons with disabilities globally to be 15%. It would indeed be surprising that Sierra Leone, a low-income country not long ago ravaged by a civil war, exposed to rare disabling communicable diseases, and more recently seeing an increase of debilitating

non- communicable diseases, would have a lesser proportion of persons with disabilities than the global average.

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

The Sierra Leone Persons with Disability Act (PwDA) of 2011 defines disability as ‘an impairment that may be physical, cognitive, sensory, developmental or some combination of these that results in the restriction of an individual’s ability to participate in what is considered normal everyday life.’ This definition creates a good enough legal basis for the protection of disability rights, but it is hard to operationalize in a survey. It assumes that there is an implicit understanding and a popular consensus among the public about what an impairment is and what can be considered as ‘normal everyday life.’ This is not necessarily the case, so when the definition is used as a basis for questions in a survey, it can solicit inconsistent responses. This is further complicated by translation of the phrase to multiple local languages.

Sierra Leone has 16 official ethnic groups corresponding to several local languages in addition to English, the language of administration and formal schooling. The definition of disability in Sierra Leone is therefore fluid, not only because of some unavoidable variations in translation and understanding, but also because of its uncertain temporality, meaning permanent or temporary. Another aspect to the public’s understanding of disability is that some disabilities are visible and easy to identify even by a lay person, while others are hidden and less well known. All these factors are responsible for possible variations in survey responses and resulting biases in available national data on persons with disabilities.

Sometimes, small scale, representative surveys, with a unified, consistent methodology produce more realistic data than large-scale surveys that encounter the above-referenced issues. One such empirical research was conducted in Sierra Leone by the international charity Leonard Cheshire Disability (Trani and Osman Bah 2009). It collected information in five districts, focusing on towns and villages in urban areas. The authors found that 17.6% of their sample population had some kind of functional difficulties possible to interpret as a disability, but only 4.4% admitted having severe or very severe difficulties. Indeed, the categorization of disabilities can be further complicated by the necessity of differentiating groups according to the severity of the disability, which implies some level of subjectivity.

While some of these biases are unavoidable, it is possible and important to work on a theoretical and methodological framework capable of producing more realistic numbers. This is important for policymaking and analyzing structural, institutional, and everyday discrimination, and can also inform the identification and certification of persons with disabilities.

Despite the unreliability of the figures from the 2015 PHC, some internal proportions resulting from it can be considered. According to the Thematic Report on Disability resulting from the 2015 Population and Housing Census (PHCTRD), the highest numbers of persons with disabilities are found in the Northern Region (35%), followed by the Eastern and Southern regions. The Western Area comes in as fourth, despite a strong tendency of rural migration towards the capital and the high visibility of persons with disabilities in the streets of Freetown. Amongst the 16 Districts, Kailahun and Bo show the highest prevalence of disability. This is worth bearing in mind for future interventions because the

present distribution of resources for persons with disabilities seems to favor Freetown and the Western Area to the detriment of the provinces.

The PHCTRD identifies physical disability caused by polio and blindness as the two most widespread forms of disability in the country. The 2015 PHC figures put persons with disabilities due to polio at 29% of the recorded disabilities. Blindness together with feeble sight add up to 27%. Due to the methodological reasons cited above, it is thought that persons with physical and visual disabilities such as these may be overrepresented in the results.

Persons with disabilities are often family heads, with others dependent on them. The 2015 PHC found that 34,373 households (2.7% of all households) were headed by persons with disabilities. Among this group, male-headed households constitute 72% and women-headed 28%. Parents with disabilities, as well as those who are caregivers for children with disabilities (and sometimes adults with disabilities), should be given special consideration in design of government programs targeting vulnerable groups in a range of sectors.

Social Situation of Persons with Disabilities

The poverty level in Sierra Leone renders the experience of living with disability incomparable with that of other more economically developed countries. Poverty poses special challenges for persons with disabilities, notably the lack of even basic adaptive environments and assistive devices found in more affluent countries. In some domains, it renders the achievement inclusion goals illusory, because the quality of mainstream public services is not even up to minimum standard and therefore unable to guarantee basic human rights. At the same time, a long tradition of civic engagement and interdependence created by everyday necessity of living in Sierra Leone, and also valued by the culture, have contributed to the existence of strong communities of persons with disabilities. This fact certainly explains at least to some degree the political achievements of the disability movement in recent years.

Linked to the high poverty rate is the fact that many persons with disabilities survive on begging and are homeless. Begging is mostly concentrated in urban settings, where often it is a collective activity of persons with disabilities. It is especially conspicuous in Freetown where the presence of different groups of persons with disabilities begging in the street is a characteristic part of the urban landscape. Many of these are recent rural migrants for whom the city represents a promise of escape from the hardship experienced in their original communities. Persons with disabilities who beg are often organized into groups based on solidarity and sharing of resources.

Homelessness like begging is more of an urban feature, even in the provinces, and has different forms. Many persons with disabilities live in the street, sleep under market tables, or in the door of shops. Women with disabilities living in the street are more vulnerable than their male peers, exposed to risk of sexual abuse and violence. Many of them have children they raise in undignified conditions due to poverty, without the material support of the father. Single parenthood puts an additional burden on women with disabilities, especially for the most vulnerable among them.

Some persons with disabilities who are in the street during the day stay in collective shelters at night. These shelters are not formed by external parties but were founded and are maintained by persons with disabilities. Many are not exclusively occupied by persons with disabilities, but instead embedded in organic communities and have diverse members some of whom, such as family members, financially rely on a person with disability.

Persons with disabilities have not only taken the provision of shelter in their hands, but also that of livelihood. Many communities of persons with disabilities (both residential and non-residential) have established skill training centres and production/service sites, where work goes hand-in-hand with apprenticeship learning. Some of these centres thrive, while many struggle to assure a decent income to members. All of them contribute to the recognition and acceptance of persons with disabilities by the public. Most registered OPDs originated from collective shelters, collective production units, or both, and virtually all other OPDs without a skills training centre aspire to have one.

Despite the strong connection between disability and poverty, and the popular identification of persons with disabilities with begging among the general public, not all persons with disabilities in Sierra Leone are poor. Many are doing skilled work, have official employment, and occupy important positions in society, even though there is more to do to increase their numbers.

The above facts characterising the situation of persons with disabilities in Sierra Leone have implications on the types of strategies for disability inclusion likely to be successful in the long run.

2.0 APPROACH %

Consultations and other work undertaken for this Situational Analysis followed several guiding principles as described below. Also discussed in this section are the Methodology and its Scope and Limitations.

2.1. Guiding principles

Rights-Based Approach

The Situational Analysis has been compiled with a strong commitment to the rights-based approach concerning the inclusion of persons with disabilities. The rights-based approach works as a constant reminder to the fact that any measure that aims to improve the wellbeing of persons with disabilities without considering them equal with the rest of society is harmful. Such measures perpetuate existing inequalities by reinforcing the idea that turning towards persons with disabilities is a question of charity. At the same time, the strong version of the rights-based approach considers that only enforceable rights are genuinely useful. Therefore, it looks not only into the principles but also at how these can be turned into reality on the ground.

Participation and Local Ownership

In coherence with the strong version of the rights-based approach, this Situational Analysis prioritised rights that directly address issues identified by the target group throughout the activities that took place during Situational Analysis development. The principle of “nothing about us without us” calls for making local participation a condition for any meaningful programming.

Justice and Equity

The rights-based approach presupposes that social justice for persons with disabilities can only be achieved if targeted interventions are put in place to fight injustice and assure full equality, not only in principle, but also in practice. Existing injustices, prejudice and discrimination create a situation where

equality of outcome is only achievable by proactive, positive affirmative action. Positive discrimination does not contradict the principle of equality; in fact, it reinforces it by adding the principle of equity.

SDG Compatibility

The SDGs vision is a blueprint for a better future, ensuring sustainability for the economy, the ecology and human societies, with no one left behind. There is no single SDG that addresses disability specifically, but disability-related objectives are integrated in many of the 17 goals. The work and findings of this Situational Analysis are compatible with the SDGs and the Government of Sierra Leone's (GoSL) priorities in realizing the SDGs, including the two designated SDG accelerators for the country: promoting inclusive and quality education (Goal 4) and access to justice for all (Goal 16). In both areas, the leading principle of GoSL is 'leaving no one behind.'

COVID-19 Context

Contextualization is an important element of this Situational Analysis, to include the current political, social and economic environment that is strongly influenced by the ongoing COVID-19 pandemic. During various consultations and analyses for this report, the effects of the pandemic on persons with disabilities in Sierra Leone were considered, both from the perspective of health services and the overall impact of COVID-19 restrictions on the trade and the economy. The most wide-spread impact of COVID-19 in Sierra Leone has been on overall economic performance, and GoSL efforts to restore economic activity to pre-COVID levels are part of general economic growth and development initiatives, rather than under separate COVID-19 recovery programs.

2.2 Methodology

The methodology for this Situational Analysis was based on the UNPRPD 'Guidelines for the Situational Analysis' document and relied primarily on qualitative research. Due to a lack of capacity in disability inclusive research at the national level, it was decided to recruit an international consultant with requisite expertise. Due to COVID-19 restrictions, there were difficulties finding a qualified consultant who could travel to Sierra Leone in a timely manner. Ultimately, an international consultant was engaged by UPFPA with expertise in CRPD and disability inclusion. She conducted short-term fieldwork in country from early June to early July 2021 and home-based work afterwards. A focal person at UNFPA provided technical oversight to the international consultant and interacted closely with the MOSW and other stakeholders on the conduct of the Situational Analysis.

In-country research was an important element of the Situational Analysis. The general Inception Phase timeframe, along with COVID-19 movement restrictions and limited IT connectivity in country, did not allow for conducting a large-scale representative survey of persons with disabilities/OPDs. Even so, an online data collection tool was developed along these lines and is ready to use for future research.

Methods that were possible to receive input from various sources and stakeholders are as follows, with a list of persons interviewed/focus groups conducted included as an Annex.

Research Methods Used

- Desk research: a critical reading and analysis of policy documents and reports (those consulted are listed in the Bibliography.)

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- Key informant interviews: 27 interviews in total¹
 - Focus group discussions with OPDs in the provinces: 4 in-person focus groups, plus an additional one online engaging OPDs from five districts
 - Online surveys completed by UN Agencies, one on disability inclusion in programs and another on accessibility of operations

Geographic Coverage of Districts (9 out of 16 districts)

- Western Area Urban (Freetown), Kambia, Koinadugu, Bo: Interviews and In-person focus groups
- Tonkolili, Pujehun, Bonthe, Bombali, Port Loko: Online focus group

Information derived from these sources was compiled and main findings were presented, discussed, and validated by a range of stakeholders at a 1-day workshop. During the event, thematic working groups considered proposed recommendations under each topic, reformatted wording in some cases, and developing a priority list for action. Working group recommendations formed the basis for this report.

2.3 Scope and limitations

Limiting factors to completion of the analysis included the overall timeframe, COVID-19 related movement restrictions, and some administrative delays with regard to recruitment/engagement of the international consultant and establishment of administrative arrangements between UNFPA and MOSW.

Concerns around recurring COVID-19 intra-district travel bans, and commitment to ensure best practice in infection prevention protocols, led to some constraints in data collection and limitations for including all initially identified stakeholders in the research, as discussed above. Nonetheless, representatives from all major categories of actors were included.

In geographic terms, it was not possible to conduct in-person research in all sixteen districts due to the general logistical challenges in the country (poor road network, rainy season, etc.) coupled with the COVID-19 movement restrictions. While the largest number of persons with disabilities live in the provinces, most of the disability-related services and organizations can be found in the capital of Freetown. In the provinces, we could visit only 3 districts outside of Freetown, although we did conduct an online focus group discussion with persons from an additional 5 districts.

While OPDs are an established and time efficient way to reach out to persons with disabilities, and were heavily engaged for the Situational Analysis, it should be noted that not all persons with disabilities are members of organized groups. There would be value in conducting localized household surveys to identify those persons with disabilities who do not yet belong to any OPD, especially in hard-to-reach areas of the country, to capture their views on relevant topics.

¹ The 27 interviews were with the following stakeholders: OPDs (8); Ministries (4); other government agencies (3); government-subsidised service providers (2); special schools (3); CSOs (2); NGOs (2); UN Agencies and donors (3).

3.0 FINDINGS %

This Situational Analysis relied on the UNPRPD Guidance Document, including the guiding questions presented for each of the precondition discussed below. Certain questions were given priority based on the circumstances in Sierra Leone.

3.1 Stakeholder and coordination analysis

Main stakeholders with a role to play in the inclusion of persons with disability are outlined below. While not completely exhaustive, it aims to paint a clear picture of the actor network, its most important nodes, the special roles of different actors, and the existing coordination mechanisms among them.

The **National Commission of Persons with Disability (NCPD)** was established in 2012, following the provision of the PwDA. NCPD's affairs are managed by the Chairman who is appointed by government and four representatives of OPDs are members of NCPD. Eight key GoSL Ministries are also represented and two NGO partners: one local and another international. NCPD has regional coordinators in each of the four regions and is supervised by the MOSW, although it also works with other Ministries, Departments, and Agencies (MDA) and the Local Councils.

NCPD's mission is broad – 'to ensure the well-being of persons with disability.' NCPD strives to eliminate barriers, improve opportunities, and empower persons with disabilities to influence social policies and practices and to fully integrate persons with disabilities in national development processes. It is expected, amongst other things, to maintain an up-to-date database of persons with disabilities, to investigate cases of discrimination against persons with disabilities, to assist GoSL in developing suitable curricula for education, and even to provide assistive devices to persons with disabilities. It has neither the human nor the material resources to fill such a vast sphere of responsibility.

As possible, NCPD supports individual persons with disabilities with grants, support letters, counselling, etc., and it acts as a bridge between OPDs and GoSL. NCPD advises different MDAs concerning issues of disability. OPDs feel generally well represented by NCPD, however less common or less recognised disabilities are thought to be underrepresented in its activities. Without reliable data on the persons with disabilities population, there is a danger that persons with disabilities targeted for benefit programs are those belonging to relatively well-established OPDs, to the detriment of other persons with disabilities without such affiliations.

The NCPD, in cooperation with ministries, is involved in ongoing policy development work related to disability inclusion. The most important developments are happening in the following areas: Free Health Care, a new 'Radical Inclusion Policy' in education, establishing a National Disability Fund (discussed in later sections), and the setting up a system leading to identification and certification of persons with disabilities.

The **Ministry of Social Welfare** (MOSW) has a mission is to work against inequalities and cater for those who are at risk of being disadvantaged. It is the national coordinating body for all disability issues and has the statutory mandate to protect persons with disabilities. Key responsibilities are:

- Oversees and partakes in policy development affecting persons with disabilities in line with international frameworks.
- Provides grants to OPDs and offers technical support for capacity building.
- Facilitates OPD contacts with donors.
- Sometimes acts as guarantor for OPDs and pays follow up visits to them to assess their capacity and if they are benefiting from funds.
- Addresses differences and tensions between and within OPDs.
- Collaborates with NCPD in identifying beneficiaries of the social safety net program (see below).
- Represents Sierra Leone on international platforms, such as the Global Disability Summit.
- Prepares reports on international treaty obligations.
- Plays a key role in assuring that disability is visible in national development plans.
- Represents persons with disabilities' interests as a member of the National Platform for Disaster Risk Reduction.
- Works closely with civil society and OPDs, particularly SLUDI which is one of its strategic partners
- Serves as line ministry for the NCPD and leads coordinating mechanisms around disability issues.

The Director of Social Welfare chairs a National Steering and Technical Committee on Disability, bringing all partners (MDAs, service providers and civil society) around the table. The activity of the Steering Committee has been somewhat slowed due the COVID-19-related restrictions, but recently it renewed negotiations for implementation of a South-South collaboration agreement with neighbouring Guinea.

The Ministry has offices and social services officers in all districts who address all forms of abuse and harmful traditional practices on the ground. Compared to the vast range of its activities, the resources of the Ministry are very limited, both in terms of human resources and funding.

Other key line ministries have programs important to persons with disabilities. The Free Health Care program is under the MOHS and relates to both primary and secondary health care. Rehabilitation is also under this Ministry, as well as screening and family visits by Community Health Workers (CHW) and efforts to establish Universal Health Coverage (UHC). A new health insurance system named SLESHI was announced in 2018 but is not fully operational. The Ministry of Basic and Senior Secondary Education is responsible for special needs schools as well as inclusive education in mainstream schools, including the implementation of the new Radical Inclusion Policy. The Ministry of Works is in charge of implementing the provisions of the law concerning building accessibility. The Ministry of Finance creates the budget that enables disability-related public expenditures. The Ministry of Labour oversees social protection programs, and the Ministry of Communication has to assure that persons with disabilities can access public information.

The 2011 PwDA prescribes the establishment of a *disability unit* at each Ministry (a person in a dedicated position overseeing disability rights), but very few ministries have established such.

Other government commissions also have specific provisions for persons with disabilities. In the governing body of the National Youth Commission, out of the 3 persons representing youth groups, one is bound to be a person with disability by law (another one must be a woman). During the 2012

general elections, the National Electoral Commission (NEC) established a Disability Desk, which later was transformed into a permanent Gender and Disability Unit. The National Human Right Commission also has a focal person for disability.

Local Councils also have a role related to disability inclusion, however the PwDA is silent on the duties of the Councils. The only provision it makes is concerning the obligatory coordination between them and the NCPD. Notwithstanding, a few councils have established disability units out of their own initiative, including Kono and Kambia districts. In addition, The Freetown City Council has recently established initiatives to make the municipality more inclusive and accessible for persons with disabilities. It has programs that help persons with disabilities with education, skills development and cash transfers.

The **National Commission for Social Action (NACSA)** is tasked to provide social welfare programs for the most vulnerable persons. Originally set up after the war to help reintegration, NACSA has staff in all the provinces. Although NACSA is a government entity, all its present programs are time bound and funded by international development partners. This raises questions of sustainability concerning its engagement in the long run, including the ongoing ‘social safety net’ program that provides cash transfers to the poorest households. In the latest edition of this program, persons with disabilities have been prioritized. The National Social Security and Insurance Trust (NASSIT) is another public body with a potentially important role in providing social security to persons with disabilities, as NASSIT social insurance covers pensions, seniors benefit, invalidity benefit² and benefit for surviving spouses and children. Contributions to NASSIT are only obligatory for formally employed workers, but formal employment is scarce overall in the country and especially amongst persons with disabilities. If NASSIT were to extend the social security system to the informal sector, more persons with disabilities could benefit. Although a system of obligatory contribution from informal sector workers seems difficult to implement at present, NASSIT has prepared a study on the possibility of coverage through voluntary contribution and is optimistic about its feasibility.

Civil society is traditionally diverse and vibrant in Sierra Leone. Voluntary associations have been a feature of city life since the establishment of Freetown. The present flourishing of OPDs occurred especially after the war which ended in 2002. The **Sierra Leone Union of Disability Issues (SLUDI)** is one of the oldest and is the most influential OPDs in the country. SLUDI is one of four OPDs who are members of the NCPD, a place that is guaranteed by the PwDA. It operates as a broad federation and individual OPDs register with SLUDI to become members. In principle, all OPDs are members of SLUDI, but in practice, not all OPDs feel equally well-represented by SLUDI. SLUDI is especially strong in Freetown, although it also has branches in the provinces. Besides SLUDI, other umbrella organizations of extended geographical coverage exist, sometimes in cooperation and sometimes in competition with SLUDI, however no other umbrella organization covers all 16 districts. Other umbrella organizations that cover a range of disabilities include the Disability Coalition (based in Freetown) and Disability Rights Movement (based in Bo). SLUDI takes part in key government coordination mechanisms and in consultations around policies. Different disability types are not proportionally represented in SLUDI, with polio and blindness as the two most visible disabilities within the disability movement. Nonetheless, SLUDI is remarkably successful in bringing all concerned parties together and

² Invalidity benefit is to those who leave their trade or occupation after sustaining an injury or developing a long-term illness.

presenting one single and shared perspective to third parties. SLUDI also manages projects funded by various donors.

Most individual **OPDs** are centred around one type of disability, gathering people with similar life experiences, but some are cross-cutting across multiple disability types. The strongest and most established are the organisations of the deaf, the blind and the physically challenged, the latter mostly gathering polio survivors. Polio-related organisations are largely localised, with many around the country, while the National Association of the Deaf and the Association of the Blind claim to have a national representation. A relatively new phenomenon is the rising of parent, self-help, and patient groups representing ex-psychiatric patients. OPDs are very different in their means and principles of operation. Some provide shelter (often precarious) for their members, without any organized form of income generating activity, while others offer livelihood opportunities to members besides or instead of housing. Some are about common interests and experience with their main activity being lobbying and advocacy, and these often struggle to keep their members active unless they manage to become an implementing partner of a project. A newer OPD representing rare disabilities, like the associations of little people, stroke victims, people with epilepsy, and people living with albinism, have less lobbying force and typically less resources than the more established OPDs. Many do not even have office space, let alone office equipment, which makes it hard for them to apply for project funding. A list of the most prominent OPDs is included as an Annex.

NCPD counts 150 OPDs, while SLUDI knows of about 200 OPDs in the country. Although there are some very strong women-only organizations, and in most every organization there is a chairlady position, women are generally underrepresented in OPD leadership positions.

Professional associations working in the field of disability might be important allies of government, developmental partners and OPDs in promoting disability related issues. Some of the most important are the Sierra Leone Orthotic Prosthetic Association based at the National Rehabilitation Centre (NRC) in Freetown, uniting orthotic and prosthetic professionals; the Sierra Leone Association of Physios; Mobility Sierra Leone, with a production site in Bo manufacturing PETs (three-wheeled wheelchairs); the Mental Health Coalition; Community Association of Psychosocial Services; the Sierra Leone Autistic Society; and Social Workers Sierra Leone.

NGOs, both local and international, are important development partners to local civil society. The period immediately after the war was characterized by a proliferation of donors, but there are now less NGOs active on the ground interested in supporting the welfare and inclusion of persons with disabilities. Some support large scale, complex programs which could serve as pilots for structural transformations, but these remain selective, geographically limited and without a clear strategy to increase government ownership. As a result, the distribution of disability support services and resources for persons with disabilities and OPDs remains uneven and ad hoc. The two most important NGOs active in the disability field are Handicap International (HI, also known in other countries as Humanity Inclusion) and the local NGO One Family People (OFP). Both are part of the board of NCPD. Recently, HI has turned away from its traditional areas of work (physical rehabilitation and support of OPDs) to embrace new tasks in the neglected area of mental health and inclusive education. It provides technical support to other international agencies active in country on the topic of disability inclusion. OFP does a lot of mainstream disability support work around the protection of women's and children's rights, and it supports OPDs across the country to experiment with elements of a community-based rehabilitation (CBR) strategy. It also provides technical support and skills training for individual persons with disabilities and special needs teachers.

Key international donors in this area are USAID, FCDO, UN agencies, and the World Bank. The biggest funder of HI is the European Union, that of OFP is the Dutch-based Liliane Fonds. Other International actors with a considerable scope of actions are: Dorothy Springer Trusts (UK), offering skills training in the field of ICT, providing assistive devices and championing disability rights; Hellen Keller International (US) working for prevention and conducting awareness raising in communities; Westminster Foundation for Democracy (UK), supporting the political participation of persons with disabilities; Clinton Health Access Initiative global organization, conducting selected activities in the field of assistive technology; Partners in Health global organization, working with GoSL as the major international partner supporting modernisation of the Psychiatric Hospital; Latter Day Saints (US religious organization) providing some assistive devices; and Christian Aid (religious organization) advocating for health rights and supporting persons living with HIV. This list is certainly non-exhaustive.

UN Agencies support several government programs discussed in this Situational Analysis. Two years ago, a Disability Inclusion Group (DIG) was set up at the UNCT level, with representatives from all in-country UN-Agencies, to coordinate disability issues on behalf of the UNCT. In all agencies, there is a disability focal point. Recently members of DIG participated in a technical training delivered by HI and a shorter version of the training was offered to all UNCT staff members. Disability mainstreaming is a goal in all activities, but disability-focussed projects are few. No universally used standard protocol exists to measure to what extent programs are disability inclusive.

Among the UN agencies, UNDP supports MOSW on strengthening regulatory frameworks, review/revision of the PwDA, entrepreneurial skills training and livelihood support, advocacy on disability, south-south cooperation, awareness raising on COVID-19, and commemoration of Persons with Disabilities Day. WHO does not implement programs directly, but it directs and coordinates health-related strategies, including UHC, COVID-19 Response, and protection from health emergencies. WHO's work also contributes to prevention of disability and provision of assistive devices. UNICEF works on strengthening the national social protection system and the emergency preparedness and response systems, both of which benefit persons with disabilities. Other UNICEF programs, such as education and WASH, also benefit persons/children with disabilities and include targeted efforts to make the interventions more inclusive. UNOPS supports renewable energy projects that include persons with disabilities as beneficiaries and is engaged in projects to increase government building accessibility. UNFPA works to promote universal access to quality, integrated sexual and reproductive health services and promotes comprehensive sexuality education and youth leadership. It also provides support to strengthen health systems, train health workers, educate midwives and to prevent and respond to gender-based violence, including FGM and child marriage. Although these programs are available for persons with disabilities, there is more work to be done in ensuring that persons with disabilities are targeted and included in a meaningful way. The World Bank directly supports the social safety net program and UHC with significant financial contributions. Both the World Bank and UNFPA are supporting the upcoming mid-term census.

3.2 Preconditions of disability inclusion in Sierra Leone

The following sub-sections discuss the six preconditions of disability inclusion in the context of Sierra Leone.

3.2.1 Equality and non-discrimination

Legal and Policy Background

Sierra Leone ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2009, amongst the first countries to do so. By 2011, the Convention was fully domesticated by the enactment

of the PwDA. The PwDA prohibits discrimination against persons with disabilities and seeks to achieve equalization of opportunities. It is currently being revised, presumably to strengthen it.

Sierra Leone submitted a CRPD report to the Committee of Experts on Disability in 2019 titled 'Sierra Leone's First Status Report in compliance with Article (35) of the United Nations Convention on the Rights of Persons with Disabilities 2013-2018'. The report provides an overview of the significant progress the country has made, as well as the challenges faced in improving the lives of persons with disabilities. The fact that during the last election all contesting political parties had something to say about disability inclusion in their campaigns shows the success of the disability movement in elevating issues concerning disability to the level of national politics.

Sierra Leone has not yet ratified the Optional Protocol to the CRPD, nor the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa. The signature of these instruments could further strengthen the position of persons with disabilities and could serve as proof of the government's commitment to protect their rights.

Besides the PwDA, other legal documents contain significant provisions for disability rights. The Constitution from 1991 contains important passages concerning the protection of the rights of vulnerable populations, including persons with disabilities. It prohibits discrimination by the state and individuals. Article 8 guarantees care and welfare of the aged, young, and disabled. Article 9 speaks about the safeguarding of the rights of vulnerable groups in security and educational facilities. Article 27 of the Constitution stipulates: 'no law shall make provision which is discriminatory either of itself or in its effect', and 'no person shall be treated in a discriminatory manner by any person acting by virtue of law.' Besides that, the Constitution states that it is the responsibility of the government to direct its policy towards ensuring that there are equal rights and adequate educational opportunities for all citizens at all levels.

Beside the Constitution, several laws prohibit discrimination on different grounds, such as The Education Act 2004, the 2007 Prevention and Control of HIV and AIDS Act, the Refugees Protection Act of 2007, the Registration of Customary Marriages and Divorces Act, the Devolution of Estates Act and the Domestic Violence Act and also the Persons with Disabilities Act.

A more recent framework document is Sierra Leone's Medium-Term National Development Plan 2019-2023 (MTNDP). The Plan lays down the blueprint for the country's overall development policy, addressing a wide range of sectors. One of eight policy clusters under the MTNDP is on 'Empowering women, children, and persons with disability.' The MTNDP has language specifically addresses challenges affecting persons with disabilities in the following areas: education; health and hygiene; livelihood and participation.

Monitoring mechanisms are fragmented. Specific commissions are charged with overseeing human rights violations: the Youth Commission, Commission of Children's Affairs, and Disability Commission, however, there is also a separate commission dedicated to overseeing human rights violations: the Human Rights Commission. Because these Commissions have direct subordination to the Government, they cannot really be regarded as independent bodies. Although the Commissions in principle have the competence to protect citizens against discrimination, in reality they have weak power to pursue cases before the law

There is no specific commission for protecting women against gender-based discrimination and there is a conspicuous lack of protection of the LGBTQ community.

Discrimination

Persons with disabilities in Sierra Leone, especially those living in poverty, suffer from two types of discrimination: 1) that which is voluntary, direct and is motivated by negative prejudices, to be addressed by changing attitudes, and 2) structural, indirect discrimination, which is seemingly nobody's fault but has real implications. The second can be difficult to identify, because it can be captured only by recording negative outcomes that affect some groups of persons in society more than others.

Persons with disabilities engaged for this research certainly spoke about discrimination. OPD members, especially, know that discrimination is prohibited by the law, but they do not necessarily know how to recognise and prove discrimination and how to seek protection or retribution. It is probable that persons with disabilities who are not part of an organized group know less about their rights, because there may be only a vague understanding of the concept of discrimination among these persons. What can be drawn from general statements made by research participants, rather than citing of specific cases, is that discrimination is experienced in the community. Some examples are teachers calling disabled pupils by derogatory names, health care providers being rude to or refusing to examine a disabled patient, employers or housing owners refusing candidates with disabilities, and judges making seemingly unfair judgments regarding persons with disabilities.

While it may be challenging to establish clear discrimination cases based on disability, its widespread existence is common knowledge. When discrimination is experienced, because of intersectional vulnerabilities, it is difficult to separate institutional bias against groups like the poor and women (both huge and common problems), from bias against persons with disabilities.

Studies in medical anthropology conducted elsewhere have found that the poor, women, children, and persons with disabilities population are often victims of structural discrimination. In Sierra Leone, anti-discrimination laws and available monitoring mechanisms could contribute to reduction in structural discrimination if more effectively used, but existing monitoring systems are weak and potential victims of indirect discrimination do not necessarily know about them.

In principle, the NCPD is responsible to make sure that the anti-discrimination elements of the PwDA are respected and enforced but is lacking ability to realize this on a large scale. It does a lot to raise awareness within OPDs and communities and is considered as the first logical contact point for any claims and grievances on the ground of disability. It consults and counsils persons with disabilities seeking help and draws up a file to record details of the case. NCPD provides legal advice and, in some cases, initiates mediation between the complainant and the alleged perpetrator, sometimes resulting in negotiated settlements. Interviewees reported that NCPD does not have the legal power to take cases to the court. When legal cases have been opened, it was on the initiative of a well-known and well-respected lawyer within the disabled community. For cases that are settled by negotiated agreements, the lack of visibility of settlements does little to promote overall compliance with the law among the general population.

Another gap that contributes to weak enforcement of the law is the lack of a standardized monitoring system and reliable data management on discrimination complaints. While case-per-case litigation

may shed light on some of the most notorious instances of discrimination, statistics have the power to reveal more hidden structural discrimination.

3.2.2 Inclusive service delivery

Three aspects of inclusive service delivery are discussed in this section, including disability status determination, disability support services and essential services.

Assessment, Determination, Eligibility and Referral

The PwDA prescribes many special rights for persons with disabilities, however it leaves the question of identification of beneficiaries unresolved. Section 7 mentions a Medical Board “set up by the ministry responsible for health to issue Permanent Disability Certificates,” however, such a board has never been established and operationalised by MOHS and there is no wide-scale system in place to issue such certificates. Only in few very cases are such certificates generated, as further explained below.

As concerns the definition of disability, in principle, this is based on the CRPD. However, the CPRD definition is not enough to medically certify disability. NCPD had outlined *assessment* criteria, but it was subsequently rejected by MOHS because it was deemed too broad. This points to ineffective coordination between NCPD and MOHS or, to put it in another way, between the social and medical aspects of disability. Only recently has the need for greater cooperation between the two entities for establishing consistent criteria been acknowledged. With clear assessment criteria lacking, there are presently no functioning procedures for systematic assessment of persons with disabilities.

Similarly, there are no standards for a *certification* system, even though certification is often needed to make certain rights enforceable, for example, in health, education, and social protection. At present, identifying beneficiaries for these services is ad hoc, slow and bureaucratic.

To access free health care services, health care providers generally know about the free health care policy for persons with disabilities, but often provide free services to only *visibly* disabled patients (a description which obviously does not cover all persons with disabilities). At other times, they are subjectively reluctant to serve those who are perceived as poor, and even if they do, they do it without respect. In these cases, poor and disabled patients suffer double discrimination. In yet other cases, they ask the patient for a medical certificate. Because there is no system in place for routinely issuing medical certificates, the only option the patient has is to ask the NCPD to intervene, in which case NCPD produces the letter and makes a specific request to the Chief Medical Officer for signature. One hospital in Freetown has established a disability unit that provides such certification on the spot, but this is the exception, and even that service is not consistently available. Another issue is that even after being accepted for free medical care, this does not necessarily mean that patients are also provided with free medication.

Not surprisingly, persons with disabilities have complained about this system being cumbersome and that it lacks coherency and transparency. Health emergencies often do not allow time for such a long procedure and persons with disabilities in rural and hard-to-reach areas are clearly at a disadvantage for obtaining such a certificate.

Improved early-in-life detection and identification of eligible persons with disabilities is desirable, but existing system gaps make it likely that some children are falling through the cracks. The PwDA (section 17 and 18) gives the responsibility of detection and issuing of a ‘preliminary medical certificate’ to

medical practitioners who see a child for a medical visit. While babies/children are routinely assessed by CHWs and health centre staff, not all persons serving in these roles have received proper training in this regard and they are lacking clear assessment criteria. When they do make a determination of disability, they often refer the child to a higher-level medical facility for certification and it is up to the parents to follow-up.

Disability Support Services

Rehabilitation, along with housing/essential infrastructure and livelihood, was identified unanimously by research participants as a support service deserving special attention. Rehabilitation services, including corrective medicine and the provision of assistive devices, is considered an absolute priority as the most basic element of disability services, and a precondition for participation, inclusion, and enjoyment of all other rights. Yet the PwDA neglects this precondition in its language.

Even though government is extending free health care to persons with disabilities, rehabilitation services are not included. Professional rehabilitation services exist only at a few points of the country and there is an extreme scarcity of assistive devices. The difficulty to obtain corrective surgery, physio or psycho-social therapy, to procure or repair callipers, crutches, wheelchairs, white canes, hearing devices, braille frames or even glasses, or for persons with albinism to get suntan lotion, prevents them from participating in social, economic and political life on an equal basis with others. For many persons with disabilities, general accessibility is meaningless without assistive devices.

Throughout Sierra Leone, there is today only one prosthetist, four trained technicians, five physiotherapists and one occupational therapist. Ongoing efforts of the government to upscale and transform services of the NRC into a country-wide program are promising, but at present, the government operates only four functioning rehabilitation centres, and these suffer from scarcity of material and a lack of supply in assistive devices.

Today, the two most important specialised service providers for persons with disabilities are NRC in Freetown and the Psychiatric Hospital in Kissi. NRC was the first and for a long time only rehabilitation centre (originally 'limb fitting centre') in the country. HI saved the operation of NRC immediately after the war and raised the quality of services. However, the restitution to government operation was a long and painful process during which the quality dropped again, and continuous operation was hindered by lack of material, a situation which took years to stabilise. There are ongoing efforts by GoSL to upscale and transform the services of the NRC and to devolve rehabilitation services to all the districts in the country. As part of this, the existing rehabilitation policy is being reviewed and there are plans to create a separate policy for assistive devices. This work is being coordinated and supervised by a Disability, Assistive Technology, and Rehabilitation Technical Working group under the leadership of NRC and MOHS.

Mainstream Services

Inclusive service delivery for persons with disabilities has three major preconditions: 1) the existence of public services of an acceptable quality available for the whole population; 2) enforceable laws and measures that guarantee the equal participation of persons with disabilities and their access to these services; and 3) targeted measures of 'positive discrimination' able to counterweight existing disadvantages and adding a component of equity to the principle of equality. The discussion below reflects these elements and Section 3.2 below contains more detailed information on mainstream services.

Due to lack of material and financial resources in country, the quality of essential services throughout society is generally low, and a low-quality service allows only low-quality inclusion, even in the best case. This is certainly true for health care services and education, where lack of trained human resources is the most important bottleneck. In both sectors, important reforms have taken place recently but have not resolved all problems in service delivery. As of 2018, education is free for everybody until tertiary level and health care is free for persons with disabilities. However, the free health care program does not fully meet the needs of persons with disabilities in the area of medication, as there is insufficient provision of essential drugs. In addition, persons with intellectual disability or with disabling mental health problems have limited access to the specialised medical services they require. Drugs for mental health problems are not included in the list of essential drugs under the free health care program. Similarly, sexual and reproductive health and preventive health services are two notable areas not sufficiently covered under the free health care program.

Services such as housing and livelihood are high priority areas for persons with disabilities, and the legal conditions exist in Sierra Leone to mainstream disability in these essential services because of policy making and policy review in recent years. But even with the legal conditions in place, whether it is being realized for persons with disabilities is important to assess. In other words, do persons with disabilities have access to essential services at the same level as the general population? Some suggestions for assessing this point are discussed in the Analysis section below.

3.2.3 Accessibility

Accessibility is a critical condition of participation for persons with disabilities. It is a complex issue covering many areas from housing and urban planning to access to justice and information. The PwDA enshrines the right of persons with disabilities to a 'barrier-free environment' and stipulates that a proprietor of a public building shall 'adapt it to suit persons with disability in such a manner as may be specified by the Commission.' With this language, the PwDA considers accessibility only from the point of view of the physically challenged. However, access to public spaces can be further enhanced for all persons with disabilities by use of braille signposts and the provision of sign language interpreters (or at least by sign language posters).

GoSL, through the NCPD, recently completed an Accessibility Audit of buildings (NCPD 2021) that showed that much could still be done to comply with legal requirements for accessibility. Although there are some good examples, such as the Youyi building in Freetown housing several Ministries, (including MOHS, the Ministry of Land, and the MOSW), practically no public building was found fully accessible for all categories of disability. The accessibility of toilet facilities is especially problematic. There are also many examples of private buildings which are not accessible, even amongst those built recently.

Another critical area for accessibility is public transport, on which most persons in Sierra Leone rely on for transport. The PwDA considers 'public service vehicles' any vehicles that serve the public, no matter if owned publicly or privately, and stipulates the adaptation of such vehicles for persons with disabilities. Yet, persons with disabilities complain about the excessive difficulty for them to use public transport.

Looking now at schools, most primary schools in urban areas are better equipped with accessibility accommodation than other public buildings, but the overall situation in schools is far from satisfactory. Many schools, especially in village settings, lack ramps and rails. Even schools with such facilities might be difficult to navigate for children with disabilities if their classrooms are upstairs with no lift and the

outdoor passages are mined by potholes and gutters. The general state of insalubrity and inaccessibility of school toilets in many locations also contradicts the principle of accessibility.

Concerning access to information, justice, and political rights, Sierra Leone can boast some very progressive and important measures. The Sierra Leonean Broadcast Company, the primary national television station, employs sign language interpreters, although most households do not have televisions. For access to justice, an important step was the establishment of the Legal Aid Board in 2015, a service providing legal advice to less privileged persons for free. The number of people benefiting from these services increases each year, but not everybody knows about their existence and during our interviews we encountered no person with disability who had direct experience with the Legal Aid Board.

The NEC has implemented considerable accommodations to make sure that all the voting polls are accessible, not only for persons with mobility difficulties but also for the hearing and the visually challenged. All persons with disabilities consulted for this research affirmed that their right to vote is being respected.

3.2.4 Participation

Participation of persons with disabilities in public and political life depends partly on physical accessibility and partly on elimination of discrimination. The latter can be done by awareness raising or by positive discrimination measures that open avenues for persons with disabilities where they do not have to compete with the general population.

Although there is certainly a long way to go, the achievements to-date should not be underestimated. Until quite recently the Parliament had a member with a disability, several ministries have senior staff members with disabilities, the police employ persons with disabilities and APC, one of the leading political parties, has a disability wing. There are some persons with disabilities among the paramount chiefs who lead chiefdoms and section chiefs.

OPDs also provide opportunities for persons with disabilities to play important social leadership roles, however OPDs have a predominantly male leadership (except for all-women organizations), with a symbolic place left to the chairlady.

3.2.5 CRPD-compliant programming and budgeting

It was difficult to collect information on disability-specific budgeting during interviews conducted for this Situational Analysis, partly due to lack of disaggregated data on persons with disabilities benefiting from essential services and because disability-related service responsibilities are fragmented among a complex network of MDAs. These objective difficulties were further exacerbated by the short timeframe available for the fieldwork under this Situational Analysis. More research is certainly needed in this area, but the below discussion reflects verbal information received during interviews along with analysis of a Ministry of Finance written statement made when presenting the 2020 national budget.

Social welfare spending, in general, is curtailed by the high indebtedness of the Sierra Leonean government which pays about 25% of all domestic revenue collected towards debt service. Another hindrance making adequate budgeting difficult is the low proportion of domestic revenue collection (around 14% of the GDP) and the resulting large donor dependence. Despite these difficulties, the government is committed to make considerable efforts on social and human development. It spends 22% of all expenditures on education and 11% on health, but the resources available for social

development are not commensurable with the needs. Although exact figures have not been provided, there was remarkable consistency among interviewees in estimating the inadequacy of funding. All officials in MDAs and service-providing institutions estimated that the official budget allocation covered only around 20-25% of their needs. Besides resource scarcity, another problem that MDAs and institutions face is late disbursement of funding and subventions during the year.

3.2.6 Accountability and Governance

Corruption in Sierra Leone has considerably reduced in recent years according to international rankings, however perceived corruption is still high. According to Transparency International, Sierra Leone occupied the 117th position out of 180 countries in 2020.³ Reducing corruption is a priority of the present government; the slow progress reflects the weak capacity of monitoring and enforcement mechanisms, which also hinders enforcement of the PwDA and implementation of related policies. The inadequacy of control mechanisms within governance structures can lead to waste of resources and inefficient programming. Inaccurate statistics and lack of baseline data impede evidence-based programming and impact assessment mechanisms are practically non-existent. For example, for the governments' cash transfers programme, there is lack of information on the change it produces in the lives of beneficiaries.

Disability specific data from the census are generally considered inaccurate and unreliable (see Section 1.2). The lack of a nationwide, standardized assessment and certification program jeopardizes the identification of eligible beneficiaries makes monitoring their access to rights difficult (see Section 3.2.2). There is space for improvement by donors too. Most UN agencies found that there are insufficient disability-related objectives and indicators in their programs and that impact assessments are lacking.

Sierra Leone participates in international Human Rights, CRDP and SDG monitoring initiatives and reports are made public and available. The NCPD, SLUDI and civil society organisations work together on the UPR. The CRPD and the SDG reports are produced by GoSL with civil society consulted, although involvement of OPDs varies (see next section). MOSW, responsible for the CRPD report amply consulted OPDs in each stage of the study. These reports are of high quality and contain many excellent recommendations, but due to a lack of resources there cannot be systematic follow-up on the recommendations.

SDG processes

The current national development framework, the MTNDP, is rooted in the SDGs and several government flagship policies targeted for implementation, for example Universal Health Coverage and the Radical Inclusion Policy for education are directly related to the SDGs.

SDG processes and monitoring are coordinated by Ministry of Planning and Economic Development (MOPED) and specific tasks are devolved to concerned line ministries. The most recent of the country's three Voluntary National Reviews (VNR) was completed in 2021. MOPED consulted with civil society and these consultations were well attended, supported by the CSO integrated platform for the SDGs in Sierra Leone.

³ <https://www.transparency.org/en/countries/sierra-leone> for Transparency International ranking. Note that Sierra Leone scores 59,9 on another index, the Mo Ibrahim Index, placing 126th out of 154 countries

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

3.3 Optional Findings on Sector Services

This section presents additional findings for some important mainstream services: health, social protection, education, livelihood, and housing. Recognizing that most obstacles noted cannot be directly addressed through this funding call, we nonetheless feel the information is important to provide context for the capacity building and systems change recommendations outlined in later sections of this report.

Health

Persons with disabilities enjoy free health care in all levels of health services, however the scarcity of essential drugs under the free health care and the deplorable quality of healthcare services makes this prerogative rather weak in outcome. Sometimes the long process of being recognized as an eligible beneficiary and the scarcity of freely available drugs push persons with disabilities to go for paid services, even when they can barely afford these. The unavailability of medications in hospitals, the outdated infrastructure and lack of specialized medical staff all constitute serious bottlenecks to access to health care for all, especially to those of limited material resources, not only because they cannot afford the extra costs, but also because of a pervasive culture of contempt for the poor. The public tends to link disability to begging, and therefore an assumption that most persons with disabilities are poor. As a result, persons with disabilities often suffer from double discrimination in medical facilities.

Sexual and reproductive services are also underdeveloped in the health system. For women, these services are often assured by international NGOs or institutional partners, such as Marie Stopes or the Aberdeen Women's Clinic in Freetown. In principle, these services are open to persons with disabilities, but in practice, lack of information and confidence as well as geographical distance prevent many women with disabilities from making use of them. This is even more regrettable for maternity services, as women with physical disabilities need C-sections with more frequency than the general population, and reliable surgical services are rare throughout the country, even in hospitals.

It is too early to assess how the nascent health insurance program (SLESHI) will affect persons with disabilities and how it will be made compatible, or not, with the present free health care program for persons with disabilities. It will be important to foresee and plan already a monitoring system to assess in real time the effects of the change on persons with disabilities.

Social protection

The National Social Protection Policy of 2011, revised in 2018, aims at addressing the problem of fragmentation in this area, by pulling all the related fields into one single frame. It draws a bold blueprint for a complex social development plan to assure that 'no one is left behind.' Considering that according to official statistics 65% of the population is recognized as poor (Statistics Sierra Leone 2019), this goal leaves the GoSL with an immense task.

The Social Protection Policy does not treat disability as a unique category, allowing for intersecting vulnerabilities among persons with disabilities also linked to other social identities. Instead, the policy refers to disability in different sections, at times reducing disability to specific types of impairments,

even reinforcing stereotypes, while at other times acknowledging special needs in a progressive manner. The policy states the need to improve accessibility of public spaces and buildings (in line with the PwDA) and recognises that physical rehabilitation should be part of social protection. The policy also asserts the need to respond to the mass phenomenon of homelessness by establishing collective shelters as last resort for vulnerable groups. Although disability is not systematically mainstreamed in the policy, the interests and needs of specific categories of persons with disabilities are taken into consideration in various sections, and persons with disabilities constitute a priority target group for some social protection measures, namely cash transfers and food provision. The policy mentions caregivers of children with disabilities as legitimate beneficiaries of support. This is an important point, on which the PwDA itself is silent.

Presently, NACSA has a social protection program that includes direct cash transfers specifically targeting persons with disabilities. However, the cash transfer program is time-bound, conceived largely due to COVID-19 economic impacts, and a permanent social protection system for persons with disabilities is uncertain. In principle persons with disabilities can access the social insurance scheme offered by NASSIT, but this scheme is only available for formal employees and very few persons with disabilities fulfil this condition. The Ministry of Labour operates a separate, non-contributory safety net program for the most vulnerable which, due to scarce resources, does not benefit many persons with disabilities. The overall system of benefits is quite complex and many fall through the cracks.

Education

Education has been made free at both the primary and secondary level for all children, and persons with disabilities can benefit from special grants if they want to further their education at the tertiary level. The very recent Radical Inclusion Policy of the government now aims at bringing all children who have been left out so far for free education into mainstream schooling and preventing their departure. In principle, all barriers preventing children with disabilities from getting free and quality education should be addressed but, here too, the overall low quality of education and the lack of specialised education at the tertiary level limit the possibility of meaningful inclusion.

There is a lack of teachers qualified and knowledgeable in their subjects and practiced in modern teaching methods using new technologies and motivation of teachers to innovate and adapt teaching methods to the needs of the students is weak. The payment of teachers and subventions to schools is irregular, which partly explains the existing practice of schools asking for extra fees for extra services. The inflexibility of the curriculum and the lack of qualified teachers able to cater for individual learning needs, and the shortage of special needs teachers, further limit children with disabilities' chances to fully benefit from the ambitious Radical Inclusion Policy. The existing twin-track model means that special schools will continue to operate while general schools are getting ready to receive children with disabilities, but there is a lack of strategy as to how to harvest the expertise and practice of these schools to support general inclusion.

From the early sixties, special needs schools were established by the government or maintained by religious services. Besides specialised schools for the visually and the hearing impaired, many special institutions were created for children with polio. During the war, many of these institutions were damaged or demolished. This contributed to the exodus of polio-victims to Freetown in the nineties and early 2000s, which partly explains the high visibility of polio communities in the capital.

Today sixteen government-recognised special needs school operate in Freetown and in the provincial capitals. Not all special needs schools offer boarding and not all boarding institutions maintain special

schools for children with disabilities. What connects them, however, is that practically all provide children with disabilities with specific rehabilitation services and assistive devices that are difficult or impossible to find elsewhere. Besides the material support, children find teachers that have the patience, experience, and the expertise to teach them - skills that are painfully missing in today's mainstream education.

Livelihood

Besides housing, livelihood is another priority of persons with disabilities. Many persons with disabilities have marketable skills and knowledge ready to transfer if given the opportunity for employment, but formal employment opportunities are scarce and informal work provide meagre income. Decent livelihood from decent work is not just a disability-related challenge in Sierra Leone, but the situation of persons with disabilities needs special considerations. More could be done so that persons with disabilities access positions in the formal job market.

Opening a wider avenue to advanced education is the first step. The PwDA prescribed grants for persons with disabilities in tertiary education, but because few finish secondary school, only the most determined reached that stage. Now, with free education for persons with disabilities available at the primary, secondary, and tertiary level, there is the likelihood to see more and more highly educated persons with disabilities. Still, having the necessary qualification is not enough for full equality, measures of anti-discrimination might be necessary to intensify or oblige employers to prioritize candidates with disabilities.

Vocational education is also important and has been one of the recurrent project types aiming to take persons with disabilities "out of the street." As a result, the economically most vulnerable layer of the persons with disability population has received an impressive amount of skill training since the war. Unfortunately, many of these trainings were short in time, non-professionalizing, and lacked follow up. In fact, many persons with disabilities of both genders have various skills - the most successful of them learned these in the traditional apprentice system - but generating clients and sales demands different skills than those taught in trainings, such as for producing arts and crafts. Creating a physical marketplace for micro-entrepreneurs with disabilities, or alternatively supporting them to form collectives and have improved access to general marketplace facilities, could help bridge this gap. Ultimately, a more energetic policy of job creation for all would benefit persons with disabilities, especially if coupled with some measures favoring their equal inclusion.

Housing

Housing has been mentioned by participants as the one single greatest challenge negatively affecting the lives of persons with disabilities, crosscutting categories of disability, especially in urban areas. There are several reasons for this situation. There is a housing crisis in the whole country, making ownership or even regular rental housing something close to a privilege. Housing prices have skyrocketed while average wages did not follow the increase. The cost of building in urban areas is exacerbated by the high cost of land and by the complicated and nontransparent cadaster system. The exorbitant prices on the high end of the rental market affect the low end, as rental prices even in slums are going up. For those who cannot afford formal housing, informal solutions remain the last resort. These include occupying vacant land and buildings, constructing shacks in disaster prone areas, transforming shops into dwelling for the night and in extreme circumstances, sleeping on the pavement.

There have been a few affordable housing programs in Sierra Leone, but the access costs of even these accommodations have been still too high for the average Sierra Leonean, let alone the poor. After the war, collective housing programs financed by external donors offered newly built homes for some populations, like the war-wounded and amputees, but these programs have phased out. People with other categories of disability have not benefited of this support, although some groups have been lucky to enlist institutional and private donors to help out with shelter construction. Housing development is currently not on the agenda of any of the major institutional donors, and there is consistent nationwide social housing program supported by the government. Even the PwDA has only very modest objectives regarding housing, limiting the role of the NCPD to consultation with government on housing.

While housing scarcity is not a problem unique to persons with disabilities, they are even more vulnerable than others as traditional social support mechanisms are less likely to protect them. The great majority of persons with disabilities living in the streets of Freetown are rural migrants far from their families. For them, grouping in communities provides physical safety and the solidarity that forms within these groups constitutes a social safety net. Some communities have been successful in creating collective housing settlements which have been recognized, tolerated, and sometimes even supported by government, civil society and donors. Some residential OPDs are doing better than others in providing livelihood and safe housing, but several in the center of Freetown are precarious, overcrowded, and sometimes even dangerous. For all these reasons, housing and shelter is a common concern for persons with disabilities, except for the minority in a very comfortable economic situation.

4.0 ANALYSIS %

Sierra Leone's political will to include disability in the list of most pressing social issues stems from the country's signature of the CRPD in 2009 and its subsequent domestication in 2011. Disability is also mainstreamed in the language of national development plans. However, projects serving persons with disabilities are often donor-led and, among persons with disabilities and OPDs, legal rights are seen as prioritized over pressing daily needs of the most vulnerable persons.

This section outlines critical gaps in the preconditions for disability inclusion based on the findings in Section 3.0. It then presents opportunities derived from the findings.

4.1. Critical gaps

Stakeholder and coordination analysis

The stakeholder analysis found a great number of actors involved in disability-related work. Relationships among SLUDI, the NCPD and MOSW are somewhat unclear, as all are tasked to represent the interests of persons with disabilities in some way. Coordination among them does not seem to be fully effective and some lack the material, human, and technical capacity to fulfill all their disability-related tasks. There is possible duplication of tasks and some neglected areas. The NCPD could play a coordination role, but it is seriously under-resourced in view of the many expertise and responsibilities required from it.

SLUDI serves on the board of the NCPD, and it plays an instrumental role in NCPD activities. SLUDI constructively critiques NCPD operations and the Government in general on disability-related issues, suggesting appropriate alternative approaches to improve the general well-being of persons with

disabilities. Aside from SLUDI, other OPDs' strengths and capabilities vary and those that lack even minimal infrastructure are constrained in their advocacy capacity and ability to attract and connect with members.

Few ministries, and even fewer Local Councils, have disability units (a person holding an office overseeing disability rights). Where there is such a unit, for example at the Ministry of Basic and Senior Secondary Education and the Ministry of Communication, the representation of persons with disabilities interests is notably stronger. Similarly, in those districts that have a disability unit, such as Kambia and Kono districts, the existence of a disability unit coupled a strong OPD contribute to making the districts particularly disability friendly. Based on this, we can conclude that the lack of such disability units in other MDAs and districts is a gap that is limiting what can be accomplished by these groups in support of disability inclusion.

The UNCT has program activities to support disability inclusion under Outcome Area 4 of the UN Sustainable Development Cooperation Framework (2020-2023). Disability inclusion is not necessarily mainstreamed across all programs, although efforts are ongoing in that regard. The UNCT completed a Disability Scorecard for 2020, as required by the UN's Disability Inclusion Strategy, and will be working on the 2021 scorecard towards the end of 2021.

Equality and non-discrimination

The ruling party's Manifesto specifically mentions concrete measures in regard to persons with disabilities and their organizations. Most of the foreseen measures have already been put in practice or at least are included in a policy. In recent years, the country has been going through a very intense period of policy reform, with implications for persons with disabilities as listed below:

New and relatively new policies:

- National policy on Radical Inclusion in schools (2021)
- Universal Health Coverage for Sierra Leone (2021-2030)
- Social Protection Policy (2020)
- Alternative Care Policy (2014), making provision of alternative care for children, especially those at risk of being abused

Policies undergoing revision:

- Physical Rehabilitation Medicine Policy (2012)
- Mental health policy (2012)
- The Lunacy Act (1902)

Policies in a draft stage:

- Gender Equality and Women's Empowerment Bill is currently being considered in Parliament and covers the economic and political empowerment of girls and women with disabilities
- Communication Bill has specific provisions for the promotion of access to information, communication and technology for persons with disabilities
- National Health Sector - Policy on Health
- National Health Sector - Strategic Plan
- Policy on Health financing

Besides these policy documents, a variety of implementation reports, audits, assessments, and monitoring papers in different sectors have produced concrete recommendations which could serve

as the basis for future policies or strategies. (Those consulted for this research are listed in the Bibliography.)

Progressive laws and policies are met with weak implementation because of lack of government financial resources, absence of clear strategies, and weak monitoring mechanisms. For example, on strategy, the PwDA focuses on persons with disabilities as individuals, a precondition to allocate individual rights, however in the context of Sierra Leone, excessive individualisation might sometimes undermine fulfilment of persons with disabilities' basic needs of care and their right to care for others. Children of parents with disabilities are not eligible for special assistance, which means the potential added difficulties of raising children, caring for their needs and schooling them is not recognised. Also, caregivers attending to family members with severe disabilities are not eligible for benefits, perhaps leaving them unable to cater for their basic needs are sometimes obliging them to leave persons with disabilities unattended at home. Persons with disabilities in this situation might not enjoy their basic rights to dignity and to minimal life sustaining commodities and facilities (food, clothing, accessible toilets, clean water, etc).

As for protection of rights, those who belong to organizations and those who reside in urban areas are generally better informed about their rights and have better access to address infractions than those in hard-to-reach rural areas, far from institutions offering – at least in principle – protection. Within NCPD, there is one representative for each of the provinces, but even with this structure, NCPD is not well-known as a contact point throughout the country for persons with disabilities in search of remedy against day-to-day discrimination.

A multi-faceted capacity building and outreach strategy would be required for NCPD to make sure that the anti-discrimination elements of the PwDA are respected and enforced on a large scale, and to settle more cases in court, rather than through negotiated settlements. But NCPD lacks qualified full- or even part-time legal staff and it has limited resources to engage outside counsel. It also lacks the financial resources necessary to pursue litigation and legal precedents upon which to draw are few. If NCPD had a strong team of professional lawyers with the means to take test cases to the court, the deterrent function of a few well publicized successful cases could be significant.

Beside the mandate to protect against discrimination, NCPD has to stand up for a wide range of different needs among the disability community. These responsibilities stem from the extremely bad living conditions of many within the disability community. Sometimes NCPD helps with medical bills, sometimes it pays for prosthetics, and sometimes it gives direct livelihood support. It also financially supports OPDs. It is also involved in a number of policy making processes, as noted in earlier sections of this report. Its financial means, HR resources and competences are clearly not commensurable with its tasks, so sometimes even its core activities are only partially fulfilled. Exploring the possibility of delegating some tasks to other entities would be of value.

The biggest obstacle impeding the full implementation of anti-discrimination measures and the enforcement of the PwDA is the lack of a reliable data management system providing information on the number and real circumstances of persons with disabilities, which is important to know to fully assess discrimination. Reliable data on topics such as geographic dispersion, income level, disability type, health care needs, family situation, and access to rehabilitation services among persons with disabilities, would allow for more targeted OPD and NCPD advocacy and more informed government budgeting to develop, re-orient, or expand programs to reduce discrimination faced by persons with disabilities. At present, the gap in data constrains the efficacy of advocacy, budgeting, and planning in

areas such as accessible public transportation, social protection services, rehabilitation services, and education services. Disaggregated data would also allow for targeted actions to better meet the needs of persons with specific types of disabilities and those with intersectional vulnerabilities.

There is a clear geographical disparity in the distribution of resources in the country, as most persons with disabilities live in the provinces while resources available to them are concentrated in the capital of Freetown. Decentralization of some services and MDA programs and strengthening of remote disability-related organisations can help to address this imbalance. These steps would support better organised national distribution system for services such as assistive devices that would better reflect areas of identified need. Disparity especially impacts certain sub-groups of persons with disabilities: people living with rare or “invisible” disabilities, children and women, the homeless, and those living in extreme poverty with less access to resources, services and opportunities.

Inclusive service delivery

The lack of reliable data on persons with disabilities constrains development of targeted programs to reach marginalized and neglected sub-groups, such as those not connected to the networks of the existing OPDs, those living in the streets, and those who have less visible or easily identifiable disabilities, especially intellectual disabilities. Concerning the latter, representation of and advocacy for persons with intellectual disabilities is weak, as OPDs focused on these issues are under-resourced. As a result, persons with intellectual disabilities are often left out of welfare measures available to persons with disabilities.

Concerning rehabilitation services and assistive devices, a recent study in Sierra Leone found that the biggest bottleneck to access by persons with disabilities is financial, not unexpected as close to 70% of the population live below the national poverty line. Other challenges include overall limited availability of devices and unsystematic distribution, obliging prospective users to spend considerable time trying to find out what is available where and when (Aenishänslin 2020). In many cases, the lack of or inadequacy of these services aggravate an existing disability or afflict a second type of disability.

Until recently, the provision of assistive devices has been totally neglected by the government and considered as a separate activity from rehabilitation service provision, with the implicit expectation that individual and institutional donors will fill in the gaps with ad hoc, patchy donations of assistive devices. Today, however, there is a political will to recognize and include assistive devices in the list of expected rehabilitation services, but there is no sign that policy initiatives will be followed by the necessary budget allocation.

Providing specialized assistive devices in rural areas is more problematic than in Freetown, because Freetown-based organisations and agencies are better positioned to receive imported items. Also, although the decentralization of rehabilitation services has started, in most of the districts there are still no such services in an operational state. If district rehabilitation centres were to become operational, they would be the natural points of distribution for assistive devices, provided government is able to budget enough to maintain an adequate supply, establish a system of equitable distribution, and staff centres with skilled personnel able to operate and train on use of devices. Here again, reliable data on the geographic location and disability type of persons with disabilities would support the efficient and equitable device distribution.

Some assistive devices are both available and affordable, while others are available but not affordable for many persons with disabilities. There is also a third category of specialized devices that are neither

available nor affordable. To address these shortcomings, local production must certainly be scaled up where feasible, especially for low-tech devices such as those for mobility assistance. According to a recent assessment, 80% of the wheelchairs in use are broken. Scarcity and poor quality of older devices could be compensated at least partly by the development of local production, but at present there is one single production unit (Mobility Sierra Leone) with a capacity that is incommensurate with the demand.

For imported devices, although there is a duty waiver for all assistive devices, there is still a high cost associated with importing these devices and this is a major bottleneck if there is not sufficient market demand of persons who can afford to purchase them. Some form of financial assistance that would allow persons with disabilities to purchase these devices directly or through OPDs would help to address the market demand barrier.

Rehabilitation services are in a phase of intense development, but the progress is not quick enough. Both material and human resources remain important bottlenecks for rehabilitation services because of the bottleneck that GoSL lacks the financial resources to expand on these. It is not clear how GoSL will raise the necessary funds to upgrade services all around the country, staff them with qualified personnel, and assure a reliable provision of assistive devices. Inclusivity means that all persons with disability that need such services can access them according to their needs and means, including the most marginalized.

Rehabilitation services for physical disabilities are not accessible in all the districts, and even where they are, they suffer from the scarcity of trained professionals and basic materials. Rehabilitation for intellectual disabilities is basically non-existent. CBR could complete the uneven geographic coverage of rehabilitation services, but there is no standardized model of CBR upheld by the government, although there are several independent projects using their own model of CBR.

At the institutional level, rehabilitation has been an 'orphan child' within MOHS for a long time. As of now, rehabilitation is subsumed with other equally important programs under the heading of non-communicable diseases, where it is perhaps not given the level of attention required to address bottlenecks to full-scale delivery of rehabilitation services.

Essential Services

Health, education and social protection policies are going through drastic and progressive changes and persons with disabilities are included and sometimes even prioritized, yet the conditions for the effective implementation are lacking. Lack of resources poses the most serious bottlenecks to overall adequate essential service provision, which points to the need for more proportional budgeting and more targeted training of professionals in essential sectors for improved service delivery to all, including persons with disabilities. Improving the quality and reliability of services would improve uptake.

To better ascertain whether persons with disabilities access to essential services at the same level as the general population, secondary analysis of existing statistical reports could be undertaken. To fully overcome the lack of data, targeted surveys would need to be conducted in the future.

Another issue is that even where quality essential services are present, many persons with disabilities remain excluded because of the associated cost of accessing even free services (transport to service location, additional learning material, lost income in case of absence from work for medical care, etc.).

More equitable distribution of existing disability support resources (assistive devices, services and staff) would also therefore support greater equity in access to essential services.

Housing and livelihood are two areas identified as key factors impeding the full enjoyment of human rights by persons with disabilities. Although the housing crisis is recognised by the government, there is no ongoing affordable housing program that could be realistically accessed by poor persons with disabilities, and they have no special rights when it comes to housing. Many persons with disabilities live collectively in dilapidated buildings in urban areas, asking government for a more convenient and more dignifying place where they could live and work together. Many live where they lack clean water, toilet facilities and electricity. Persons with disabilities in rural areas are just as disadvantaged in this respect.

Most people in Freetown and elsewhere rely on privately run transportation services, including open-air, three-wheeled vehicles and motorbike taxis, and these are not disability friendly. Even Government operated buses, including school buses, lack any accommodation, so it is hard to see how private businesses can be forced to maintain priority seats for persons with disabilities.

Even educated persons with disabilities struggle to find a job. Formal employment possibilities are rare and even those who have skills often cannot build on this to assure their livelihood. Employment solutions are often short-term and inflexible, dependent on external funding and according to the funder's priorities. Social protection is another essential service which at present is entirely donor funded, so there is a danger that the measure will end at one point. The existing program is considered too selective, with beneficiary selection based on overly strict and inflexible criteria. It is also considered insufficient compared to the needs and therefore it fails to substantially alleviate poverty. Besides the current cash transfer program providing for the poorest, there is no systematic allowance provided for persons with disabilities, even in old age.

Some of the primary barriers to inclusive service delivery are that the government possibly takes on too huge a task when it promises to tackle two problems at the same time without having the necessary resources. Firstly, overall public services are in a derelict state, needing urgent intervention to improve quality, and secondly those services that do exist are far from being universally accessible. There is a danger that by proposing a radical reform of these services instead of planning a progressive transition in which inclusion becomes an intrinsic part of quality, the latter gets neglected, making disability inclusion more nominal than real. In this situation, paradoxically, it might happen that while the government is implementing the Radical Inclusion policy for education, hundreds of children with disabilities get deprived from school as happened recently when special schools stopped working as a protest for their meagre and late-coming subvention stemming from overall budget shortages to education.

Besides the lack of financial resources, but connected to it, the most important bottleneck to inclusive services is the lack of well-trained personnel. What would be needed is a parallel process of continuous in-service training for professionals in their specific professional domains (health, education, etc), and soft skills training for them to better serve persons with disabilities, including sensitization to different vulnerabilities, respectful communication, anti-discrimination, etc. The same is true for initial training of professionals, where both categories of skills should be taught.

Accessibility

The law makes provision for accessibility, but unclear control mechanisms make the law unenforceable. Owners of public buildings which are not made accessible should pay a fine, but manifestly this is not happening. Even new public buildings are unfriendly to persons with disabilities. Most day-to-day public transport is managed by private service providers who are difficult to influence, and even government transport does not have necessary accommodations. For example, public school buses have no provision for children with disabilities. Accessibility is an issue even for buildings of international organizations and donors. Most UN agency buildings are inaccessible for persons in wheelchairs, with no accommodation.

Obstacles faced by persons with disabilities in Sierra Leone are not all physical. Access to justice and information is often constrained by lack of special provisions, discrimination, and structural disadvantage. The situation of widespread corruption puts low-income persons with disabilities at a disadvantage relative to those who can afford to pay bribes. Many persons with disabilities suffer from prejudice and discrimination linked to both their disability status and poverty. What is more, they do not always know about their legal rights and when they do, they do not know where to go for support in defending them.

The NCPD is tasked to defend the rights of persons with disabilities, but it does not have an internal legal team and limited resources to engage outside counsel.

Otherwise, for any type of legal issue including discrimination, the poor and the destitute have access to the Legal Aid Board, but few benefit from this as either they do not know how to pursue it, or they lack the trust to do so. Amongst those who have heard about it, some rumors about problems of accountability provoked mistrust, indicating there is a need to bring the Board closer to persons with disabilities. OPDs could help relay information to members, but some would need training to better understand the functions of the Board. Further, access to Legal Aid information for the hearing impaired is hindered by the scarcity of sign language interpreters. The same deficit exists for information in braille to support persons with visual impairment.

Participation

Despite a few good examples, persons with disabilities occupying public office are rare. There are some who hold positions in national Government, Parliament, and Local Councils. There can be more efforts to promote more persons with disabilities in social leadership roles, drawing on positive role models and inclusive practices for inspiration.

Voting rights of persons with disabilities are assured by accessible polling stations equipped with tactile ballots but not all persons with disabilities know how to use them, so outreach programs to train on their use would be valuable.

OPDs have predominantly male leadership (except for all-women organizations), with a symbolic place left to the chairlady. Targeted efforts are needed on the part of OPDs to engage more women in leadership positions.

In some communities, persons with disabilities and OPDs are sidelined from community activities. For example, artists and athletes with disabilities are not sufficiently supported by government and are not always welcomed to join these activities at the community level. While some persons with disabilities are active in culture and sports, encouragement to participate in cultural life and sporting

activities is a neglected strategy area. This could include addressing negative prejudices, working towards changing attitudes, as well as providing more opportunities that are welcoming to persons with disabilities. Benefits can be numerous, as artistic activities, music and dance have therapeutic and integrative functions. Support and development of community activities that are accessible for persons with disabilities should be a priority.

Programming and budgeting

The greatest obstacle to CRPD-compliant programming is overall resource scarcity. Key stakeholders were consistent in their estimation: they believe that the budget available for their operation covers only 20%-25% of the needs. Although the government is working hard on measures such as tax reform to increase domestic revenue collection, many development programs are presently donor-funded, a fact that hinders government ownership and dedication.

CRPD-related budget lines are not traceable in the national budget and there is no obligation to publish annual revenues and expenditures. It is unclear if the distribution of funds available to different ministries for disability-related functions is realistic and proportional to needs.

Although the PwDA foresees the establishment of a special Disability Fund, such a fund is still not yet operational and there is no agreement on how it should function, where it should be based, and what should be the source of funds. PwDA Sections 31 and 32 say ‘there is hereby established a fund to be known as the National Development Fund for Persons with Disability....the sources of the Fund shall be- a) Government annual subventions b) any other donations which the Commission may receive for the purposes of the Fund.’ Operationalizing the Fund is contingent on a comprehensive plan being developed and submitted to the Government by the NCPD, which has not yet occurred, although establishment of this fund is planned by NCPD for fiscal year 2022.

Accountability and Governance

Despite early ratification of the CRPD, Sierra Leone has not ratified the Optional Protocol to the CRPD, nor the protocol to the African Charter on Human or the People’s Rights on the Rights of Persons with Disabilities in Africa. PwDA implementation is impeded by a lack of strategy or policy attached to it and overall governance in this area can be improved by better adherence to international standards.

Perceived corruption is high, fuelling public mistrust towards public institutions. Corruption is widely tolerated and expected among the general population. Low and irregular income of public servants (including teachers and medical staff) makes them vulnerable to corruption.

Meaningful evidence-based programming suffers from a lack of impact assessment mechanisms at all levels, compounded by resource scarcity. MDAs and institutions face inadequate funding relative to their mandate, as well as late disbursement of the budget and subventions during the year.

SDG processes, including periodic VNRs, are clear and ambitious. They are coordinated by MOPED, however there does not seem to be a sustained systematic feedback loop allowing for *continuous* information flow between MOPED, ministries and civil society. It is to be feared, therefore, that OPDs voices are not sufficiently heard in between formal VNR review periods. There is an impression that inclusion of persons with disabilities and OPDs in SDG monitoring is ad hoc and based on opportunities rather than systematic.

GoSL has made a lot of efforts to develop inclusive service delivery in the domains of health, education, justice and social protection and these measures presumably affect persons with disabilities positively, but without appropriate impact assessment, the true results cannot be known. The 2021 VNR does not go into much depth on disability inclusion issues.

There is room for accountability improvement among donors as well. Most UN agencies involved in this study reported that there are insufficient disability-related objectives and indicators for their programs and related impact assessments are lacking.

4.2. Opportunities

While there remain many obstacles to full inclusivity in Sierra Leone, the country must be praised for all the efforts made so far and the resulting successes. This progress forms the basis on which the following opportunities identified through the Situational Analysis can advance.

Legislative Reforms

Government has made disability rights a cornerstone of its national development strategy, as reflected in disability elements of the MTNDP. Several new or recently revised policies create a strong framework for the inclusion of persons with disabilities in different government programs. Importantly, the ongoing revision of the PwDA signals a renewed interest in the CRPD and an opportunity to add and modify language where necessary to advance legal provisions for disability equality, non-discrimination, and inclusion. For example, it could include language on social protection schemes that recognizes caregivers of children with disabilities as legitimate beneficiaries of support.

There is also an opportunity to influence other policies under development to ensure that disability inclusion is appropriately incorporated to benefit all persons with disabilities, even under-represented groups, in a gender considered way. The ongoing revision of the Rehabilitation Medicine Act and discussions around a Policy on Assistive Devices promise to elevate rehabilitation to be a key area of development focus. Although the original PwDA already mentions free health care as a right, the program has only recently been operationalized, mainstreamed and implemented nationwide and there is an opportunity to raise awareness of this among persons with disabilities and health care providers.

There is an opportunity to garner public and financial support for realization of new policies already in place. The Radical Inclusion Policy aiming at making education inclusive enjoys popularity and the support of all stakeholders but needs adequate resources. As the universal health insurance program SLESHI advances, it will be important that persons with disabilities are included as a priority group, as well as if social insurance programs through NASSIT are opened to workers in the informal sector.

Certification System and Data Management

Another long overdue promise of the law, a proper ‘person with disability’ certification and data management system, also seems to be in arms reach now. A mid-term census is planned for early 2022 and NCPD, as well as UN agencies, are working closely with Statistics Sierra Leone to develop questions on disability, with reference to the Washington Group questions. Negotiations between MOHS and NCPD on criteria and methods to identify and certify persons with disabilities has arrived at a promising stage with a clearer distribution of competences, although work is still required to develop a clear strategy. Putting this system in place and distributing certification cards to eligible persons could facilitate access to special services to which persons with disabilities are entitled.

Budget and Funding Improvements

The national budget consultation that occurs annually with CSO engagement, provide an opportunity for advocacy to strengthen accountability for disability inclusion in government programs. Improved data on persons with disability and their needs will further support advocacy efforts geared towards adequate and appropriate budgetary provisions.

Ongoing PwDA revision, along with the Disability Fund being among NCPD's current objectives, provide a good opportunity to advance realization of the Fund. This could include, for example, holding dialogues among partners on Fund design, drawing on best practices from similar funds, and modifying or adding language to the PwDA on sources of funds and fund management, with the goal of maximizing funding potential, program impact and good governance functions.

Reduced corruption levels, good governance initiatives, and efforts to increase domestic revenue mobilization create the potential for GoSL to eventually take over some programs now operated by partners, such as in the areas of rehabilitation and assistive devices.

Improved Coordination and Expanded Partnerships

Despite needed work to better coordinate tasks, the good working relations among the MOSW, NCPD and SLUDI presents an opportunity for them to work together on a range of advocacy efforts such as improved data systems and development of the Disability Fund (see section 5.0 Recommendations).

Disability Desks and Units that exist in some ministries and Local Councils, the Legal Aid Board, and the success of NEC to make polling stations fully accessible, represent good practices to be replicated and expanded to other MDAs and sectors.

Within the UNCT, the recent establishment of DIG signifies the importance of disability inclusion as part of UN activities in Sierra Leone. Moving forward, the UNCT has an opportunity to enhance inclusion of monitoring and impact assessment components related to disability inclusion in UN programs. Additionally, the UNPRPD 4th funding call is an opportunity to strengthen UN collaboration with government, OPDs, and other stakeholders to further preconditions for disability inclusion in Sierra Leone.

OPDs

Despite the diversity which inevitably leads sometimes to fragmentation, SLUDI is successful in making the voice of OPDs stronger in the civil society sphere, as well as in the realm of government, and should continue to be supported in its mission. Strong OPDs effectively function as leadership schools for persons with disabilities and some go on to hold elected office and serve as role models for community leadership, an opportunity that should be expanded.

Many OPDs are already sites of production and sources of income generation for persons with disabilities, and their capacity to attract members can be further exploited to reach more persons with disabilities and make them part of the collective voice of OPDs.

Accessibility

The government's Accessibility Audit is a good basis on which to do education among target groups (landlords, builders, community leaders, etc.) to improve the accessibility of public buildings and public transport in Freetown. This type of Audit could also be extended to the provinces.

Some specialized service providers are natural allies in the implementation of the CRPD. The special needs schools constitute a bridge between government and civil society around education. They have long standing experience in educating children with sensory and physical impairments. Existing practices in using special needs schools as entry points for mainstream schools can be built on for making the passage between primary and secondary school smoother for children with disabilities. Although at a very rudimentary level, many primary schools around the country have made adaptations that can serve as models for other schools to replicate.

The existence of one local production unit (Mobility Sierra Leone) for three-wheeled wheelchairs (PETS), and of several OPD-managed workshops to repair assistive devices, may constitute a starting point for further local engagement to expand availability of assistive devices. There are also good examples of localised CBR projects which might serve as models for a nationwide programme. Similarly, initiatives geared towards information accessibility, such as use of sign interpreters by SLBC TV station and the availability of some legal documents in braille, can be scaled up for greater impact.

5.0 RECOMMENDATIONS %

Proposed recommendations were developed based on the research conducted for this Situational analysis, (interviews, focus groups, surveys, desk review), and the gaps and opportunities that resulted from analysing the findings. Recommendations were then reviewed and modified, as needed, during the Validation Workshop. Key Recommendations are presented below, while others appear later under sub-sections on Recommendations for Further Analysis and Recommendations for Future Programming. These feed into the country proposal for the 4th Call of the UNPRPD.

5.1. Key Recommendations

Stakeholders and Coordination / Participation

UNCT and development partners should:

1. " Work in collaboration with MOSW and NCPD to establish disability units in priority MDAs by providing financial assistance to establish the units and equip them with office equipment and supplies; developing training workshops that draw on best practices among existing disability units; developing manuals that contain resource information such as key government contacts on disability, where to access data, how to design and implement inclusive services, and how to make persons with disabilities aware of services; and, organizing exchange visits to established units. Priority MDAs identified for this support are Ministry of Technical and Higher Education, Ministry of Health and Sanitation, Ministry of Finance, Ministry of Planning and Economic Development, Ministry of Labour and Social Security, Ministry of Lands and Country Planning, Teaching Service Commission, National Revenue Authority, National Children's Commission, Statistics Sierra Leone, and Tertiary Education Commission.
2. " Strengthen coordinating mechanisms among line ministries, OPDs and NCPD on disability inclusion, preceded by reviewing the roles and responsibilities of different MDAs to promote clarity roles and avoid duplication. Make a set of recommendations on how to divide responsibilities for improved impact.
3. " Provide technical assistance to MOSW and Local Councils to further decentralize resources for persons with disabilities, including: training Local Councils on how to incorporate funding for disability service programs into their local budgets as part of an ongoing UNDP/UNCDF program

on domestic resource mobilisation through the Joint SDG Fund; capacity building for local disability focal points to serve as a liaison with OPDs and persons with disabilities for referrals, etc., to include exchange visits to established district disability units; and developing tools (manuals on rights and services, idea book for inclusive social, cultural, and sporting events, etc.) adapted to local languages to inform and support persons with disabilities and caregivers.

4. " Develop the capacity of OPDs, especially SLUDI, for gender mainstreaming, financial and administrative management, advocacy, and member outreach, with special trainings and equipment offered, as needed, to meet basic operational needs of critically resource-poor organizations. This would include training in financial management, gender inclusiveness, IT skills, advocacy, and using social media to reach members. This would enhance OPD meaningful participation on the following issues, as well as their ability to manage grants and serve as an information resource for their members:

- Revision of the PwDA and country ratification of the Optional Protocol on the CRPD
- Training programs for Parliament and Ministries on CRPD, especially important with the ongoing revision of the PwDA.
- Budgetary allocations being sufficient for disability inclusion programs and " establishment/capitalization of a Disability Fund
- Creation of a persons with disabilities quota requirement for Members of Parliament, other public offices, and public entities in general.
- Incentivising private employers to employ persons with disabilities, as well as including persons with disabilities in government 'cash for work' programs
- Adaptation of public buildings to make them accessible
- Government procurement that meets CRPD criteria
- Improved accessibility measures for sexual and reproductive health services
- Development of new policies and strategies on disability inclusion within national social programs, including:
 - criteria and methods for selecting beneficiaries under the social protection cash transfer program of NACSA, to consider additional groups such as children with disabilities in schools, children whose parents have disabilities, and caretakers of family members with severe disabilities
 - social security programs offered through NASSIT for informal workers
 - the possibility of a specific disability-related allocation or pension program
- Government treating the health implications of inadequate housing, insalubrity and " undernourishment affecting persons with disabilities as public health emergencies.
- Government following the principle of progressivity and creating the conditions for the twin-track education approach, with continued support to special needs schools while staffing and making mainstream schools accessible and disability friendly.
- Government allocating more funds for the procurement and distribution of essential drugs as part of Free Health Care, while also establishing a control mechanism to continuously monitor the availability of these drugs in hospitals and health units, as well as the extent to which persons with disabilities are attended to as patients; reviewing and extending the essential drugs list to include psychopharmaceuticals.
- Government channelling more resources to rehabilitation services to create a more balanced geographical distribution and to adequately staff and equip the centres, while also making assistive devices more accessible and affordable training technicians on their use.

Equality and Non-Discrimination

UNCT and development partners should:

1. " Provide technical and financial assistance to MOSW, NCPD and SLUDI for PwDA revision with the goal of presenting a draft revised PwDA to Parliament, and for developing a policy and a national strategy for the implementation of the PwDA. This may involve preparation of educational materials for, and funding of, dialogue sessions with members of Parliament; development of advocacy materials; and, supporting SLUDI with outreach to member OPDs to guide them on advocacy efforts with local constituencies and Members of Parliament.
2. " Support improved implementation of PwDA provisions related to equality and anti-discrimination by training key actors in the justice sector on the rights-based approach to disability, as detailed in the CRPD and its associated guidance.
3. " Strengthen Government UNCRPD implementation by providing support for the ratification and domestication of the Optional Protocol to the UNCRPD (which Sierra Leone signed in 2007). Advocate for Sierra Leone to sign the Protocol to the African Charter of Human and People's Rights on the Rights of Persons with Disabilities. Ratification, domestication, and necessary policy reforms around these two treaties could provide further legal basis for the disability movement to pursue goals - and lead related campaigns – that correspond best to the situation and most burning needs of the constituency. They could be used as guidelines for strengthening of the PwDA during its revision. (A few examples: the Optional Protocol to the UNCRPD goes beyond the statement of right to non-discrimination, as it also establishes a *complaints mechanism* which makes this right enforceable; and the African Charter of Human and People's Rights speaks not only about rehabilitation but also about rehabilitation which seems to correspond more to the situation and self-understanding of many Sierra Leonean persons with disabilities. It addresses realities that are specific to the African context, for example “ritual killings”. Most importantly, starting from a holistic vision of society, it extends protection to family members and caregivers of persons with disabilities. Following the same logic, it speaks about the right to live in the community. In many ways, the Charter seems to be more complete and more context- sensitive for Sierra Leone than the PwDA in its present form).
4. " Provide technical and financial support to NCPD as a key actor to undertake its designated tasks for disability inclusion by raising its legal, financial, and administrative competences through training sessions that engage specialized consultants, preceded by an assessment focussed on streamlining its systems and functions, which may include recommendations on passing some responsibilities to other parts of government. Certain NCPD functions, such as provision of assistive devices and medical certification for persons with disabilities, may be better placed with other entities, such as MOHS or disability focal points at specific MDAs/ Local Councils. Streamlining and building the capacities of NCPD would benefit the following:
 - Improved accountability mechanisms to monitor enforcement of the PwDA, with special attention to tracking discrimination complaints and enforcing accessibility measures.
 - More extensive engagement towards formulation of disability inclusive government policies
 - Improved ability to support new initiatives, such as the Disability Fund and district-level disability focal points.

Inclusive Service Delivery

UNCT and development partners should:

1. " Provide technical assistance to NCPD and MOHS in developing a ‘person with disability’ assessment and certification system, based on CRPD standards. This may involve supporting dialogue sessions between CPRD and the MOHS to reach consensus on eligibility criteria, production of assessment tools such as manuals for use by health care providers, hosting training sessions for health care

providers to educate them on assessment standards and how to conduct an assessment, and teaching health care providers how to report the outcome to central authorities.

2. " Provide technical assistance to Statistics Sierra Leone and line ministries to meet international good practices on disability data collection and management, to result in reliable and disaggregated data, including for intersectional vulnerabilities. Provide technical assistance for a series of data reports on key disability inclusion topics to inform the design and geographic distribution of programs offered by government and other stakeholders. This includes, but is not limited to, data collection during the Mid-Term Census planned for 2022, the periodic Demographic and Health Survey, and the periodic Integrated Household Survey. Provide technical assistance so that best practices for data privacy are developed and implemented. Train other MDAs on how data systems may be used in determining eligibility for different types of government programs following consultations with NCPD and OPDs as part of establishing eligibility criteria.
3. " Support Government programs on gender equality, sexual and reproductive health and rights, and those to end violence against women and girls to better engage with OPDs and ensure the special needs of women and girls with disabilities are considered in all aspects, including data collection, program design, program implementation and assessment.
4. " In collaboration with MOSW and the Ministry of Tertiary and Higher Education, enhance investment in human capital by creating training opportunities in domestic educational institutions, (for example, by funding trainers from other countries with requisite skills), and providing scholarships for study abroad for rehabilitation- and other health-care professions that serve persons with disabilities, with a special focus on specialists in intellectual disabilities, special needs teachers/assistants, and CBR workers. Exchange visits will also be organized to view successful in-country examples of rehabilitation services, special needs education, etc.
5. " Provide technical assistance to MOHS to design and invest in a country wide CBR strategy and model, staffed by a network of well-trained, adequately compensated, and performance monitored CBR workers. This would rely on improved data collected by Statistics Sierra Leone (see above) and would engage the NRC, other rehabilitation specialists, and other national stakeholder to plan locations for a network of CBR facilities, agree on equipment and supplies to provide to each centre, prepare budgets for facilities, equipment, and supplies, and develop staffing plans for each centre, all based on data about the numbers and needs of persons with disabilities in different parts of the country.
6. " Develop suggested guidelines on how to conduct impact assessments of programs designed to benefit persons with disabilities, whether exclusively for this group or as part of larger programs for the general population and provide these to MOSW for dissemination to other MDAs. Examples of programs be the social protection programs providing direct cash transfers (NaSCA), the Radical Inclusion policy for education (MBSSE), Free Health Care and drug distribution, and the SLESHI health insurance scheme (MOHS). The training would provide assessment examples and also convey how assessment results can be used to re-orient programs for even greater impact to the community of persons with disabilities.
7. " Provide technical assistance to NCPD and MOSW to raise awareness among persons with disabilities and caregivers of free and paid services available to them relating to housing, job training, voting/ballots, Legal Aid services, rehabilitation, etc., and seek ways to make the information available to even OPDs and persons with disabilities in remote areas. Means of awareness raising would include:

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- Conduct meetings in local communities with persons with disabilities/ OPDs to, among other things, better understand the level of distrust in these services and the reasons for it, such as bad personal experience of having heard bad things about the responsible institutions.
 - Relay findings from community meetings to MDAs and support design of mitigating actions to address identified issues.
 - Compile relevant service information into a resource book and/or video that is made available to Local Councils and other stakeholders
 - Use traditional media (radio talk shows, television with sign language interpreters) to raise awareness of available services
 - Create accessible format written factsheets distributed through CHWs and/ or local-level disability focal points to persons with disabilities

Accessibility

UNCT and development partners should:

1. " Provide technical assistance to Freetown City Council on possible approaches to establish a secured marketplace structure as a place to feature products and services provided by groups of persons with disabilities, or alternatively improve access to general marketplace facilities. This may entail constructing a specific marketplace in the Freetown area for selling products made by persons with disabilities and/or sensitizing managers of general marketplace structure on how they can provide greater access for market sellers with disabilities. It could also involve organizing a coordinated system for supplying/transporting products made by persons with disabilities to existing marketplaces and developing a website or other digital tools to market the products.

Budgeting and Financial Management

UNCT and development partners should:

1. " Provide technical assistance to Government to comply with legal provisions on reasonable accommodation, especially so that OPDs and other interested parties can fully engage in meetings hosted by Government each year in relation to formulation of the national budget. Technical support to Government would include modifying and adapting existing public infrastructure for accessibility, in tandem with conventionality and acceptable specification standards.
2. " Provide technical assistance to Ministry of Finance to do an assessment of budgeting and distribution mechanisms that link to disability inclusion, to better understand the allocation among ministries, sectors, and geographic areas, and to promote more transparent, equitable, and efficient spending.
3. " Provide technical assistance to Government (MDA to be determined) to operationalize the Disability Fund to catalyse public and private non-recurring investments in disability inclusion, for example, by offering financial incentives such as matching grants, especially as relates to identified priority areas. Support would include development of governance structures and marketing materials to attract funds from development partners and other potential donors, such as the diaspora. This would draw on examples of similar off-budget funds in Sierra Leone and elsewhere, including an in-country fund established to support COVID-19 response. The Disability Fund could have a regular call for proposals with criteria designed to address disability inclusion needs, such as:
 - constructing assessment centres and rehabilitation centres in different parts of the country
 - establishing or expanding businesses that produce/import assistive devices
 - training sign language interpreters, special needs teachers, and rehabilitation specialists

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- awareness raising campaigns targeting the general population for better understanding of disability inclusion and to work against discrimination
 - empowerment programs and leadership training for women with disabilities
 - art, cultural, and sports events for persons with disabilities
 - affordable and accessible housing for homeless persons with disabilities
 - job training programs targeting persons with disabilities
 - accessible transportation services in geographic areas of greatest need

Accountability and Governance

UNCT and development partners should:

1. " Provide technical assistance to Ministry of Planning and Economic Development (MOPED) to strengthen disability inclusion consideration in national and local SDG planning and review processes so that it is more systematic. Conduct a session for other MDAs who collect information for SDG monitoring on how to establish mechanisms for regular feedback from OPDs on the extent to which inclusive essential services are reaching all persons with disabilities. As part of ongoing support to Statistics Sierra Leone (part of MOPED) on design of a new 'SDG Monitoring Platform', provide targeted advice on methods to support accountability for progress on disability-related SDG targets.
2. " Provide technical assistance to relevant Government agencies to ensure that legal provisions related to infrastructure reasonable accommodation are enforced and that adjustment orders are issued to owners of public buildings failing to modify them for use of persons with disabilities.
3. " UNCT, with DIG acting in the role of catalyser, should continue to emphasize disability inclusion under all four Outcome Areas of the UN Sustainable Development Cooperation Framework (2020-2023), including in program planning and monitoring, and improve disability policies as relates to internal operations, such as recruitment, procurement, and building access.

5.2. Recommendations for further analysis/data collection

UNCT and development partners should: "

Work more with GoSL, especially Ministry of Finance, to collect more detailed information on annual budget allocations to MOSW, NCPD and other MDAs for disability inclusion work, broken down to sub-categories, as well as the contributions of MOSW to fund SLUDI operations and that of other OPDs.

Apply the online data collection tool developed but not used for this research to conduct a large-scale representative survey of persons with disabilities/OPDs to, among other things, assess the extent which they are able to access disability services and mainstream services. Additionally, there would be value in conducting localized household surveys to identify those persons with disabilities who do not yet belong to any OPD, especially in hard-to-reach areas of the country, to capture their views.

5.3. Recommendations for future programming

Out of the above recommendations, the following should be prioritized for the immediate programming by the UNCT, in cooperation with Government and other stakeholders:

Build capacity and knowledge of duty bearers who are engaged with revision and implementation of the PwDA on CPRD provisions.

Develop OPD and NCPD organizational capacity and enhance their knowledge of CPRD provisions for better engagement in PwDA revision and national development plan coordination mechanisms, to

advance CPRD compliance and accountability. This promotes service equality to vulnerable and underrepresented groups, including women, girls and the homeless.

The PwDA is revised to be in line with CPRD provisions, with multi-stakeholder participation and contribution, and to further refine key elements, such as the roles and responsibilities of different ministries, departments, and agencies.

Review of other priority laws, policies, and systems that are undergoing revision for compliance with CPRD and PwDA provisions, including attention to gender equality and ability to reach marginalized and underrepresented groups of persons with disabilities.

Development of an assessment and certification system for persons with disabilities to support PwDA implementation. Such a system would promote equality and non-discrimination in government programming to better reach marginalized and underrepresented groups of persons with disabilities.

Operationalization of the Disability Fund envisioned in the PwDA with a good governance structure as a financial tool for PwDA realization.

An evidence-based plan for a nationwide community-based rehabilitation system to realize the PwDA mandate of rehabilitation services within communities.

Improved implementation of disability inclusive SDGs at the country level by providing technical support for a new SDG Monitoring Platform being developed by Statistics Sierra Leone so it is sensitive to persons with disabilities, disaggregates data by disability (as feasible), and includes disability inclusion-related SDG targets.

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ANNEX 1: OPDs in Sierra Leone %

Organizations of persons with disabilities in Sierra Leone (a non-exhaustive list) \$

Name and Acronym \$	Location and headquarters if not Freetown
Able for Disabled	Tombo
Albinism Royal Foundation	
Amputee and War Wounded Association	
Disability Awareness Action Group (DAAG-SL)	
Disability Confidential Sierra Leone Discond-SI	
Disability Empowerment Foundation	Bo
Disabled International Foundation Sierra Leone (DIF-SIL)	
Disabled Rights Movement (DRIM)	Bo
Disabled Rights Movement (DRIM)	Kono
Epilepsy Association of Sierra Leone	
Handicap Action Movement (HAM)	Calabatown
Handicap Activity Training Association (HATA)	Grafton
Handicap Youth Development Association (HAYDA, Ecowas)	
Help Empower Polio Persons Organization (Pademba Road)	
House of Jesus for the Disabled	
Indigenous Blacksmith Development Association (IBDA)	Rokupa
Kono Cheshire Services	Kono
Kossongo-Kakeni Disabled Organisation	Koinadugu
Kyphoscoliosis Initiative for Therapy and Empowerment (KITE-SL)	
LAPVIC	
National Disability Coalition	
Polio Persons Development Association (POPDA)	Makeni
Polio Women and girls development association (PWDGA)	Kissi
Polio Women and girls development organisation (PWDGO)	Hastings
Polio-Challenged Association (POCA)	Grafton
Polio-Challenged Association (POCA)	Kono
Progressive handicap development association (PHDA)	Waterloo
Service Users and Family Members Association (SUFMA)	
Sierra Leone Association of the Blind (SLAB)	

Sierra Leone Association of Ebola Survivors	
Sierra Leone Association of the Deaf (SLAD)	
Sierra Leone Autistic Society	
Sierra Leone National Association of the Deaf	
Sierra Leone Union of Polio Persons (SLUPP)	
Sierra Union on Disability Issues (SLUDI)	
SL Amputee Association (SLAPA)	
SL Association for Little People	
Stroke Victims association	
United Polio Brothers and Sisters Association (UPBSA)	Kissi
Welfare Society for the Disabled (WESOFOD)	Kambia

ANNEX 2: List of Interviews and Focus Groups

List of interviews and focus groups

Type of interview	Organisaton	Type of organisation	Location	Names	Function	Other participants
key stakeholder	Albinism Foundation	Royal OPD	Freetown	Pastor Sarah	President	
key stakeholder	CAPS	CSO	Freetown	Mr. Edward Bokarie	Director	
Focus group	Disability Empowerment Foundaton	OPD	Bo	Mr. Hassan D. Saliu		List available
group interview	Handicap International	NGO	Freetown	Ms. Yahoko ASAI	Regional Technical Coordinator	Mr. Mamoud KARGBO, Associate Operational Manager
Focus group	Kossongo-Kakeni Disabled Organisation	OPD	Koinadugu (Fadugu)	Mr. Ali Dumbuya		List available
key stakeholder	Mental Health Coalition	CSO	Freetown	Mr. Joshua Dunkan Abiose	Director	
key stakeholder	Milton Margai School for the Blind	Special School	Freetown	Mr. Turay	Director	
key stakeholder	Ministry of Social Welfare	MDA	Freetown	Mr. Kabia	Director	
key stakeholder	Ministry of Basic and Secondary education	MDA	Freetown	Mr. Mohamed Jalloh	Head of Disability Unit	

key stakeholder	Ministry of Labour	MDA	Freetown	Mr. ABS Kamara	Director of Social Security	
key stakeholder	MOHS	MDA	Freetown	Dr. Smart	Director of policy planning	
key stakeholder	MOHS	MDA	Freetown	Dr. Sessay	Director of non communicable diseases and mental health	
key stakeholder	MOPED	MDA	Freetown	Mr. Sama	Assistant Director of planning	
key stakeholder	NACSA	MDA	Freetown	Mr. Turey	Director	
key stakeholder	NASSIT	MDA	Freetown	Mr. Joe Hassan Kalokoh	Director of research	
key stakeholder	National Association of the Deaf	OPD	Freetown	Mr. Alhaji Raman	President	
key stakeholder	National Coalition of Disability	OPD	Freetown	Mr. Alicious Kamara	President	
key stakeholder	National School for the Deaf	OPD	Freetown	Mrs. kamara Cole	Directrice	
key stakeholder	NCPD	MDA	Freetown	Mr. Kotequi	Executive Director	
key stakeholder	NRC	Service Provider	Freetown	Dr. Kebby	Director	
key stakeholder	One Family People	NGO	Freetown	Edward Emmanuel	Director	Hadiatou Dialloh , Deputy Director
group interview	POCA	OPD	Freetown	Mr. Sylvanus Bundu	member, SLUDI Director	Mr. Cyprian Kabbah,member, CNPD representative
key stakeholder	Psychiatric Hospital	Service Provider	Freetown	Dr. Jalloh	Medical superintendent	

key stakeholder	SL Association for little people	OPD	Freetown	Mr. Sherif Abbas	President	
key stakeholder	SL Association of the Blind	OPD	Freetown	Mr. Lebi	President	
key stakeholder	SL Autistic Society	Special school	Freetown	Mr. Mary Pentimity	President	
key stakeholder	SLUDI	OPD	Freetown	Mr. Santigie Kargbo	President	
group interview	SUFMA	OPD	Freetown	Mr. Paul Kaika	President	Ms. Edna Bona, Chairlady
key stakeholder	UNICEF	Donor	Freetown	Ms. Mona Korsgard	Social protection contact person	
Focus group	WESOFOD	OPD	Kambia	Mr. Joseph Alie		List available
Group interview	WHO	Donor	Freetown	Ms. Kayita Janet,	Coordinator, Package of health services	Basic essential Mr. D'almeida, Selassi, Ms. Kargbo, Marianne
Online Focus group	World Bank	Donor	Freetown	Mr. Kofi Amponsah;	Senior economist	Junko Onishi; Hannah Buya Kamara; Kazumi Inden



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