

# REPORT

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## **COMPREHENSIVE STUDY ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) POLICIES IN SIERRA LEONE**

**Produced by CARL-SL  
on behalf of People's  
Alliance for  
Reproductive Health  
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# EXECUTIVE SUMMARY

*Sierra Leone has grappled with poor maternal and child health outcomes for decades and has one of the world's worst maternal mortality ratios, recently reduced from 717 deaths per 100,000 live births (SLDHS, 2019) to 443 per 100,000 live births in 2022 (WHO et al, 2023). Quite telling that in recent years, there is light at the end of the tunnel for improving maternal and child indicators in the country. The underpinning policy and legal environment for sexual and reproductive health and rights has not been comprehensively examined. The Centre for Accountability and Rule of Law (CARL-SL) has commissioned a comprehensive study of Sexual and Reproductive Health and Rights (SRHR) policies in Sierra Leone with the determination to highlight the strengths and weaknesses to inform legal and policy changes in support of a new Safe Motherhood and Reproductive Health and Rights Law that will address the challenges. This study report provides a comprehensive situation analysis of Sexual and Reproductive Health and Rights Policies in Sierra Leone and proffers recommendations and Call to Action for enactment of the gazetted Safe Motherhood and Reproductive Healthcare (SMRH) Bill 2023.*

*The Sexual and Reproductive and Health Rights space in Sierra Leone is smeared by the Offenses Against the Person Act of 1861. This is a piece of British legislation that was enacted in the 19th century and applied to various British colonies and territories. This law and the Pharmacy & Drugs Act 2001 have been the basis for abortion regulations in Sierra Leone for many years and to date. Under the two laws, women and girls who might qualify for a legal abortion may not be able to find a healthcare provider who will provide one, meaning safe abortion under these laws is only permitted in cases where the mother's life is at risk. This limits any other options for safe abortion for women and girls who get unintended and unwanted pregnancies and consequently resort to*

*seeking illegal and unsafe abortion options and later present with complications resulting to maternal morbidity and mortality, high financial, economic and societal costs.*

*Moving forward, there have been various attempts to change and amend abortion laws in Sierra Leone. The Safe Abortion Bill of 2015 was introduced and on two occasions passed by Parliament. Albeit, the President at that time refused to sign The Safe Abortion Act of 2015 into law, which quenched women's hope to have access to safe and legal abortions.*

*Additionally, there are key laws and policies related to SRHR and gender equality in Sierra Leone. The Sexual Offenses Act (2012) addresses sexual violence and harassment, including provisions for the protection of victims and witnesses. The Child Rights Act (2007) protects the rights of children, including those related to reproductive health and child marriage. It sets the legal age for marriage at 18 for both girls and boys. The Sierra Leone Police established Family Support Units (FSU) to handle cases of gender-based violence, including sexual violence. The National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage, 2018–2022, which is an update to the National Strategy for the Reduction of Teenage Pregnancy (2013) aims to reduce teenage pregnancy rates through a combination of awareness, education, and healthcare services for young girls. The National Policy on HIV and AIDS (2002) addresses HIV/AIDS prevention, treatment, and care, which is closely related to sexual and reproductive health and rights. The National Strategy for the Reduction of Female Genital Cutting (2016-2020) aims to eliminate the practice of female genital mutilation (FGM) in Sierra Leone and promote the well-being and rights of girls and women. National Gender Policy (2000) provides a framework for promoting gender equality and empowerment of women in all sectors, including health and*

***education. The Sierra Leone National Population Policy 2018 aims to achieve an improved standard of living and quality of life for all Sierra Leoneans through addressing the issues of reproductive health and rights including adolescent pregnancy, managing the expanding youth population, and contributing to education for all. The recent Gender Equality and Women's Empowerment Act has been an important policy area in Sierra Leone.***

***The country has taken various measures to promote gender equity, and there have been several laws and policies aimed at advancing women's rights and gender equality. These include the National Gender Policy, which provides a framework for gender mainstreaming and equality in various sectors. "Hands Off Our Girls" is a national campaign in Sierra Leone launched to address issues related to sexual violence, rape, and other forms of violence against girls and women. It seeks to address a range of issues, including child marriage, teenage pregnancy, and female genital mutilation, and to promote gender equality, women's rights, and girls' education. These legal and policy measures reflect Sierra Leone's commitment to promoting gender equality, sexual and reproductive health, and the rights of women and girls. Implementation and effectiveness of these laws and policies vary and there are ongoing efforts to further advance SRHR and gender equality in the country.***

***Notwithstanding, unsafe abortions, which often result from restrictive laws and poor access to sexual and reproductive health services, information, and education, one of the main factors contributing to maternal deaths, is still prevalent, with an estimated 91,494 induced abortions that occurred in Sierra Leone in 2021, tantamount to an induced abortion rate of 44.2 per 1,000 women of reproductive age (15-49 years).***

***This study covered a comprehensive analysis of Sexual and Reproductive Health and Rights policies in Sierra Leone, the gazetted Safe Motherhood and Reproductive Healthcare Bill 2023***

*and other relevant laws and policies, highlighting the strengths and weaknesses, addressing the many challenges of the new sexual and reproductive health and rights laws.*

*Sierra Leone's Sexual and Reproductive Health and Rights (SRHR) policies' strengths reflect efforts made to address SRHR issues in the country. Strengths of the current SRHR policies in Sierra Leone include various awareness campaigns and advocacy efforts; non-governmental organizations (NGOs) and civil society groups actively working alongside the government to advance SRHR initiatives, providing additional support and resources; global partnership; integration of SRHR into the healthcare system; comprehensive healthcare services; streamlined service delivery; holistic approach to health; improved coordination; access for marginalized groups; health Information Systems; training and capacity building; international commitments; and integration of Comprehensive Sexuality Education (CSE) into the 2015 National Basic Education Curriculum by the Ministry of Basic and Senior Secondary education (MBSSE).*

*International human rights law is clear that abortion must be available to all women and girls at a minimum in cases of rape and incest, when the woman or girl's health or life is at risk, and in cases of severe or fatal fetal impairment. Women or girls who seek abortions should not face punitive measures. The United Nations Committee on the Rights of the Child has also recommended that governments ensure that children have access to confidential medical counsel and assistance without parental consent, including for reproductive health services, when it is in their best interests. It has specifically called for confidential access for adolescent girls to legal abortions. Some common weaknesses that are observed in SRHR policies in Sierra Leone include: Limited access to family planning services; Insufficient Information and education; Stigma and discrimination; Inadequate maternal health care; Child marriage and early pregnancy; Inadequate youth-friendly services;*



*Health workforce shortages; Legal barriers; Limited budget allocations; Cultural and religious factors; Gender inequality; Inadequate emergency response and preparedness. Sierra Leone and its international partners have been working to address these weaknesses and improve SRHR policies and services but challenges often require sustained efforts and multi-sectoral collaboration to achieve lasting change.*

*In addition to the weaknesses, significant gaps in access to SRH services are influenced by various factors, including: Geographical disparities; Infrastructure and transportation; Cost barriers; Gender norms and roles; Inadequate supplies and equipment; Data collection and monitoring. Efforts to address these gaps often involve initiatives aimed at improving infrastructure, increasing the number of healthcare workers, reducing financial barriers, raising awareness, and promoting gender equality and youth-friendly services. Continued efforts and investments in SRHR policies, healthcare infrastructure, education, and community engagement are essential to further improve SRHR outcomes and ensure the well-being and rights of all individuals, particularly women and marginalized populations, in Sierra Leone.*

*Despite the existence of policies and legal frameworks, Sierra Leone faces several challenges in implementing and realizing the goals of SRHR: Limited access to services; Cultural and societal norms, High maternal mortality rate; Teenage pregnancy; and Gender-based violence. It is crucial for Sierra Leone to continue working on improving the implementation and enforcement of SRHR policies and legal frameworks to ensure that the rights and health of all individuals, particularly women, girls and marginalized populations, are protected and promoted.*

*There are significant challenges and weaknesses in Sierra Leone's sexual and reproductive health and rights (SRHR) policies, including legal barriers and inconsistencies. This context underscores the*

*need for a new SRHR law in Sierra Leone. Some compelling reasons for considering the development of such a law, the Safe Motherhood and Reproductive Healthcare Act: Alignment with international standards; Protection of SRHR Rights, Clarity and Consistency, Access to safe and legal abortion; Addressing child marriage outcomes; Access to comprehensive sexuality education; Protection against discrimination; Legal enforcement; Community awareness and education; International support and funding. The development of the new Safe Motherhood and Reproductive Healthcare Act involves broad consultation with civil society organizations, healthcare professionals, legal experts, and affected communities. Additionally, considering the cultural nature of Sierra Leone, a strong commitment from the Government and Parliament is essential for the successful passage and implementation of such legislation, predicated on science and evidence.*

*The development of the new Safe Motherhood and Reproductive Healthcare law in Sierra Leone encompasses a comprehensive framework that addresses the diverse needs and rights of the population. Key components in the Safe Motherhood and Reproductive Healthcare Bill 2023 for Parliamentary ratification and Presidential assent are as follows:*

*The short title of the Bill - The Safe Motherhood and Reproductive Healthcare Act, 2023.*

*Part I - Interpretation and Object of the Act.*

*Part II – Administration of the Act with the Minister as the accountable person*

*Part III - Right of access to safe motherhood and reproductive health care*

*Part IV – Finance and accounting provisions of the proposed Act.*

*Part V – The power to make regulations and repeal.*

*The proposed new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone can bring about numerous benefits for the country, its citizens, and its overall development. Some of the benefits will include: Protection of Human Rights; Improved public*

*health; Reduced incidences of unsafe abortions; Gender equality; Empowerment of adolescents; Prevention of discrimination; Access to comprehensive sexuality education; Community engagement and awareness; Accountability and monitoring; Alignment with international commitments; Data collection and reporting; Improved well-being; Economic development: Social cohesion; and Public accountability. It represents a vital step towards ensuring that every individual in Sierra Leone can exercise their SRH rights with dignity and without discrimination. The effectiveness of a new Safe Motherhood and Reproductive Healthcare Act depends on its implementation, enforcement, and the broader socio-cultural context. This report on a comprehensive study of the SRHR policies in Sierra Leone provides valuable insights into how the new SMRH Act can contribute to improved SRHR outcomes and overall well-being in the country.*

*A comprehensive study of Sexual and Reproductive Health and Rights (SRHR) policies in Sierra Leone report serves as a powerful Call to Action tool for policymakers to prioritize the development and implementation of a comprehensive SRHR law for the benefit of all citizens. Such a law is not just a legal obligation, but also a fundamental step towards ensuring the well-being, dignity, and rights of Sierra Leoneans.*

*Sexual and Reproductive Health and Rights advocates, researchers, and concerned citizens urge the policymakers and civil society organizations to prioritize the enactment and swift implementation of the SMRH Act for the betterment of all individuals in Sierra Leone. The findings of the comprehensive study underscores the urgent need for legal reforms in this critical area of public health and human rights.*

*In conclusion, the enactment and implementation of the gazetted SMRH Bill 2023, which promotes SRHR and a flexible abortion law in particular in Sierra Leone is a moral and legal imperative. It is a*

*commitment to the principles of human rights, gender equality, and social justice. The Centre for Accountability and Rule of Law-Sierra Leone (CARL-SL), the People's Alliance for Reproductive Health Advocacy (PARHA), other CSOs and people of Sierra Leone urge Government, Parliament and other policymakers, to act swiftly and decisively to protect, and uphold the SRH rights of all citizens, ensuring a brighter and healthier future for Sierra Leone. Sierra Leoneans deserve no less than the full realization of their sexual and reproductive health rights and look forward to Government's leadership in making this vision a reality.*

# 1. BACKGROUND

Sierra Leone has been in the limelight for poor maternal and child health indices for decades, dating back to pre-independence days, which are related to sexual and reproductive health and rights. This report provides synthesis of a comprehensive study on Sexual and Reproductive Health and Rights Policies in Sierra Leone, commissioned by The Centre for Accountability and the Rule of Law (CARL-SL).

Good sexual and reproductive health is a state of complete physical, emotional, mental and social well-being in all matters relating to the reproductive system, sexuality and reproduction, and not merely the absence of disease, dysfunction or infirmity. It implies that people are able to have a satisfying and safe sex life, the capacity to reproduce and the freedom to decide if, when, and how often to do so. To maintain good sexual and reproductive health, people need to have access to accurate information and safe, effective, affordable and acceptable contraception method of their choice (*WHO, 2006a*). They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to skilled healthcare providers and services that can help them have a fitting pregnancy, safe birth and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health.

Sexual and reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. This means that States have obligations to respect, protect and fulfil rights related to sexual and reproductive health.

The comprehensive definition of SRHR proposed by the Guttmacher-Lancet Commission (Starrs et al, 2029, UNFPA, 2019) covers sexual health, sexual rights, reproductive health and reproductive rights. It addresses issues such as violence, stigma and respect for bodily autonomy, which profoundly affect individuals' psychological, emotional and social well-being. The definition offers a comprehensive framework to guide governments, United Nations agencies, civil society and other stakeholders involved in designing policies, services and programmes that address all aspects of SRHR, effectively and equitably.

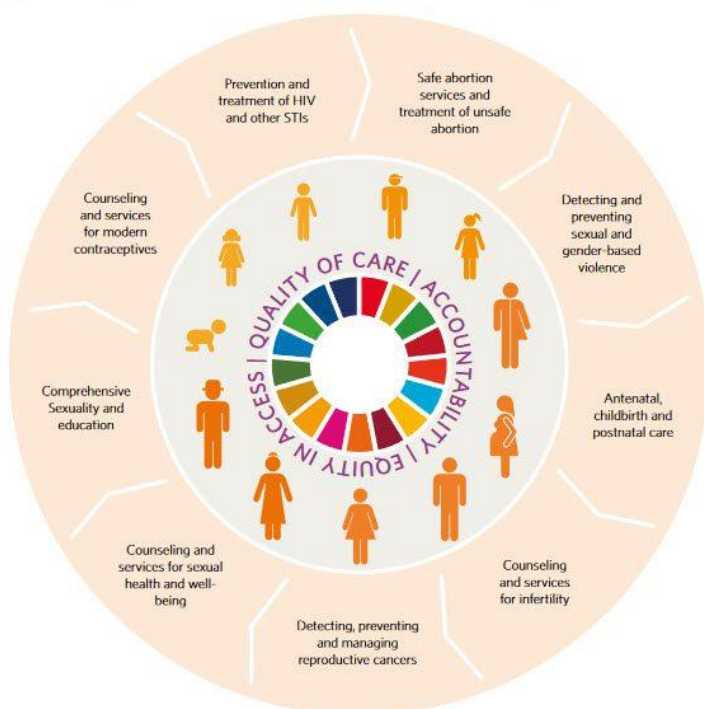
According to the Guttmacher-Lancet Commission, achievement of sexual and reproductive health therefore relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when and who to marry;
- decide whether, when and by what means to have a child or children, and how many children to have;
- have access over their lifetime to the information, resources, services and support necessary to achieve all of the above, free from discrimination, coercion, exploitation and violence.

**Sexual and Reproductive Health Rights (SRHR) are a set of principles and rights related to an individual's sexual and reproductive health well-being. These rights are essential for ensuring that all people have the ability to make informed choices about their sexual and reproductive health and to access the**

necessary healthcare and information to support those choices. These principles are recognized by various international agreements and organizations, including United Nations, which promotes the idea that sexual and reproductive health and rights are fundamental human rights and are essential for achieving global health and development goals. Advocates for SRHR seek to ensure that these rights are respected, protected, and fulfilled, thereby promoting the well-being and autonomy of individuals and communities worldwide.

Figure 1. A comprehensive definition of sexual and reproductive health and rights



**Source: (UNFPA, 2019) Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage**

## 1.1. Sexual and Reproductive Health and Rights Policies Situation Analysis in Sierra Leone

A comprehensive situation analysis of current state of SRHR-related policies, programmes, and services is essential for understanding the Sexual and Reproductive Health and Rights (SRHR) in Sierra Leone. This analysis therefore encompasses various components of SRHR, including sexual health, family planning, maternal and child health, gender equality, sexually transmitted infections, cancers of reproductive organs and more.

Attempts for legislation and policy frameworks for the health sector is progressing and many date back to colonial era and therefore obsolete. The Nurses Act - (Cap 152) provides for the registration and training of nurses, for the training and enrolment of persons engaged in nursing, regulates the practice of nurses and enrolled persons and imposes a penalty in the event of a breach without references to sexual and reproductive health rights. The Midwives Act - (Cap 153) regulates the training, practice, registration and enrolment of midwives or persons engaged in midwifery, imposing a penalty for non-compliance without consideration for sexual and reproductive health rights. The 1991 Constitution of the Republic of Sierra Leone mentions though sparingly about the State's obligation *"to provide adequate medical and health facilities for all persons in Sierra Leone irrespective of colour, race, geographical location, religion and political affiliation having due regard to the resources of the State"*.

The Offences against the Person Act 1861 is a piece of British legislation that was enacted in the 19th century and applied to various British colonies and territories, including Sierra Leone. Under the Offences against the Person Act 1861, abortion is generally considered illegal in Sierra Leone unless it is performed to save the life of the pregnant woman. This law has been the basis for abortion regulations in Sierra Leone for many years and to date. By this law, women and girls who might qualify for a legal abortion may not be



able to find a health care provider who will provide one, meaning safe abortion under this law is only permitted in cases where the mother's life is at risk and limits any other options for safe abortion, which results to women and girls who have unintended and unwanted pregnancies seeking illegal and unsafe abortion options and later present with complications resulting to morbidity and mortality, at huge financial, economic and societal costs to the State, communities and families.

The Pharmacy Board of Sierra Leone was established through an Act of Parliament in 1988 and reviewed in 2001 to regulate pharmaceutical products, medical devices, cosmetic chemical substances, food and dietary supplement and herbal products, the practice of Pharmacy and any other matters related thereof. However, it does not specifically and necessarily address the issues of termination of pregnancy or abortion using appropriate technological innovations and pharmaceuticals. However, the Pharmacy and Drugs Act 2001 prohibits and criminalizes the prescription, sale and administering of any drug or substance for termination of pregnancies.

Since 1861, there have been various attempts to change and amend abortion laws in Sierra Leone, including the introduction of the Safe Abortion Bill of 2015, which allows for legal abortion in certain circumstances, particularly when the life or health of the pregnant woman is at risk. The Safe Abortion Bill of 2015 updated and clarified the legal framework surrounding abortion in Sierra Leone, providing a legal basis for safe abortion services under specific conditions. On two occasions, the Sierra Leone Parliament overwhelmingly passed the Safe Abortion Bill 2015 into an Act of Parliament, which would permit access to abortion during the first 12 weeks of pregnancy, after which it would be permitted until week 24 in cases of rape, incest, or health risk to the foetus or the woman or girl. Sierra Leone's President at that time, Ernest Bai Koroma refused to sign The Safe Abortion Act of 2015 into law that would

increase women's access to safe and legal abortion on the grounds of contention from religious leaders. And, Sierra Leone has one of the world's worst maternal mortality ratios, recently reduced from 717 deaths per 100,000 live births in 2019 to 443 per 100,000 live births in 2022 (WHO et al, 2023).

Notwithstanding restrictive legislations (Offenses Against the Person Act 1861) on sexual and reproductive health and rights, policy and service delivery environments have improved. The 1992 National Health and Sanitation Policy was revised in 2021. The National Policy on Maternal and Child Health (2007) also revised recently focuses on improving maternal and child health, reducing maternal mortality, and increasing access to family planning services. Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy and policy contain significant provisions for sexual and reproductive health services – focusing on accelerating reduction of preventable deaths of women, children, and adolescents in ensuring their health and wellbeing. The new National Population Policy focuses on reproductive health and rights, women's empowerment and the demographic dividend and promotes SRHR for all people as fundamental basis for Government and community-supported policies and programmes in the area of reproductive health, including family planning and maternal health.

Sierra Leone has made significant efforts to advance gender equality and support sexual and reproductive health and rights (SRHR) through various legal and policy measures in the Ministry of Health and Sanitation (MoHS) and in other Ministries, Departments and Agencies (MDAs). Here are some additional key laws and policies related to SRHR and gender equality in Sierra Leone:

- i. The Sexual Offenses Act (2012), addressing sexual violence and harassment, including provisions for the protection of victims and witnesses. It criminalizes practices such as child marriage and female genital mutilation (FGM).

- ii. The Child Rights Act (2007) protects the rights of children, including those related to reproductive health and child marriage. It sets the legal age for marriage at 18 for both girls and boys.
- iii. The Sierra Leone Police established Family Support Units (FSU), to handle cases of gender-based violence, including sexual violence. These units provide support to victims and help ensure their rights are protected.
- iv. The *Sierra Leone Family Planning Costed Implementation Plan* (SLFPCIP) details the country's plans to achieve its vision and goal to improve the health and well-being of its population and the nation by supporting each person's right to choose whether and when to have children, and how many children to have.
- v. The National Strategy for the Reduction of Teenage Pregnancy (NSRTP) (2013), aims to reduce teenage pregnancy rates through a combination of awareness, education, and healthcare services for young girls.
- vi. The National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2022-2027, an update to the NSRTP is specifically aimed at reducing the adolescent fertility rate to 74 per 1000 and child marriage to 25 percent through improving the policy and legal environment for the protection of adolescents and young people.
- vii. The National Policy on HIV and AIDS (2002), addresses HIV/AIDS prevention, treatment, and care, which is closely related to sexual and reproductive health and rights. This plan emphasizes the integration of services for HIV/AIDS, sexual and reproductive health (SRH), and youth-friendly reproductive health to ensure access and use, prioritizing the access to SRH education for adolescents.
- viii. The Sierra Leone National Population Policy of 2018 aims to achieve an improved standard of living and quality of life for all Sierra Leoneans with special focus on addressing the issues

- of reproductive health and rights and adolescent pregnancy, and managing the expanding youth population.
- ix. Sierra Leone Basic Package of Essential Health Services (BPEHS), being an accompaniment to the National Health Sector Strategic Plan (NHSSP) enumerates and operationalizes which services are offered at the primary and secondary care levels of the health system. Reproductive, maternal, and newborn health are specifically prioritized through the following service delivery areas – family planning/reproductive health and school and adolescent health.
  - x. The Free Health Care Initiative (FHCI), introduced in April 2010, is an innovative initiative where pregnant women, lactating mothers and children under five can access free-of-charge medical care and services. The aim of the Initiative is to provide universal access to quality health care for the vulnerable groups.
  - xi. The National Health Promotion Strategy, 2017–2021 brings health promotion to the forefront of the country’s efforts in moving forward from the Ebola epidemic. Additionally, the following key health priorities have been outlined in this strategy: a communication plan in preparation for emergencies, improving human resources for health, capacity building, and strengthening M&E systems. The MoHS Health Education Division (HED) spearheads the efforts to achieve these priorities. This strategy also aligns with the MoHS’ 10-to 24-Month Recovery Plan for Health, which prioritizes improved human resources for health in order to have better outcomes for reproductive, maternal, newborn, child and adolescent health (RMNCAH).
  - xii. The National Strategy for the Reduction of Female Genital Cutting (2016-2020), aims to eliminate the practice of female genital mutilation (FGM) in Sierra Leone and promote the well-being and rights of girls and women.

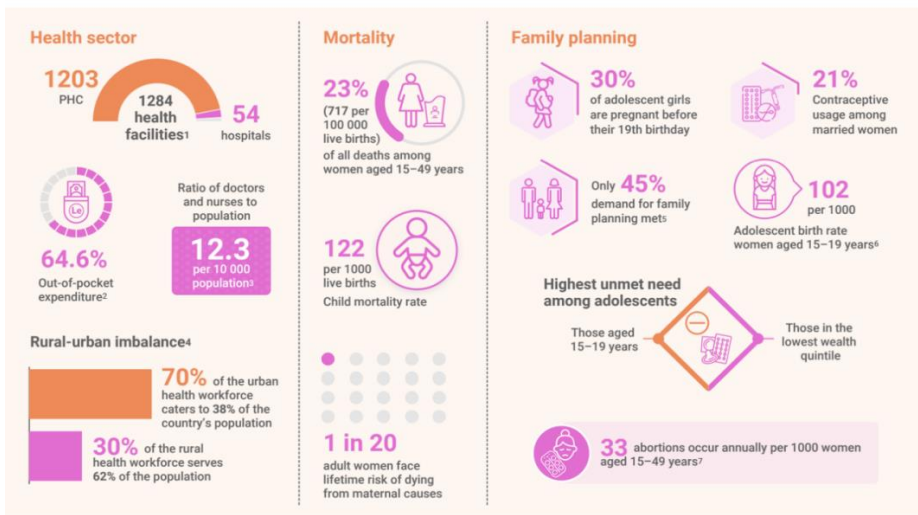
- xiii. National Gender Policy (2000) provides a framework for promoting gender equality and empowerment of women in all sectors, including health and education. The recent Gender Equality and Women's Empowerment Act has been important policy area in Sierra Leone. The country has taken various measures to promote gender equity, and there have been several laws and policies aimed at advancing women's rights and gender equality. These include the National Gender Policy, which provides a framework for gender mainstreaming and equality in various sectors.
- xiv. The National Community Health Worker Policy aims to provide guidance on coordinating, implementing, and monitoring and evaluating the National Community Health Worker (CHW) Program and the overall scope of work for CHWs especially in identifying women at the early stages of pregnancy along with children and women of childbearing age who are eligible for RMNCAH interventions. This takes into consideration FP uptake and integrated community case management.
- xv. National Male Involvement Strategy for the Prevention of Sexual and Gender-Based Violence in Sierra Leone demonstrates the Government of Sierra Leone's commitment to eradicating sexual and gender-based violence, promoting gender equality and upholding the rights and dignity of women and girls. The strategy adopts a socially transformative approach that focuses on the participation of men and boys as change agents and champions for protecting women and girls in their families, communities, schools and work places. It treats men not just as perpetrators of violence but as allies in changing power relations and systems in society that sustain gender inequality and violence. It recognizes men and boys as victims of SGBV along with women and girls.

- xvi. The Domestic Violence Act 2007 introduces the crime of domestic violence. It covers violence occurring in a domestic relationship, such as between couples, partners, parents and children, and other family members. The Act seeks to address the high incidence of domestic violence in Sierra Leone, which sometimes results in death. The Act criminalises all forms of violence against women, including physical, sexual, emotional, and economic violence, and outlines strict punishments for perpetrators.
- xvii. "Hands Off Our Girls" is a national campaign in Sierra Leone launched to address issues related to sexual violence, rape, and other forms of violence against girls and women. The campaign aims to raise awareness about the rights and safety of girls and women, as well as to mobilize communities and the government to take action to prevent and address gender-based violence. The "Hands Off Our Girls" campaign in Sierra Leone has received significant attention and support from various stakeholders, including government agencies, civil society organizations, and international partners. It seeks to address a range of issues, including child marriage, teenage pregnancy, and female genital mutilation, and to promote gender equality, women's rights, and girls' education.

**These legal and policy measures reflect Sierra Leone's commitment to promoting gender equality, sexual and reproductive health, and the rights of women and girls. Implementation and effectiveness of these laws and policies vary and there are ongoing efforts to further advance SRHR and gender equality in the country. The infographic below depicts progress in Sexual and Reproductive Health and Rights with significant key stakeholders support and donors, partners, civil society organizations and community leaders participation**

## Figure 2. Sexual and Reproductive Health and Rights Outcomes at a Glance

### Sierra Leone: Facts



**Source: (WHO CO, 2023) - Towards inclusion of sexual and reproductive health in the universal health coverage package; Creating enabling environments in Sierra Leone**

The absence of legislation on Safe Motherhood and Reproductive Health is a critical challenge to remedying the upstream barriers to achieving optimal SRHR outcomes and advancing human rights in Sierra Leone. A comprehensive Safe Motherhood and Reproductive Health Act will assign clear roles and responsibilities necessary for coordination and monitoring of SRHR interventions; promotes policy reforms, programmes improvements and advocacy efforts that will strengthen SRHR in Sierra Leone.

## **1.2. Safe Abortion Situation Analysis in Sierra Leone**

Unsafe abortions often result from restrictive laws and poor access to sexual and reproductive health services, information, and education and are one of the main factors contributing to maternal deaths. This situation analysis presents information from a national study of the abortion incidence and severity of related complications in Sierra Leone. It was conducted in August to November 2022 by Ministry of Health, Statistics Sierra Leone, Guttmacher Institute and African Population and Health Research Center. The findings detonate abortions incidence as compelling evidence of a significant public health problem in Sierra Leone. This situation analysis of safe abortion in Sierra Leone involved assessing the current state of abortion practices, policies, and services in the country. It included examining the legal framework, healthcare infrastructure, social norms, cost and the impact on public health. Here is a brief overview of key aspects of the findings considered in this situation analysis with indicators for public concern and relevance for affirmative actions:



**Offences against the Person Act 1861**

**Estimated 91,494 induced abortions occurred in Sierra Leone in 2021**

**An induced abortion of 44.2 abortions per 1,000 women of reproductive age (15-49) in 2021**

**PAC treatment rate of 13.3 per 1000 women of reproductive age (15-49)**

**Majority of women who sought abortions were girls and young women aged 24 or younger**

**Mostly from rural settings, married or in a union, and had secondary level education**

**About 18% of women who sought PAC had mild complications**

**40% with moderately severe complications**

**34% with severe complications**

**About 8% of women experienced near-miss complications**

**Close to 57% of women seeking PAC were not using contraception prior to becoming pregnant**

**Of all pregnancies, 38% were unintended; of all unintended pregnancies, 63% ended in an abortion**

**86.4% sought care in primary facilities**

**13.6% sought care in secondary/tertiary facilities**

**81.0% sought care in public & 19.0% private facilities**

**Northern and Western regions had higher rates of induced abortion, 92 and 75 per 1,000, respectively**

**Highest unintended pregnancy rates were in the Southern and Northern regions (110 & 86 per 1,000 women, respectively)**

**All pregnancy outcomes:  
Abortion – 21%,  
Miscarriage – 15%,  
Planned Birth – 53%,  
Unplanned Birth -12%**

**Source: Abortion Incidence and Severity of Related Complications in Sierra Leone, October 2022**

### **1.3. Background Information on Sierra Leone's Current Sexual and Reproductive Health and Rights Policies Implementation**

Indeed, Sierra Leone has made some progress in addressing Sexual and Reproductive Health and Rights (SRHR) issues, but challenges still exist. The Offenses against the Person Act 1861 status quo is still in existence. The Safe Abortion Act of 2015 was never passed in to law. The Sexual and Reproductive Health and Rights stakeholders having learnt lessons from the failed Abortion Act of 2015, galvanized towards the development of a comprehensive Safe Motherhood and Reproductive Health Bill, which started in 2018, void of the extreme controversies of the Abortion Act 2015. This time round, the Ministry of Health is championing the enactment process of the Safe Motherhood and Reproductive Health Bill into law as a government-led Bill. The Ministry of Health and its partners developed a Cabinet Paper with broader focus on reproductive health issues. The Cabinet Conclusion recommended addressing the following strategic Safe Motherhood and Reproductive Health issues:

- A. Sexual and Reproductive Health related rights for all women.
- B. Access to sexual and Reproductive Health services for all women:
  - i) Consent to access sexual and reproductive health services
  - ii) Safe motherhood
  - iii) Safe abortion care
  - iv) Family planning
  - v) Contraception
- C. Comprehensive Sexuality Education for girls and boys:
  - i) School curriculum
  - ii) Reproductive Health information
  - iii) School health clinics
  - iv) Youth friendly centers

- D. Free Health Care for pregnant women, lactating mothers, children under-five, and adolescents.
- E. Protection from discriminatory and harmful practices that can affect the reproductive health of men, women and children.
- F. Access to specific Reproductive Health Interventions.
  - a. Strengthening referrals
  - b. Diagnosis and treatment of STIs
  - c. Prevention, screening and treatment for reproductive-related cancers

Sierra Leone has legal provisions related to SRHR, but they are scattered across various laws and policies, leading to inconsistencies and gaps in implementation. The Safe Motherhood and Reproductive Health Care Act will serve as the most comprehensive law that addresses holistically the service delivery aspects of the existing SRHR policies. Sierra Leone has a network of healthcare facilities that provide SRH services, ranging from community health centers to regional hospitals. However, access to quality services can be limited in rural and remote areas due to inadequate infrastructure and other resources. Sierra Leone has a high maternal mortality rate, and efforts have been made to improve maternal and child health services. The government has launched initiatives like the Free Health Care Initiative for pregnant women, lactating mothers, and children under five to increase access to essential services. Sierra Leone has made progress in expanding access to family planning services, aiming to reduce the high fertility rate and maternal mortality. However, access to contraception remains a challenge in some areas, primarily due to limited awareness and cultural factors. The country has taken steps to address HIV/AIDS through prevention, treatment, and support programmes. These efforts include the distribution of antiretroviral therapy (ART) and awareness campaigns. However, stigma and discrimination against people living with HIV/AIDS persist.

Sierra Leone has one of the highest teenage pregnancy rates in the world. The government has implemented strategies to address this issue, including promoting sexual and reproductive health education in schools and communities. Gender-based violence, including sexual violence, remains a significant concern in Sierra Leone. Legal frameworks and policies are in place to address this issue, but implementation and enforcement are challenging. Traditional and cultural norms play a significant role in shaping attitudes and practices related to SRHR. These norms present challenges to the implementation of comprehensive SRHR policies.

Sierra Leone is a signatory to international agreements and declarations related to SRHR, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Conference on Population and Development (ICPD) Programme of Action, the Maputo Declaration and Maputo Plan of Action.

**While Sierra Leone has made efforts to address SRHR challenges, there is a recognized need for a comprehensive and unified SRHR policy framework that consolidates and strengthens existing provisions. This could help address the existing gaps, improve access to services, and promote the rights and well-being of all citizens, particularly women and marginalized populations. The gazetted Safe Motherhood and Reproductive Healthcare Bill is to be returned to the Sixth Parliament for debate and ratification.**

#### **1.4. Purpose and scope of the study**

The purpose and scope of a comprehensive study on Sexual and Reproductive Health and Rights (SRHR) policies in Sierra Leone essentially guided and ensured that the study addressed critical issues effectively.

### 1.4.1. Purpose

The primary purpose of the study was to undertake a comprehensive study of the current Sexual and Reproductive Health and Rights policies in Sierra Leone, highlighting the strengths and weaknesses as well as how a new Safe and Reproductive Health Rights Law would address the challenges. To achieve this main aim of the study, a desk review of the existing SRHR policies and legal frameworks in Sierra Leone was conducted using varying recent independent secondary sources of data and information. This included examination of the legal documents, policies, strategies, implementation research findings, recent study reports that pertain to SRHR issues in Sierra Leone. The study identified the strengths and weaknesses of the current SRHR policies and their implementation. This involved analyzing the impact of these policies on the ground and evaluating their effectiveness in achieving SRHR goals. The study explored understanding of the current gazetted Safe Motherhood and Reproductive Health Bill awaiting Parliamentary debate and approval. The study sought to provide recommendations for improving and strengthening Sierra Leone's SRHR policies and its outcomes. The recommendations are evidence-based and take into account best practices and international standards. The study documented SRHR policies implementation and impact. Specifically, the study focused on the abortion incidence rates to underscore magnitude of the public health issues of the prevailing restrictive abortion law, Offences Against the Person Act 1861 in Sierra Leone and to make compelling case for a new Safe Motherhood and Reproductive Health Law that is comprehensive to reduce the high maternal mortality ratio continually estimated for Sierra Leone.

### 1.4.2. Scope

The scope of this study as guided by the terms of reference covered analysis of the Sexual and Reproductive Health and Rights situation in Sierra Leone. Key range of actions included but not limited to comprehensive study of:

- i. The current Sexual and Reproductive Health and Rights policies in Sierra Leone
- ii. Safe Motherhood and Reproductive Health Bill and other relevant laws and policies
- iii. Strengthens and weaknesses
- iv. Challenges through implementation of a new Safe Motherhood and Reproductive Health Care Act
- v. Strengthens and weaknesses and ways to address the many challenges in implementing the law
- vi. Report to inform implementation of the project, “Strengthening National Advocacy for Safe and Legal Abortions and Access to SRHR among vulnerable populations, particularly young girls in Sierra Leone”

## 2. REVIEW OF CURRENT SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS POLICIES

### 2.1. Overview of Existing Sexual & Reproductive Health and Rights Policies and Legal Frameworks

Sierra Leone has a mix of existing Sexual and Reproductive Health and Rights (SRHR) policies and legal frameworks that have evolved over time. The Sierra Leone Constitution guarantees the right to life, liberty, and security of the person, which is often interpreted to encompass the right to access reproductive health services. The constitution also prohibits discrimination on the grounds of sex. Sierra Leone passed the Safe Abortion Act 2015 in Parliament but failed to get Presidential Assent. To date, the Offences Against the Person Act 1861 prevails, which makes abortions legal only under specific circumstances, such as when the life or health of the pregnant woman is at risk. The law is obsolete, restrictive and increases unsafe abortions and significantly contribute to maternal mortality and morbidity.

The Child Rights Act (2007), includes provisions related to the rights of children and their reproductive health. It prohibits child marriage and seeks to protect the rights and well-being of adolescent girls, particularly in matters related to SRHR. Sierra Leone's health sector has strategic plans that encompass SRHR objectives, including improving maternal and child health, expanding access to family planning services, and addressing HIV/AIDS. Sierra Leone has developed policies and programmes to promote family planning services, aiming to reduce the high fertility rate and maternal mortality. These policies encourage the use of modern contraceptives. The government has formulated policies and

programmes to address HIV/AIDS, including prevention, treatment, and support services. These policies aim to reduce the spread of HIV and improve the health and well-being of affected individuals. Sierra Leone has initiatives aimed at reducing teenage pregnancies and promoting adolescent SRHR. These efforts include advocating for comprehensive sexuality education in schools.

**While not specific to SRHR, Sierra Leone has laws and policies to address gender-based violence, including sexual violence. These laws seek to protect survivors and hold perpetrators accountable. Sierra Leone is a signatory to international agreements related to SRHR, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Conference on Population and Development (ICPD) Programme of Action. These commitments influence the country's approach to SRHR.**

## **2.2. Strengths of Current Sexual & Reproductive Health and Rights Policies**

Sierra Leone has made significant progress in improving Sexual and Reproductive Health and Rights (SRHR) policies outcomes. Sierra Leone's SRHR policies have certain strengths and positive aspects. These strengths reflect efforts made to address SRHR issues in the country. Here are some strengths of the current SRHR policies in Sierra Leone:

- i. **Increasing Awareness:** Various awareness campaigns and advocacy efforts have contributed to raising awareness about SRHR issues, promoting positive behaviors, and reducing stigma related to SRHR services.
- ii. **NGO and Civil Society Involvement:** Non-governmental organizations (NGOs) and civil society groups actively work alongside the government to advance SRHR initiatives, providing additional support and resources.



- iii. **Global Partnerships:** Sierra Leone collaborates with international organizations and donors to support SRHR programmes and access to essential services, including maternal healthcare, family planning, and HIV/AIDS prevention and treatment.
  
- iv. **Integration of SRHR into the healthcare system:** The integration of Sexual and Reproductive Health and Rights (SRHR) into the healthcare system in Sierra Leone represents a significant strength of current SRHR policies. This integration has several advantages and contributes to improved SRHR outcomes. Here are some of the strengths associated with the integration of SRHR into Sierra Leone's healthcare system:
  - a) **Comprehensive Healthcare Services:** The integration of SRHR into the healthcare system ensures that individuals have access to a wide range of SRHR services, including family planning, antenatal and postnatal care, maternal and child health services, and services related to sexual health and contraception.
  - b) **Streamlined Service Delivery:** Integration simplifies the process of accessing SRHR services for individuals. They can receive multiple services in a single healthcare visit, reducing the need for multiple appointments and improving the overall efficiency of the healthcare system.
  - c) **Holistic Approach to Health:** Integrating SRHR into the healthcare system reflects a holistic approach to health. It recognizes that sexual and reproductive health is interconnected with overall health and well-being, emphasizing the importance of addressing SRHR as an integral part of healthcare.
  - d) **Improved Coordination:** Integration encourages better coordination among healthcare providers and facilities. This coordination helps ensure that SRHR services are

delivered consistently and that patients receive appropriate follow-up care.

- e) **Access for Marginalized Groups:** Integration can help improve access to SRHR services for marginalized populations, such as women in rural areas or adolescents. By bringing SRHR services to existing healthcare facilities, it reduces geographical barriers to access.
- f) **Increased Awareness:** Integration fosters greater awareness of SRHR issues among healthcare providers, which can lead to more informed and empathetic care. It helps in reducing stigma and discrimination related to SRHR.
- g) **Efficient Resource Allocation:** Integrating SRHR services into the healthcare system allows for more efficient allocation of resources. Facilities can plan and allocate resources effectively to meet the demands of SRHR services within the broader healthcare context.
- h) **Health Information Systems:** Integration often involves improved health information systems for monitoring and tracking SRHR indicators. This data helps in assessing the impact of SRHR programmes and making informed policy decisions.
- i) **Training and Capacity Building:** Healthcare providers receive training and capacity building related to SRHR services as part of the integration process. This ensures that they have the necessary knowledge and skills to provide quality SRHR care.
- j) **International Commitments:** Integration aligns with international commitments and standards related to SRHR, such as those outlined in the International Conference on Population and Development (ICPD) Programme of Action, Maputo Plan Action, FP 2023 and the Sustainable Development Goals (SDGs). This helps Sierra Leone fulfill its international obligations.

While the integration of SRHR into the healthcare system in Sierra Leone offers numerous strengths, it is essential to continue monitoring and evaluating the effectiveness of these integrated services, address any challenges that may arise, and make adjustments as needed to further improve SRHR outcomes for all citizens.

**v. International commitments and agreements**

One of the strengths of Sierra Leone's current Sexual and Reproductive Health and Rights (SRHR) policies is its commitment to international agreements and agreements related to SRHR. These international commitments provide a framework for improving SRHR outcomes and ensuring the protection of rights. Here are some of the strengths associated with Sierra Leone's adherence to international commitments and agreements:

- 1) **Alignment with Global Standards:** Sierra Leone's commitment to international agreements, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Conference on Population and Development (ICPD) Programme of Action, aligns the country's SRHR policies with globally recognized human rights standards. This alignment reinforces the importance of SRHR as a fundamental aspect of human rights.
- 2) **Access to Resources and Support:** Adherence to international commitments often opens doors to access international funding, technical assistance, and support from organizations and agencies that are dedicated to advancing SRHR. This external support can help strengthen Sierra Leone's SRHR programs and initiatives.
- 3) **Accountability and Reporting:** International agreements often include mechanisms for monitoring and reporting on progress. Sierra Leone's commitment to these agreements

creates a system of accountability, encouraging the government to regularly assess and report on its efforts to improve SRHR outcomes.

- 4) **Peer Learning and Exchange:** Being part of international agreements provides opportunities for Sierra Leone to engage in peer learning and knowledge exchange with other countries facing similar SRHR challenges. This can lead to the sharing of best practices and innovative solutions.
- 5) **Advocacy and Awareness:** Sierra Leone's adherence to international commitments can be a valuable advocacy tool. It can be used to raise awareness about SRHR issues and to engage civil society organizations and activists in pushing for the implementation of policies that protect and promote SRHR.
- 6) **Policy Development and Reform:** International agreements can serve as a catalyst for policy development and reform. They encourage governments to review and update their existing policies to align with international standards and best practices.
- 7) **Empowerment of Women and Girls:** Commitment to gender-related international agreements, such as CEDAW, reinforces the empowerment of women and girls, emphasizing their rights and well-being. This can lead to policy changes that promote gender equality and address issues such as child marriage and gender-based violence.
- 8) **Data Collection and Reporting:** International agreements often require countries to collect and report data on SRHR indicators. This data is valuable for tracking progress, identifying areas that need improvement, and making evidence-based policy decisions.
- 9) **Community Engagement:** International agreements emphasize the importance of community engagement in the development and implementation of SRHR policies. This can lead to more inclusive and community-driven approaches to SRHR programmes.

10) **Global Solidarity:** By committing to international agreements, Sierra Leone joins a global community dedicated to advancing SRHR. This sense of global solidarity reinforces the importance of SRHR as a shared responsibility.

While adherence to international commitments is a strength, it is essential for Sierra Leone to translate the commitments into concrete actions and policies that benefit its citizens. Ongoing monitoring, evaluation, and accountability mechanisms are crucial to ensure that these commitments result in meaningful improvements in SRHR outcomes in the country.

## 2.2. Weaknesses of current Sexual & Reproductive Health and Rights Policies

International human rights law is clear that abortion must be available to all women and girls at a minimum in cases of rape and incest, when the woman or girl's health or life is at risk, and in cases of severe or fatal fetal impairment. Women or girls who seek abortions should not face punitive measures.

The United Nations Committee on the Rights of the Child has also recommended that governments ensure that children have access to confidential medical counsel and assistance without parental consent, including for reproductive health services, when in their best interests. It has specifically called for confidential access for adolescent girls to legal abortions.

Here are some weaknesses observed in SRHR policies in Sierra Leone:

- i. **Limited Access to Family Planning Services:** 21% of married women of reproductive age use modern contraceptives (SLDHS, 2029). Many women and couples in Sierra Leone still face challenges in accessing modern family planning methods.

This can result in unintended pregnancies and contribute to high maternal and infant mortality rates.

- ii. **Insufficient Information and Education:** Comprehensive and accurate information on sexual and reproductive health is not always readily available, particularly in rural areas. This lack of education can lead to misconceptions and harmful practices.
- iii. **Stigma and Discrimination:** Stigmatization and discrimination related to sexual and reproductive health, especially concerning issues like HIV/AIDS and teenage pregnancies, can discourage individuals from seeking care and support.
- iv. **Inadequate Maternal Health Care:** Sierra Leone has one of the highest maternal mortality rates globally. Inadequate access to skilled birth attendants, emergency obstetric care, and postnatal care contribute to this problem.
- v. **Child Marriage and Early Pregnancy:** Child marriage remains a significant issue in Sierra Leone, leading to early pregnancies and increased health risks for young girls.
- vi. **Inadequate Youth-Friendly Services:** Adolescents and young people often face barriers when trying to access SRHR services. Services are not always tailored to their needs, and there may be issues related to confidentiality and privacy.
- vii. **Health Workforce Shortages:** A shortage of trained healthcare professionals, particularly in rural areas, can lead to inadequate SRHR services, especially during emergencies.
- viii. **Legal Barriers:** Outdated or restrictive laws related to SRHR hinder access to services and create a hostile environment for healthcare providers and NGOs working in this field.
- ix. **Limited Budget Allocations:** Adequate budget allocations are crucial for implementing effective SRHR policies. Sierra Leone's limited healthcare budget restricts the scale and reach of SRHR programmes.
- x. **Cultural and Religious Factors:** Cultural and religious beliefs and practices sometimes be at odds with modern SRHR principles. Balancing cultural sensitivity with the need for

comprehensive SRHR education and services can be challenging.

- xi. **Gender Inequality:** Gender inequality is deeply entrenched in Sierra Leone, affecting SRHR. Promoting gender equity is critical for improving women's access to healthcare and their ability to make decisions about their own bodies.
- xii. **Emergency Response and Preparedness:** Sierra Leone is prone to health emergencies, such as epidemics and natural disasters. SRHR services, especially for pregnant women, may not always be adequately addressed during emergencies.

**It's important to note that Sierra Leone and its international partners have been working to address these weaknesses and improve SRHR policies and services but challenges often require sustained efforts and multi-sectoral collaboration to achieve lasting change.**

## **2.4. Gaps in Access to Sexual & Reproductive Health Services**

One significant weakness in Sierra Leone's sexual and reproductive health and rights (SRHR) policies is the gap in access to SRH (sexual and reproductive health) services. This access gap is influenced by various factors, including:

- i. **Geographical Disparities:** Access to SRH services is unevenly distributed, with rural areas facing more significant challenges than urban centers. Many remote districts and chiefdoms lack well-equipped health facilities and trained healthcare professionals.
- ii. **Infrastructure and Transportation:** Poor road networks and limited transportation options in rural areas make it difficult for individuals, especially pregnant women, to reach healthcare facilities in a timely manner. This factor is currently affecting the effectiveness of the National Emergency Medical

- Service (NEMS) resulting to an upsurge in maternal and child deaths.
- iii. **Healthcare Workforce Shortages:** Shortage of skilled healthcare professionals, including midwives and obstetricians, results in limited availability of quality maternal and reproductive health services, particularly in rural areas.
  - iv. **Limited Awareness and Education:** Lack of awareness about available SRH services and their importance, especially among marginalized populations, contribute to delays and underutilization of these services.
  - v. **Stigma and Discrimination:** Stigmatization and discrimination, particularly concerning issues like teenage pregnancies or sexually transmitted infections, deter people from seeking SRH services.
  - vi. **Cost Barriers:** Some individuals cannot access SRH services due to the associated costs, such as fees for healthcare consultations, transportation, or medications (economic costs).
  - vii. **Gender Norms and Roles:** Traditional gender norms and roles influence women's decision-making power regarding their reproductive health, sometimes limiting their ability to access services without the consent of male family members.
  - viii. **Inadequate Youth-Friendly Services:** Adolescents and young people face discomfort or judgment when accessing SRH services from facilities not designed to cater to their specific needs.
  - ix. **Inadequate Supplies and Equipment:** Health facilities in some areas lack essential supplies and equipment necessary for providing quality SRH services.
  - x. **Data Collection and Monitoring:** Limited data collection and monitoring mechanisms make it challenging to track access to SRH services accurately, identify disparities, and allocate resources effectively.



Efforts to address these gaps involve initiatives aimed at improving infrastructure, increasing the number of healthcare workers, reducing financial barriers, raising awareness, and promoting gender equality and youth-friendly services.

## 2.5. Stigma and Discrimination

Stigma and discrimination are significant weaknesses in Sierra Leone's sexual and reproductive health and rights (SRHR) policies. Stigma and discrimination in the context of SRHR policies often take several forms, and these issues pose significant barriers to accessing and utilizing SRHR services. Here are some specific weaknesses related to stigma and discrimination in Sierra Leone:

- i. **Stigma Surrounding Teenage Pregnancy:** Teenage pregnancy often carry a strong social stigma in Sierra Leone. Young girls who become pregnant are often ostracized and face discrimination, which could deter them from seeking essential maternal and reproductive healthcare services.
- ii. **Stigma Related to Sexually Transmitted Infections (STIs) and HIV/AIDS:** Individuals living with STIs or HIV/AIDS often experience severe stigma and discrimination. This stigma discourage people from getting tested, seeking treatment, or disclosing their status to healthcare providers, partners, or family members.
- iii. **Cultural and Religious Stigma:** Cultural and religious beliefs and norms sometimes conflict with modern SRHR principles, contributing to stigmatization. These beliefs could affect issues such as family planning, abortion, and gender roles.
- iv. **Gender-Based Stigma:** Gender-based discrimination is pervasive, limiting women's ability to make decisions about their reproductive health. This include decisions related to family planning, pregnancy, and seeking healthcare.
- v. **Discrimination Against LGBTQ+ Communities:** LGBTQ+ individuals often face discrimination in accessing SRHR services, and their unique healthcare needs are frequently

overlooked or ignored. LGBTQ+ is an abomination in Sierra Leone and treated with sacrilege.

- vi. **Healthcare Provider Bias:** Some healthcare providers hold stigmatizing attitudes and biases towards certain individuals or groups, affecting the quality of care provided. For example, unmarried women or youth seeking SRHR services might face judgment or refusal of care.
- vii. **Lack of Confidentiality:** Concerns about breaches of confidentiality at healthcare facilities contribute to stigma and discrimination. People are afraid that their personal SRHR matters would become public knowledge.

Addressing these weaknesses in SRHR policies related to stigma and discrimination in Sierra Leone would require a multi-pronged approach:

- viii. **Awareness and Sensitization:** Public awareness campaigns can help reduce stigma and discrimination by educating communities about SRHR issues, debunking myths, and challenging stereotypes.
- ix. **Training for Healthcare Providers:** Healthcare workers should receive training on providing non-discriminatory care, including addressing their own biases and prejudices.
- x. **Legal and Policy Reforms:** Legal reforms and policy changes can help protect the rights of marginalized and vulnerable populations, such as people living with HIV/AIDS, etc.
- xi. **Youth-Friendly Services:** Creating youth-friendly SRHR services can encourage adolescents and young people to seek care without fear of judgment.
- xii. **Community Involvement:** Engaging communities and religious leaders in discussions about SRHR can help challenge harmful beliefs and practices.
- xiii. **Confidentiality and Privacy:** Ensuring confidentiality and privacy at healthcare facilities is essential to building trust and encouraging individuals to seek SRHR services.

## 2.6. Limited Access to Comprehensive Sexuality Education

Limited access to comprehensive sexuality education (CSE) is indeed one of the weaknesses in Sierra Leone's sexual and reproductive health and rights (SRHR) policies. Comprehensive sexuality education is crucial in empowering individuals with the knowledge and skills they need to make informed decisions about their sexual and reproductive health. Here are some specific weaknesses related to limited access to CSE in Sierra Leone:

- i. **Lack of Inclusive Curricula:** CSE curricula in Sierra Leone did not adequately address the needs of diverse populations, including adolescents and young people, marginalized groups, and those with disabilities. This limited the effectiveness of the education provided.
- ii. **Inadequate Teacher Training:** Teachers responsible for delivering CSE have not received adequate training on the subject matter or on teaching methods that are appropriate for addressing sensitive topics related to SRHR.
- iii. **Cultural and Religious Sensitivity:** CSE programmes face resistance from conservative cultural and religious groups who view them as contrary to local values and beliefs. This results in limited access to CSE or the omission of important topics.
- iv. **Limited Coverage:** CSE programmes are not widely available in all schools or regions of Sierra Leone, leaving many students without access to this vital education.
- v. **Inadequate Coordination:** Coordination between the education sector and the health sector is weak, which hinders the development and implementation of comprehensive SRHR programmes that include CSE.
- vi. **Gender Biases:** Gender biases in education result in unequal access to CSE, with girls potentially receiving less information or receiving information that reinforces traditional gender roles and inequalities.

- vii. **Stigma and Taboos:** Stigma and taboos around discussing sexual and reproductive health matters lead to self-censorship among teachers and students, limiting the effectiveness of CSE programs.

Addressing these weaknesses and expanding access to comprehensive sexuality education in Sierra Leone requires concerted efforts:

- viii. **Curriculum Development:** Developing inclusive, evidence-based, and culturally sensitive CSE curricula that cover a wide range of SRHR topics.
- ix. **Teacher Training:** Providing comprehensive training for teachers on how to effectively deliver CSE, including guidance on addressing sensitive issues and creating a safe and supportive learning environment.
- x. **Community Engagement:** Engaging parents, caregivers, and community leaders to garner support for CSE and address concerns about cultural and religious sensitivities.
- xi. **Inter-sectoral Collaboration:** Promoting collaboration between the education and health sectors to ensure that CSE is integrated into broader SRHR initiatives and policies.
- xii. **Gender-Sensitive Approaches:** Ensuring that CSE programmes are gender-sensitive and promote gender equality by challenging harmful stereotypes and norms.
- xiii. **Monitoring and Evaluation:** Establishing robust monitoring and evaluation mechanisms to track the impact of CSE programmes and make necessary adjustments.
- xiv. **Advocacy and Awareness:** Conducting advocacy campaigns to raise awareness about the importance of CSE in improving SRHR outcomes and empowering individuals to make informed choices.

## 2.7. Legal Barriers and Inconsistencies

Legal barriers and inconsistencies are indeed weaknesses in Sierra Leone's sexual and reproductive health and rights (SRHR) policies.

These legal issues could create significant challenges for individuals seeking SRHR services and information. Here are some specific weaknesses related to legal barriers and inconsistencies in Sierra Leone's SRHR policies:

- i. **Restrictive Abortion Laws:** Sierra Leone has restrictive abortion laws that only permit the procedure if the life of the pregnant woman is in danger. This limited access to safe and legal abortion services and often force women to seek unsafe, clandestine procedures, putting their health and lives at risk.
- ii. **Lack of Clarity in Laws:** The legal framework governing SRHR in Sierra Leone is sometimes unclear or inconsistent, leading to confusion among healthcare providers and individuals seeking services. This lack of clarity could result in denied services or legal repercussions for healthcare providers.
- iii. **Age of Consent Laws:** Laws related to the age of consent for sexual activity and access to SRH services are not always aligned with international standards and best practices. This could deter adolescents and young people from seeking services due to concerns about legal consequences.
- iv. **Marriage Laws:** The minimum legal age for marriage is lower in Sierra Leone than recommended by international standards. Child marriage is a significant issue, contributing to early pregnancies and limited SRHR choices for girls.
- v. **Discriminatory Laws:** Legal provisions that discriminate against certain groups can hinder access to SRHR services and contribute to stigma and discrimination.
- vi. **Lack of Enforcement:** Even when there are protective laws in place, enforcement is weak or inconsistent, allowing harmful practices and violations of SRHR rights to persist. FGC for example.

Addressing these weaknesses related to legal barriers and inconsistencies in Sierra Leone's SRHR policies would require legislative reforms, education, and advocacy efforts:

- i) **Legal Reforms:** Advocacy for legal reforms to align national laws with international human rights standards, particularly regarding abortion access, age of consent, and child marriage.
- ii) **Legal Clarity:** Ensuring that laws related to SRHR are clear, consistent, and easy to understand for both healthcare providers and the public.
- iii) **Awareness and Education:** Raising awareness about SRHR laws and rights among the general population, healthcare providers, and legal professionals to ensure that individuals are aware of their rights and the services available to them.
- iv) **Enforcement:** Strengthening the enforcement of existing laws and regulations to protect individuals' SRHR rights and hold violators accountable.
- v) **Supportive Legal Environment:** Advocating for a legal environment that supports the rights of all individuals, regardless of their gender, sexual orientation, or other characteristics.

## 2.8. Challenges and Considerations

While the strengths demonstrate progress in addressing SRHR in Sierra Leone, challenges remain, not limited to accessing healthcare services in rural areas, cultural and societal norms, high maternal and infant mortality rates, and gender-based violence. Further efforts are needed to build on the strengths and ensure that SRHR policies translate into improved health and rights for all citizens, particularly women, girls and marginalized populations.

Additionally, the COVID-19 pandemic presented new challenges in maintaining and advancing SRHR gains. Continued efforts and investments in SRHR policies, healthcare infrastructure, education, and community engagement are essential to further improve SRHR outcomes and ensure the well-being and rights of all individuals, particularly women and marginalized populations, in Sierra Leone.

Despite the existence of policies and legal frameworks, Sierra Leone faces several challenges in implementing and realizing the goals of SRHR:

- i. **Limited Access to Services:** Access to SRH services, especially in rural and underserved areas, remains a challenge due to inadequate healthcare infrastructure and resources.
- ii. **Cultural and Societal Norms:** Traditional and cultural norms influence attitudes and practices related to SRHR, including early marriage and high prevalence of female genital mutilation. Sierra Leone has one of the highest rates of female genital mutilation/cutting (FGM/C) in the world, with the most recent Demographic and Health Survey (DHS, 2019) reporting a national prevalence of female genital cutting: 83% of women age 15-49 are circumcised, a decrease from 2013 (90%).
- iii. **High Maternal Mortality Rate:** Sierra Leone has one of the highest maternal mortality rates globally, indicating the need for further improvements in maternal healthcare.
- iv. **Teenage Pregnancy:** The country grapples with high rates of teenage pregnancy, highlighting the importance of comprehensive sexuality education and support for adolescent SRHR.
- v. **Gender-Based Violence:** GBV, including sexual violence, remains a significant concern, and more efforts are needed to prevent and address these issues.

**It is crucial for Sierra Leone to continue working on improving the implementation and enforcement of SRHR policies and legal frameworks to ensure that the rights and health of all individuals, particularly women, girls and marginalized populations, are protected and promoted.**

# 3. THE NEED FOR A NEW SEXUAL & REPRODUCTIVE HEALTH RIGHTS LAW

## 3.1. Overview of the Need for a New Sexual & Reproductive Health and Rights Law

There are significant challenges and weaknesses in Sierra Leone's sexual and reproductive health and rights (SRHR) policies, including legal barriers and inconsistencies. This context underscores the need for a new SRHR law in Sierra Leone. Here are some compelling reasons for considering the development of such a law, The Safe Motherhood and Reproductive Health Act:

- i. **Alignment with International Standards:** Developing a new SRHR law, the Safe Motherhood and Reproductive Health Act will allow Sierra Leone to significantly align its legal framework with international human rights standards and agreements. This includes ensuring that the country's laws are in harmony with treaties such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Maputo Protocol.
- ii. **Protection of SRH Rights:** A dedicated SRHR law, the Safe Motherhood and Reproductive Health Act explicitly should recognize and protect the sexual and reproductive health and rights of all individuals, including women, adolescents, and marginalized populations. This legal protection can help prevent discrimination and ensure that everyone can access essential SRHR services and information.
- iii. **Clarity and Consistency:** A new SRHR law, the Safe Motherhood and Reproductive Health Act should provide clarity and consistency in legal provisions related to SRHR. It defines the rights and responsibilities of the state, the



Minister, individuals and healthcare providers, reducing confusion and potential conflicts related to SRHR issues.

- iv. **Access to Safe and Legal Abortion:** Sierra Leone's restrictive abortion laws, Offenses against the Person Act 1861 have led to high rates of unsafe abortion, posing serious risks to women's lives and health. A new SRHR law can address this issue by permitting safe and legal abortion in line with international standards, thus reducing maternal mortality rates.
- v. **Addressing Child Marriage Outcomes:** Child marriage is a significant concern in Sierra Leone, contributing to early pregnancies and limiting girls' SRHR choices. The new SRHR law, the Safe Motherhood and Reproductive Health Act should raise the minimum legal age for marriage to align with international standards and protect the rights of children and makes provision for quality SRHRH services.
- vi. **Access to Comprehensive Sexuality Education:** Comprehensive sexuality education (CSE) is essential in empowering individuals to make informed decisions about their SRHR. Unfortunately, the new law, the Safe Motherhood and Reproductive Health Act is silent on CSE. However, there will be an opportunity for later amendments to address in the national curriculum, ensuring that young people receive accurate and age-appropriate information.
- vii. **Protection against Discrimination:** The dedicated Safe Motherhood and Reproductive Health Act includes provisions that explicitly prohibit discrimination based on gender, age, or other characteristics in the provision of SRHR services. This will help to reduce stigma and discrimination faced by marginalized groups.
- viii. **Legal Enforcement:** The new Safe Motherhood and Reproductive Health Act will strengthen legal enforcement mechanisms to ensure that violations of SRH rights are

investigated, prosecuted, and punished. This will act as a deterrent to harmful practices and violations.

- ix. **Community Awareness and Education:** The process of developing and passing the new Safe Motherhood and Reproductive Health Act serves as an opportunity to raise awareness about SRHR issues and engage with communities to foster a better understanding of rights and responsibilities.
- x. **International Support and Funding:** A well-structured Safe Motherhood and Reproductive Health Act will attract international support and funding for programmes aimed at improving SRHR outcomes in Sierra Leone, including maternal and child health, family planning, and HIV/AIDS prevention.

**It is important to note that the development of the new Safe Motherhood and Reproductive Health Care Act involves broad consultation with civil society organizations, healthcare professionals, legal experts, and affected communities. Additionally, a strong commitment from the Government and Parliament is essential for the successful passage and implementation of such legislation.**

### **3.2. Rationale for a New Sexual Reproductive Health Rights Law**

The rationale for a new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone is based on several critical considerations, which highlight the urgent need for comprehensive legislation to address SRHR issues in the country. The rationale for the new Safe Motherhood and Reproductive Health Act in Sierra Leone is closely tied to the need to address existing weaknesses and challenges in the country's current SRHR policies. Here are key rationales for the development of the new Safe Motherhood and Reproductive Health Act, which comprehensively address SRHR issues:

- i. **Human Rights and Dignity:** SRHR is fundamentally a matter of human rights and dignity. A dedicated SRHR law recognizes and protects these rights, ensuring that all individuals have the right to make informed choices about their sexual and reproductive health, free from discrimination and coercion.
- ii. **Alignment with International Commitments:** Sierra Leone is a signatory to various international agreements and conventions that emphasize the importance of SRHR. The new Safe Motherhood and Reproductive Health Act allows the country to fulfill its obligations under these agreements, such as CEDAW, the Maputo Protocol, and the Sustainable Development Goals (SDGs).
- iii. **Protection Against Discrimination:** Discrimination based on gender, age, sexual orientation, or other characteristics often limits access to SRHR services. A dedicated Safe Motherhood and Reproductive Health Act explicitly prohibits such discrimination, promoting equal access to healthcare services and information for all.
- iv. **Addressing Maternal Mortality:** Sierra Leone has one of the highest maternal mortality rates globally. The new Safe Motherhood and Reproductive Health Act addresses upstream and down stream issues to ensure access to family planning, safe and legal abortion services, promote skilled attendance during childbirth, effective management of sexually transmitted diseases, infertility management, treatment of reproductive health cancers and improve overall maternal and women’s healthcare.
- v. **Preventing Unsafe Abortions:** Restrictive abortion laws contribute to a high incidence of unsafe abortions, endangering women's lives. Sierra Leone still operates on the basis of Offenses Against the Person Act 1861. The new Safe motherhood and Reproductive Health Law will permit safe and legal abortion under specified circumstances, reducing maternal mortality and morbidity.

- vi. **Empowering Adolescents:** Adolescents often lack comprehensive information about SRHR. The new Safe Motherhood and Reproductive Health Act should mandate the inclusion of age-appropriate, evidence-based CSE in the national curriculum, equipping young people with the knowledge and skills to make informed decisions.
- vii. **Combatting Child Marriage:** Child marriage is a prevalent issue in Sierra Leone. A dedicated SRHR law should raise the minimum legal age for marriage to protect children from early pregnancies and related health risks.
- viii. **Strengthening Healthcare Systems:** The Safe Motherhood and Reproductive Health legislation provides a legal framework for the establishment of comprehensive SRHR services, including family planning, maternal care, women's healthcare and HIV/AIDS prevention. This will lead to the development of robust healthcare systems.
- ix. **Promoting Gender Equality:** The new Safe motherhood and Reproductive Health law promotes gender equality by recognizing the rights of women and girls to make autonomous decisions about their bodies, including family planning and reproductive healthcare.
- x. **Access to Contraceptives:** Ensuring access to a range of modern contraceptives contributes to lower fertility rates, improved maternal health, and economic empowerment for women. The new Safe Motherhood and Reproductive Health Act facilitates the procurement, distribution and accessibility of modern contraception.
- xi. **Public Health Benefits:** Comprehensive SRHR policies and services have significant public health benefits, including the prevention of sexually transmitted infections (STIs) and reducing the burden of preventable diseases.
- xii. **International Support and Funding:** Enacting an effective Safe Motherhood and Reproductive Health Act will attract additional international support and funding for SRHR

programmes, maternal and child health initiatives, and HIV/AIDS prevention efforts in Sierra Leone.

- xiii. **Community Awareness and Education:** The process of developing and enacting the new Safe Motherhood and Reproductive Health law serves as an opportunity to raise community awareness about SRHR issues, foster dialogue, and promote a culture of respect for SRH rights and choices.

**In summary, the development of the new Safe Motherhood and Reproductive Health Care Act in Sierra Leone is crucial to safeguarding human rights, reducing maternal mortality, preventing unsafe abortions, promoting gender equality, and improving overall public health. It is a vital step toward ensuring that all individuals, regardless of their gender, age, or background, can access comprehensive and respectful SRHR services and information.**

### **3.3. Addressing Existing Weaknesses**

Developing the new Safe Motherhood and Reproductive Health Act provides an opportunity to rectify the weaknesses of the of the Offences against the Person Act 1861 and the failed Safe Abortion Act of Parliament 2015 and to create a legal framework that is comprehensive and better protects and promotes SRHR. How to address existing weaknesses serves as a strong rationale for the new Safe Motherhood and Reproductive Healthcare Act:

- i. **Legal Clarity and Consistency:** A new SRHR law **must** provide clear and consistent legal provisions related to SRHR. This will help eliminate ambiguities and contradictions in the existing legal framework, making it easier for both healthcare providers and the public to understand and follow the law on the basis of the strengths of the science and evidence.
- ii. **Protection of Vulnerable Populations:** The law **must** specifically address and protect the SRHR of vulnerable populations, including women, girls, adolescents, and

marginalized groups within the confines of respect for the culture of the people. This is crucial for ensuring that these groups receive equitable access to SRHR services without discrimination.

- iii. **Safe and Legal Abortion:** Sierra Leone's restrictive abortion laws, Offenses Against the Person Act 1861 have contributed to high rates of unsafe abortions and maternal mortality. A new law **must** provide legal grounds for flexibility for safe and accessible abortion services, thereby saving lives and improving maternal and women's health.
- iv. **Comprehensive Sexuality Education (CSE):** Existing weaknesses in the provision of CSE **should be** addressed through legislation that mandates the inclusion of evidence-based and age-appropriate CSE in the national curriculum. This ensures that young people receive accurate information about SRHR.
- v. **Eliminating Discrimination:** Discrimination based on gender, age, sexual orientation, or other factors can hinder access to SRHR services. The new law **should and where possible must** explicitly prohibit such discrimination, promote equal access and respect for SRH rights.
- vi. **Child Marriage Prevention:** Child marriage is a significant issue in Sierra Leone, often leading to early pregnancies and SRHR challenges. The Safe Motherhood and Reproductive Health Act **must enable enforcement of the minimum age for marriage**, help to prevent child marriages and their associated risks.
- vii. **Healthcare Provider Accountability:** The new legislation **must** establish mechanisms for holding healthcare providers accountable for providing quality and non-discriminatory SRHR services. This will help ensure that individuals receive respectful and informed care.
- viii. **Legal Protections for Adolescents:** Adolescents often face barriers in accessing SRHR services due to age-related legal

restrictions. The new law **must** clarify the legal rights of adolescents to seek SRHR services independently.

- ix. **Data Collection and Reporting:** The new law **must** mandate comprehensive data collection and reporting on SRHR indicators. This helps in monitoring progress, identifying gaps, and directing resources effectively.
- x. **International Commitments:** Sierra Leone is committed to international treaties and agreements that emphasize SRHR. This new law **must** align the country's legal framework with these international commitments.
- xi. **Preventing STIs and HIV/AIDS:** Legislation **must** support constellation of SRH services, integration and effective prevention and treatment of sexually transmitted infections (STIs) and HIV/AIDS by ensuring access to testing, treatment, and information without discrimination.
- xii. **Community Engagement:** The process of developing the new Safe Motherhood and Reproductive Health law **must** involve extensive community engagement and awareness campaigns, helping to educate the public about SRH rights and the importance of respectful and equitable access to services.

In conclusion, this report acknowledges the weaknesses of the Offenses Against the Person Act 1861, the Safe Abortion Bill 2015 and Safe Motherhood and Reproductive Health Care Bill 2023 and at the same time not oblivious of the complex stakeholder interests in the SRHR space. The Safe Motherhood and Reproductive Health Care Bill once enacted is an impressive starting point to address existing weaknesses in the country's SRHR policies in phases to protect the rights of all individuals, and promote equitable access to SRHR services. It is a vital step towards improving overall public health and ensuring that every person can exercise their SRH rights with dignity and without discrimination.

### 3.4. Alignment with International Best Practices

The need for a new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone includes the critical need to align the country's policies and legal framework with international best practices. This alignment is essential for several reasons:

- i. **Human Rights Framework:** International best practices in SRHR are rooted in a human rights framework. Developing a Safe Motherhood and Reproductive Health Care law that aligns with international standards reinforces Sierra Leone's commitment to upholding the fundamental human rights of its citizens, particularly in the context of SRHR.
- ii. **International Agreements:** Sierra Leone is a signatory to international agreements and conventions that emphasize the importance of SRHR, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Maputo Protocol. Developing the Safe Motherhood and Reproductive Health Care law is an essential step in fulfilling the country's obligations under these agreements.
- iii. **Gender Equality:** International best practices in SRHR underscore the importance of gender equality and the empowerment of women and girls. The new law will promote gender equality by recognizing and protecting the SRHR of women and girls, including their right to make decisions about their bodies and health and free access to constellation of quality SRHR services.
- iv. **Preventing Discrimination:** International standards emphasize the prevention of discrimination based on gender, age, sexual orientation, or other characteristics in the provision of SRHR services. The new Safe Motherhood and Reproductive Health Care law should explicitly prohibit such discrimination, ensuring equitable access to care for all individuals.
- v. **Access to Safe Abortion:** Many international best practices advocate for access to safe and legal abortion services in certain circumstances. Developing the Safe Motherhood and



Reproductive Health Care law aligns the country with international best practices by permitting safe and legal abortion where necessary.

- vi. **Comprehensive Sexuality Education (CSE):** International best practices stress the importance of comprehensive sexuality education that is evidence-based, age-appropriate, and culturally sensitive.
- vii. **Healthcare Provider Training:** International standards often emphasize the importance of training healthcare providers to offer non-discriminatory, respectful, and gender-sensitive SRHR services. The new law must establish requirements for healthcare providers education and training in line with these best practices.
- viii. **Child Marriage Prevention:** International best practices call for the prevention of child marriage by raising the minimum legal age for marriage. A dedicated SRHR law should align Sierra Leone's legal framework with these standards, protecting children from early marriages and their associated risks.
- ix. **Accountability and Monitoring:** International best practices often stress the importance of accountability mechanisms and monitoring progress in SRHR. The new law must establish these mechanisms, enabling the government and civil society to track progress, identify challenges, and allocate resources effectively.
- x. **Stakeholder Engagement:** Aligning with international best practices involves engaging with a range of stakeholders, including civil society organizations, healthcare providers, educators, and community leaders, to ensure that policies and laws are informed by diverse perspectives and needs.

**Developing the new Safe Motherhood and Reproductive Health Care law that aligns with international best practices is not only a legal necessity but also a moral and ethical obligation to protect the rights and well-being of all individuals in Sierra Leone. It**

**demonstrates a commitment to promoting SRHR as an integral component of human development and public health.**

### **3.5. Key Components of the Gazetted Bill on Safe Motherhood and Reproductive Health Care Act, 2023**

The new Safe Motherhood and Reproductive Health Care law in Sierra Leone encompasses a comprehensive framework that addresses the diverse needs and rights of the population. Here are summaries of key components that are considered in the Safe Motherhood and Reproductive Health Bill 2023 for Parliamentary ratification and Presidential assent:

#### **3.5.1. Overview of the gazetted Safe Motherhood and Reproductive Health Care Bill, 2023**

The short title of the Bill was The Safe Motherhood and Reproductive Health Care Act, 2023. The gazetted Bill seeks to provide safe motherhood and reproductive health care in Sierra Leone, setting standards of sexual and reproductive health care, to provide for the right to make decisions relating to safe motherhood and reproductive health and related matters.

The Bill has 5 parts - Part I - makes provision for the definitions of words used in the Bill and states the object of the Act. Part II – focuses on administration of the Act with the Minister as the accountable person to facilitate access to the highest attainable standards and quality safe motherhood and reproductive health care services in Sierra Leone. Part III - dwells on the right of access to safe motherhood and reproductive health care and Part IV – holds the finance and accounting provisions of the proposed Act. Part V – creates provisions for the power to make regulations and repeal.

For the purpose of further advocacy for phased legislative actions, this study report attempts to summarize important provisions of the

Gazetted Safe Motherhood and Reproductive Health Bill to bring to attention the strengths and weaknesses of the proposed Act for future affirmative actions of SRHR advocacy groups. The detailed contents of Gazetted Bill is in the public domain.

### 3.5.1.1. Part I - Preliminary

The Interpretation section of the gazetted Bill for the Safe Motherhood and Reproductive Health Act, 2023 provides definitions for the following terms: "adult", "basic emergency obstetric and newborn care", "basic obstetric care", "child", "confidentiality", "contraceptive method", "emergency obstetric care", "essential newborn care", "family planning", "gender-based violence", "health", "health care provider", "infertility", "information, education, communication for sexual and reproductive health", "Minister", "newborn" or "neonate", "privacy", "quality", "reproductive cancer", "reproductive health", "responsible adult", "safe motherhood", "sexual health", "sexual and reproductive health", "sexual and reproductive health services", "termination of pregnancy", "unsafe termination of pregnancy", "vulnerable women and children".

The Object of Act section sets three (3) goals,

- a) *“provide a framework for the protection and advancement of safe motherhood and reproductive health rights for every person;*
- b) *create an enabling environment for the reduction of maternal and child morbidity and mortality; and*
- c) *ensure access to quality safe motherhood and reproductive health care services throughout Sierra Leone”.*

### 3.5.1.2. Part II – Administration of the Act

Part II of the gazetted Bill of the Safe Motherhood and Reproductive Health Care Act, 2023 has five (5) sections and many subsections:

- i) Section 3, Responsibility of Minister, sets out the responsibilities of the Minister to facilitate access to the

highest attainable standards and quality safe motherhood and reproductive health care services.

- ii) Section 4, Safe motherhood and reproductive health facilities and services stipulates actions for the attainment of the responsibility of the Minister under Section 3.
- iii) Section 5, Reporting requirement, outlines the responsibility of a safe motherhood and reproductive health care facility providing safe motherhood and reproductive health care services under the responsibility of the Minister, to submit monthly summary report of its activities and programmes to the Minister.
- iv) Section 6, Support to vulnerable women and children, mandates the Minister to take such measures as may be necessary to protect and support vulnerable women and children in need of safe motherhood and reproductive health care services.
- v) Section 7, Confidentiality, a safe motherhood and reproductive health care provider shall ensure that:
  - a) registers and records are kept confidential; and
  - b) all necessary steps are taken to ensure that the identity of a patient is not accessible to unauthorised persons and shall not apply under given exemptions. A safe motherhood and reproductive health care provider who contravenes confidentiality (1) commits an offence and is liable on conviction to a fine not less than 5, 000.00 Leones or imprisonment for a term not exceeding 12 months and may be subjected to other disciplinary measures.

### 3.5.1.3. Part III - Right of Access to Safe Motherhood and Reproductive Health Care

Part III deals with:

Section 8 – Right to safe motherhood and reproductive health care

Section 9 – Requirement for informed consent

Section 10 – Right to accept or refuse, and

Section 11 – Protection from discrimination.

Under the ‘Right to safe motherhood and reproductive healthcare’, persons have right to access the highest attainable level of safe motherhood and reproductive healthcare information, education, counselling and services. , and to be treated with dignity and respect; accorded respect of privacy and confidentiality; protected from harm, ill-treatment and all forms of violence including physical, verbal and psychological; protected from economic and sexual exploitation.

Under the ‘Requirement for informed consent’, a safe motherhood and reproductive healthcare provider shall provide safe motherhood and reproductive health care services to a person who has given their informed consent and except for:

- a) a minor, from persons with parental responsibility or a responsible adult acting in the best interest of the minor;
- b) a person with cognitive disability, with the consent of a responsible adult; and (c) for an emergency, including:
  - i. loss of consciousness;
  - ii. incapacitation; or
  - iii. other life-saving intervention, from a responsible adult.

A safe motherhood and reproductive healthcare provider who contravenes this section commits an offence and is liable on conviction to a fine not less than 5,000.00 Leones or imprisonment for a term not exceeding 12 months and may be subjected to other disciplinary measures.

Under the 'Right to accept or refuse', a person shall have a right to express choices and preferences in respect of diverse safe motherhood and reproductive health care services and procedures and, a woman or adolescent girl shall have the right to determine on her own behalf, matters relating to family planning, including the number and spacing of her children; whether to continue with or terminate a pregnancy; choice of companion during maternity care, labour or delivery.

Under 'Protection from discrimination', a person shall not be discriminated against in the access to safe motherhood and reproductive health care services on grounds of origin, religion, race, ethnicity, age, sex, occupation, sexual identity, physical or health condition, disability, marital status, pregnancy, creed, state of reproductive morbidity, personal relationship or any other status. A safe motherhood and reproductive healthcare provider who contravenes subsection (1) commits an offence and is liable on conviction to a fine not less than 5,000.00 Leones or imprisonment for a term not exceeding 12 months and may be subjected to other disciplinary measures.

#### **3.5.1.4. Part IV - Financial Provisions**

Part IV provisions include Funding for safe motherhood and reproductive healthcare services, Accounts and Audit, Financial Year and Annual Report. Under this Act, the activities of the Ministry in relation to safe motherhood and reproductive healthcare services shall be financed by funds consisting of monies appropriated by Parliament to the Ministry for the purposes of providing safe motherhood and reproductive healthcare services; monies given to the Ministry by way of gifts, endowments, bequest, grant or other contributions by persons and organisations for the purposes of providing safe motherhood and reproductive health care services; all other monies which may, from time to time, accrue to the Ministry for the purposes of providing safe motherhood and reproductive health care services. The funds shall be applied only for

the purposes of providing safe motherhood and reproductive health care services approved in the budget of the Ministry.

The Ministry shall keep proper books of account and other records in relation to the activities, property and finances of the Ministry in a form approved by the Auditor- General, and shall prepare in respect of each financial year of the Ministry Finance an annual financial statement. The Minister shall lay copies of the annual report on the performance of its functions, in relation to the provision of safe motherhood and reproductive health care services during that year and on its policy and programmes, before Parliament.

#### **3.5.1.5. Part V-Miscellaneous**

Part V, if approved by Parliament and assented by His Excellency, the President of the Republic of Sierra Leone, the Minister may, by statutory instrument, make regulations, for the effective carrying out of the provisions of this Act. This Act will repeal Sections 58 and 59 of the Offences against the Person Act 1861. Equally, the Act repeals Paragraphs (b) and (c) of subsection (1) of section 35 of the Pharmacy and Drugs Act 2001.

**In conclusion, the gazetted Bill titled, The Safe Motherhood and Reproductive Healthcare Act 2023 addresses the fundamental human rights that should be protected and guaranteed by law, irrespective of gender, age, marital status, or other characteristics. It addresses legal recognition of SRHR as fundamental rights, non-discrimination and equality, right to informed choice, protection of adolescents' rights, maternal health and safe motherhood, prevention of child marriage, access to contraceptives, prevention and management of sexually transmitted infections (STIs), healthcare provider training, community engagement and awareness, accountability and monitoring, international obligations and agreements, emergency response and preparedness, data collection and reporting, stakeholder engagement. However, the Bill is flexible on access to safe and**

legal abortion, silent on Female Genital Cutting (FGC), quiet on comprehensive sexuality education (CSE) and protection of LGBTQ+ Rights. Developing a new SRHR law with these key components can provide a robust legal framework that upholds the rights, health, and dignity of all individuals in Sierra Leone and contributes to improved SRHR outcomes in the country. It is essential to engage in a consultative and inclusive process involving relevant stakeholders to ensure that the proposed law is comprehensive, effective, and reflective of the country's unique needs and aspirations.

### 3.6. Access to Comprehensive SRH Services

Access to comprehensive sexual and reproductive health (SRH) services is a fundamental component of any SRHR law. To ensure comprehensive access, the proposed new Safe Motherhood and Reproductive Healthcare Act in Sierra Leone should include the following key components:

- i. **Service Availability:** Mandate the availability of a full range of SRH services, including family planning, antenatal care, safe and legal abortion, maternal health services, STI and HIV/AIDS prevention and treatment, and adolescent-friendly services.
- ii. **Geographical Accessibility:** Ensure that SRH services are geographically accessible to all, with a focus on addressing disparities between urban and rural areas.
- iii. **Affordability:** Prohibit financial barriers to accessing SRH services, including user fees that can be prohibitive for marginalized populations. Establish mechanisms to provide free or subsidized SRH services for individuals with limited financial means.
- iv. **Quality of Care:** Set standards for the quality of SRH services, including the competency of healthcare providers, the use of evidence-based practices, and the provision of culturally sensitive care.



- v. **Confidentiality and Privacy:** Safeguard the confidentiality and privacy of individuals seeking SRH services, ensuring that their personal information is protected.
- vi. **Informed Consent:** Require healthcare providers to obtain informed consent from individuals before providing SRH services, ensuring that patients fully understand their options and the potential risks and benefits.
- vii. **Emergency Services:** Ensure the availability of emergency SRH services 24/7, including services related to obstetric emergencies, sexual assault, and post-abortion care.
- viii. **Youth-Friendly Services:** Promote the development of youth-friendly SRH services that cater to the unique needs of adolescents and young people, including confidential care and age-appropriate information.
- ix. **Preventative Services:** Emphasize the importance of preventative SRH services, including counseling on healthy behaviors, screenings for STIs, and access to contraceptives to prevent unintended pregnancies.
- x. **Comprehensive Information:** Mandate the provision of comprehensive, evidence-based information to individuals seeking SRH services, enabling them to make informed decisions about their health.
- xi. **Integration of Services:** Promote the integration of SRH services with other healthcare services, such as primary care and mental health services, to address individuals' holistic health needs.
- xii. **Access for Marginalized Populations:** Implement strategies to address the specific SRH needs of marginalized populations, including rural communities, LGBTQ+ individuals, people with disabilities, and ethnic minorities.
- xiii. **Crisis and Disaster Response:** Establish protocols for delivering SRH services during crises and disasters, ensuring the continuity of care and protection of SRHR rights.

- xiv. **Referral Systems:** Develop effective referral systems to ensure that individuals can access specialized SRH services when needed.
- xv. **Community Engagement:** Promote community involvement in the planning, delivery, and monitoring of SRH services to ensure that services are responsive to local needs and preferences.
- xvi. **Training and Capacity Building:** Invest in the training and capacity building of healthcare providers to deliver high-quality SRH services, including training in cultural competence and gender sensitivity.
- xvii. **Monitoring and Evaluation:** Establish robust monitoring and evaluation mechanisms to assess the availability, accessibility, and quality of SRH services and make data-driven improvements.

**Incorporating these key components into the proposed new SRHR law in Sierra Leone will help ensure that individuals have equitable access to comprehensive SRHR services, promoting better health outcomes and the fulfillment of SRH rights for all.**

### **3.7. Eliminating Stigma and Discrimination**

Eliminating stigma and discrimination in the context of sexual and reproductive health and rights (SRHR) is a crucial component of a new SRHR law in Sierra Leone. Stigma and discrimination can be significant barriers to accessing SRHR services and information, particularly if young pregnant girls or unmarried women are stigmatized and discriminated. Key components that should be included in the proposed law to address and eliminate stigma and discrimination:

- i. **Non-Discrimination Clause:** Include a strong non-discrimination clause in the SRHR law that explicitly prohibits discrimination on the basis of gender, age, sexual orientation,

- marital status, disability, HIV status, or any other characteristic in the provision of SRHR services.
- ii. **Training and Sensitization:** Mandate training programmes for healthcare providers, educators, and law enforcement personnel on cultural sensitivity, gender equality, and the rights of individuals seeking SRHR services. Ensure that healthcare providers are trained to provide non-judgmental, respectful, and patient-centered care.
  - iii. **Public Awareness Campaigns:** Implement public awareness campaigns to challenge and change societal norms that contribute to stigma and discrimination related to SRHR. Promote the rights of individuals to make informed decisions about their SRHR without fear of discrimination.
  - iv. **Confidentiality and Privacy:** Strengthen provisions related to confidentiality and privacy to ensure that individuals' personal SRHR matters remain private and are not disclosed without their consent.
  - v. **Protection Against Coercion and Violence:** Include legal protections against coercion, violence, or abuse related to SRHR decisions, including forced marriage or coerced sterilization.
  - vi. **Redress Mechanisms:** Establish accessible mechanisms for individuals to report incidents of stigma and discrimination and seek redress through legal channels.
  - vii. **Community Engagement:** Involve community leaders, religious leaders, and civil society organizations in efforts to combat stigma and discrimination. Encourage community dialogues to challenge harmful stereotypes and norms related to SRHR.
  - viii. **Support for Marginalized Populations:** Develop targeted initiatives to support and protect the SRH rights of marginalized populations, including LGBTQ+ individuals, people living with HIV/AIDS, and women and girls facing intersecting forms of discrimination.

- ix. **Access to Legal Aid:** Ensure that individuals who experience discrimination have access to legal aid and support to seek justice and remedy.
- x. **Education on SRHR Rights:** Mandate the inclusion of education on SRH rights and the consequences of discrimination in school curricula and public awareness campaigns.
- xi. **Inclusive Healthcare Services:** Promote the development of healthcare services that are inclusive and sensitive to the needs of all individuals, regardless of their background or identity.
- xii. **Data Collection on Stigma and Discrimination:** Include provisions for the collection of data on instances of stigma and discrimination related to SRHR to monitor progress and inform targeted interventions.
- xiii. **Gender Equity:** Emphasize the importance of gender equity in all aspects of SRHR, including decision-making, access to services, and protection from discrimination.
- xiv. **Intersectionality:** Recognize and address the intersectional nature of stigma and discrimination, acknowledging that individuals may face multiple forms of discrimination simultaneously.
- xv. **Public Accountability:** Establish mechanisms for holding healthcare facilities, educational institutions, and other service providers accountable for addressing and preventing stigma and discrimination.

**By considering these key components into the proposed SRHR law, Sierra Leone can take significant steps toward eliminating stigma and discrimination in SRHR and ensuring that all individuals can access SRHR services and information free from prejudice and bias.**

### **3.8. Comprehensive Sexuality Education**

Comprehensive sexuality education (CSE) is a critical component of any comprehensive Sexual and Reproductive Health and Rights

(SRHR) law. CSE equips individuals with the knowledge and skills they need to make informed decisions about their sexual and reproductive health. Key components that should be included in the proposed SRHR law in Sierra Leone to ensure comprehensive sexuality education:

- i. **Mandatory Inclusion in Curriculum:** Mandate the inclusion of age-appropriate and evidence-based CSE in the national curriculum at all educational levels, including primary and secondary schools.
- ii. **Quality Standards:** Define quality standards for CSE programmes, ensuring that they are accurate, up-to-date, culturally sensitive, and inclusive of diverse populations.
- iii. **Age-Appropriate Content:** Specify age-appropriate content for CSE to ensure that information is tailored to the developmental stage of students.
- iv. **Comprehensive Coverage:** Ensure that CSE covers a wide range of SRHR topics, including puberty, sexual and reproductive anatomy, contraceptives, family planning, consent, healthy relationships, gender equality, sexual orientation, and prevention of sexually transmitted infections (STIs) and HIV/AIDS.
- v. **Respect for Diversity:** Promote respect for diversity and human rights in CSE, emphasizing that every individual, regardless of gender, sexual orientation, or background, has the right to make informed decisions about their SRHR.
- vi. **Gender Sensitivity:** Emphasize gender sensitivity and the importance of challenging harmful gender stereotypes and norms in CSE.
- vii. **Inclusion of Marginalized Groups:** Ensure that CSE programmes address the unique needs and vulnerabilities of marginalized populations, including LGBTQ+ individuals, people with disabilities, and adolescents.
- viii. **Rights-Based Approach:** Adopt a rights-based approach in CSE, teaching students about their SRH rights and responsibilities.

- ix. **Informed Consent and Boundaries:** Include lessons on informed consent, boundaries, and communication skills to promote healthy relationships and prevent sexual coercion and violence.
- x. **Teachers' Training:** Provide training and support for teachers to deliver CSE effectively, emphasizing the importance of creating a safe and inclusive learning environment.
- xi. **Parental and Community Involvement:** Encourage parental and community involvement in the development and implementation of CSE programmes, while respecting the rights of parents to decide on their children's participation.
- xii. **Evaluation and Monitoring:** Establish mechanisms for the regular evaluation and monitoring of CSE programmes to ensure their effectiveness and relevance.
- xiii. **Access for Vulnerable and Out-of-School Youth:** Ensure that vulnerable and out-of-school youth have access to CSE through community-based and non-formal education programmes.
- xiv. **Coordination with SRH Services:** Promote coordination between CSE and SRH services to ensure that education is reinforced by accessible and non-discriminatory healthcare services.
- xv. **Public Awareness:** Launch public awareness campaigns to inform parents, caregivers, and the community about the importance and content of CSE.
- xvi. **Adaptation to Local Contexts:** Recognize the diversity of cultural, religious, and regional contexts in Sierra Leone and allow for adaptations of CSE programmes that respect these differences while upholding human rights standards.

**By including these key components in the proposed SRHR law, Sierra Leone can establish a strong foundation for comprehensive sexuality education that empowers individuals with the knowledge and skills they need to make informed decisions about their sexual and reproductive health.**

### 3.9. Legal Reforms and Consistency

Legal reforms and consistency are essential components of a new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone. These components aim to create a clear, cohesive, and rights-based legal framework that supports the SRHR of all individuals. Here are key components related to legal reforms and consistency that should be included:

- i. **Alignment with International Standards:** Ensure that the SRHR law aligns with international human rights standards and agreements, including CEDAW, the Maputo Protocol, and the Sustainable Development Goals (SDGs).
- ii. **Clear and Comprehensive Language:** Draft the law using clear, concise, and inclusive language that leaves no room for misinterpretation. Address all aspects of SRHR comprehensively.
- iii. **Elimination of Restrictive Abortion Laws:** Reform abortion laws to permit safe and legal abortion under specified circumstances, in accordance with international best practices.
- iv. **Minimum Age for Marriage:** Raise the minimum legal age for marriage to align with international standards, preventing child marriage and its associated SRHR risks.
- v. **Age of Consent:** Ensure that laws related to the age of consent for sexual activity and access to SRH services are consistent and aligned with international norms.
- vi. **Comprehensive SRH Rights Protection:** Explicitly recognize and protect the SRHR of all individuals, including women, adolescents, LGBTQ+ individuals, and marginalized populations.
- vii. **Prohibition of Discriminatory Laws:** Repeal or amend any existing laws that discriminate against certain groups, particularly LGBTQ+ individuals, and ensure that the new law prohibits such discrimination.

- viii. **Access to Safe and Legal Abortion:** Clearly define the circumstances under which abortion is legally permitted to protect maternal health and life.
- ix. **Criminalization of Harmful Practices:** Criminalize harmful practices such as child marriage, female genital mutilation/cutting (FGM/C), and forced sterilization.
- x. **Legal Clarity and Consistency:** Ensure that the legal framework governing SRHR is clear, consistent, and easily understood by healthcare providers, legal professionals, and the public.
- xi. **Enforcement Mechanisms:** Strengthen enforcement mechanisms to ensure that SRHR laws are effectively implemented and violators are held accountable.
- xii. **Access to Legal Aid:** Ensure that individuals who face violations of their SRHR rights have access to legal aid and support for seeking justice.
- xiii. **Government Obligations:** Clearly outline the government's obligations in ensuring access to SRHR services, information, and education.
- xiv. **Data Collection and Reporting:** Mandate the collection and reporting of data on SRHR indicators to monitor the effectiveness of the law and identify areas for improvement.
- xv. **Consultation and Participation:** Engage in a consultative process involving civil society organizations, healthcare providers, legal experts, and affected communities to develop and amend the law.
- xvi. **Transparency and Accountability:** Promote transparency in the implementation of the law and establish mechanisms for accountability and reporting on SRHR issues.
- xvii. **Periodic Review:** Include provisions for periodic reviews of the SRHR law to ensure that it remains up-to-date and responsive to changing needs and circumstances.

**By taking in to account these key components related to legal reforms and consistency, Sierra Leone can establish a strong legal**



foundation that protects and promotes the SRHR of all its citizens while aligning with international human rights standards.

### 3.10. Accountability Mechanisms

Establishing robust accountability mechanisms is a crucial component of a new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone. These mechanisms ensure that the rights and health of individuals are protected, and that healthcare providers and institutions are held responsible for adhering to the law. Components related to accountability mechanisms that should be included:

- i. **Oversight Body:** Create an independent oversight body or commission responsible for monitoring the implementation of the SRHR law and ensuring compliance with its provisions.
- ii. **Data Collection and Reporting:** Mandate the collection of data on SRHR indicators and require healthcare facilities to regularly report on service provision, including any instances of discrimination, denial of services, or violations of rights.
- iii. **Complaint Mechanisms:** Establish accessible mechanisms for individuals to submit complaints related to violations of their SRH rights, ensuring anonymity and protection from retaliation.
- iv. **Legal Aid and Support:** Ensure that individuals who experience SRHR violations have access to legal aid and support to pursue legal remedies and redress.
- v. **Whistleblower Protection:** Put in place mechanisms to protect whistleblowers, including healthcare providers, who report violations or non-compliance with SRHR laws.
- vi. **Public Awareness:** Promote public awareness of the accountability mechanisms available to individuals, including how to file complaints and seek redress.
- vii. **Penalties and Sanctions:** Specify penalties and sanctions for healthcare providers or institutions found in violation of the SRHR law, which may include fines, suspension of licenses, or criminal charges.

- viii. **Periodic Audits and Inspections:** Conduct regular audits and inspections of healthcare facilities to ensure compliance with SRHR standards and legal requirements.
- ix. **Reporting to Parliament:** Require the oversight body to report regularly to the national Parliament or legislative body on the state of SRHR in the country, including progress made and challenges faced.
- x. **Community Engagement:** Involve communities, civil society organizations, and advocacy groups in monitoring and reporting on SRHR violations and the effectiveness of accountability mechanisms.
- xi. **Government Accountability:** Hold government agencies accountable for their role in implementing and enforcing SRHR laws and regulations.
- xii. **Non-Retaliation:** Include provisions that prohibit retaliation against individuals, including healthcare providers, who file complaints or report violations in good faith.
- xiii. **Training and Education:** Ensure that healthcare providers and relevant stakeholders are educated about their responsibilities and obligations under the SRHR law.
- xiv. **Accessibility and Redress:** Make sure that the accountability mechanisms are accessible to all individuals, including those in remote or underserved areas, and that they provide avenues for redress.
- xv. **Confidentiality Protections:** Guarantee the confidentiality of individuals who report violations, ensuring that their personal information is protected.
- xvi. **International Reporting:** Oblige the government to report on SRHR progress and challenges to international bodies and organizations as required by international agreements and treaties.

**Establishing these accountability mechanisms will help ensure that the SRHR law is effectively enforced, that individuals' rights are protected, and that healthcare providers and institutions are held**

responsible for delivering quality and non-discriminatory SRHR services. It promotes transparency, fairness, and the realization of SRHR for all citizens of Sierra Leone.

### 3.11. Benefits of the Proposed Sexual & Reproductive Health Rights Law

The proposed new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone, the Safe Motherhood and Reproductive Health Care Act, 2023 can bring about numerous benefits for the country, its citizens, and its overall development. Some of these benefits include:

- i. **Protection of Human Rights:** The new law will reinforce the protection of fundamental human rights, including the rights to health, dignity, equality, and non-discrimination, ensuring that every individual's SRHR is respected and upheld.
- ii. **Improved Public Health:** By promoting access to comprehensive SRH services, including family planning, antenatal care, and maternal health services, the law can contribute to a healthier population with lower rates of maternal mortality, infant mortality, and the spread of sexually transmitted infections.
- iii. **Reduced Unsafe Abortions:** The law can reduce the number of unsafe abortions by providing legal grounds for safe and accessible abortion services, thereby saving lives and preventing complications from unsafe procedures.
- iv. **Gender Equality:** It can help advance gender equality by recognizing and protecting the SRHR of women and girls, raising the minimum age for marriage, and prohibiting harmful practices like child marriage and female genital mutilation/cutting (FGM/C).
- v. **Empowerment of Adolescents:** Adolescents will benefit from the law through their right to access confidential SRH services, comprehensive sexuality education, and information on their

SRHR, empowering them to make informed decisions about their health.

- vi. **Prevention of Discrimination:** The law can eliminate discrimination based on gender, age, sexual orientation, or other factors in the provision of SRHR services, ensuring equal access to care for all individuals.
- vii. **Access to Comprehensive Sexuality Education:** It mandates the inclusion of comprehensive sexuality education in the national curriculum, equipping young people with the knowledge and skills to make informed choices about their SRHR.
- viii. **Community Engagement and Awareness:** The process of developing and implementing the law can involve community engagement and awareness campaigns, helping to educate the public about SRH rights and the importance of respectful and equitable access to services.
- ix. **Accountability and Monitoring:** Robust accountability mechanisms will ensure that the law is effectively enforced, that rights violations are addressed, and that healthcare providers and institutions are held responsible for delivering quality SRHR services.
- x. **Alignment with International Commitments:** The law aligns Sierra Leone with its international obligations under agreements like CEDAW and the Maputo Protocol, demonstrating the country's commitment to international human rights standards.
- xi. **Data Collection and Reporting:** It mandates comprehensive data collection and reporting on SRHR indicators, facilitating evidence-based policymaking, monitoring progress, and identifying areas for improvement.
- xii. **Improved Well-Being:** By addressing weaknesses in the existing SRHR policies, the law can contribute to the overall well-being and quality of life of Sierra Leone's citizens.
- xiii. **Economic Development:** Improved SRHR outcomes can contribute to economic development by reducing healthcare

costs associated with preventable SRH complications and promoting a healthier and more productive population.

- xiv. **Social Cohesion:** By promoting gender equality, eliminating discrimination, and engaging communities, the law can contribute to social cohesion and harmony in Sierra Leone.
- xv. **Public Accountability:** The law can establish a framework for holding government agencies accountable for their role in implementing and enforcing SRHR laws and regulations.

**In conclusion, the proposed new SRHR law in Sierra Leone has the potential to bring about significant benefits, not only in terms of public health but also in terms of human rights, gender equality, and overall social and economic development. It represents a vital step towards ensuring that every individual in Sierra Leone can exercise their SRH rights with dignity and without discrimination.**

### **3.12. Improved Health Outcomes**

The Bill, Safe Motherhood and Reproductive Health Care Act, 2023 in Sierra Leone is expected to have a substantial positive impact on health outcomes in the country. Here are some of the key benefits related to improved health outcomes:

- i. **Reduction in Maternal Mortality:** Improved access to comprehensive maternal health services, including family planning, antenatal and postnatal care, skilled attendance during childbirth, and emergency obstetric care, can lead to a significant reduction in maternal mortality rates. This will result in fewer women dying during pregnancy and childbirth. This is particularly useful and helpful when the maternal mortality ratio has been reduced to 443 per 100,000 live births without addressing the upstream legal challenges. At such level of maternal mortality reduction, only unusual steps and interventions can result to further significant reduction and bending the curve.
- ii. **Lower Infant Mortality:** Enhanced maternal and child healthcare, including access to prenatal care and family

planning services, can contribute to a decrease in infant mortality rates. When women have the information and resources they need to plan their pregnancies, they are more likely to have healthier pregnancies and give birth to healthier babies. Ensuring child survival in itself will guarantee that women space childbirth, believing that the children born alive will survive and no need to risk too frequent pregnancies.

- iii. **Prevention of Unsafe Abortions:** Legalizing and regulating abortion services under specific circumstances can help prevent unsafe abortions, reducing the associated risks of maternal morbidity and mortality. This leads to better health outcomes for women and girls.
- iv. **Reduced Prevalence of Sexually Transmitted Infections (STIs):** The law is quiet on comprehensive sexuality education, unfortunately. Notwithstanding, access to SRHR services, including information on STI prevention and treatment, can contribute to a decrease in the prevalence of STIs, including HIV/AIDS.
- v. **Improved Access to Contraceptives:** Promoting access to a wide range of contraceptives and family planning services can help reduce unintended pregnancies, maternal and child mortality, and the number of high-risk pregnancies.
- vi. **Better Health for Adolescents:** Adolescents will benefit from access to confidential SRH services and comprehensive sexuality education, leading to healthier behaviors and outcomes, including a reduction in teenage pregnancies (unintended and unwanted) and STIs.
- vii. **Prevention of Gender-Based Violence:** By addressing gender-based violence and promoting gender equality, the law can contribute to reducing the physical and psychological health consequences of violence against women and girls.
- viii. **Prevention of Harmful Practices:** Legal provisions against harmful practices such as child marriage and female genital mutilation/cutting (FGM/C) can protect girls from physical and

psychological harm, contributing to their overall health and well-being.

- ix. **Improved Mental Health:** Access to comprehensive SRHR information and services can reduce the mental health burden associated with unwanted pregnancies, unsafe abortions, and gender-based violence.
- x. **Enhanced Healthcare Provider Training:** Requirements for healthcare providers to undergo training in providing non-discriminatory and culturally sensitive SRHR services can lead to improved patient-provider relationships and better health outcomes.
- xi. **Reduction in Health Disparities:** The law's emphasis on non-discrimination and equity can help reduce health disparities among different population groups, promoting equal access to healthcare services.
- xii. **Overall Population Health:** By addressing the key determinants of health, such as access to healthcare services, gender equality, and education, the law can contribute to overall improvements in the health and well-being of the population.

In summary, the gazetted Bill, the Safe Motherhood and Reproductive Health Care Act in Sierra Leone has the potential to significantly improve health outcomes by promoting access to quality SRHR services, preventing health risks associated with unsafe practices, and addressing the social and gender inequalities that affect health. It represents a critical step toward better health and well-being for the people of Sierra Leone.

### 3.13. Reduction in Maternal and Child Mortality

The Bill, Safe Motherhood and Reproductive Health Act, 2023 in Sierra Leone is expected to lead to a significant reduction in maternal and child mortality rates, which is one of its primary benefits. Here's how the law can contribute to this reduction:

- i. Improved Access to Maternal Health Services:** The SRHR law can mandate the availability of comprehensive maternal health services, including antenatal care, skilled attendance during childbirth, and postnatal care. This ensures that pregnant women receive the essential care and monitoring needed to identify and address complications early.
- ii. Access to Emergency Obstetric Care:** The law requires the availability of emergency obstetric care in healthcare facilities. Timely access to emergency services will save the lives of women experiencing complications during childbirth.
- iii. Family Planning Services:** By promoting access to family planning services and information, the law will help women and couples plan and space their pregnancies. This reduces the risks associated with closely spaced pregnancies and pregnancies at an older age, which can lead to better maternal and child health outcomes.
- iv. Reduction in Unsafe Abortions:** Legalizing and regulating abortion services under specific circumstances will reduce the prevalence of unsafe abortions. Unsafe abortions are among the leading causes of maternal mortality in Sierra Leone, and by preventing them, the law will save the lives of women and girls.
- v. Promotion of Safe Delivery Practices:** Comprehensive sexuality education and maternal health information provided under the law can educate women and families about safe delivery practices, including the importance of giving birth in healthcare facilities with skilled attendants.
- vi. Prevention of Child Marriages:** The law can enforce the minimum legal age for marriage, which reduces the likelihood of adolescent pregnancies and the associated health risks for both young mothers and their infants.
- vii. Access to Quality Prenatal Care:** Access to quality antenatal care can help detect and manage conditions like preeclampsia, gestational diabetes, and infections, reducing the risk of complications during pregnancy.



- viii. **Adolescent-Friendly Services:** The law promotes the development of adolescent-friendly SRH services, including maternal health services tailored to the specific needs of young mothers.
- ix. **Gender Equity:** By addressing gender-based discrimination and violence, the law creates an environment where women and girls have greater control over their reproductive health decisions, including when and how many children to have.
- x. **Community Engagement:** Community engagement and awareness campaigns can encourage communities to support pregnant women in accessing healthcare services, reducing traditional practices that may be harmful to maternal and child health.
- xi. **Healthcare Provider Training:** The law requires healthcare providers to undergo training in providing maternal health services with cultural sensitivity and without discrimination, ensuring that women receive respectful care.
- xii. **Improved Healthcare Infrastructure:** Legislation that mandates access to comprehensive SRH services can drive investments in healthcare infrastructure, including facilities and equipment necessary for maternal and child health.

**Overall, the proposed SRHR law in Sierra Leone will play a pivotal role in reducing maternal and child mortality by addressing the root causes of these health disparities and ensuring that women and children have access to the necessary healthcare services, information, and support to lead healthy lives.**

### **3.14. Empowerment of Women and Marginalized Groups**

The proposed new Safe Motherhood and Reproductive Health Care law in Sierra Leone has the potential to empower women and marginalized groups in several significant ways. Here are the key benefits related to the empowerment of these populations:

- i. **Protection of SRH Rights:** The law will explicitly recognize and protect the SRHR of women and marginalized groups, ensuring that their rights to health, dignity, and autonomy are respected and upheld.
- ii. **Gender Equality:** By addressing gender discrimination and promoting gender equality, the law can empower women to make decisions about their reproductive health, education, and careers, thereby increasing their overall well-being.
- iii. **Elimination of Harmful Practices:** Legal provisions against harmful practices such as child marriage and female genital mutilation/cutting (FGM/C) can protect girls and women from physical and psychological harm, empowering them to lead healthier lives.
- iv. **Access to Education:** The law's emphasis on comprehensive sexuality education can empower young women with knowledge about their SRHR, helping them make informed decisions about their education, careers, and family planning.
- v. **Economic Empowerment:** Family planning services and information provided under the law can enable women to plan and space their pregnancies, which can lead to improved economic opportunities and financial stability.
- vi. **Reduced Gender-Based Violence:** By addressing gender-based violence and promoting gender equality, the law can contribute to a reduction in physical and psychological violence against women and marginalized groups, enabling them to live free from fear.
- vii. **Access to Healthcare:** The law can ensure that women and marginalized groups have equitable access to healthcare services, regardless of their socio-economic status, ethnicity, or geographical location.
- viii. **Decision-Making Autonomy:** Comprehensive sexuality education and access to contraceptives can empower women and marginalized groups to make informed choices about their reproductive health, including when and how many children to have.

- ix. **Legal Protections:** Legal mechanisms within the law can provide women and marginalized groups with avenues for redress in cases of discrimination or violations of their SRHR rights, empowering them to seek justice.
- x. **Leadership and Participation:** Encouraging the active participation of women and marginalized groups in the development and implementation of SRHR policies and programs can empower them to become leaders and advocates for change in their communities.
- xi. **Community Awareness:** Public awareness campaigns and community engagement efforts can empower women and marginalized groups by providing them with information about their rights and resources available to them.
- xii. **Improved Health Outcomes:** Access to quality SRH services can empower women to take control of their health, reducing the risks associated with unintended pregnancies, maternal mortality, and complications from unsafe abortions.
- xiii. **Reproductive Choice:** Legalizing and regulating abortion services under specific circumstances can empower women with the choice to make decisions about their bodies and reproductive health.
- xiv. **Youth Empowerment:** Adolescents and young people will benefit from comprehensive sexuality education, empowering them to make informed decisions about their SRHR and future goals.

**The proposed SRHR law in Sierra Leone has the potential to empower women and marginalized groups by protecting their rights, promoting gender equality, and providing them with the information and resources they need to make informed choices about their sexual and reproductive health. This empowerment can lead to improved overall well-being and social inclusion for these populations.**

### 3.15. Alignment with International Human Rights Standards

Aligning the proposed new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone with international human rights standards brings several significant benefits:

- i. **Legal Clarity and Consistency:** Alignment with international human rights standards ensures that the SRHR law is clear, concise, and consistent with global norms. This clarity makes it easier for legal professionals, healthcare providers, and the public to understand and implement the law effectively.
- ii. **Human Rights Protection:** The law reinforces Sierra Leone's commitment to protecting and promoting human rights, including the right to health, dignity, equality, and non-discrimination. It guarantees that every individual's SRHR is respected and upheld.
- iii. **International Recognition:** Aligning with international standards earns Sierra Leone recognition and respect on the global stage, demonstrating the country's commitment to international human rights agreements and treaties.
- iv. **Legal Accountability:** Alignment ensures that the government and its institutions are held legally accountable for adhering to human rights standards. This includes enforcing provisions related to non-discrimination, access to healthcare, and gender equality.
- v. **Global Cooperation:** Aligning with international standards facilitates collaboration and cooperation with international organizations and donors. This can lead to increased support, funding, and technical assistance for SRHR programmes in Sierra Leone.
- vi. **Data Collection and Reporting:** Compliance with international standards often involves reporting on SRHR indicators to international bodies. This data collection and reporting can help Sierra Leone monitor progress, identify areas for improvement, and make evidence-based policy decisions.

- vii. **Reduced Discrimination:** Alignment promotes non-discrimination, including protection for marginalized populations and LGBTQ+ individuals, ensuring that no one is left behind in accessing SRHR services.
- viii. **Women's Rights:** Aligning with international standards reinforces the rights of women and girls, including protection from harmful practices like child marriage and female genital mutilation/cutting (FGM/C).
- ix. **Youth Empowerment:** Compliance with international standards empowers adolescents and young people with information and rights education, enabling them to make informed decisions about their SRHR.
- x. **Accountability Mechanisms:** International standards often require the establishment of accountability mechanisms, which can help ensure that violations of SRH rights are addressed promptly.
- xi. **Global Best Practices:** Alignment provides access to global best practices and experiences in implementing SRHR programmes, allowing Sierra Leone to learn from other countries and adapt successful strategies.
- xii. **Gender Equality:** Adhering to international standards promotes gender equality, empowering women to participate fully in society, make decisions about their lives, and access education and economic opportunities.
- xiii. **Reduced Maternal and Child Mortality:** Compliance with international standards can lead to improvements in maternal and child health, as it often includes provisions for comprehensive maternal and child healthcare services.
- xiv. **Improved Public Health:** Alignment contributes to improved public health by promoting access to SRHR services, reducing the prevalence of STIs, preventing unintended pregnancies, and ensuring safe and legal abortion services under specified circumstances.

**Aligning the new SRHR law in Sierra Leone with international human rights standards will not only reinforce the country's commitment to upholding fundamental rights but will also bring about numerous benefits, including improved health outcomes, reduced discrimination, and increased global cooperation and support. It positions Sierra Leone to better address the complex challenges related to sexual and reproductive health and rights.**

# 4. ADDRESSING CHALLENGES WITH THE SAFE MOTHERHOOD AND REPRODUCTIVE HEALTH CARE BILL

## 4.1. Challenges and Strategies

While a new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone can bring about significant benefits, it is important to acknowledge and address its shortcomings and potential challenges that may arise during its implementation. Here are some challenges and strategies to address them:

- i. **Resistance to Change:** Some segments of society may resist the changes introduced by the new law, particularly if they are rooted in traditional or conservative beliefs. To address this challenge:
  - Implement comprehensive public awareness campaigns to educate communities about the law's objectives and benefits.
  - Engage with religious and community leaders to foster support for SRHR rights and services.
  - Encourage open dialogue and community consultations to address concerns and misconceptions.
- ii. **Limited Resources:** Sierra Leone may face resource constraints in implementing the law effectively. To overcome this challenge:
  - Seek support from international donors and organizations to fund SRHR programmes and services.
  - Prioritize budget allocations to SRHR initiatives, recognizing their importance for public health and development.

- Explore partnerships with non-governmental organizations (NGOs) and civil society for resource mobilization.
- iii. **Healthcare Infrastructure:** Inadequate healthcare infrastructure, particularly in rural areas, can hinder the delivery of SRHR services. To address this challenge:
- Invest in improving healthcare infrastructure, including the construction and equipping of health facilities.
  - Establish mobile clinics or outreach programmes to reach underserved communities.
  - Train and deploy more healthcare professionals to remote areas.
- iv. **Stigma and Discrimination:** Deep-rooted stigma and discrimination related to SRHR issues can persist despite legal changes. To combat this challenge:
- Implement comprehensive training programmes for healthcare providers and law enforcement personnel to promote respectful and non-discriminatory care.
  - Launch public awareness campaigns that challenge harmful stereotypes and reduce stigma.
  - Develop support mechanisms and safe spaces for individuals facing discrimination.
- v. **Limited Access to Education:** Ensuring access to comprehensive sexuality education can be challenging, particularly in remote and conservative areas. To address this challenge:
- Train teachers and educators to deliver age-appropriate and culturally sensitive sexuality education.
  - Develop educational materials that are accessible and culturally relevant.
  - Engage parents and caregivers in discussions about the importance of sexuality education in schools.
- vi. **Legal Enforcement:** Enforcing the law and holding violators accountable may face obstacles, including corruption and a



lack of awareness among law enforcement officials. To address this challenge:

- Establish dedicated mechanisms for monitoring and reporting SRHR violations.
- Provide training for law enforcement personnel on the SRHR law and its enforcement.
- Ensure transparency and accountability in legal proceedings related to SRHR cases.

**vii. Cultural Sensitivity:** Balancing cultural norms and human rights can be a delicate task. To address this challenge:

- Engage local communities in the development and implementation of SRHR programmes to respect cultural values while upholding human rights.
- Collaborate with cultural and religious leaders to find common ground and promote culturally sensitive approaches to SRHR.

**viii. Data Collection and Monitoring:** Collecting accurate data on SRHR indicators can be challenging due to limited resources and infrastructure. To address this challenge:

- Invest in data collection systems and training for healthcare providers to ensure accurate reporting.
- Collaborate with international organizations and research institutions to support data collection efforts.

**ix. Capacity Building:** Building the capacity of healthcare providers, educators, and other stakeholders to implement the law effectively is crucial. To address this challenge:

- Develop comprehensive training programmes and provide ongoing support and resources.
- Encourage professional development and knowledge sharing among stakeholders.

**x. Youth Engagement:** Engaging adolescents and young people in SRHR programmes can be challenging due to cultural and societal barriers. To address this challenge:

- Establish youth-friendly services and spaces where young people can access information and services without judgment.
- Involve young people in the design and implementation of SRHR programmes to ensure they meet their specific needs and preferences.

**Addressing these challenges requires a multi-faceted approach involving government agencies, civil society organizations, healthcare providers, educators, and the broader community. It is essential to adapt strategies to the local context while upholding the principles of human rights and SRHR. Continuous monitoring and evaluation can help identify and mitigate challenges as they arise during the implementation of the new SRHR law.**

## **4.2. Implementation Strategies**

To effectively address the challenges associated with the new Safe Motherhood and Reproductive Healthcare law in Sierra Leone, it is important to develop comprehensive implementation strategies. These strategies should consider the specific challenges and context of Sierra Leone and aim to ensure the successful enforcement and realization of SRHR rights. Here are key implementation strategies:

### **i. Comprehensive Public Awareness Campaigns:**

- Develop and execute public awareness campaigns to educate communities about the provisions and benefits of the new SRHR law.
- Use various media channels, including radio, television, social media, and community outreach, to reach diverse audiences.
- Collaborate with community leaders and influencers to promote SRHR education.

### **ii. Community Engagement and Mobilization:**

- Engage local communities in dialogue about SRHR rights, ensuring that their voices and concerns are heard and considered in programme development.

- Establish community-led committees or advocacy groups to monitor and support SRHR initiatives.
  - Encourage community ownership and leadership in implementing SRHR programmes.
- iii. Healthcare Provider Training:**
- Conduct comprehensive training programmes for healthcare providers to ensure they are knowledgeable about SRH rights, culturally sensitive, and able to deliver non-discriminatory care.
  - Include training on informed consent, confidentiality, and patient-centered care.
  - Provide ongoing professional development opportunities.
- iv. Youth-Friendly Services:**
- Establish youth-friendly SRHR services that are accessible, non-judgmental, and tailored to the specific needs and preferences of adolescents and young people.
  - Train healthcare providers to offer youth-friendly care and ensure confidentiality.
  - Promote youth engagement in the design and evaluation of these services.
- v. Capacity Building:**
- Strengthen the capacity of government agencies responsible for SRHR implementation, including budget allocation and resource management.
  - Collaborate with international organizations and donors to provide technical assistance and support for capacity building.
  - Foster partnerships with civil society organizations to leverage their expertise and resources.
- vi. Legal Aid and Support:**
- Ensure that individuals who face violations of their SRH rights have access to legal aid and support to pursue legal remedies and redress.
  - Collaborate with legal and human rights organizations to provide assistance and advocacy.

- vii. Data Collection and Monitoring:**
  - Invest in robust data collection systems and ensure healthcare providers are trained in accurate reporting of SRHR indicators.
  - Establish a monitoring and evaluation framework to track progress, identify gaps, and inform evidence-based decision-making.
  - Collaborate with research institutions and international partners for data collection and analysis.
- viii. Government Accountability:**
  - Create mechanisms for holding government agencies accountable for the implementation and enforcement of the SRHR law.
  - Regularly report to the national parliament or legislative body on the state of SRHR in the country.
- ix. Partnerships and Coordination:**
  - Foster collaboration and coordination among government ministries, civil society organizations, healthcare providers, educators, and international partners to ensure a unified approach to SRHR implementation.
  - Establish a multi-stakeholder steering committee or working group to oversee and guide implementation efforts.
- x. Periodic Review and Adaptation:**
  - Include provisions for periodic reviews of the SRHR law to ensure its effectiveness and relevance.
  - Adapt SRHR programmes and policies based on the results of these reviews and changing needs and circumstances.
- xi. Access to Comprehensive Sexuality Education:**
  - Mandate the inclusion of comprehensive sexuality education in the national curriculum and ensure that educators are adequately trained to deliver age-appropriate and culturally sensitive content.

**xii. Engage Cultural and Religious Leaders:**

- Collaborate with cultural and religious leaders to find common ground between cultural norms and SRH rights, promoting culturally sensitive approaches and balance with science and the body of evidence available.

**xiii. Whistleblower Protection:**

- Implement mechanisms to protect whistleblowers who report violations or non-compliance with SRHR laws, encouraging transparency and accountability.

**xiv. Transparency and Accountability:**

- Promote transparency in the implementation of SRHR programmes and establish mechanisms for accountability and reporting on SRHR issues.

**By implementing these strategies, Sierra Leone can address the challenges associated with the new SRHR law and work towards realizing the full potential of SRH rights for its citizens, with a focus on equity, dignity, and non-discrimination.**

### **4.3. Capacity Building for Healthcare Providers**

Capacity building for healthcare providers is a crucial aspect of implementing the new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone. However, several challenges may be encountered in this process:

- i. Limited Resources:** Sierra Leone may face resource constraints, including funding and staffing shortages, which can hinder comprehensive capacity-building efforts.
  - **Strategy:** Seek support from international donors, NGOs, and development partners to fund training programmes and provide resources for healthcare providers.
- ii. Geographical Disparities:** Uneven distribution of healthcare facilities and professionals, with a concentration in urban areas, can make it challenging to provide uniform training opportunities.



- viii. Resistance to Change:** Some healthcare providers may resist adopting new practices or approaches, especially if they contradict traditional beliefs or practices.
- **Strategy:** Engage healthcare providers in open and respectful dialogue, emphasizing the benefits of evidence-based practices and the legal obligations under the SRHR law.
- ix. Monitoring and Evaluation:** Monitoring the effectiveness of training programmes and evaluating the impact on healthcare providers' practices can be challenging.
- **Strategy:** Develop a comprehensive monitoring and evaluation framework to assess the knowledge, attitudes, and practices of healthcare providers before and after training.
- x. Accessibility of Training:** Not all healthcare providers may have easy access to training programmes due to their work schedules or geographical locations.
- **Strategy:** Offer flexible training options, including online courses and weekend workshops, to accommodate different schedules and locations.
- xi. Sensitization and Training on Non-Discrimination:** Training programmes should emphasize the importance of providing non-discriminatory care, especially to marginalized and vulnerable populations.
- **Strategy:** Include modules on non-discrimination and cultural sensitivity in training programmes and reinforce these principles through ongoing education and mentorship.
- xii. Community Engagement:** Healthcare providers must be trained to engage effectively with the community and provide culturally sensitive care.
- **Strategy:** Integrate community engagement and cultural competence components into training programmes, and encourage healthcare providers to build relationships with community leaders.

By addressing these challenges and implementing these strategies, Sierra Leone can enhance the capacity of healthcare providers to deliver high-quality, culturally sensitive, and non-discriminatory SRHR services in line with the new SRHR law. This, in turn, will contribute to improved sexual and reproductive health outcomes and the realization of SRH rights for all citizens.

#### 4.4. Public Awareness Campaigns

Implementing public awareness campaigns to educate the population about the new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone can be a complex endeavor. Several challenges may be encountered in this process:

- i. **Limited Access to Media:** A significant portion of the population in Sierra Leone may have limited access to mainstream media, including television and newspapers.
  - **Strategy:** Use a combination of media channels, including radio, community radio stations, and social media platforms, to reach a broader audience.
- ii. **Linguistic and Cultural Diversity:** Sierra Leone is linguistically and culturally diverse, and campaigns need to be culturally sensitive and linguistically appropriate to resonate with all communities.
  - **Strategy:** Translate campaign materials into multiple local languages and collaborate with community leaders and cultural influencers to ensure cultural relevance.
- iii. **Low Literacy Rates:** A considerable portion of the population, particularly in rural areas, have low literacy rates, making it challenging to convey complex legal information through written materials.
  - **Strategy:** Utilize visual and audio materials such as posters, infographics, and radio spots to convey key messages in a format accessible to those with low literacy.



- iv. **Resistance to Change:** Deep-rooted cultural norms and beliefs may lead to resistance to the new SRHR law, especially in conservative communities.
  - **Strategy:** Engage with local leaders, including religious and community leaders, to gain their support and involve them in awareness campaigns to mitigate resistance.
- v. **Stigma and Discrimination:** Stigmatization and discrimination associated with SRHR issues can deter individuals from engaging with awareness campaigns.
  - **Strategy:** Develop messaging that addresses stigma and discrimination, emphasizing the importance of non-discrimination and respect for all individuals' SRH rights.
- vi. **Resource Constraints:** Limited funding and resources for public awareness campaigns may restrict the reach and impact of these initiatives.
  - **Strategy:** Seek partnerships with international organizations, NGOs, and development partners to secure additional funding and resources for campaigns.
- vii. **Low Internet Penetration:** While mobile phone usage is widespread in Sierra Leone, internet penetration is limited in some communities, affecting the reach of online awareness campaigns.
  - **Strategy:** Focus on text messages and mobile-based campaigns, which can reach a broader audience, and use social media strategically.
- viii. **Healthcare Infrastructure:** Inadequate healthcare infrastructure, including the availability of SRHR services, can hinder awareness campaigns' effectiveness.
  - **Strategy:** Simultaneously promote awareness of the law and advocate for improved healthcare infrastructure to ensure that services are available and accessible.
- ix. **Measuring Impact:** Evaluating the impact and effectiveness of public awareness campaigns can be challenging without adequate monitoring and evaluation mechanisms.



- i. **Resource Constraints:** Sierra Leone faces financial limitations, hindering the allocation of funds for infrastructure development.
  - **Strategy:** Seek international aid, grants, and partnerships (public-private-partnerships) with organizations and donor agencies specializing in healthcare infrastructure development.
- ii. **Geographical Disparities:** Uneven distribution of healthcare facilities and professionals, with a concentration in urban areas, create disparities in access to SRHR services.
  - **Strategy:** Prioritize the establishment and improvement of healthcare facilities in underserved regions, districts and rural areas.
- iii. **Shortage of Skilled Healthcare Workers:** Shortages of trained healthcare professionals, particularly midwives and obstetricians, affect the quality of SRHR services.
  - **Strategy:** Invest in healthcare workforce development by increasing the number of trained professionals, offering incentives to work in underserved areas, and facilitating ongoing training and professional development.
- iv. **Infrastructure Quality:** Existing healthcare infrastructure suffer from inadequate facilities, equipment, and maintenance.
  - **Strategy:** Renovate and equip existing facilities and construct new facilities to meet SRHR service delivery standards, ensuring they have the necessary equipment and supplies.
- v. **Health Information Systems:** Weak health information systems hinder data collection and management, affecting the ability to monitor and evaluate SRHR programmes.
  - **Strategy:** Invest in digital health with focus on electronic health record systems and data management tools to improve data collection, analysis, and reporting.

- vi. **Transportation Challenges:** Inadequate transportation infrastructure make it difficult for individuals, especially in remote areas, to access healthcare facilities.
  - **Strategy:** Implement transportation solutions such as mobile clinics, ambulance services, or community health worker programmes to improve access.
- vii. **Drug and Supply Chain Management:** Challenges in procuring and distributing drugs and medical supplies lead to stockouts and service interruptions.
  - **Strategy:** Strengthen supply chain management systems and partnerships to ensure a consistent and reliable flow of essential SRHR commodities.
- viii. **Infrastructure Security:** Issues such as theft, vandalism, or conflict disrupt healthcare infrastructure and services.
  - **Strategy:** Develop security protocols and collaborate with local authorities and communities to safeguard healthcare facilities.
- ix. **Cultural Sensitivity:** Ensure that healthcare facilities are culturally sensitive and respectful of local customs and practices.
  - **Strategy:** Engage with local communities and leaders to adapt healthcare services to local customs and preferences, particularly in maternity and reproductive care.
- x. **Emergency Response:** Timely access to emergency obstetric and newborn care facilities is crucial for reducing maternal and neonatal mortality.
  - **Strategy:** Establish and upgrade emergency obstetric care units in healthcare facilities and improve transportation systems for emergency referrals.
- xi. **Institutional Capacity Building:** Healthcare institutions require capacity building to effectively manage and govern healthcare infrastructure.

- **Strategy:** Provide training and support to healthcare facility management teams in areas such as financial management, governance, and quality assurance.
- xii. **Community Engagement:** Community involvement is essential for the sustainability and acceptance of healthcare infrastructure improvements.
  - **Strategy:** Engage with communities in planning, implementing, and maintaining healthcare infrastructure, seeking their input and feedback.
- xiii. **Public-Private Partnerships:** Explore partnerships with private healthcare providers and organizations to expand healthcare infrastructure and service delivery.
  - **Strategy:** Establish clear guidelines and regulations for public-private partnerships to ensure equitable access and quality of care.
- xiv. **Disaster Preparedness:** Healthcare infrastructure should be resilient to natural disasters and emergencies.
  - **Strategy:** Conduct vulnerability assessments and retrofit or design healthcare facilities to withstand disasters.

**Dealing with these challenges will require a combination of financial investments, capacity building, community engagement, and a strong commitment to improving healthcare infrastructure to ensure that SRHR services are accessible, of high quality, and culturally sensitive. It is essential to prioritize these efforts to fully realize the potential benefits of the new SRHR law in Sierra Leone.**

## **4.6. Monitoring and Evaluation Mechanisms**

Developing effective monitoring and evaluation mechanisms for the implementation of the new safe Motherhood and Reproductive Healthcare law in Sierra Leone can be challenging due to various factors. Here are some of the challenges and strategies to address them:

- i. **Data Collection and Quality:**

- a) **Challenge:** Inaccurate or incomplete data collection hinder effective monitoring and evaluation.
- b) **Strategy:** Invest in training healthcare providers and data collectors to ensure accurate and comprehensive data collection. Implement digital health systems to improve data quality and real-time reporting.
- ii. **Lack of Baseline Data:**
  - a) **Challenge:** The absence of baseline data makes it challenging to measure progress accurately.
  - b) **Strategy:** Conduct comprehensive baseline surveys and studies to establish a starting point for monitoring and evaluation efforts.
- iii. **Resource Constraints:**
  - a) **Challenge:** Limited resources, including funding and trained personnel, hinder the establishment of robust monitoring and evaluation systems.
  - b) **Strategy:** Seek financial support from international donors, collaborate with research institutions, and build local capacity in data analysis and evaluation.
- iv. **Complexity of SRHR Indicators:**
  - a) **Challenge:** SRHR is multifaceted, and measuring progress across various indicators can be complex.
  - b) **Strategy:** Develop a clear framework for monitoring and evaluation that outlines key SRHR indicators and measurement methodologies. Prioritize indicators that are most relevant to the new law's objectives.
- v. **Data Privacy and Confidentiality:**
  - a) **Challenge:** Ensuring the privacy and confidentiality of sensitive SRHR data can be challenging.
  - b) **Strategy:** Implement strict data protection and confidentiality protocols. Provide training to healthcare providers and data handlers on these protocols.
- vi. **Data Accessibility and Reporting:**
  - a) **Challenge:** Timely access to data and reporting mechanisms is challenging, delaying decision-making.

- b) **Strategy:** Establish efficient data management systems and reporting channels to ensure timely access to information. Promote a culture of transparency and accountability.
- vii. **Capacity Building:**
  - a) **Challenge:** Building the capacity of individuals and institutions responsible for monitoring and evaluation is challenging.
  - b) **Strategy:** Invest in training programmes and workshops for government agencies, NGOs, and research institutions involved in data collection and analysis. Develop a pool of local experts in monitoring and evaluation.
- viii. **Resistance to Data Sharing:**
  - a) **Challenge:** Some stakeholders may be reluctant to share data, hindering transparency.
  - b) **Strategy:** Advocate for data sharing agreements and establish data-sharing protocols to address concerns about privacy and security.
- ix. **Community Participation:**
  - a) **Challenge:** Engaging communities in data collection and evaluation efforts can be challenging.
  - b) **Strategy:** Involve community members and local leaders in data collection and interpretation to ensure their perspectives are included in the evaluation process.
- x. **Complex Legal Framework:**
  - a) **Challenge:** The legal framework governing data privacy and protection is complex.
  - b) **Strategy:** Review and update relevant laws and regulations to align with international data protection standards. Provide guidance to stakeholders on legal compliance.
- xi. **Sustainability:**
  - a) **Challenge:** Ensuring the long-term sustainability of monitoring and evaluation efforts can be challenging.

- b) **Strategy:** Integrate monitoring and evaluation into routine healthcare systems and institutionalize data collection and reporting as standard practice.
- xii. **Interagency Coordination:**
  - a) **Challenge:** Coordination among various agencies and stakeholders responsible for monitoring and evaluation is challenging.
  - b) **Strategy:** Strengthen existing interagency coordination mechanisms and working groups to ensure a harmonized approach to data collection and reporting.

**Managing these challenges will require a concerted effort involving government agencies, NGOs, donors, and the broader healthcare community. Developing a robust and culturally sensitive monitoring and evaluation framework is essential to track progress, identify areas for improvement, and ultimately ensure the successful implementation of the new SRHR law in Sierra Leone.**

## 4.7. Stakeholder Engagement

Addressing the challenges associated with the Safe Motherhood and Reproductive Healthcare Act in Sierra Leone requires effective stakeholder engagement. Engaging a wide range of stakeholders ensures that diverse perspectives are considered, and collaborative efforts can be made to overcome obstacles. Here are strategies for engaging key stakeholders:

- i. **Government Agencies:**
  - a) **Challenge:** Government agencies may have differing priorities and limited coordination.
  - b) **Strategy:** Strengthen existing interagency working group responsible for SRHR law implementation to facilitate coordination, information sharing, and policy alignment.
- ii. **Civil Society Organizations (CSOs):**
  - a) **Challenge:** CSOs have varying capacities and interests.



- b) **Strategy:** Foster partnerships with CSOs working in SRHR and gender rights, providing them with a platform for advocacy, service delivery, and community engagement.
- iii. **Healthcare Providers:**
  - a) **Challenge:** Healthcare providers require training and support to align with the new law.
  - b) **Strategy:** Develop capacity-building plans, programmes and continuous education opportunities for healthcare providers, ensuring they understand and adhere to SRHR guidelines.
- iv. **Community Leaders:**
  - a) **Challenge:** Community leaders may have conservative views on SRHR issues.
  - b) **Strategy:** Engage in dialogue with community leaders, religious figures, and elders to gain their support and address concerns. Involve them in awareness campaigns and community education.
- v. **International Organizations and Donors:**
  - a) **Challenge:** International partners may have diverse agendas and priorities.
  - b) **Strategy:** Maintain open communication with international organizations and donors, aligning their support and interests with the country's SRHR goals and strategies.
- vi. **Youth and Adolescents:**
  - a) **Challenge:** Engaging young people can be challenging due to generational gaps.
  - b) **Strategy:** Establish youth advisory councils or committees to involve young people in decision-making and programme design. Utilize social media and peer educators to reach young audiences.
- vii. **Religious Organizations:**
  - a) **Challenge:** Religious organizations hold conservative views on SRHR and in many instances cannot change their minds but can remain quiet when consulted.

- b) **Strategy:** Facilitate respectful dialogues and partnerships with religious leaders to find common ground while respecting religious values and cultural norms.
- viii. **Women's and Gender Rights Organizations:**
  - a) **Challenge:** Women's and gender rights organizations may have specific advocacy priorities.
  - b) **Strategy:** Collaborate with these organizations to ensure that the SRHR law aligns with gender equality principles, and engage them in awareness campaigns and policy advocacy.
- ix. **Media and Communication Channels:**
  - a) **Challenge:** Ensuring accurate and sensitive media coverage can be difficult.
  - b) **Strategy:** Develop media partnerships and provide training to journalists to ensure responsible and unbiased reporting on SRHR issues.
- x. **Academic and Research Institutions:**
  - a) **Challenge:** Academic institutions may have limited involvement in SRHR programmes.
  - b) **Strategy:** Collaborate with universities and research institutions to conduct studies, evaluations, and research related to SRHR, contributing to evidence-based policymaking.
- xi. **Legal Professionals and Judiciary:**
  - a) **Challenge:** Legal professionals may require training to understand and enforce the new SRHR law.
  - b) **Strategy:** Develop legal education programmes and workshops for legal professionals and judges, ensuring they are well-versed in SRHR legislation.
- xii. **Community-Based Organizations:**
  - a) **Challenge:** Community organizations vary in capacity and reach.
  - b) **Strategy:** Support capacity-building initiatives for community-based organizations and encourage their

involvement in community education and awareness campaigns.

**xiii. Parliamentarians and Policymakers:**

- a) **Challenge:** Parliamentarians may not prioritize SRHR issues.
- b) **Strategy:** Advocate for SRHR issues within the legislative body, providing evidence-based arguments for policy changes and increased budget allocations.

**xiv. Key Populations/People with Specialized Needs:**

- a) **Challenge:** People with specialized needs popularly referred to as key populations – including polio victims, blind, dumb, people living with HIV (PLWH), etc. may face unique challenges in accessing SRHR services.
- b) **Strategy:** Tailor awareness campaigns and service delivery to address the specific needs and cultural sensitivities of such groups.

**Effective stakeholder engagement should be an ongoing process, involving regular consultations, feedback mechanisms, and a commitment to inclusivity and diversity. By actively involving these stakeholders, Sierra Leone can create a more comprehensive, inclusive, and sustainable approach to implementing the new SRHR law and overcoming the associated challenges.**

## **4.8. Collaboration with Civil Society Organizations**

Collaborating with civil society organizations (CSOs) is essential for addressing the challenges associated with the new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone. CSOs often play a crucial role in advocacy, service delivery, and community engagement. Here are strategies for effective collaboration with CSOs:

**i. Mapping and Engagement:**

- **Strategy:** Begin by mapping CSOs working in SRHR, gender equality, and related areas. Engage in dialogue to

understand their expertise, priorities, and potential areas of collaboration.

- ii. **Partnership Agreements:**
  - **Strategy:** Establish formal partnership agreements outlining roles, responsibilities, and objectives. Ensure that these agreements are based on mutual respect, trust, win-win and a shared commitment to SRHR goals.
- iii. **Capacity Building:**
  - **Strategy:** Provide capacity-building support to CSOs, including training, resources, and technical assistance, to enhance their effectiveness in implementing SRHR programmes.
- iv. **Regular Coordination Meetings:**
  - **Strategy:** Hold regular coordination meetings to facilitate information sharing, collaboration on projects, and alignment of advocacy efforts. Include CSOs in policy development discussions.
- v. **Community Outreach:**
  - **Strategy:** Utilize the reach and trust of CSOs to conduct community outreach and education on SRHR topics. CSOs can help disseminate information about the new law and its implications.
- vi. **Advocacy and Policy Influence:**
  - **Strategy:** Collaborate with CSOs on advocacy campaigns to ensure that SRHR issues remain on the policy agenda. Jointly advocate for necessary policy changes and increased budget allocations.
- vii. **Service Delivery:**
  - **Strategy:** Partner with CSOs that provide SRHR services, especially in underserved or hard-to-reach areas. Support and fund CSO-run clinics and programmes, particularly those focused on marginalized populations.
- viii. **Youth Engagement:**
  - **Strategy:** Involve youth-led and youth-focused CSOs in initiatives targeting young people. They can provide

valuable insights and strategies for engaging adolescents in SRHR programs.

**ix. Monitoring and Evaluation:**

- **Strategy:** Collaborate with CSOs to develop and implement monitoring and evaluation frameworks for SRHR programmes. CSOs can provide independent assessments and feedback.

**x. Data Collection and Research:**

- **Strategy:** Partner with CSOs with research expertise to conduct studies on SRHR issues, generating evidence to support policy decisions and programme improvements.

**xi. Resource Mobilization:**

- **Strategy:** Work jointly on resource mobilization efforts, seeking funding from donors and international organizations to support SRHR programmes and initiatives.

**xii. Crisis Response:**

- **Strategy:** Collaborate with CSOs in responding to SRHR-related crises, such as disease outbreaks or emergencies. CSOs often have established community networks for rapid response.

**xiii. Community Engagement:**

- **Strategy:** Involve CSOs in community engagement activities, especially when addressing cultural and social norms related to SRHR. CSOs can serve as trusted intermediaries.

**xiv. Communication and Messaging:**

- **Strategy:** Develop coordinated messaging and communication strategies with CSOs to ensure a consistent and accurate portrayal of SRHR issues in the media and public discourse.

**xv. Civil Society Platforms:**

- **Strategy:** Support the formation and operation of civil society platforms or coalitions focused on SRHR. These platforms can provide a unified voice for advocacy.

- xvi. **Legislative Engagement:**
  - **Strategy:** Collaborate with CSOs in advocating for legal reforms and amendments to ensure alignment with international SRHR standards.
- xvii. **Transparency and Accountability:**
  - **Strategy:** Encourage CSOs to hold both governmental and non-governmental stakeholders accountable for their commitments and responsibilities in SRHR implementation.
- xviii. **Documentation and Knowledge Sharing:**
  - **Strategy:** Encourage CSOs to document their experiences, successes, and challenges in SRHR work. Facilitate knowledge sharing among CSOs and stakeholders for continuous improvement.

**Effective collaboration with CSOs in Sierra Leone's SRHR efforts can leverage their expertise, community networks, and advocacy power to address challenges and advance the objectives of the new SRHR law. Regular communication, respect for each organization's roles, and shared accountability are key principles for successful partnerships.**

#### **4.9. Consultation with Marginalized Communities**

Consulting with marginalized communities is a critical aspect of addressing challenges associated with the new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone. Marginalized communities often face unique barriers to accessing SRHR services and may have specific needs that must be taken into account. Here are strategies for effective stakeholder engagement and consultation with marginalized communities:

- i. **Identify Marginalized Communities:**
  - **Strategy:** Conduct a thorough assessment to identify the specific marginalized communities within Sierra Leone, such as ethnic minorities, rural populations, LGBTQ+

individuals, people with disabilities, and internally displaced persons. Ensure that these communities are represented in decision-making processes.

**ii. Community-Based Organizations (CBOs):**

- **Strategy:** Collaborate with CBOs that have established relationships and trust within marginalized communities. These organizations can serve as intermediaries and facilitate community engagement.

**iii. Cultural Sensitivity:**

- **Strategy:** Approach marginalized communities with cultural sensitivity and humility. Recognize and respect their cultural norms, values, and traditions while promoting SRHR awareness.

**iv. Language Accessibility:**

- **Strategy:** Provide information and consultation materials in the languages spoken by marginalized communities to ensure accessibility and comprehension.

**v. Community Meetings and Workshops:**

- **Strategy:** Organize community meetings, workshops, and focus group discussions in collaboration with CBOs. Use these platforms to listen to community members' concerns, gather feedback, and educate them about the new SRHR law.

**vi. Community Health Workers:**

- **Strategy:** Train and employ community health workers from within marginalized communities. They can serve as trusted liaisons between healthcare providers and community members, promoting SRHR education and access.

**vii. Inclusive Task Forces or Committees:**

- **Strategy:** Establish inclusive task forces or committees that include representatives from marginalized communities. Involve them in decision-making processes, policy development, and programme planning.

**viii. Peer Educators:**





- **Strategy:** Offer legal aid and support services to marginalized community members who may face violations of their SRHR rights. Collaborate with legal aid organizations.

**xvi. Data Collection and Analysis:**

- **Strategy:** Include data disaggregation by ethnicity, gender, disability status, and other relevant factors to understand the specific challenges faced by marginalized communities.

**xvii. Accountability Mechanisms:**

- **Strategy:** Ensure that accountability mechanisms are in place to address any violations or failures to provide SRHR services to marginalized communities.

**xviii. Sustainability:**

- **Strategy:** Integrate the voices and priorities of marginalized communities into long-term SRHR planning and sustainability efforts.

By engaging with and consulting marginalized communities in Sierra Leone, the implementation of the new SRHR law can be more inclusive, responsive, and effective in addressing the specific challenges and needs of these communities. This approach promotes social justice and ensures that no one is left behind in the journey towards achieving sexual and reproductive health and rights for all and in the context of achieving Universal Health Coverage (UHC).

## 4.10. Budgetary Considerations

Addressing challenges associated with the new Sexual and Reproductive Health and Rights (SRHR) law in Sierra Leone requires careful budgetary planning and allocation of resources. Adequate funding is crucial to ensure the effective implementation of SRHR programmes and initiatives. Here are strategies for addressing budgetary considerations:

**i. Comprehensive Needs Assessment:**

- **Strategy:** Conduct a thorough needs assessment to identify the specific budgetary requirements for SRHR programmes, including service delivery, awareness campaigns, capacity building, and infrastructure development.
- ii. Prioritize SRHR in National Budgets:**
  - **Strategy:** Advocate for the allocation of a specific budget line for SRHR in national and regional budgets. Prioritize SRHR as a fundamental aspect of public health and development.
- iii. Resource Mobilization:**
  - **Strategy:** Seek funding from diverse sources, including international donors, development partners, foundations, and philanthropic organizations, to supplement government allocations for SRHR programmes.
- iv. Cost-Efficiency Measures:**
  - **Strategy:** Implement cost-efficiency measures to make the most of available resources. Streamline administrative processes, reduce waste, and negotiate favorable terms for procurement.
- v. Public-Private Partnerships:**
  - **Strategy:** Explore public-private partnerships to leverage private sector resources and expertise for SRHR programmes while maintaining a focus on affordability and accessibility.
- vi. Monitoring and Accountability for Budget Execution:**
  - **Strategy:** Establish strong monitoring and accountability mechanisms to ensure that allocated funds are used efficiently and effectively. Publish budget execution reports and involve civil society in monitoring efforts.
- vii. Cost-Sharing and User Fees:**
  - **Strategy:** Consider introducing affordable user fees for SRHR services, especially for those who can afford to pay, to generate revenue for reinvestment into quality SRHR

programmes. Ensure exemptions for vulnerable populations.

**viii. Innovative Financing and Purchasing Models:**

- **Strategy:** Explore innovative financing and purchasing models such as social impact bonds, results-based financing, or health insurance schemes to secure funding for SRHR services.

**ix. Grants and Competitive Funding:**

- **Strategy:** Establish grant programmes and competitive funding opportunities for CSOs and community-based organizations working in SRHR space. Encourage innovation and community engagement.

**x. Resource Allocation Based on Need:**

- **Strategy:** Allocate resources based on the specific needs of different districts, regions and communities, ensuring that marginalized and underserved areas receive adequate funding.

**xi. Advocacy for Budget Increases:**

- **Strategy:** Continuously advocate for increased budget allocations for SRHR programmes, highlighting the economic and social benefits of investing in SRHR, including reduced healthcare costs and improved gender equality.

**xii. Capacity Building for Financial Management:**

- **Strategy:** Provide training and capacity-building programmes for government agencies and CSOs involved in SRHR to improve financial management skills and compliance with budgetary guidelines.

**xiii. Transparent Budgeting and Reporting:**

- **Strategy:** Ensure transparency in budgeting and financial reporting related to SRHR programmes. Publish budgets and financial reports to promote accountability.

**xiv. Gender-Responsive Budgeting:**



- **Strategy:** Implement multi-year budgeting for SRHR programmes to ensure stable funding over several years, allowing for better planning and programme continuity.

### iii. Resource Mapping:

- **Strategy:** Conduct a comprehensive resource mapping exercise to identify existing resources, both financial and in-kind, that can be redirected towards SRHR programmes.

### iv. Costed Implementation Plans:

- **Strategy:** Develop costed implementation plans that outline the financial requirements for each SRHR programme component, including service delivery, awareness campaigns, capacity building, and infrastructure development.

### v. Resource Mobilization:

- **Strategy:** Seek additional funding from diverse sources, including international donors, development partners, foundations, and private sector entities, to supplement government allocations.

### vi. Public-Private Partnerships (PPPs):

- **Strategy:** Explore PPPs to leverage private sector resources and expertise for SRHR programmes. Develop clear guidelines and agreements to ensure that SRHR remains accessible and affordable.

### vii. Grant Programmes:

- **Strategy:** Establish grant programmes to support civil society organizations (CSOs) and community-based organizations (CBOs) working in SRHR space. Encourage them to apply for funding to implement targeted projects.

### viii. Allocating Based on Need:

- **Strategy:** Allocate resources based on the specific needs of different regions, districts and communities. Ensure that marginalized and underserved areas receive a fair share of funding.

- ix. Transparent Budgeting and Reporting:**
- **Strategy:** Promote transparency in budgeting and financial reporting for SRHR programmes. Publish budgets, financial reports, and expenditure details to enhance accountability.
- x. Financial Oversight:**
- **Strategy:** Establish mechanisms for financial oversight and audits to ensure that allocated resources are used efficiently and effectively.
- xi. Community Engagement:**
- **Strategy:** Involve community members and representatives in the budgeting process to ensure that their priorities and needs are considered.
- xii. Capacity Building:**
- **Strategy:** Provide financial management and budgeting training to government agencies, CSOs, and CBOs involved in SRHR programmes to enhance their ability to manage resources effectively.
- xiii. Gender-Responsive Budgeting:**
- **Strategy:** Implement gender-responsive budgeting to assess how budget allocations impact different genders and to address gender disparities in SRHR.
- xiv. Resource Allocation Committees:**
- **Strategy:** Establish committees responsible for resource allocation decisions, ensuring representation from various stakeholders, including civil society, government, and marginalized communities.
- xv. Evaluating Economic Impact:**
- **Strategy:** Conduct economic impact assessments to demonstrate the cost-effectiveness and socio-economic benefits of SRHR programmes, making a case for increased investment.
- xvi. Data-Informed Budgeting:**

- **Strategy:** Use data and evidence to inform budgeting decisions, prioritizing programmes and interventions that have demonstrated impact and effectiveness.

**xvii. Advocacy for Increased Budgets:**

- **Strategy:** Engage in advocacy efforts to increase budget allocations for SRHR programmes. Highlight the long-term benefits of investing in SRHR programmes, including improved health outcomes and reduced healthcare costs.

**xviii. Monitoring and Evaluation of Spending:**

- **Strategy:** Implement rigorous monitoring and evaluation mechanisms to track spending and assess the impact of allocated resources on SRHR outcomes.

**Implementing these strategies, Sierra Leone can allocate resources effectively to address the challenges associated with the new SRHR law and ensure that SRHR programmes are adequately funded to meet the needs of its population. Proper budgetary considerations and resource allocation are critical for achieving improved sexual and reproductive health outcomes and upholding SRHR rights for all citizens.**

## **4.12. Seeking International Support and Funding**

Seeking international support and funding is a critical strategy for addressing challenges associated with the new Sexual and Reproductive Health and Rights law in Sierra Leone, particularly in the context of budgetary considerations. Here is how to effectively seek international support and funding:

**i. Assess Funding Needs:**

- **Strategy:** Conduct a comprehensive assessment of the funding needs for SRHR programmes, taking into account service delivery, capacity building, infrastructure development, advocacy, and awareness campaigns.

**ii. Develop a Clear Funding Proposal:**

- **Strategy:** Prepare a well-documented and compelling funding proposal that outlines the specific objectives,

expected outcomes, and budget requirements of SRHR programmes. Ensure the proposal aligns with international donors' priorities and interests.

**iii. Identify Potential Donors:**

- **Strategy:** Research and identify potential international donors, including bilateral and multilateral agencies, foundations, non-governmental organizations (NGOs), and private sector entities, that have a history of supporting SRHR initiatives.

**iv. Engage with International Organizations:**

- **Strategy:** Establish direct communication with relevant international organizations, such as UN agencies (UNFPA, UNICEF), WHO, and international NGOs focused on SRHR priorities. Attend conferences, webinars, and workshops to network with potential donors.

**v. Align with Global Initiatives:**

- **Strategy:** Align your SRHR programmes with global initiatives and priorities, such as the Sustainable Development Goals (SDGs), the International Conference on Population and Development (ICPD), and global health campaigns. Highlight how your programmes contribute to these goals.

**vi. Leverage Diplomatic Channels:**

- **Strategy:** Utilize diplomatic channels and embassies to engage with foreign governments and international development agencies. Seek their support in advocating for funding for SRHR programmes in Sierra Leone.

**vii. Collaborate with International NGOs:**

- **Strategy:** Partner with international NGOs with a presence in Sierra Leone. They often have established relationships with international donors and can facilitate introductions and collaboration.

**viii. Advocate for SRHR at Global Forums:**

- **Strategy:** Advocate for SRHR funding at international conferences, forums, and summits related to health,



gender equality, and development. Make a compelling case for why investing in SRHR in Sierra Leone is critical.

- ix. Engage with Foundations and Philanthropists:**
  - **Strategy:** Identify philanthropic foundations and individual philanthropists who have an interest in SRHR and global health. Develop personalized pitches and proposals to secure their support.
- x. Establish Partnerships with Multilateral Agencies:**
  - **Strategy:** Collaborate with multilateral agencies, such as the World Bank and regional development banks, to secure funding for SRHR projects and initiatives.
- xi. Demonstrate Accountability and Impact:**
  - **Strategy:** Emphasize your commitment to transparency and accountability in managing funds. Provide evidence of the impact of previous SRHR programmes to build trust with potential donors.
- xii. Foster Local-International Collaboration:**
  - **Strategy:** Encourage collaboration between local organizations and international partners to implement SRHR programmes. International organizations often require local partners to execute programmes effectively.
- xiii. Track and Report Progress:**
  - **Strategy:** Once funding is secured, establish robust monitoring and evaluation mechanisms to track progress and demonstrate the impact of funded SRHR programmes. Regularly report back to donors on programme outcomes.
- xiv. Build Local Capacity:**
  - **Strategy:** Strengthen the capacity of local organizations and government agencies to effectively manage and implement donor-funded projects. This builds confidence among international donors.
- xv. Diversify Funding Sources:**
  - **Strategy:** Avoid over-reliance on a single donor or funding source. Diversify funding sources to mitigate risks and ensure programme sustainability.

**xvi. Advocate for Flexible Funding:**

- **Strategy:** Advocate for flexible funding that allows for adaptability in response to changing SRHR needs and priorities in Sierra Leone.

**Effective international support and funding are instrumental in addressing SRHR challenges and advancing the goals of the new SRHR law in Sierra Leone. By strategically seeking international partnerships and funding, Sierra Leone can bolster its efforts to improve sexual and reproductive health outcomes and uphold SRHR rights for all its citizens.**

# 5. CONCLUSION AND CALL TO ACTION

## 5.1. Recap of Strengths and Weaknesses of Current Safe Motherhood and Reproductive Health Policies

A comprehensive study on Sexual and Reproductive Health and Rights (SRHR) policies in Sierra Leone revealed various strengths and weaknesses in the current policy framework. Below is a recap of strengths and weaknesses found in SRHR policies in Sierra Leone:

### A. Strengths of Current SRHR Policies:

- i. **Legal Framework:**
  - **Strength:** Some legal frameworks, mostly policies that recognize SRHR services and protect against gender-based violence.
- ii. **International Commitments:**
  - **Strength:** Efforts to align with international agreements and commitments such as the Sustainable Development Goals (SDGs), International Conference on Population and Development (ICPD), FP 2023, Maputo Plan of Action and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
- iii. **Access to Services:**
  - **Strength:** Policies that promote equitable access to a range of SRHR services, including family planning, reproductive health, maternal health, and HIV/AIDS prevention and treatment.
- iv. **Healthcare Provider Training:**
  - **Strength:** Requirements for healthcare providers to undergo training in SRHR issues, ensuring that they are well-informed and able to provide quality care.
- v. **Youth-Friendly Services:**

- **Strength:** Provision of youth-friendly SRHR services that are tailored to the unique needs of adolescents and young adults.
- vi. **Awareness and Education:**
  - **Strength:** Policies supporting comprehensive sexuality education in schools and community-based programmes to promote awareness and understanding of SRHR issues.
- vii. **Contraceptive Access:**
  - **Strength:** Measures to increase access to modern contraceptives and family planning services, helping to reduce incidences of unintended pregnancies.
- viii. **Gender Equality:**
  - **Strength:** Inclusion of gender equality and women's empowerment as a central component of SRHR policies.
- ix. **Health Equity:**
  - **Strength:** Policies addressing health disparities and aiming to improve the health outcomes of vulnerable groups and marginalized and underserved populations, such as rural communities.

## **B. Weaknesses of Current SRHR Policies**

- i. **Legal Barriers:**
  - **Weakness:** Existing legal barriers, including restrictive abortion laws of Offences against the Person Act 1861, Pharmacy and Drugs Act 2001 and discriminatory practices that hinder access to SRHR services and information.
- ii. **Stigma and Discrimination:**
  - **Weakness:** Persistent societal stigma and discrimination related to SRHR issues such as FGM/C and particularly affecting marginalized groups, LGBTQ+ individuals, and people living with HIV/AIDS.
- iii. **Limited Access to Services:**

- **Weakness:** Unequal access to SRHR services, particularly in rural and remote areas, leading to disparities in healthcare outcomes.
- iv. Comprehensive Sexuality Education Gaps:**
- **Weakness:** Inadequate implementation of comprehensive sexuality education, leaving many young people without access to accurate and age-appropriate information.
- v. Healthcare Provider Biases:**
- **Weakness:** Attitudes and biases among healthcare providers that can result in judgmental or discriminatory treatment of patients seeking SRHR services.
- vi. Lack of Accountability:**
- **Weakness:** Weak mechanisms for accountability and monitoring of SRHR policies, leading to limited enforcement and oversight.
- vii. Resource Constraints:**
- **Weakness:** Limited financial and human resources allocated to SRHR programmes, potentially impeding the scale-up of services and interventions.
- viii. Cultural and Religious Norms:**
- **Weakness:** Cultural and religious norms hinder the acceptance and implementation of progressive SRHR policies, particularly related to issues like contraception, abortion, Female genital Cutting (FGC) and sexuality education.
- ix. Data Collection and Monitoring:**
- **Weakness:** Insufficient/inadequate data and monitoring systems to track progress and identify areas for improvement in SRHR programmes.
- x. Limited Male Involvement:**
- **Weakness:** Insufficient involvement of men and boys in SRHR programmes and advocacy efforts, limiting the scope of gender-transformative approaches.

This comprehensive study of SRHR Policies in Sierra Leone provides more nuanced understanding of the strengths and weaknesses of its SRHR policies in the absence of a new Safe Motherhood and Reproductive Health Care Act. Mitigating these weaknesses and building upon the strengths is crucial for improving sexual and reproductive health outcomes and ensuring the rights of all individuals in the country.

## 5.2. The Potential Impact of the Safe Motherhood and Reproductive Healthcare Act on Improving Sexual Reproductive Health and Rights Outcomes in Sierra Leone

This comprehensive study of Sexual and Reproductive Health and Rights (SRHR) policies in Sierra Leone provides the potential impact of a new SRHR law on improving SRHR outcomes in the country. Here are some ways in which a new Safe Motherhood and Reproductive Healthcare Act can positively affect SRHR outcomes:

- i. **Legal Protection:** The Safe Motherhood and Reproductive Healthcare Bill when enacted into law and well implemented can provide legal protection for individuals' rights to access quality SRHR services and information. This can help ensure that these services are available and accessible without discrimination or barriers.
- ii. **Reduced Stigma:** The law includes provisions that address stigma and discrimination related to SRHR issues, which discourage individuals from seeking care. Reducing stigma will lead to increased utilization of SRHR services.
- iii. **Access to Contraceptives:** Legal reforms will improve access to contraceptives, reducing unintended pregnancies and unsafe abortions. This will contribute to lower maternal and child mortality rates.
- iv. **Maternal and Women's Health:** The Safe Motherhood and Reproductive Healthcare Act promotes antenatal and postnatal care, skilled birth attendance, emergency

obstetric care, legal abortions, HIV/AIDS, STIs, family planning, reproductive cancers, etc. prevention, diagnosis and treatment. It will reduce maternal mortality rates and improve maternal and women's health outcomes.

- v. **Youth-Friendly Services:** The new legal provisions require the establishment of youth-friendly SRHR services, making it easier for young people to access care and information.
- vi. **Accountability:** The Safe Motherhood and Reproductive Healthcare Act makes provisions for the establishment of mechanisms for accountability, making it easier to track progress in SRHR outcomes and hold institutions and individuals accountable for violations of SRHR rights.
- vii. **Health Equity:** The new legal provisions focus on improving health equity, ensuring that SRHR services reach marginalized and vulnerable populations, including those in rural areas.
- viii. **Data Collection and Monitoring:** The law requires robust data collection and monitoring systems to track SRHR outcomes, identify disparities, and guide evidence-based policy decisions.
- ix. **Community Engagement:** Provisions promote community engagement and involvement in SRHR programme, ensuring that interventions are culturally sensitive and address local needs.
- x. **Healthcare Provider Training:** The legal requirements for healthcare provider training in SRHR issues will improve the quality of care and reduce biases that may deter individuals from seeking services.
- xi. **International Best Practices:** The law seek to align Sierra Leone's SRHR policies with international best practices and commitments, fostering cooperation with global partners and donors.
- xii. **Empowerment:** SRHR laws empower individuals to make informed decisions about their sexual and reproductive health, promoting autonomy and bodily integrity.

- xiii. **Reduction in Maternal and Child Mortality:** Improved access to maternal and child health services, including family planning and safe childbirth will lead to a reduction in maternal and child mortality rates.
- xiv. **Empowerment of Women:** SRHR laws will empower women to make decisions about their reproductive health, education, and economic participation, contributing to gender equality and economic development.
- xv. **Alignment with International Human Rights Standards:** The law ensures that Sierra Leone's SRHR policies align with international human rights standards and conventions, reinforcing the country's commitment to upholding these rights.

It is important to note that the effectiveness of a new Safe Motherhood and Reproductive Health Care Act depends on its content, implementation, enforcement, and the broader socio-cultural context. This report on a comprehensive study of the SRHR policies in Sierra Leone provides valuable insights into how the Safe Motherhood and Reproductive Health Care Act can contribute to improve SRHR outcomes and overall well-being in the country.

### 5.3. Call to Action for Policymakers to Prioritize Development and Implementation of a Comprehensive Sexual and Reproductive Health Rights Law for the Benefit of All Citizens

A comprehensive study of Sexual and Reproductive Health and Rights (SRHR) policies in Sierra Leone serves as a powerful call to action for policymakers to prioritize the development and implementation of a comprehensive SRHR law for the benefit of all citizens. Such a law is not just a legal obligation but also a fundamental step towards ensuring the well-being, dignity, and rights of Sierra Leoneans. Here is a call to action for policymakers:



Advocates, researchers, and concerned citizens, urge Policymakers, Politicians, Government and Parliamentarians to prioritize the swift ratification and implementation of the Safe Motherhood and Reproductive Health Care Bill 2023 for the betterment of all individuals in Sierra Leone. The findings of the comprehensive study of SRHR policies in Sierra Leone underscore the urgent need for legal reform in this critical area of public health and human rights.

- I. **Acknowledge the Gaps:** Acknowledge the strengths of current SRHR policies but must also confront their weaknesses. These gaps persistently hinder access to essential SRHR services and information, contributing to negative health outcomes, gender inequality, and social injustice.
- II. **Recognize the Benefits:** A comprehensive SRHR law can catalyze transformative change. It has the potential to:
  - Protect individuals' rights to make informed decisions about their sexual and reproductive health.
  - Eliminate discriminatory practices and stigma that hinder access to care.
  - Reduce maternal and child mortality rates.
  - Foster gender equality and women's empowerment.
  - Improve health outcomes and well-being for all, regardless of gender, age, socioeconomic status, or geographic location.
- III. **Commit to Legislative Action:** SRHR advocates call upon policymakers, Government and Parliament to commit to the enactment and implementation of a comprehensive SRHR law that is grounded in international human rights standards and principles. This law should address the unique needs and challenges of Sierra Leone and its diverse population.
- IV. **Foster Inclusivity:** Engage in a consultative and participatory process that involves civil society organizations, religious leaders, healthcare professionals, traditional authorities,

marginalized communities, youth representatives, and other stakeholders. Ensure their voices heard and their perspectives considered in shaping the law.

- V. **Promote Accountability:** Establish mechanisms for accountability and monitoring of SRHR policies and their implementation. Ensure that individuals and institutions are held accountable for upholding SRHR rights and obligations.
- VI. **Prioritize Education:** Promote comprehensive sexuality education in schools and communities to empower young people with accurate information and equip them with the skills to make informed choices about their sexual and reproductive health.
- VII. **Commit to Funding:** Allocate adequate financial resources to support the implementation of the SRHR law, recognizing that investment in SRHR is an investment in the well-being and future of Sierra Leone.
- VIII. **Overcome Cultural Barriers:** Work diligently to overcome cultural and social barriers that hinder the acceptance and implementation of progressive SRHR policies. Respect cultural diversity while promoting SRHR rights and allow science and evidence to prevail.
- IX. **Collaborate Globally:** Collaborate with international partners, agencies, and organizations to leverage expertise, resources, and technical assistance in the development and implementation of the SRHR law.
- X. **Monitor Progress:** Establish regular monitoring and evaluation mechanisms to track progress, assess impact, and make necessary adjustments to SRHR programmes and policies.

In conclusion, the development and implementation of a comprehensive SRHR law in Sierra Leone is a moral and legal imperative. It is a commitment to the principles of human rights, gender equality, and social justice. CARL, PARHA, other CSOs and

**people of Sierra Leone urge policymakers, to act swiftly and decisively to protect and uphold the SRH rights of all citizens, ensuring a brighter and healthier future for Sierra Leone.**

**Sierra Leoneans deserve no less than the full realization of their Sexual & Reproductive Health and Rights, and the people are looking to the Government for leadership in making this vision a reality!**