2024 - 2028

Strategic Plan of the Ministry of Social Welfare

FORWARD

Ministry of Social Welfare's Strategic Plan heralds a new dawn and a transformative moment in the life of the Ministry. It sets the Ministry's Agenda for the next five years covering the period 2024-2028. It will serve as the yardstick by which the Ministry's performance will be assessed at the end of that period. The development of this plan takes into consideration the Ministry's previous strategic plan, past performance and an evaluation of its current mode of operations with a focus on its future. The MOSW strategic plan builds on the legal and policy frameworks in favour of children, women, persons with disabilities and other vulnerable groups. It is the product of extensive stakeholder consultations across the country.

The Strategic Plan is aligned with the Constitution of Sierra Leone, 1991, the Medium-Term National Development Plan (MTNDP 2024-2030) and the Government's current Development Roadmap, the "Big Five Game Changers". The aim of the Big Five Game Changers is '**Accelerating Economic Growth and Building Resilience'**. The Ministry will play a pivotal role as enabler of both the Medium-Term National Development Plan and the "Big Five Game Changers" Agenda which are anchored on the pillars of: Food Security, Human Capital Development and Job Creation. The Ministry's Strategic Plan is also aligned with the Sustainable Development Goals (SDGs) and relevant international human rights conventions, instruments and treaties to which Sierra Leone is a signatory.

The Ministry of Social Welfare and by extension the Social Welfare Sector is an integral part of the Government's Human Capital Development Flagship Programme especially at a time the world in general and Sierra Leone in particular contends with the challenges of vulnerability, poverty, inequalities and drug and substance abuse. At the same time when our gloomy history of the war, the outbreak of the Ebola Virus Disease, the flash floods and Mudslides, COVID-19 and drug and substance abuse brings with it corresponding increase in the levels of poverty and vulnerability, the Ministry of Social Welfare is also genuinely expected to come up with programmes that ensures vulnerable members of society are protected from abuse, neglect, exploitation and extreme poverty.

The Ministry of Social Welfare and by extension the Social Welfare Sector in Sierra Leone is faced with several major challenges that need urgent attention. These challenges include but are not limited to: inadequate resource allocation, overreliance on development partners and weak institutional capacity. The Ministry has formulated various policies and developed programmes aimed at addressing these challenges as contained in this Strategic Plan. The highlights of these are: Strengthening the social Work Force and systems for effective delivery of social development interventions; promotion and protection of the rights of vulnerable groups, provision of life skills

and alternative means of livelihood, promotion of Alternative Care; promoting sustainable financing options for social protection; and enhancing efficiency in the delivery of welfare support.

At this point, I wish to recognize the support and efforts of our partners and stakeholders in ensuring that the Ministry's programmes are effectively implemented. From our Development Partners, the African Development Bank, the UN System, Government Ministries, Departments and Agencies (MDAs), Non-Governmental Organizations (NGOs), beneficiaries and the general public, your continued support to this Ministry is highly appreciated. The level of success in implementing the initiatives and programmes in this Strategic Plan is heavily dependent upon strengthening the collaborations we have built over the years while establishing new ones especially in key emerging areas such as addressing Kush and other drug and substance abuse among the youthful population. I therefore entreat all our partners and stakeholders to collaborate with the Ministry through this five-year journey. On behalf of the staff of the Ministry, I pledge to provide the required strategic guidance to lead the implementation process to its desired goal. The Ministry will play a pivotal role in this process in a transparent and accountable manner. So let us work together to build a transformative and accelerated Social Welfare Sector that will improve the lives of vulnerable Sierra Leoneans.

Mrs. Melrose Karminty
Minister of Social Welfare

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ABBREVIATIONS

MDAs- Ministries, Departments and Agencies

MGCA- Ministry of Gender and Children's Affairs

MIA- Ministry of Internal Affairs

MoE- Ministry of Education

MoHS- Ministry of Health

MoJ- Ministry of Justice

MoSW- Ministry of Social Welfare

INGOs- International Non-Governmental Organisations

NaCSA- National Commission for Social Action

NGOs- Non-Governmental Organisations

NCC- National Commission for Children

NCPD- National Commission for Persons with Disabilities

NDLEA- National Drug Law Enforcement Agency

NDMA- National Disaster Management Agency

PWDs – Persons with Disability

ToR- Terms of Reference

VoTMS- Victims of Trafficking and Modern Slavery

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1 BACKGROUND

1.1 COUNTRY CONTEXT

1.1.1 The State of Social Welfare in Sierra Leone

As one of the countries with the lowest UN Human Development Index for decades, Sierra Leone has some of the worst social indicators in the world.[1] Although poverty has been reducing in the country, the overall rate estimated at 56.8% is still considered one of the highest in the world.[2] At least 10% of the population of Sierra Leone is living with diverse forms of social and economic vulnerabilities. The 4,000 to 5,000 people who are said to have survived Ebola Virus infection; when Sierra Leone became one of the epicenters of the Ebola outbreak that hit the West Africa region in 2014-2015, have no regular programme of response to their psychosocial, continuous medical observation and other special needs. There are limited social welfare and social protection programmes for the needy aged and widows, people with special needs, street beggars, and other categories of vulnerable groups.

Many components of Government's social welfare and social protection work are still rudimentary, meaning that their coverage of the population is very limited. For instance, 98% of Sierra Leoneans of retirement age do not receive pension.[3] The Free Healthcare Initiative introduced in 2010 targets only pregnant women, lactating mothers, and children. While plans are at advanced stages of its establishment, there is still no national social health insurance scheme in the country. A Social Safety Nets Project was piloted in 2014; and made cash transfers to the elderly who are unable to work, extremely poor households with children, and persons with disabilities; and food assistance to very poor families reached only 30, 000 beneficiaries.[4]

1.1.2 Limited social sector outputs and outcomes as a reflection of inadequate Government spending over the years

The country's low social protection and social welfare status reflects the poor capacity of Government for social sector spending over the years. Sierra Leone is one of the countries with the lowest social sector spending in the world. Average social protection

[1] For more statistical details of the country's poverty profile, and related data, see the Medium-Term National Development Plan 2013-2023, Sierra Leone Demographic and Health Survey 2018, UN Human Development Reports, and the World Bank's Sierra Leone Social Protection Assessment report, 2013.
[2] Sierra Leone Demographic and Health Survey 2018
[3] Social Protection Coverage Around the World. June 2020.
[4] The National Social Safety Net programme which still continuing has a target to reach an additional 65,000 people.

expenditure (not including health) on working age people, for instance, is 0.1% of GDP.[5] The social protection in the country heavily depends on funding provided by international development partners, and non-governmental organisations (NGOs). Sierra Leone's social assistance spending dependence on external resources is said to be 85%.[6] One report has concluded that the figure could be higher if budgetary support to government were to be considered.[7]

1.1.3 Indicated prioritization of social welfare and social protection by Government

In 2011, the Government of Sierra Leone adopted a national Social Protection Policy (revised in 2018) defining the specific outcomes and prioritized interventions, focusing on ten areas. Some of these priorities include increasing access to education and health services, encouraging traditional family and community support for the vulnerable, promoting social insurance schemes and providing transfers to increase the use of social services, such as health services. The Medium-term National Development Plan 2019-2023 made social investment commitments; including establishing a Social Safety Net Fund to respond to emergencies, expanding social assistance to cover 30% of the population, and expanding social insurance to the informal sector. Over the next five years, the ruling Party intends to consolidate the gains made in the said areas while accelerating the delivery of a transformative social welfare system aimed at reducing multidimensional poverty and distress.[8] Towards this consolidation and acceleration, Government has additional commitments in the Medium-term National Development Plan 2024-2030 towards strengthening social protection; increasing welfare of children, and the aged and persons with disabilities; under Human Capital Development Policy Result Area.[9]

1.1.4 The poor state of the economy and implications for social welfare spending

Towards overall improved social protection outcomes, Government has over since 2018 made some promising strides including budget allocation for supporting persons with disabilities, and developing and rolling out livelihood support to vulnerable sections of the population. The capacity of Government to expand social protection and welfare services however, remains to be determined by the speed and scope of the country's economic recovery; in the circumstances of post-Covid-19 and the war in Ukraine. The circumstances of post-Covid-19 and the war in Ukraine have generally worsened the economic situation in the country; and badly hit government's capacity to fund public services including, social protection and social welfare.

[5] World Social Protection Report 2017/2019.
[6] Government of Sierra Leone. Sierra Leone's Medium-Term National Development Plan 2019-2023.
[7] World Bank. Sierra Leone Social Protection Assessment Report. 78195-SL, June 14, 2013.
[8] Sierra Leone's People's Party Manifest 2023.
[9] Government of Sierra Leone. Sierra Leone's Medium-Term National Development Plan 2024-2030.

1.2 THE MINISTRY OF SOCIAL WELFARE

1.2.1 Mandate and Critical challenges facing the Ministry

The Ministry of Social Welfare (MoSW) is the main Government institution charged with responsibilities for social welfare in Sierra Leone; including supporting and empowering the various categories of vulnerable persons. A number of challenges inhibit MoSW's capacity to meet social welfare responsibilities. These challenges include inadequate office accommodation and logistics; a staffing gap of at least 780 Social Workers, low technical skills in critical areas, weak Information, Communication, Technology usage and infrastructure, and limited equipment and tools.

1.2.2 The opportunities to bolster the preparedness of the Ministry to address challenges and execute mandate effectively

The Ministry has made critical responses as capacity undergirds to meet its social welfare mandate. Since 2018, the Ministry has secured presence of staff at District-levels country-wide; and recruited additional staff. A Management and Functional Review has been conducted; and Human Resource Strategy developed; both to guide organizational change and investments in staffing level and needs. There is improved regulatory and policy environment with the existence of a National Social Protection Policy, a Street Child Strategy, Radical Inclusion Policy, and the National Digital Health Strategy. It is the nature of the social sector everywhere that there would always be non-state agencies working to ameliorate the social discomfort of vulnerable groups; including faith-based groups, humanitarian organisations, affected-persons associations, community-based organistions, and other categories of non-profit organisations. The Ministry has good relationship with the many such organisations presently in the country; working on various social issues.

1.2.3 The Strategic Plan 2024-2028 as the holistic response framework for the Ministry's work over the next 5-years

The magnitude of the challenges in the social sector in Sierra Leone made deep reflection and planning pertinent; which led the Ministry to the decision to develop a holistic response framework; being a 5-year Strategic Plan. The preparation of a 5-year Strategic Plan of the MoSW is a fulfillment of requirements under Sierra Leone public sector management; which empowers the Ministry to among other things, formulate and implement plans, programmes and strategies for effective mobilization of material and human resources for development. The Strategic Plan builds on the gains made over the years by Government with the critical support of Partners; while seeking to accelerate the delivery of a transformative social welfare system aimed at reducing multidimensional poverty and distress. The development of the Strategy coincides with multilateral agencies also developing their Country Assistance Strategies; and coincides with

Government's development of the National Development Plan; providing an opportunity for synergy building in social sector planning.

1.3 REGULATORY FRAMEWORK FOR THE SECTOR

Government's social welfare and social protection response obligation is underpinned by a number of critical legislations, policies, and Strategies to which MoSW is bound among which are the following:

- Medium-Term National Development Plan 2024-2030
- Medium-Term National Development Plan 2019-2023
- The Ant-Human Trafficking and Migrant Smuggling Act 2022
- The Local Government Act 2022
- National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage. 2018 – 2022
- National Strategy for Out-of-School Children June 2022
- National Social Protection Strategy for Sierra Leone 2022 -2026
- National Referral Protocol on Sexual and Gender-based Violence: Pathways to Service Provision to Survivors of Gender-Based Violence. July 2022
- The Public Health Act 2022
- National Health Sector Strategic Plan 2021-2025
- Sierra Leone Health and Sanitation Policy 2021
- The National Drugs Control Act (Arrest and Seizure Regulations) 2021
- School Health Policy 2021
- Sierra Leone Communicable Diseases Strategic Plan 2020
- National Male Involvement Strategy for the Prevention of Sexual and Gender-based Violence. March 2020
- Constitution of Sierra Leone 1991
- National Health Sector Strategic Plan 2010 -2015
- The Sexual Offences Act 2012
- Reproductive, New-born, and Child Health Policy 2011
- National Decentralisation Policy, 2011
- The Persons With Disability Act, 2011
- The National HIV and Aids Commission Act 2011
- The National Drugs Control Act 2008
- National Health Policy 2008
- The Refugees Protection Act 2007
- The Prevention and Control of HIV and Aids Act 2007
- The Domestic Violence Act 2007
- The Child Rights Act 2007

2 OVERALL OBJECTIVE OF THE MINISTRY OVER THE NEXT 5 YEARS

The overall objective pursued by the MoSW over the next 5 years, in articulating and using the Strategic Plan is to increase service delivery across all mandate areas; with achievement of specified outputs to be used as the measure of success.

3 PURPOSE OF THE STRATEGIC PLAN

The Strategic Plan serves as the single-source framework document that guides the Ministry and stakeholders in the following:

- Planning and investments made in the social sector pursuant to the overall objective of the MoSW over the next 5 years
- Planning and investments made in contributing to the Big 5 Game Changers via social sector services
- Monitoring and evaluating the work of the MoSW for the valid period of the Strategic Plan

4 ALIGNMENT OF THE STRATEGIC PLAN WITH GLOBAL AND NATIONAL DEVELOPMENT FRAMEWORKS

4.1 General Statement of Alignment Obligations

At the global level, the outputs of the Strategic Plan have been carefully determined to support Government of Sierra Leone's Social Development Goals aspirations that bear social welfare outcomes namely: Goal 1- No Poverty, Goal 2- Zero Hunger, Goal 3: Good Health and Wellbeing, Goal 5- Gender Equality; and Goal- 10- Reducing Inequality.

At the national level, the outputs of the Strategic Plan have been purposively determined to contribute to the five broad social and economic development priority pathways labeled by Government as the Big Five as follows:

- through amplification of health and education services for all vulnerable persons as the Ministry's contribution to ***Human Capital Development***
- through greater uptake of mobile telephony applications, and computers hard and soft ware in the delivery of social services as the Ministry's contribution to ***Technology***.

- Through livelihood support initiatives for all vulnerable groups that increasingly utilises opportunities in agriculture as the Ministry's contribution to ***Feed Salone***
- Through livelihood support initiatives for the youth population of all vulnerable groups that increasingly utilises employment and employment creation opportunities as the Ministry's contribution to ***Youth Employment***
- Through acquisition and use of synergy-building processes across Ministries, Departments and Agencies, reform of social services delivery processes and tools, and management and functional reform as the Ministry's contribution to ***Revamping Public Administration***

4.2 Social Welfare and Social Protection Targets in the Medium-Term National Development Plan 2024 -2030

4.2.1 Women's Empowerment

Strategic objective: The strategic objective is to consolidate and promote gains from the state's investment in advancing the empowerment of women in the political, social, economic, and cultural spheres.

Table 1 - Women's Empowerment

Key Targets	Baseline	Annual Targets						
		2024	2025	2026	2027	2028	2029	2030
Women's access to financial and financial services drastically increased	25% in 2022 (UNCDF)	30%	35%	40%	45%	50%	55%	60%
Adolescent pregnancy is reduced to 10 percent	21%	19.6%	18.0%	16.4%	14.8%	13.2%	11.6%	10%
Physical and sexual assault cases reduced to 1,000	2,939 Cases in 2022 (MoGCA)	2,662 Cases	2,385 Cases	2,108 Cases	1,831 Cases	1,554 Cases	1,277 Cases	1,000 Cases

4.2.2 Children

Strategic objective: As in the previous national development plan, the strategic objective is to ensure a 'children first' approach for the survival, protection, and development of children, including disabled and vulnerable children, as well as to prioritise the best interests of children at all times, with a special focus on addressing sexual violence, teenage pregnancy, child marriage, orphans, vulnerable children, child trafficking, child labour, and juvenile justice.

Key targets

1. By 2030, child multidimensional poverty reduced to 40 percent from 66 percent currently
2. By 2030, the number of children suffering from violence, abuse, and neglect reduced drastically compared to 2023 levels
3. By 2030, access to rehabilitation and reintegration services for all child survivors/victims of abuse and violence increased drastically
4. By 2030, all relevant laws, policies, and regulations reviewed, updated and aligned with international instruments and passed to address rights of a child.

4.2.3 Empowering persons with disabilities

Strategic objectives: The strategic objectives are to ensure the comprehensive review and implementation of policies and laws relating to disability; scale-up efforts to make public facilities disability friendly; review and improve incentives for teachers in special needs institutions; provide free health care for the physically challenged; and provide livelihood support to persons living with disability for economic empowerment and self-reliance.

Key targets:

1. By 2030, persons with disabilities benefiting from social protection systems (cash transfers) is 20 percent higher than in 2023
2. By 2030, ensure full implementation of the Disability Act
3. By 2030, increase capacity building and resource allocation to the PWD sector.

4.2.4 The Aged

Strategic objective: Strategic objectives are to ensure the comprehensive review and implementation of policies and laws relating to the aged; and provide substantial health care and continued employment opportunities for this category to increase and sustain their self-reliance.

Key targets:

1. By 2025, the size of the aged population and location in the country fully determined
2. By 2030, support to the aged drastically increased
3. By 2028, a clear framework for the welfare of the aged and participation in service delivery drawn up.

4.2.5 Social Protection

Strategic objective: The strategic objective is to ensure a a strengthened state-citizen responsibilities and relationships, enhanced human capital development, effective management of risks and vulnerability, community livelihood development, sustained social cohesion and nation building, and inclusive macroeconomic development.

Key targets:

1. By 2030, cash transfers provided to an additional 35,000 poor households
2. By 2030, employment is provided to 9,000 youths
3. By 2030, provide special support to at least 30 percent of vulnerable populations (including women, persons with disabilities, older persons, and children).

4.2.6 Addressing irregular migration

Strategic objective: The strategic objective is to ensure that internal and external migration is reduced and effectively managed.

Key targets:

1. By 2030, the conviction rate of human traffickers is 5 percent higher than the figure in 2023
2. By 2030, the general public especially the youth are more aware of irregular migration, human trafficking
3. Provide protection services to all victims of human trafficking.

4.2.7 Addressing Kush and other Drug and Substance Abuse

Strategic objective: The strategic objective is to mitigate serious Kush and other drug and substance abuse among young people in Sierra Leone.

Key Targets:

1. By 2030, Reduce the proliferation and abuse of Kush and other drugs among youths in Sierra Leone
2. By 2030, improve the advocacy skills of young people in the fight against abuse of Kush and other drugs
3. By 2030, increase the level of awareness including its effects on Kush and other drugs abuse.

5 STATEMENT OF INSTITUTIONAL VISION, MISSION, AND PRINCIPLES

5.1 VISION

A Sierra Leone in which the rights of vulnerable and underprivileged persons or families are respected, including their equal access to available opportunities, resources and appropriate services in communities.

5.2 MISSION STATEMENT

Empowering and transforming the lives of vulnerable and underprivileged persons or families, communities, including young people, women, children, the elderly and persons with disabilities. We do this through coordinated development and implementation of laws, policies and programmes that promote their welfare and safeguard their rights; as well as promote religious tolerance.

5.3 THE MINISTRY WE DESIRE OVER FIVE YEARS

We desire to work in a ***conducive environment***

We desire to work with ***clarity of mandate***

We desire to work with ***clarity of roles*** for staff

We desire to work with ***increased budget*** *and timely allocation*

We desire to have a ***strengthened social workforce***

We desire an ***equipped and responsive team***

We desire ***staff technical capacity*** for all our service areas

5.4 GENERAL PRINCIPLES THAT GUIDE THE IMPLEMENTATION OF THE STRATEGY

Equity, where the Ministry seeks to ensure that all its areas of services are accessible to every person anywhere in Sierra Leone

Sustainability which guides the Ministry's investment decisions and design of service delivery processes, with fundamental consideration for the long-haul:

Partnership on which the Ministry relies to leverage coordination, collaboration and cooperation among governmental and non-governmental actors involved in promoting social welfare in Sierra Leone.

Innovation and flexibility, which means that we are always open to doing things in new ways; where it brings ease, value for money, and better last-mile services to those in need.

The promotion of rights which underpins our orientation that services are offered to those in need because it is their rights to have them

6 METHODOLOGY AND APPROACH TO THE DEVELOPMENT OF THE STRATEGIC PLAN

6.1 PRELIMINARY DISCUSSIONS

The development of the Strategic Plan started with preliminary discussions between the consultants and the leadership and key officials at the Ministry of Social Welfare. These exchanges were generally meant to reach common understanding on the scope of assignment, provide guidance information that would support other aspects of the assignment, agreement of conceptual matters, quality controls, and fieldwork logistical support; among any other areas that were relevant. The preliminary discussions were in the form of in-persons meetings at the Ministry, via telephone, and email.

6.2 LITERATURE REVIEW

Three levels of literature were reviewed towards the development of the Strategic Plan. At one level, key statutory instruments and policy frameworks directly or generally pertaining to social welfare in general, and the work of the Ministry of Social Welfare were reviewed.

At the second level, internal literature of the Ministry of Social Welfare and other Ministries, Departments and Agencies (MDAs) involved in services directly or collaterally relevant to social welfare were reviewed to glean evidence of the scope of social welfare services, issues, the existing reach and quality of last-mile social services delivery across the country, key challenges, the nature of collaboration and partnerships within government and with non-state actors. At a third level, reports of non-state agencies; including local and international organisations involved in social welfare activities in Sierra Leone were reviewed. Literature at this level was reviewed to gain practitioner insights on

gains being made in the social welfare sector, the challenges in social welfare promotion work in Sierra Leone, and emerging opportunities; among other issues.

6.3 STAKEHOLDER MAPPING

A mapping of stakeholders in social welfare work was conducted along-side the preliminary discussions and review of literature. The stakeholder mapping was done to identify governmental and non-governmental organisations that provide services related to the work of MoSW; and representatives of the different kinds of beneficiary groups that the Ministry provides services to. The stakeholders mapping informed the list of invitees to the National Consultative Conference to deliberate and shape the design of the Strategic Plan. The stakeholders mapping also informed the planning for the Regional Validation meetings.

6.4 NATIONAL CONSULTATIVE MEETING

A two-day National Consultative Conference was held in Freetown; that brought together all the stakeholders identified from the stakeholder mapping. The two-day National Consultative Conference was the primary platform for obtaining inputs from stakeholders in the diagnosis of the challenges, issues, opportunities and related information around the social welfare sector; and in mapping the way forward. Essentially, the National Consultative Conference process ensured collective ownership of the Strategic Plan.

6.5 KEY INFORMANT INTERVIEWS

Limited Interviews were conducted with governmental and non-governmental agencies as the two categories of key Informants. These interviews were conducted with Ministry of Social Welfare and other MDAs and non-state agencies involved in services directly or collaterally relevant to social welfare services in Sierra Leone. The interviews provided qualitative insights on gains being made across agencies, challenges faced in social welfare work in Sierra Leone, the nature and quality of collaboration with government and partnerships with non-state agencies, and emerging opportunities; among other issues relevant to the Strategic Plan.

6.6 TECHNICAL WORKSHOP

A two-day residential workshop was held at Occasions Resort in Freetown; that brought together officials and technical leads from the relevant non-governmental, bilateral and multilateral agencies, regional officials of the MoSW, and representatives from selected relevant MDAs to develop the draft Strategic Plan. Participants at the Technical Workshop

corroborated factual matters, and provided insights, and new information. A draft Strategic Plan was produced following the Technical Workshop.

6.7 REGIONAL VALIDATION MEETINGS

Regional meetings were held in Port Loko, Kenema, Bo, and Freetown between 6th to 15th December, 2023 to validate the draft Strategic Plan; which was at hand following the conclusion of the Technical Workshop. The validation meeting ensured that the final Strategic Plan reflected all the inputs made and agreed on by stakeholders at the National Consultative Conference; and obtained region-specific issues for consideration and possible inclusion into the final Strategic Plan.

7 THE MINISTRY'S SERVICES LEVEL STATUS AND OUTPUTS TO PURSUE OVER THE NEXT FIVE YEARS

7.1 VULNERABLE GROUPS

7.1.1 Mandate description and service level status

MoSW is the principal government agency charged with ensuring that Children in Street Situations or in conflict with the law, Persons with Disabilities (PWDs), Widows, the Aged, returning migrants, and Victims of Trafficking and Modern Slavery (VoTMS), other categories of people officially classified as vulnerable groups; receive support to enjoy their rights, alleviate their social, economic, and other discomforts associated with their situation. The Ministry's responsibilities to ensure vulnerable groups' social protection, safeguarding, rehabilitation and reintegration into family and society are supported by a number of other Government institutions including the Ministry of Gender and Children's Affairs (MGCA), the National Commission for Children (NCC), the National Commission for Persons with Disabilities (NCPD), the Ministry of Education (MoE), the Ministry of Justice (MoJ), Ministry of Internal Affairs (MIA), and the Ministry of Health (MoHS).

At the time the Strategic Plan was put together, MoSW had no regular programme of support for children in street situations across the country. There were no central government or Local Council run orphanages, Safe Homes, and care centers. The Ministry consequently, relied heavily on NGOs for residential care for social protection, safeguarding, and support services to children in the streets; through orphanages, Safe Homes, and other Interim Care Centers. MoSW ran only two Remand Homes and a

couple of appropriate centers for holding children during investigations for children in conflict with the law; leading to massive discomfort of children under-going trials in court; and causing delays in justice delivery. MoSW did not routinely monitor and report on the state of street children, and any aspect of issues pertaining to delinquency and children in conflict with the law.

At the time the Strategic Plan was put together, the MoSW had limited and no regular programme of support for the social comfort of many categories of vulnerable groups in such critical areas as livelihood; psychosocial services, protection from stigma, medical care, and assistive equipment. There were only two residential homes running care and protection programmes for the aged namely; the King George VI Memorial home operated by the Sierra Leone Society for Welfare for the Aged; and Chesire Home. MoSW had a structured and permanent programme of psychosocial and social rehabilitation support for returning migrants and deportees; including the provision of reintegration package. At the time the Strategic Plan was put together, MoSW was not routinely monitoring and reporting on the different categories of vulnerable groups across the country.

MoSW's efforts to meet the basic education needs of PWDs were limited to grant support to a couple of schools for the blind and the deaf. Over the years, livelihood opportunities for PWDs through direct Government programmes have been limited to occasional Social Protection payments by the National Commission for Social Action (NaCSA). Non-profit development organisations were supporting cooperative artisan and agricultural activities in few districts.

7.1.2 Children in Street Situations and Child Justice

Figure 1 - A child in difficult circumstance and in need of child protection support.

Table 2 – Vulnerable Group 1: Children in Street Situations and Child Justice

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps
Approved schools	• Case management • Lodge • Feeding • Education • Medical care • Clothing • Vocational skills • Psychosocial support • Counselling • Rehabilitation • Reintegration with families	• Improper shelter • Insufficient feeding • Insufficient medical care • Limited learning materials • Insufficient teachers • Limited leisure facilities Improper water and sanitation facility • Limited recreational facilities	• Government low funds allocation • No Partner is providing support on a regular basis	• Occasional support from philanthropists and NGOs for feeding, clothing, and medical care.

		• Only 1 Approved School across the country		
Orphanages	• Monitoring and supervision • Provision of grants to orphanages • Enforcements of minimum standards for running orphanages	• Irregular monitoring by MoSW • Limited enforcement of minimum standards for running orphanages • Limited recreational facilities	• Government low funds allocation	• International NGOs provide grants to orphanages • International and local NGOs run orphanages
Remand homes	• Case management • Feeding and Clothing • Legal aid • Medical care • Psychosocial support • Counselling • Transportation to access courts • Family tracing and Reunification • Reintegration with families or placement at Approved schools	• Children placed in adult facilities because of limited remand homes in the country • No alternatives to Remand Home custody • Limited recreational facilities • Lack of transportation • Inadequate Remand Homes	• No coordination with Internal Affairs Ministry to build more Remand Homes	• Occasional support from philanthropists and NGOs for feeding, clothing, and medical care.
Interim Care Homes	• Case management • Education • Medical care • Legal aid • Feeding and Clothing • Psychosocial support • Counselling • Rehabilitation • Reintegration with families	• Irregular monitoring by MoSW • Limited opportunities for Alternative Care placements • Limited recreational facilities • Limited vocational training opportunities	• No coordination with Internal Affairs Ministry to build Interim Care Centers	• NGOs provide grants to Interim Care Homes • Few international and local NGOs run Interim Care Homes.
Holding Centers	• Case management • Feeding and Clothing • Legal aid • Counselling • Transportation to access courts • Reintegration with families	• Only few Holding Centers in the entire country. • No alternatives to Holding Center custody • There are no more 4 appropriate Holding Centres around the country.	• No coordination with Internal Affairs Ministry to build Interim Care Centers	None

Children in Street Situations	• Shelter • Clothing and Feeding • Psychosocial support • Counselling • Rehabilitation • Family tracing and reintegration with families	• No shelter, feeding, clothing, and counselling support provided by the Ministry. • No systematic Family tracing and reintegration work by MoSW	• No coordination within Government on Street Children. • Limited funding from Government	• AdvocAid • Don Bosco Fambul • Street Child • SOS • Defence For Children • Saint George Foundation

Table 3 – Institutions Within Government Supporting Children in Street Situations and Child Justice

Support they are supposed to provide			**Key indicators of performance level of the institution**
NCC	• Leadership on child-related policy formulation • Awareness raising on violence against children		• Limited coordination relationship between the Commission and MoSW
MoHS	• Meet the health services needs of children in care homes and remand facilities		• There is no established programme of regular medical services for children in care homes
MoE	• Meet the educational needs of children in care homes and remand facilities		• There has been no consideration of special support for the educational needs of Approved Schools
MIA	• Build remand facilities for juvenile offenders • Provide Holding Centers for child-appropriate custody during investigations		• Remand facilities for juvenile offenders exist only in Freetown and Bo. • Child-appropriate Holding Centers exist at no more than 4 Police Stations in the country
MoJ and Law enforcement	• Support the making of laws, directives, and policies on juvenile justice • Prosecute offending private institutions		• There was no prosecution of offending private institutions in the last 10 years leading to the development of the Strategic Plan.
Legal Aid Board	• Provide legal assistance for children in conflict with the law		• The data on volume and types of legal assistance that Legal Aid Board is providing for children in conflict with the law is not publicly available.
MGCA	• Support the making of laws, directives, and policies on juvenile justice • Provide services towards child development		A seeming non-clarity of the mandates of MGCA and MoSW regarding child protection remains a bottleneck.
Local Councils	Provide local level services around fostering, alternative care, and children in the streets, among other areas		Local Councils' outputs regarding the provision of social welfare services for children are not well known.
NCPD	• Support the making of law and policy relating to PWDs. • Advocacy and awareness raising on the rights of PWDs		NCPD's collaboration with MoSW is good.

Table 4 - The Transformation to be Pursued in Supporting Children in Street Situations and Child Justice

Service Areas	Specifics of services	Gaps in existing service practices	Overall output change desired	Pathways	The Big 5 Game Changer contribution
Approved schools	• Case management • Lodge • Feeding • Education • Medical care • Clothing • Vocational skills training • Counselling • Reintegration with families	• Improper shelter • Insufficient feeding • Limited learning materials • Insufficient teachers • Lack of special-needs teachers • Limited leisure activities • Improper water and sanitation facility	All children serving terms are adequately cared for in respect of their upkeep, legal, social and reintegration needs.	Increase budget allocation to Approved Schools for welfare by 60%	Supports ***Human Capital development***.
				Co-create and implement with Ministry of Education a special education support programme	Builds synergy across MDAs for ***enhanced public administration***
				Co-create and implement with a Partner a special welfare support programme	As inter-agency collaboration towards ***Human Capital development***.
				Work with MIA to build 1 Approved School in every regional headquarter	Builds synergy across MDAs towards ***Human Capital development***.
Orphanages	• Monitoring and supervision • Provision of grants to orphanages • Enforcements of minimum standards for running orphanages	• Irregular monitoring by MoSW • No systematic enforcement of minimum standards for running orphanages	All orphanages are monitored and held to account in cases of breach of minimum standards for running orphanages	Co-create and implement with Partners a systematized monitoring programme	Supports ***Human Capital development***.
				Co-create and implement with Partners enforcement of minimum standards for running orphanages	As inter-agency collaboration towards ***Human Capital development***.
Remand Homes	• Case management • Feeding and Clothing • Legal aid	• Children placed in adult facilities because of	All juvenile offenders awaiting trial are adequately cared for in respect of their	Work with Internal Affairs Ministry and MOJ to build more Remand Homes	Builds synergy across MDAs for ***enhanced public administration***

	• Medical care • Counselling • Transportation to access courts • Reintegration with families upon acquittal	limited remand homes in the country • No alternatives to Remand Home custody	educational, medical, legal, board and lodging, legal, and reintegration.	Produce monthly report on Remand Home homes inmates and issues.	Use Apps for data gathering and analyses as ***technology*** promotion.
				Put monitoring activities content in Annual Report	Share soft-copy Annual Report as increased ***technology*** uptake.
				Experiment alternatives to Remand Home custody	As support to ***Human Capital development***.
Interim Care Centers	• Case management • Education • Medical care • Feeding and Clothing • Counselling • Reintegration with families	• Irregular monitoring by MoSW • No regular data on counselling support • No regular data on reintegration with families	All children in interim care are adequately cared for in respect of their educational, board and lodging, legal, and reintegration needs.	Process data on a monthly basis on all the services areas	Supports ***Human Capital development***.
				Undertake legal referral support, permanent placement, and family reintegration activities and produce quarterly report thereon	Supports ***Human Capital***
Holding Centers	• Case management • Medical care • Feeding and Clothing • Counselling • Reintegration with families	• Irregular monitoring by MoSW	All juvenile offenders awaiting investigation are adequately cared for in respect of their upkeep, legal, and reintegration needs.	Process data on a monthly basis on all the services areas	Use Apps for data gathering and analyses as ***technology uptake***.
				At the minimum, have 1 Holding Center at each District Headquarter	Supports ***Human Capital***
				Conduct monitoring and produce monthly report	Service delivery process calibration for ***enhanced public administration***
Children in Street Situations	• Shelter • Clothing • Feeding • Counselling Reintegration with families	• No shelter, feeding, clothing and counseling support provided by the Ministry. • No regular data on Street Children.	Children are regularly removed from the streets and their shelter, feeding, clothing and counseling needs met.	Process data on a yearly basis on the Street Children	Supports ***Human Capital***
				Undertake placement and family reintegration activities and produce monthly report thereon	

7.1.3 Persons with Disabilities

Figure 2 - Persons with Disabilities Begging on Streets

Table 5 – Vulnerable Group 2: Persons with Disabilities

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps

The blind and visually impaired	• Protection from discrimination • Education • Medical care • Assistive equipment • Livelihood support to the needy blind	• Insufficient grants to Blind schools • Schools for the Blind exist only in Freetown, Bo, Kabala, and Makeni, and Kono • Limited vocational training opportunities for the blind in the country • Ad hoc assistive equipment support • Irregular social protection stipend • Limited recreational facilities	• Government low funds allocation • No Partner is providing support on a regular basis	Ad hoc support from philanthropists and NGOs.
The Deaf	• Protection from discrimination • Education • Medical care • Assistive equipment • Livelihood support to the needy deaf	• Insufficient grants to the school for the Deaf • Schools for the Deaf exist only in Freetown • Ad hoc assistive equipment support • Irregular social protection stipend • No Sign language interpreters at MOSW	• Government low funds allocation • No Partner is providing support on a regular basis	Ad hoc support from philanthropists and NGOs towards livelihood and assistive equipment.
The physically challenged, Amputees, war wounded and kyphosis	• Protection from discrimination • Livelihood support • Medical care • Assistive equipment • Psychosocial support	• Irregular social protection stipend • Limited livelihood skills training • No structured medical referrals system • Irregular Assistive equipment support • No structured system of psychosocial support	• Government low funds allocation • Only few partners are providing support on a programme basis	• Handicap International • World Hope International • Sight Savers • Center for the Coordination of Youth Activities
Albinism	• Protection from discrimination • Psychosocial support • Medical care	• Limited awareness raising campaign by MoSW • No structured mechanism for discrimination cases management • No structured medical referral system	• No prioritization by MoSW • No Partner is providing support on a programme basis	Sierra Leone Association of Persons with Albinism
Public Health Emergency survivors	• Protection from discrimination/stigma/abuse • Psychosocial support • Medical care	• There is no awareness raising campaign by MoSW • No structured mechanism for discrimination cases management	• No prioritization by MoSW • No Partner is providing	Ad hoc support from philanthropists and NGOs towards livelihood and assistive equipment.

		• No structured medical referral system	support on a programme basis	
Little People	• Protection from discrimination/stigma/abuse • Psychosocial support	• There is no awareness raising campaign by MoSW • No structured mechanism for discrimination cases management	• No prioritization by MoSW • No Partner is providing support on a programme basis	None
Children With Disabilities	• Protection from discrimination/stigma/abuse • Education • Assistive equipment • Protection from discrimination/stigma • Psychosocial support • Medical referrals • Recreation support	• Limited awareness raising work by MoSW • No structured mechanism for evidencing abuse and discrimination • Limited engagement with local authorities on protection of Children With Disabilities • No financial support for needy parents of children with disabilities • No recreation support work by the Ministry	• Limited prioritization by MoSW • Only 1 Partner is providing support on a programme basis	• UNICEF • UNFPA • Plan International • Save the Children • World Hope International • NCC • NCPD • Sight Savers • One Family People

Table 6 - Institutions Within Government Supporting Persons with Disabilities

Support they are supposed to provide			**Key indicators of performance level of the institution**
NCC	• Leadership on child-related policy formulation • Awareness raising on violence against children		Limited coordination relationship between the Commission and MoSW
MoE	Meet the special education needs of all categories of vulnerable groups		There is no evidence of effort by the Ministry to provide for the special education needs of PWDs
MoH	Meet the special health needs of all categories of vulnerable groups		There is no articulated programme by which the Ministry supports the special health needs of PWDs
NaCSA	Pays occasional Social Protection Stipend		Payments are only made as donor support makes it possible
MoGCA	• Support the making of laws, directives, and policies on juvenile rights and services		A seeming non-clarity of the mandates of MGCA and MoSW regarding child protection remains a bottleneck.

	Provide services towards child development		
Local Councils	Provide local level services for the various categories of PWDs		Local Councils' outputs regarding the provision of social welfare services for the various categories of PWDs are not well known.
NCPD	• Support the making of law and policies relating to PWDs. • Advocacy and awareness raising on the rights of PWDs		NCPD's collaboration with MoSW is good.

Table 7 - The Transformation to be Pursued in Supporting Persons with Disabilities

Service Areas	**Specifics of services**	**Gaps in existing service practices**	**Overall output change desired**	**Pathways**	**The Big 5 Game Changer contribution**
The blind and visually impaired	• Protection from discrimination/stigma/ abuse • Education • Assistive equipment • Livelihood support to the needy blind	• Insufficient grants to Blind school • Blind schools exist only in Freetown, Bo, Kabala, and Makeni.	Every blind, visually impaired and deaf person is supported to meet his/her basic educational, medical, assistive equipment, psychosocial and livelihood needs	• Increase grant by 50% • Expand life- skills support activities by 50%	Contributes to ***Human Capital Development***
		• Ad hoc assistive equipment support		Establish a regular programme of assistive equipment support	Contributes to ***Human Capital Development***
		• Irregular social protection stipend		Pay monthly stipend	Contributes to ***Human Capital Development***
The Hearing Impaired	• Protection from discrimination/stigma/ abuse • Education • Assistive equipment • Livelihood support to the needy Hearing Impaired	• Insufficient grants to the school for the Deaf • School for the Deaf exist only in Freetown		• Increase grant by 50% • Expand life- skills support activities by 50%	Contributes to ***Human Capital Development***
		• Ad hoc assistive equipment support		Establish a regular programme of assistive equipment support	Contributes to ***Human Capital Development***
		• Irregular social protection stipend		Pay monthly stipend	Contributes to ***Human Capital Development***

The physically challenged, Amputees and war wounded	• Protection from discrimination/stigma/ abuse • Livelihood support • Medical referrals support • Assistive equipment • Psychosocial support	• Irregular social protection stipend	All physically challenged persons, Amputees and War Wounded have assured assistive equipment, and livelihood stipend; and are able to meet their own livelihood skills aspirations.	• Pay monthly stipend • MoSW to achieve a target of 10% employment of PWDs	Contributes to ***Human Capital Development***
		• Limited livelihood skills training • No structured medical referrals system		Expand live- skills support activities by 50%	Contributes to ***Human Capital Development***
		• Irregular Assistive equipment support		Work with a Partner to establish a regular programme of assistive equipment support	Contributes to ***Human Capital Development***
		• No structured system of psychosocial support.		Establish a regular programme of psychosocial support	Contributes to ***Human Capital Development***
Albinism	• Protection from discrimination/stigma/ abuse • Psychosocial support • Medical referral support	No awareness raising campaign by MoSW on albinism stigma and abuse No structured mechanism for discrimination/stigma/abuse case management.	A structured system of support exists to protect Abinos from discrimination and abuse, and attends to their psychosocial and medical needs.	Capture evidence around discrimination. Capture evidence around discrimination.	Service delivery process calibration for ***enhanced public administration***
		No structured mechanism for provision of psychosocial support		Establish a regular programme of psychosocial support	Service delivery process calibration for ***enhanced public administration***
		No structured mechanism for medical referrals support		Engage MoHS to create a Medical referrals support pathway.	Inter-agency partnership for ***Human Capital Development***
Public Health Emergency survivors	• Protection from discrimination/stigma • Psychosocial support • Medical care	There is no awareness raising campaign by MoSW on survivors to stem stigma and abuse.	A structured system of support exists to protect survivors from discrimination and abuse, and attends to	Conduct programmatic awareness raising campaign on Ebola survivors	Service delivery process calibration for ***enhanced public administration***

		No structured mechanism for discrimination/stigma/abuse case management.	their psychosocial and medical needs.	Capture evidence around discrimination	Process reform for service delivery for ***enhanced public administration*** reform.
		No structured system of psychosocial support.		Engage MoHS to create a Medical referrals support pathway.	Inter-agency partnership for ***Human Capital Development,*** and as ***enhanced Public Sector***
Little People	• Protection from discrimination/stigma/ abuse • Psychosocial support	There is no awareness raising campaign by MoSW	A structured system of support exists to protect Little People from discrimination and abuse, and attends to their psychosocial needs.	Capture evidence around discrimination	Process reform for service delivery for ***enhanced public administration***
		No structured mechanism for discrimination case management			Process reform for service delivery for ***enhanced public administration***
Children With Disabilities	• Protection from discrimination/stigma/ abuse • Education • Assistive equipment • Psychosocial support • Medical care	There is no awareness raising campaign by MoSW	Every child with disability is reached with education, assistive equipment, discrimination, psychosocial and medical referral support.	• Engage in programmatic awareness raising	Service delivery calibration for ***enhanced public administration***
		No programmatic assistive equipment support by MoSW		• Conduct special needs audit of schools • Establish a programme for assistive equipment support	Service delivery for ***enhanced public administration***
		No structured mechanism for capturing discrimination incidence		Capture and disclose discrimination incidence	Service delivery calibration for ***Human Capital Development***
		No engagement with local authorities on protection of Children With Disabilities		Work with Chiefs for community-level bye-laws.	Partnership with traditional authorities for

					Human Capital Development
		No financial support for needy parents of children with disabilities		Provide stipends for needy parents of children with disabilities	Service delivery calibration for ***enhanced public administration***

7.1.4 The Aged and Widows

Figure 3 - Livelihood Support for the Aged

Table 8 - Vulnerable Group 3: The Aged and Widows

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps
The Aged	• Protection from discrimination/abuse • Board and lodging support for the needy Aged. • Welfare support to the needy Aged	• Irregular and insufficient Government grant support to the 2 homes for the needy Aged. • No Government-owned board and lodging facility for the needy Aged.	• Limited prioritization of Aged issues by MoSW.	• Sierra Leone Society for Welfare of the Aged. • Occasional support from philanthropists and NGOs.

	• Special needs medical referral support for the needy Aged	• Welfare support to the needy Aged is ad hoc • There is no systematic special needs medical support for the needy Aged		
Widows	Nothing is been done at the moment.	Nothing is been done at the moment apart from coordination meetings	• No prioritization on Widows issues by MoSW • Limited technical capacity within MoSW for programming around Widows	None.

Table 9 - Institutions Within Government Supporting the Aged and Widows

Support they are supposed to provide			**Key indicators of performance level of the institution**
MoHS	Meet the medical needs of the needy Aged and Widows		MoHS has no laid-down programme of medical needs support for the Aged and Widows
NaCSA	Provide occasional social protection stipend to the needy Aged and Widows		Occasion provision of social protection stipend to the needy Aged.
NASSIT	Process and pay social security claims to beneficiaries, including the Aged and Widows		The processing of social security claims by widows in far-flung locations can be costly and time consuming for those in far-flung areas

Table 10 - The Transformation to be Pursued in Supporting the Aged and Widows

Service Areas	**Specifics of services**	**Gaps in existing service practices**	**Overall output change desired**	**Pathways**	**The Big 5 Game Changer contribution**
The Aged	• Board and lodging support for the needy Aged. • Welfare support to the needy Aged	• Irregular and insufficient Government grant support to homes for the needy Aged. • There are Government-owned board and lodging	A publicly known services commitment for the Aged exists and is implemented.	Establish 1 Government-owned home for the needy Aged in the Regional headquarters cities.	Process reform for service delivery as part of ***public administration*** reform.

	• Special needs medical referral support for the needy Aged	facility for the needy Aged.			
		Welfare support to the needy Aged is ad hoc		Establish a programme of welfare support through partnership with NGOs/INGOs.	Part of processes to build synergy across MDAs as ***enhanced public administration***
		There is no systematic special needs medical referral support for the needy Aged		Engage MoHS, and partners to co-create a special needs medical support system; including protocols.	Synergy building across MDAs as ***enhanced public administration*** and contribution to ***Human Capital Development***
Widows	• Nothing is being done at the moment.	Nothing is being done at the moment.	A publicly known services commitments for Widows exists.	Decide on services commitments for needy widows by way of policy; publicise and implement	Service delivery process reform for ***enhanced public administration***
				Establish a referral system for services needed by needy widows offered by other agencies	Service delivery process reform for ***enhanced public administration***
				Establish NASSIT benefit claims support services.	Synergy building across MDAs for ***enhanced public administration***

7.1.5 Returning Migrants, Deportees and Victims of Trafficking and Modern Slavery

Figure 4 - Returning Migrants and their children rescued from human traffickers

Table 11 – Vulnerable Group 4: Returning Migrants, Deportees and Victims of Trafficking and Modern Slavery

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps
Returning migrants and deportees	• Case management • Psychosocial support • Facilitate Medical support • Reintegration support	• Weak case management • Weak reintegration support • Weak reintegration support	• Limited technical capacity within MoSW for the issue	• IOM • World Hope International

	• Reintegration follow-up • Behavioural change campaign to stem illegal migration	• Limited behavioural change campaign • No data by which MoSW accounts for services and the scale of illegal migration challenge	• Inadequate funding to institute systems • Weak institutional practice for data collection, and non-availability of laid down service delivery protocols	
Victims of Trafficking and Modern Slavery	• Case management • Psychosocial support • Facilitate Medical support Reintegration support • Reintegration follow-up • Behavioural change campaign to stem trafficking	• Inadequate psychosocial support • Inadequate reintegration support • Limited behavioural change campaign • No data by which MoSW accounts for services and scale of the challenge	• Limited technical capacity within MoSW for the issue • Weak institutional practice for data collection, and none availability of laid-down service delivery protocols	• IOM • World Hope International
Informal fostering (Men Pikin)	• Case management • Psychosocial support • Medical support Reintegration support • Behavioural change campaign to stem trafficking	• No psychosocial support • No systematised reintegration support • No behavioural change campaign activities • No data by which MoSW accounts for services and scale of domestic trafficking	• Limited technical capacity within MoSW for the issue • Weak institutional practice for data collection, and none availability of laid-down service delivery protocols	• Unicef • Defence for Children International • World Vision • Save the Children • World Hope International • Goal

Table 12 - Institutions Within Government Supporting Returning Migrants, Deportees and Victims of Trafficking and Modern Slavery

Support they are supposed to provide			**Key indicators of performance level of the institution**
IOM (as a UN mechanism)	Initial processing of returning migrants and deportees for other referral services		There have not been lapses by the agency worthy of note.
MIA	• Leads law and policy making around immigration • Handles immigration and deportation documentation • Handles case management external relations with affected countries		There have not been lapses by the agency worthy of note.

Law Enforcement Agencies	• (Meaning Police, TOCU, and the Courts) Process returning migrants and deportees for law enforcement purposes • Investigates and prosecutes criminal matters around informal fostering		The various agencies efforts regarding law enforcement outcomes are not sufficiently publicised.
Ministry of Labour and Social Security	Leads law and policy making around legal export of labour to foreign countries		In 2021 the Ministry achieved a critical regulatory framework for export of labour.
MoHS	• Provide medical services to sick persons • Medical evaluation of Victims of Trafficking and Slavery		The MoHS's medical support services to returning migrants, deportees, and victims of trafficking are not coordinated with MoSW; and outpts therefore are hard to account for.

Table 13 - The Transformation to be Pursued in Supporting Returning Migrants, Deportees and Victims of Trafficking and Modern Slavery

Service Areas	**Specifics of services**	**Gaps in existing service practices**	**Overall output change desired**	**Pathways**	**The Big 5 Game Changer contribution**
Returning migrants and deportees	• Case management • Psychosocial support • Medical support • Reintegration support • Reintegration follow-up • Behavioural change campaign to stem illegal migration	• Weak case management • Limited data by which MoSW accounts for services to Returning Migrants	A systematised MoSW services to returning migrants and deportees is established	Engage relevant MDAs to establish roles and protocols towards a systematised case management; including data collection processes to support monitoring and evaluation. .	Builds synergy across MDAs for **enhanced *public administration;*** and ***technology*** uptake
		Reintegration and follow-up support from MoSW		Engage relevant MDAs and Partners to establish a systematised reintegration and follow-up services.	Builds synergy across MDAs for **enhanced *public administration***
		Limited behavioural change campaign		Engage MDAs and Partners to implement behavioural change campaign on illegal migration.	Builds synergy across MDAs for **enhanced *public administration***
		Limited involvement of MoSW in medical referrals support to Returning Migrants		Engage MoHS and Partners to create a Medical referrals support system and protocols	Synergy building across MDAs for ***Human Capital development***

Victims of Trafficking and Modern Slavery	• Case management • Psychosocial support • Medical support • Reintegration support • Reintegration follow-up • Behavioural change campaign to stem trafficking • Track and prosecute traffickers	• No systematised psychosocial support within Government	A systematised MoSW services to Victims of Trafficking and Modern Slavery is established	Engage relevant MDAs to establish roles and protocols towards a systematised case management	Builds synergy across MDAs for **enhanced *public administration***
		• No systematised reintegration support		Engage relevant MDAs and Partners to establish a systematised reintegration support services.	Builds synergy across MDAs for **enhanced *public administration***
		• No behavioural change campaign to stem persons trafficking and migration		Engage MDAs and Partners to implement behavioural change campaign on trafficking.	Builds synergy across MDAs for **enhanced *public administration***
		• No data by which MoSW accounts for services.		Establish data collection processes to support monitoring and evaluation.	Uptick ***technology*** and build synergy across MDAs for **enhanced *public administration***
		• No efforts to track and prosecute traffickers		Engage relevant MDAs to initiate and continue work to track and prosecute traffickers	Builds synergy across MDAs for **enhanced *public administration***

7.2 FAMILY WELFARE

7.2.1 Mandate description and service level status

MoSW is one of the Government institutions, along with MGCA, the NCC, and the NCPD responsible for ensuring that the family space is not inimical to the physical and psychosocial wellbeing of any family member; including husband, wife, children, and wards as the case may be. Towards this responsibility, the Ministry's key services areas are child welfare and child protection in the home, child custody, alternative care, access mediation, investigating and holding accountable any offending member of the family, protection of persons from harmful traditional practices, and public education and awareness raising around family welfare issues.

At the time this Strategic Plan was being put together, MoSW had inadequate response services for many family welfare areas including medical referral support for victims of domestic abuse, case management, investigating and holding perpetrators of child marriage and domestic abuse to account. Research reports from NGO Partners and submissions from participants at the various consultative meetings for this Strategic Plan suggested that harmful traditional practices remained a serious challenge in the country; with inadequate visible programmatic response from MoSW.

Figure 5 - Food Support for Homes

Table 14 - Family Welfare

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps
Child Maintenance	• Case management • Child maintenance Mediation • Track offender to support law enforcement and policies	• Lack of periodic data on all the specific services areas	MOSW, NCC and MOGCA mandate overlaps around children issues .	UNICEF. UNFPA. Action Aid. Irish Aid. UN Women. UNDP. Rainbow Initiative. Amazonian Initiative. Defence for Children International. World Vision. World Hope. Save the Children. Street Child. Plan International. Goal. Don Bosco. Initiative for women and Girls empowerment. All for

				One. Child Fund. Action Against Huger. CARITAS. Child Welfare Committees.
Alternative care and fostering	• Monitoring child welfare in formal foster • Monitoring child welfare in informal foster • Child's family tracing and reintegration Awareness raising on private or informal fostering	• Limited data on alternative care • Limited data on family tracing, reunification and reintegration • No systemized practice of monitoring child welfare in foster care • Limited involvement of MoSW in awareness raising work.	MOSW, NCC and MOGCA mandate overlaps around children issues	UNICEF. UNFPA. Action Aid. Irish Aid. UN Women. UNDP. Rainbow Initiative. Amazonian Initiative. Defence for Children International. World Vision. World Hope. Save the Children. Street Child. Plan International. Goal. Don Bosco. Initiative for women and Girls empowerment. All for One. Child Fund. Action Against Huger. CARITAS. Child Welfare Committees.
Domestic abuse and Gender Based Violence	• Awareness raising on domestic abuse • Undertake Positive Parenting work. • Support to victims and survivors • Coordination and Collaboration with partners • Joint investigation with SLP and at the FSU • Co-locate social workers to the FSU • Monitor sexual offences case at the model court • Assist with referrals to services	• Limited involvement of MoSW in awareness raising work. • Weak system for referral support for medical treatment • Limited periodic data on domestic abuse. • Lack of periodic data on efforts to track and hold perpetuators to account	MOSW, NCC and MOGCA mandate overlaps around children issues and Gender Based Violence	UNICEF. UNFPA. Action Aid. Irish Aid. UN Women. UNDP. Rainbow Initiative. Amazonian Initiative. Defence for Children International. World Vision. World Hope. Save the Children. Street Child. Plan International. Goal. Don Bosco. Initiative for women and Girls empowerment. All for One. Child Fund. Action Against Huger. CARITAS. Child Welfare Committees.

Child Custody, Access, and Paternity Validation	• Custody and access case management and mediation. • Paternity validation • Provide alternative care placements	• Inadequate data on MoSW's child custody, access, and paternity work and issues. • Inadequate data on alternative and interim care centers	MOSW, NCC and MOGCA mandate overlaps around children issues	Non-state agencies don't have a role in custody and access mediation; and paternity validation.
Violence Against Children	• Awareness raising on domestic and non-domestic abuse • Undertake Positive Parenting work. • Support to victims and survivors • Coordinate and Collaborate with partners • Jointly investigate cases with SLP and at the FSU • Co-locate social workers to the FSU • Assisted referrals to services • Monitor sexual offences cases at the model court	• Limited involvement of MoSW in awareness raising work. • Weak system for medical referral support • Limited periodic data on violence against children. • Limited data on efforts to enforce laws and policies	MOSW, NCC and MOGCA mandate overlaps around children issues	UNICEF. UNFPA. Action Aid. Irish Aid. UN Women. UNDP. Rainbow Initiative. Amazonian Initiative. Defence for Children International. World Vision. World Hope. Save the Children. Street Child. Plan International. Goal. Don Bosco. Initiative for women and Girls empowerment. All for One. Child Fund. Action Against Huger. CARITAS. Child Welfare Committees. Purposeful.
Child Marriage	• Awareness raising Positive Parenting education • Community engagement • Track offenders to support law enforcement and policies	• Inadequate involvement of MoSW in awareness raising work. • Weak system for medical treatment referral support. • Limited data on child marriage. • Limited data on efforts to enforce laws and policies	MOSW, NCC and MOGCA mandate overlaps around children issues	UNICEF. UNFPA. Action Aid. Irish Aid. UN Women. UNDP. Rainbow Initiative. Amazonian Initiative. Defence for Children International. World Vision. World Hope. Save the Children. Street Child. Plan International. Goal. Don Bosco. Initiative for women and Girls empowerment. All for One. Child Fund. Action Against Huger. CARITAS. Child Welfare Committees. Purposeful.

Harmful Traditional Practices	• Psychosocial support • Awareness raising • Medical referral support • Track ofenders to support enforcement of laws and policies • Community Engagement	• Limited awareness raising work by MoSW • Weak system for medical referral support. • Limited data on Harmful Traditional Practices and offenders.	Minimal involvement of MoSW in work around Harmful Traditional Practices over the decades.	UNICEF. UNFPA. Action Aid. Irish Aid. UN Women. UNDP. Rainbow Initiative. Amazonian Initiative. Defence for Children International. World Vision. World Hope. Save the Children. Street Child. Plan International. Goal. Don Bosco. Initiative for women and Girls empowerment. All for One. Child Fund. Action Against Huger. CARITAS. Child Welfare Committees. Purposeful.

Table 15 - Institutions Within Government Supporting Families with Welfare Needs

Support they are supposed to provide			**Key indicators of the performance level of the institution**
NCC	• Leadership on child-related policy formulation • Awareness raising on violence against children		Limited coordination relationship between the Commission and MoSW
Family Support Unit	• Paralegal and dispute resolution services to settle disputes • Prosecution of offences of a criminal nature		No evidence of coordination relationship between Family Support Unit and MoSW.
Legal Aid Board	• Paralegal services to settle disputes • Prosecution of offences of a criminal nature		No evidence of coordination relationship between Legal Aid Board and MoSW.
MIA	• Provide services towards child development • Support the making of laws, directives, and policies on child rights and services		There is no evidence of coordination relationship between the Ministry and MoSW on the provision of services towards child development.

Table 16 - The Transformation to be Pursued in Supporting Families with Welfare Needs

Service Areas	**Specifics of services**	**Gaps in existing service practices**	**Overall output change desired**	**Pathways**	**The Big 5 Game Changer avenue**
Child Maintenance	• Case management • Support enforcement of Child Maintenance laws and policies.	• Lack of periodic data on all the specific services areas	The Ministry meets all its services obligations in respect of Child Maintenance, and periodically account accordingly for outputs.	Engage relevant MDAs to co-create Child Maintenance data collection, management, and reporting processes.	Builds synergy across MDAs for **enhanced *public administration*** that supports ***Human Capital development.***

	• Child maintenance mediation			Experiment culture-relevant community-level processes for Child Maintenance mediation	As contribution towards ***Human Capital development.***
Alternative care and fostering	• Monitoring child welfare in formal foster • Monitoring child welfare in informal foster • Child's family tracing and reintegration • Awareness raising on private or informal fostering	Limited data on alternative care	The Ministry meets all its services obligations in respect alternative care and fostering; and periodically account accordingly for outputs.	Create and use data collection and public disclosure processes	ICT-backed data availability that contributes to ***Human Capital development***
		Limited data on family tracing, reunification and reintegration		Establish a systemized practice of child's family tracing and reintegration, and provide outputs data	As ***enhanced public administration*** that contributes to ***Human Capital development.***
		No systemized practice of monitoring child welfare in foster care		Establish systemized practice of monitoring child welfare in foster care	As ***enhanced public administration*** that contribute to ***Human Capital development.***
		Limited awareness raising on informal fostering by MoSW		Initiate and continue awareness raising on private or informal fostering	As ***enhanced public administration*** that contributes to ***Human Capital development.***
Domestic abuse and Gender Based Violence	• Awareness raising on domestic abuse • Positive Parenting education. • Track and hold perpetuators to account.	• Limited involvement of MoSW in awareness raising work. • No system in place for referral support for medical treatment. • Limited data on domestic abuse. • Limited data on efforts to track and hold perpetuators to account.	The Ministry meets all its services obligations in respect of domestic abuse and periodically account accordingly for outputs.	Engage relevant Government agencies and Partners to co-create and implement awareness raising activities on domestic violence.	Synergy building across MDAs and with Partners as ***public administration*** reform towards ***Human Capital development.***
				Engage MoHS and Partners to co-create medical referral support and how to account for medical referral support	Synergy building across MDAs and with Partners as ***public administration*** reform towards ***Human Capital development.***
				Engage FSU and Leal Aid Board to co-create data collection, management, and reporting processes.	Part of processes to build synergy across MDAs as ***enhanced public administration***

Child Custody, Access, and Paternity validation	• Custody and access case management and mediation • Paternity validation	Limited data on MoSW's child custody, access, and paternity validation work and issues to inform policy and processes reforms	MoSW's child custody, access, and paternity validation services are available to all parents; and data on the Ministry's work periodically availed.	Create and use ICT-backed data management system	ICT-backed data availability that upticks **technology** and contributes to ***Human Capital development***
Violence Against Children	• Awareness raising on domestic abuse and non-domestic abuse • Support enforcement of laws and policies against child marriage	Limited involvement of MoSW in awareness raising work.	The Ministry meets all its services obligations in respect of violence against children and periodically account accordingly for outputs.	Engage relevant Government agencies and Partners to co-implement awareness raising activities	Synergy building across MDAs and with NGOs for ***enhanced public administration*** towards ***Human Capital development***
		Limited data on violence against children.		Engage Partners to co-create ICT-supported data collection and management processes.	Synergy with NGOs for ***technology*** uptake that supports ***Human Capital development***.
		Limited data on efforts to enforce laws and policies		Engage Partners to co-create ICT-supported data collection and management processes.	Synergy with NGOs for ***technology*** uptake that supports ***Human Capital development***.
Child Marriage	• Awareness raising on child marriage • Support enforcement of laws and policies against child marriage	Limited involvement of MoSW in awareness raising on Child Marriage.	The Ministry meets all its services obligations in respect of child marriage and periodically account accordingly for outputs.	Engage relevant MDAs and Partners to co-implement awareness raising activities	Builds synergy across MDAs for **enhanced *public administration*** that supports ***Human Capital development***.
		Limited data on child marriage		Engage Partners to co-create ICT-supported data collection on child marriage	Synergy with NGOs for ***technology*** uptake that supports ***Human Capital development***.
		Limited data on efforts to track and hold perpetuators to account.		Engage Partners to co-create ICT-supported data collection and management processes.	Synergy with NGOs for ***technology*** uptake that supports ***Human Capital development***.

Harmful Traditional Practices	• Psychosocial support • Support enforcement of laws and policies • Awareness raising • Medical referral support	No involvement of MoSW in psychosocial services to victims of Harmful Traditional Practices	The Ministry meets all its services obligations in respect of harmful practices and periodically account accordingly for outputs.	Initiate and continue a programme of psychosocial services for victims of Harmful Traditional Practices	Builds synergy across MDAs for **enhanced *public administration*** that supports ***Human Capital development***.
		No involvement of MoSW in awareness raising work.		Engage relevant MDAs and Partners to co-implement awareness raising activities	Builds synergy across MDAs for **enhanced *public administration*** towards ***Human Capital development.***
		Weak system for medical referral support.		Engage MoHS and Partners to co-create and implement medical referral support	Synergy with NGOs for ***technology*** uptake that supports ***Human Capital development***.
		Limited data on efforts to track and hold perpetrators to account.		Engage Partners to co-create ICT-supported data collection and management processes.	Synergy with NGOs for ***technology*** uptake that supports ***Human Capital development***.

7.3 DISASTER SURVIVORS

MoSW is one of the Government institutions responsible for responding to disaster incidents; with a specific role to provide psychosocial, immediate-term shelter, feeding; medical, and related support to victims of a disaster. The Ministry works in collaboration with the National Disaster Management Agency (NDMA) and other partners.

The frequency and scale of disasters in Sierra Leone over the last decade warrants the Ministry sufficient preparedness to meet its role as provider of protection and psychosocial support services and facilitator of access to emergency needs. The institutional framework and arrangement for disaster management in the country however, is nascent; beginning first with the establishment of the Office of National Security in the immediate post-war years; and the National Disaster Management Agency in 2020. Consequently, the disaster management sub-sector has been confronted with teething challenges, including role contestations between Government agencies, and more critically; a lack of resources. At the time this Strategic Plan was being put together, the Ministry had no sustainable capacity for the board and lodge needs of disaster victims; including the availability of stand-by funds, equipment and supplies. MoSW had limited involvement in public education towards disaster mitigation; and was not systematically collecting data on many areas of services rendered to victims of disasters.

Figure 6 - Support for Disaster Survivors

Table 17 - Disaster Survivors

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps
Disaster survivors	Psychosocial support	There is limited collection of data by MoSW on psychosocial support it provides	Weak institutional practice for data collection, and none availability of laid-down service delivery protocols	UNICEF. UN Women. Action Against Hunger. UNFPA. Plan International. Partners in Health. World Vision. World Hope International. Save the Children. World Food Programme, World Health Organisation.
	Boards and lodging	• There are no stand-by temporal housing equipment, infrastructure and supplies • The Ministry has no standing resources for feeding support to disaster victims	Limited prioritization of the services area	
	Assist with medical care referrals	Medical referral support system is ad hoc and has no laid-down protocols	Limited prioritization of the services area	

	Disaster mitigation awareness raising	Limited resources for awareness raising on disaster risk reduction and management	Limited prioritization of the services area	

Table 18 - Institutions Within Government Supporting Disaster Survivors

Support they are supposed to provide			**Key indicators of performance level of the institution**
NDMA	Coordinate Government Agencies for disaster and response		There have been instances of confusion over responsibilities among Government agencies.
Office of National Security	Coordinate security sector response during disaster		There has been no instance of compromise of security at a disaster site.
MoHS	Meet the health needs of disaster victims		The Ministry's support for disaster survivors has not been systematically evidenced over the years.
NaCSA	Provide ad hoc social protection support to disaster victims		NaCSA's ad hoc social protection to disaster victims has no basis in policy or law and therefore, not sustainable.

Table 19 - The Transformation to be Pursued in Supporting Disaster Survivors

Service Areas	**Specifics of services**	**Gaps in existing service practices**	**Overall output change desired**	**Pathways**	**The Big 5 Game Changer contribution**
Disaster Survivors	Psychosocial support	No systematic collection of data on MoSW's Psychosocial work during disasters	MoSW always meets the psychosocial, medical referral, and board and lodge needs of victims of a disaster.	Systematically collect data on MoSW's Psychosocial work during disasters	As ***enhanced public administration*** for ***Human Capital development***
	Immediate-term board and lodging	• There are no stand-by temporal housing equipment, infrastructure and supplies • The Ministry has no standing resources for feeding support to disaster victims		• Procure stand-by temporal lodging equipment, infrastructure and supplies • Establish ring-fenced funds for feeding support	As ***enhanced public administration*** for ***Human Capital development***

	Medical referral support	Medical referral support system is ad hoc and has no laid-down protocols		Co-create referrals protocols with MoHS and all concerned agencies	As ***enhanced public administration*** for ***Human Capital development***
	Disaster mitigation awareness raising	No involvement of MoSW in disaster mitigation awareness raising		Work with NDMA and Partners to engage in disaster mitigation awareness raising	As ***enhanced public administration*** for ***Human Capital development***

7.4 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

7.4.1 Mandate description and service level status

MoSW shares with the Ministry of Health and the National Drug Law Enforcement Agency (NDLEA), the State's responsibility to provide for mental and psychosocial wellbeing of the people of Sierra Leone. The Ministry has shared responsibilities for social and behavioral change communication around narcotics use, medical treatment for mental health patients, psychosocial support for mental health sufferers; and rehabilitation and reintegration of Kush and other drug and substance abuse victims. MoSW supports Government's policy work around mental and psychosocial services with data evidence.

Over the last two decades or more however, MoSW has had little involvement in the provision of the said services in respect of mental health due to inadequate capacity, and financial resources constraints. MoSW has over the years not been able to support Government's work around mental and psychosocial services with data evidence.

Table 20 - Mental Health and Psychosocial Support Services

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps
Mental health and psychosocial support services	• Awareness raising on mental health • Referral support for medical treatment • Financial support to care facilities for service users • Capacity building of services user organizations • Monitoring and supervision of care facilities	• Limited involvement in awareness raising work • Limited referral support work • Inadequate data and research on MHPSS • Weak coordination mechanism	• Inadequate funding • Limited prioritization of the service area • Limited engagement with MoHS and NDLEA on cooperation	• Mental Health Coalition • UNICEF • Action Against Hunger • World Health Organisation • World Food Programme • Partners in Health • World Hope International
Narcotics, and substance abuse	• Awareness raising on Kush and other drug and substance abuse harm, particularly use of Kush • Psychosocial support to victims • Medical treatment referral support • Psychosocial support to families and communities	• Inadequate periodic data on various narcotics issues • Weak system for referral support for psychosocial rehabilitation • Weak system for referral support for medical care.	• Inadequate funding • Limited prioritization of the service area • Limited engagement with MoHS and NDLEA on cooperation	• Mental Health Coalition • UNICEF • Action Against Hunger • World Health Organisation • World Food Programme • Partners in Health
Child and Adolescent mental health	• Tracking Child and Adolescent mental health issues • Psychosocial support for affected children and parents • Referral support for medical treatment	• Inadequate periodic data on Child and Adolescent mental health issues • Limited psychosocial support for affected children and parents • Weak system for referral support for medical care.	• Inadequate funding • Limited prioritization of the service area Limited engagement with MoHS	• Mental Health Coalition • UNICEF • World Hope International • Action Against Hunger

	• Psychosocial Support to families and communities			• World Health Organisation • World Food Programme • Partners in Health

Table 21 - Institutions Within Government Providing Mental Health and Psychosocial Support Services

Support they are supposed to provide			**Key indicators of the performance level of the institution**
NDLEA	• Catch and prosecute narcotics dealers • Awareness raising on narcotics and substance abuse harm		• There is no data by which the Agency accounts for outputs • The Agency's awareness raising on Kush and other drug harm is ad hoc
MoHS	• Provide medical treatment for mental health and Kush and other drug abuse patients • Awareness raising on Kush and other drug abuse harm and mental health		• There is no data by which the Ministry accounts for outputs • There is no evidence of MoHS's activities on awareness raising on Kush and other drug and substance abuse harm • MoHS's mental health awareness work is mostly ad hoc
Law Enforcement	• Catch and prosecute narcotics dealers		• There is no data by which the Agency accounts for outputs

Table 22 - The Transformation to be Pursued in Providing Mental Health and Psychosocial Support Services

Service Areas	**Specifics of services**	**Gaps in existing service practices**	**Overall output change desired**	**Pathways**	**Big 5 Game Changer contribution**
Mental health	• Awareness raising on mental health	limited involvement in awareness raising work on mental health	MoSW is permanently visibly involved in awareness raising work on mental health; and has a systematized psychosocial and medical treatment referral services.	Engage MoHS, NDLEA, and partners to co-implement awareness raising activities on mental health	As ***enhanced public administration*** that support ***human capital development***
	• Referral support for medical treatment	No systematised medical treatment referral support		Engage MoHS, NDLEA, and partners to establish a rehabilitation and treatment facility at each Regional headquarters city.	As ***enhanced public administration*** that support ***human capital development***
				Engage MoHS, and partners to co-create a	As ***enhanced public administration*** that

				referral system and protocol	support ***human capital development***
Narcotics and substance abuse	• Awareness raising on Kush and other drug and substance abuse harm • Psychosocial support to addicts • Medical treatment referral support	No involvement in awareness raising work on Kush and other drug and substance abuse harm	MoSW is permanently visibly involved in awareness raising work on Kush and other drug and substance abuse, provides systemized psychosocial support to addicts; has a system in place for referral support for medical treatment; and is able to avail data that supports cross-agency interventions.	Engage MoHS, NDLEA, and partners to co-implement awareness raising activities on Kush and other drug and substance abuse	As ***enhanced public administration*** that support ***human capital development***
		No systematised psychosocial services in place		Establish systematised psychosocial services	As ***enhanced public administration*** that support ***human capital development***
		No system in place for medical treatment referral support		Engage MoHS, NDLEA, and partners to establish a rehabilitation and treatment facility at each Regional headquarters city.	As f ***enhanced public administration*** that support ***human capital development***
		Lack of periodic data on narcotics and abused substance issues		Engage MoHS, and partners to co-create data gathering and sharing protocols.	As ***enhanced public administration*** that support ***human capital development***
Child and Adolescent mental health	• Tracking Child and Adolescent mental health issues • Psychosocial support for affected children and parents • Referral support for medical treatment	• Lack of periodic data on Child and Adolescent mental health issues • No psychosocial support for affected children and parents • No system in place for referral support for medical care.	The State's responsiveness to Child and Adolescent mental health is visibly established through intervention areas laid-down and implemented.	Engage MoHS and Partners to cooperate and create national efforts on awareness raising on Child and Adolescent mental health	As ***enhanced public administration*** that support ***human capital development***
				Engage MoHS and Partners to cooperate and create national efforts to equip incidental care-givers with Child and Adolescent mental health management skills.	As ***enhanced public administration*** that support ***human capital development***
				Engage MoHS, and partners to co-create a referral system and protocol for medical care.	As ***enhanced public administration*** that support ***human capital development***

				Establish data collection processes to support an overall framework monitoring and evaluation.	As ***enhanced public administration*** that support ***human capital development***

7.5 REHABILITATIVE CARE AND SUPPORT FOR LONG-TERM HEALTH AND PSYCHOSOCIAL CONDITIONS

As with best practices in social welfare care in other countries around the world, the Ministry of Social Welfare in Sierra Leone has a crucial role to play in health care services through providing social care that helps medical recovery patients and persons suffering from long-term health and psychosocial wellbeing to get back, get up, or improve their skills and functionality that have been lost or impaired as the result of illness, injury, disability, or side effect of medical treatment. In rehabilitative care and support to persons suffering from long-term physical and psychosocial conditions, the issues that the Ministry responds to could be physical, emotional, mental, or cognitive.

For decades, the Ministry has never had any programme regarding its role in supporting healthcare services that help medical recovery patients and persons suffering from stigma-affected conditions to get back, get up, or improve their skills and functionality that have been lost or impaired as the result of illness, injury, disability, or side effect of medical treatment.

Figure 7 - Rehab Centre

Table 23 – Rehabilitative Care and Support for Long-Term Physical and Psychological Conditions

Service Areas	Specifics of services	Gaps in existing service practices	Drivers of constraints	Partners filling the gaps
Psychosocial support (during clinical care and post-clinical care)	• Train first-responders and incidental care givers on social care • Psychosocial support to patients and care-givers	• Limited provision of any specific service towards psychosocial support during clinical care and post-clinical care	• Limited capacity within MoSW for such services • Weak prioritization of the service area	Sierra Leone Mental Health Coalition Stroke Association of Sierra Leone

	• Financial support to rehabilitation centres			
Epilepsy, Autism, Stroke Fistula, and other conditions	• Awareness raising • Medical treatment referral support • Psychosocial support to affected persons and care-givers • Train first-responders on management • Protect affected persons from discrimination	• Limited awareness raising work by MoSW • Limited work to equip incidental care-givers • Weak system in place for medical treatment referral support • Weak system for responding to incidence of discrimination	• Limited capacity within MoSW for such services • Limited prioritisation of the issues by the Ministry	Sierra Leone Mental Health Coalition Stroke Association of Sierra Leone Marie Stopes

Table 24 - The Transformation to be Pursued in Providing Rehabilitative Care and Support for Long-Term Physical and Psychological Conditions

Service Areas	**Specifics of services**	**Gaps in existing service practices**	**Overall output change desired**	**Pathways**	**Big 5 Game Changer contribution**
Rehabilitative psychosocial support	• Awareness raising • Train incidental care-givers management • Rehabilitative psychosocial support to affected persons and care-givers • Medical referral support	• No awareness raising work on support during clinical care and post-clinical care. • No work to equip incidental care-givers. • No system in place for rehabilitative psychosocial referral support	Every patient (during clinical care and post-clinical care) in Sierra Leone has access to psychosocial support services	Build capacity of social workers to provide psychosocial support to affected persons and care-givers.	Service delivery calibration for enhanced ***public administration*** towards ***Human Capital development.***
				Train care-givers on social care (family members and household helps)	Service delivery calibration for enhanced ***public administration*** towards ***Human Capital development.***
				Initiate programmatic involvement in awareness raising on rehabilitative care	Service delivery calibration for towards ***Human Capital development.***

				Offer psychosocial support to affected persons and care-givers.	Service delivery calibration towards ***Human Capital development.***
Support for long-term physical and psychological condition (Epilepsy, Autism, Stroke Fistula, and other conditions	• Awareness raising • Train incidental care-givers management • Rehabilitative psychosocial support to affected persons and care-givers • Medical referral support	• Limited awareness raising work • No work to equip incidental care-givers. • No system in place for rehabilitative psychosocial or medical referral support	Every sufferer from Epilepsy, Autism, Stroke, Fistula, and such other conditions in Sierra Leone has access to psychosocial and medical referral support services	Build capacity of social workers to provide psychosocial support to affected persons and care-givers.	Service delivery calibration for enhanced ***public administration*** towards ***Human Capital development.***
				Train care-givers on social care (family members and household helps)	Service delivery calibration for enhanced ***public administration*** towards ***Human Capital development.***
				Initiate programmatic involvement in awareness raising on rehabilitative care	Service delivery calibration for towards ***Human Capital development.***
				Offer psychosocial support to affected persons and care-givers.	Service delivery calibration towards ***Human Capital development.***

7.6 RELIGIOUS AFFAIRS

7.6.1 Mandate description and service level status

MoSW has responsibilities to register religious institutions and places of worship; in line with the laws of Sierra Leone; and monitor and enforce their compliance with laid-down or expected standards of social decorum and other responsibilities. The Ministry handles the in-country administrative services for the annual Muslim Hajj pilgrimage to Saudi Arabia and Christian pilgrimage to Israel, Rome and elsewhere.

Over the years, the Ministry has shown effectiveness in tackling inter and intra religious conflicts in Sierra Leone. Anecdotal evidence however, has kept emerging with troubling consistency that there are religious institutions and places of worship in default of their expected responsibilities to support social decorum in communities. There is certainly no evidence that the Ministry is able to account for its responsibilities to monitor and enforce religious institutions and religious leaders' compliance with laid-down or expected standards of social decorum and other responsibilities. The Ministry has however, began to take steps towards improving its regulatory role; including the articulation of a robust criteria for religious leader's compliance with laid down standards.

Over the past five years MoSW has shared administrative services responsibility for organising the annual Hajj pilgrimage. While it has worked well, the experiment of shared responsibility with the Presidency does not have permanence in policy or legislation and thus open to the risk of further calibration, or adjustment, with negative ramifications for the Ministry's mandate and work. MoSW has also received persistent calls from sections of Christian organisations to take up work to support Christian pilgrimage; similar to what's been done for Muslims.

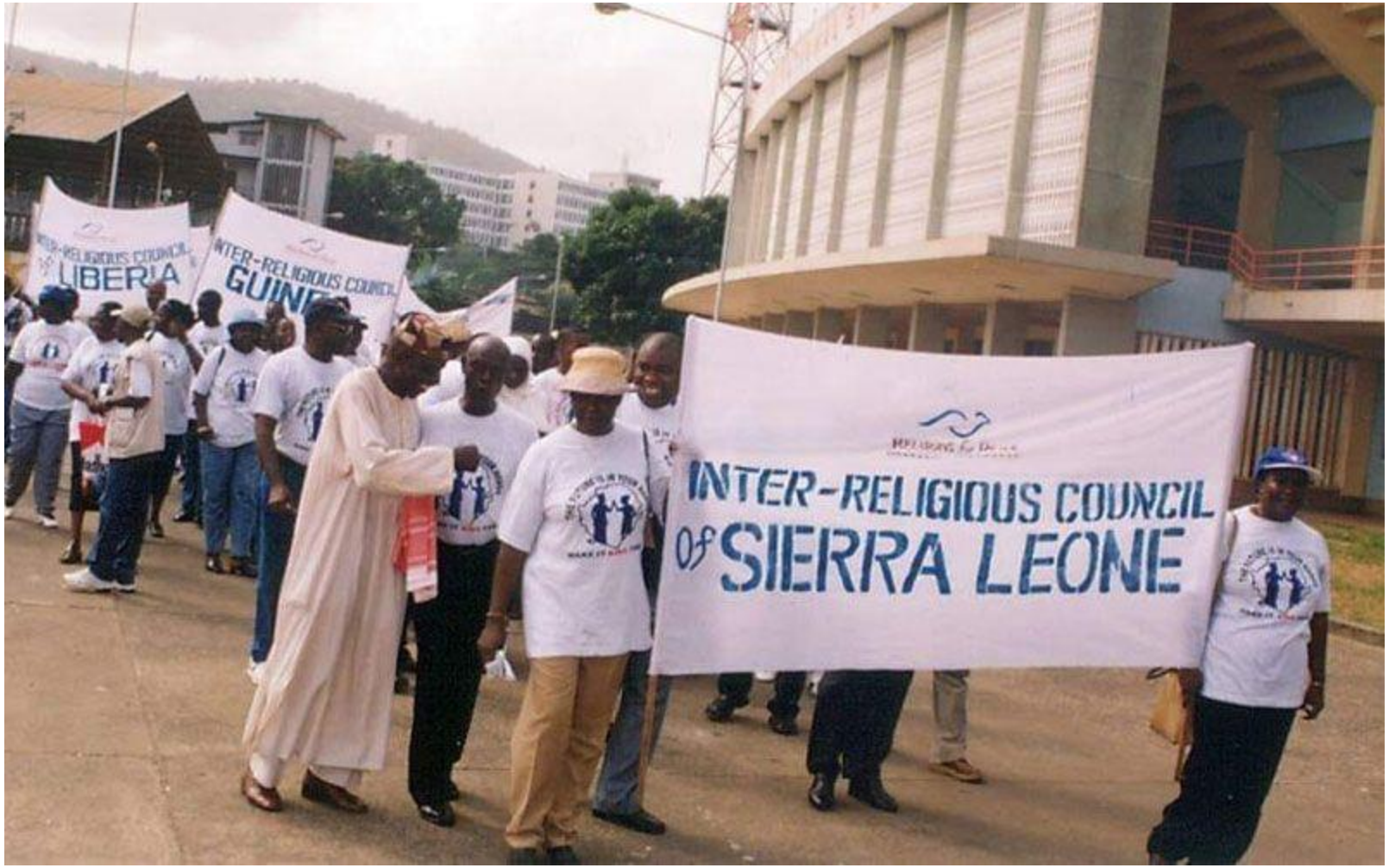


Figure 8 - Inter Religious Council

Table 25 - Religious Services

Service Areas	Specifics of services	Gaps in existing service practices	Sources or drivers of constraints	Partners filling the gaps

Places of worship and Faith Based Organisations	Registration of places of worship and faith based organisations	Limited legal and policy framework to enforce registration of all places of worship and Faith Based Organisations in the country.	• Weak institutional practice for data collection, and none availability of laid-down service delivery protocols	Inter-Religious Council Sierra Leone Muslim Agency Council of Churches in Sierra Leone
	Monitoring places of worship and faith based organsations for anti-social activities	Limited legal and policy framework to support monitoring of places of worship and Faith Based Organisations for anti-social activities.	• Limited prioritisation of mandate to monitoring.	Inter-Religious Council Sierra Leone Muslim Agency Council of Churches in Sierra Leone
	Enforce places of worship and faith based organisations' compliance with social welfare-related law and policy	Limited legal framework to effectively support enforcement of compliance with social welfare-related law and policy.	• Limited prioritisation of mandate to hold places of worship to account for illegal activities.	Inter-Religious Council Sierra Leone Muslim Agency
Annual Hajj Pilgrimage	• Process intending pilgrims' applications • Psychosocial support to pilgrims • Assist with medical referrals	There were no critical gaps to highlight at the time of writing the Strategic Plan	• No clarity on the mandate of MOSW	Sierra Leone Muslim Agency
Christian pilgrimage	• Process intending pilgrims' applications • Psychosocial support to pilgrims Assist with medical referrals	• Sufficient attention has not been given to the Christian pilgrimage • No support for funding has been proposed by the Christian group	• No clarity on the mandate of MOSW • No consensus on place and time for the pilgrimage	Christian Pilgrimage Committee

Table 26 - Institutions Within Government Providing Religious Services

Support they are supposed to provide			Key indicators of the performance level of the institution
Ministry of Foreign Affairs	• Manages external coordination with Saudi Arabia and countries that donate to the pilgrimage		There have been no issues with the performance of the Ministry regarding its work over the past 5 years.
Department of Immigration	• Process intending pilgrims' travelling documents		There have been no issues with the performance of the Department regarding its work over the past 5 years.
The Presidential Task Force	• Receives and allocates scholarships to beneficiaries • Give political directives to the MoSW regarding the organisation of the Hajj		There have been no issues with the performance of the Department regarding its work over the past 5 years.
Hajj Pilgrimage Committee	• Coordinate the Hajj process in collaboration with		There have been no issues with the performance of the Committee regarding its work over the past 5 years

Table 27 - The Transformation to be Pursued in Supporting Religious Services

Service Areas	Specifics of services	Gaps in existing service practices	Overall output change desired	Pathways	Big 5 Game Changer contribution
Places of worship and faith-based organisations	Registration of places of worship and faith-based organisations	• Inability to enforce registration of all places of worship	No places of worship exists in the country that is not registered	Initiate a programme and work with the Inter-Religious Council to have a single register of all places of worship in the country	ICT for data availability as ***technology** uptake*
				Update the register at established intervals	ICT for data availability as ***technology** uptake*
	Monitoring places of worship for illegal activities	• No systematised monitoring of places of worship for illegal activities	A predictable system exists for monitoring places of worship for anti-social activities; and reporting to the nation.	Establish structure within the Ministry with principal responsibility for this	***E*nhanced *Public Administration***
				Establish protocols for capturing and evidencing anti-social activities	ICT for data availability as ***technology** uptake*
				Establish a single Code of Ethics that all places of worship must sign up to.	Towards ***E*nhanced *Public Administration***
				Periodically inform the nation on the outputs and outcomes of the monitoring work	As ***Enhanced Public Administration*** consistent with Right to Access Information

	Hold places of worship to account for illegal activities.	• No involvement of MoSW in investigating and prosecuting offending places of worship	Any place of worship suspected of abuse are investigated and held to account.	Raise awareness among religious leaders regarding abuses in places of worship	As ***Enhanced Public Administration*** to support the rule of law.
				Establish protocols for investigating, capturing and evidencing anti-social activities by religious institutions.	As ***Enhanced Public Administration*** to support the rule of law.
				Periodically inform the nation on the outputs and outcomes of the accountability work	As ***Enhanced Public Administration*** consistent with Right to Access Information
Annual Haj Pilgrimage	Administrative support to intending pilgrims	• There were no critical gaps to highlight at the time of writing the Strategic Plan	The Ministry continues to provide administrative support to intending pilgrims	MoSW will continue to provide administrative support to intending pilgrims	Not Applicable
Christian Pilgrimage	Administrative support to intending pilgrims	•	The Ministry will initiate and continue to provide administrative support	The Ministry will initiate and continue to provide administrative support	Not Applicable

7.7 POLICY, PLANNING AND RESEARCH

The Policy, Planning and Research Directorate bears the key responsibility for ensuring that the Ministry's service delivery and investment activities are not ad hoc or driven by impulse; but are based on informed and purposive decisions; and that outputs and outcomes can be verified. Consequently, the specific activities of the Directorate within the Ministry include coordinating the development and implementation of Work and Financial Plans, developing standards and guidelines for the effective and efficient delivery of social welfare services, providing leadership on the Ministry's research efforts towards decision-making, planning and policy; and providing leadership on monitoring and evaluation, and data collection and management.

The Ministry has always been actively involved in law and policy formulation, and planning for social welfare interventions. However, scope of the Ministry's research efforts to generate the qualitative and quantitative evidence; used to inform law and policy making, and the calibration of services processes from time to time has been very limited. Over the past decades that the Ministry's research efforts have neither been regularly nor broad enough to cover all areas of services. For instance, between 2018 and 2023, only one study was done by the Ministry; which was on destitute street beggars, including person with disabilities (2021), and Children in Street Situation. The Ministry has over the past decade never sought to obtain research data on other services areas like the Aged, Widows, returning migrants, homeless people, victims of trafficking and modern slavery, deportees; and children in conflict with the law. In the absence of its research outputs, the Ministry mostly relies on research report from non-governmental organizations, and census data and periodic demographic and household surveys conducted and produced by Statistics Sierra Leone.

Table 28 - Policy, Planning and Research

Areas	Specifics areas requiring periodic research outputs
Children in Street Situations and Child Justice	Periodically evidence the changes regarding Children in Street Situations and Child Justice in the country; numbers, disaggregation by gender, age, District and other relevant dimensions
	Periodically account for the support provided by Government
	Periodically account for the support provided by Partners
Vulnerable Groups	Periodically evidence the changes in the situation regarding every category of vulnerable groups in the country; numbers, disaggregation by gender, age, District and other relevant dimensions.
	Periodically evidence the changes in the issues critical to every category of vulnerable groups.
	Periodically account for the support provided Government to each category of vulnerable group.
	Periodically accounting for the support provided Partners for each category of vulnerable group
Mental Health and Psychosocial	Periodically evidence the changes in Kush and other drug use situation in the country; disaggregation by types, gender, age, District and other relevant dimensions.
	Periodically account for the support provided Government to towards Mental Health and Psychosocial health including child and adolescent mental health.
	Periodically account for the support provided by Partners towards Mental Health and Psychosocial health; including child and adolescent mental health.
	Periodically account for the support provided Government to towards rehabilitative care
	Periodically account for the support provided Government to towards Epilepsy, Autism, Stroke and stigma-affected conditions.
Family Welfare	Periodically evidence any changes in the incidence of, and evidence the Ministry's response to all the services areas namely: Child Maintenance, Adoption and fostering, Domestic abuse, Child Custody and Access, Violence Against Children, and Child Marriage.
Religious Affairs	Periodically evidence religious institutions' remiss on their social decorum obligations; disaggregated by types of issues, and other relevant dimensions.
	Periodically evidence the Ministry's response to incidents of religious institutions' remiss on their social decorum obligations.
	Collect and provide data on yearly number of persons Migrants, Deportees and VoTMS returned to Sierra Leone, disaggregated by gender and age.

Returning Migrants, Deportees and VoTMS	Collect and provide data on yearly number of persons Migrants, Deportees and VoTMS provided psychosocial, and reintegration support, disaggregated by gender and age.
Rehabilitative Care and support for long-term physical health and psychosocial conditions	Establish a national policy framework or guide for Rehabilitative Care and support for long-term physical health and psychosocial conditions
	Collect and provide data on yearly number of persons supported by MoSW, disaggregated by gender, age and medical issue.

8 INSTITUTIONAL READINESS

The efficient and effective delivery of the Strategic Plan 2024- 2028 will be dependent on the sufficiency, motivation and quality of staff, the sufficiency of critical equipment, the clarity of mandate, and relevance of the administrative structure. The Management and Functional Review of the Ministry done in 2019, led by the Public Sector Reform Unit identified areas of strength and capacity gaps which needed to be addressed for maximum institutional effectiveness. Over the next five years MoSW has an obligation to pursue organizational development and change management in line with the recommendations and options contained in the MFR Report.

Government however, has also announced public administration reform as one of the Big Five national development flagship programmes. It means that addressing the institutional readiness will be sought through implementation of the MFR report and the public administration reform directives and advisories that Government decides.

Table 29 - Institutional Readiness

Areas	The levels desired over the next 5 years
Sufficiency of staff	The Ministry shall review implementation of the Human Resource Plan; as starting point in deciding and implementing next steps.
	The Ministry shall endeavor to implement the Human Resource Plan; in line with the findings from the review process mentioned above.
Quality of staff	The Ministry shall review implementation of the Human Resource Plan; as starting point in deciding and implementing next steps.
	The Ministry shall endeavor to implement the Human Resource Plan; in line with the findings from the review process mentioned above.
Sufficiency of critical equipment	Every staff from Grade 3 upwards would have a Laptop computer at the Ministry's expense
	Every Social Worker at the Ministry would have a Tablet at the Ministry's expense
	Alternative Power: The Ministry needs at least 1 Stand-by generator in Freetown
	Every Regional Office would need 2 four-wheel pick-up vans
	Every District Office would have at least 4 motor bikes for use by Social Workers
Regulatory Instruments	A Social Welfare Policy will be developed and adopted to serve as the source document that informs all other policies for the sector
	Review shall be done of the following existing policies:
ICT infrastructure and culture	An ICT Policy will be adopted to serve as the source document that informs matters pertaining to procurement, usage disposal, and related issues regarding hardware; and matters pertaining to software, data protection, and so forth.
	It shall be ensured that every staff member of the Ministry from Grade 3 and upwards knows how to use a computer; at the minimum for Word Processing, emails, and social media.
	It shall be ensured that every Social Worker in the service of the Ministry shall have and utilise a Tablet.
Relevance of administrative structure	The Ministry shall endeavor to complete implementation of the MFR within the course of the 5 years; subject to any other directives of Government in furtherance of enhanced public administration.
Research, Monitoring, Evaluation and Learning	The data collection and information disclosure goals set in the Strategic Plan shall be fully implemented; including the establishment of a Social Welfare Information System.
	The Policy, Research and Planning Unit shall develop an indicative list of intended research that may be undertaken by MoSW over the next 5 years.

	A Monitoring and Evaluation Plan tied to the Strategic Plan shall be developed, adopted and implemented.

9 OVERARCHING ISSUES

9.1 PARTNERSHIP FRAMEWORK

It is the nature of the social services sector in open societies all over world that non-profit organisations are always there to help those in need. In Sierra Leone, the works of these non-profit partners have been crucial in providing social comfort to the various categories of vulnerable groups and the needy. Government immensely values their contributions; and acknowledges that a transformative social welfare sector must be purposefully pursued through strengthened partnership with non-profit organisations. It is in line with this acknowledgement that the following are agreed:

9.1.1 Definition of Partner

- A Partner is any duly-registered non-profit, local or international organisation with an expressed mandate consistent with social welfare work; that has service delivery relationship with the Ministry of Social Welfare.

9.1.2 Recognition of Partners' to self-determine the scope, scale and model of delivery their social welfare interventions

- Any duly registered non-profit organisation or individual philanthropist is free to articulate and implement its own social services interventions in services areas, locations, and scale of its choice; in line with Government's regulatory regime.

9.1.3 Accountability for results and report and data sharing practice

- MoSW will take part or support the activities of Partners working on social issues on the condition that the goodwill is reciprocated through voluntarily accepting to regularly share its research and services-generated data with the Ministry.

- MoSW shall enforce Partners' compliance with their reporting obligations contained in the Service Level Agreement; including through facilitating easy-to-write and submit approaches.

- District Development Coordinating Meetings shall be used by Government agencies and Partners to collect and share information around social services related work.

9.1.4 Collective Review and Shared Learning

- An Annual Review Meeting shall be held every year where Government agencies and Partners reflect on their social services related work as information sharing, lessons learning processes.

- MoSW will make it a yearly obligation to produce an annual report and share with Government agencies and Partners involved in social services; particularly in soft-copy format.

9.1.5 Projects and Activities co-creation and Implementation

- MoSW and interested Partners shall take lead in experimenting and nurturing the practice of consortium funding.

- The Ministry shall endeavour to always co-created and implement with Partners World Day celebrations; although organisations are also free to celebrate as they desire.

9.1.6 Mitigating Projects and Activities Overlaps and duplication

- MoSW shall have its own map of 'who is doing what and where', of Government agencies and Partners involved social services related work as information available to all those who may need it.

- Beginning 1st January, 2024 MoSW shall have an official designated as Partner Point Person; responsible for receiving enquiries from Partners and facilitating their access to answers and services within the remit of the Ministry.

- Beginning 1st January, 2023 Quarterly Meetings shall be held on a thematic basis; and only those Partners working in the thematic area shall participate.

Table 30 - Classification and Description of organisations involved in with this Strategy

1.	**Mandate holder for Social services:** Ministry of Social Welfare
2.	**MDAs with collateral and incidental social services responsibilities** • Ministry of Education • Ministry of Gender and Children's Affairs • Ministry of Health • Ministry of Youths • National Commission for Children

	• National Commission for Persons with Disabilities • National Drug Law Enforcement Agency
3.	**Multilateral and bilateral agencies as donors** • United Nations agencies • African Development Bank • World Bank
4.	**Non-Governmental last-mile deliverers of social services** • International Non-Governmental Organisations • Local Non-Governmental Organisations • Community-Based Organisations
5.	**Needy and affected –persons Associations** • Sierra Leone Association of Persons with Disabilities • Sierra Leone Association of the Blind • Sierra Leone Association of Persons with Albinism • Sierra Leone Association for the Welfare of the Aged

9.2 COMMUNICATION STRATEGY

The mandate and nature of its work requires MoSW to constantly and consistently communicate with the public. MoSW is firstly, required to publicise its services for the relevant services areas. MoSW is secondly, required to constantly engage in BCC as an essential component of work around mental and psychosocial issues, and illegal migration, trafficking in Persons and slavery.

It has been the case however, that for the past decades, the Ministry's communication efforts has been dismal. As critical pointers to its failures, MoSW has never had a Service Charters for its various services areas, does not regularly publicise its services, and has not been involved in BCC for the past two decades. It is against this background that it is agreed that the Ministry articulate and adopt a separate Communication Strategy to support implementation of the Strategic Plan.

9.3 MONITORING AND EVALUATION FRAMEWORK

A separate framework for monitoring and evaluating the Strategic Plan, to be known as the Monitoring and Evaluation Plan shall be done. The monitoring elements of the framework will indicate how and where data is collected for the purposes of tracking how well input activities are being done; including against any planned timing, sufficiency,

quality and other dimensions; and the extent to which the incremental outputs are being achieved, towards the overall goal of the Strategic Plan.

The evaluation element of the framework will prescribe the steps and requirements for measuring the achievement of overall goal of the Strategic Plan; at the end-term. In this regard, the evaluation element of the Monitoring and Evaluation Plan shall indicate baseline for all output areas indicated in the Strategic Plan, and set clear indicators of the progress sought for all output areas indicated in the Strategic Plan.

10 RESOURCE MOBILISATION

10.1 RESOURCE MOBILISATION PLAN

A Resource Mobilisation Plan through which the ways and means for financing the investments in social welfare services accompanies the Strategic Plan 2024- 2028 is indicated as follows:

Improved GoSL budgetary allocation to social welfare: the Ministry will pursue increase in the annual appropriation made to social welfare services by Government, from a baseline of 1% of the national budget as at 2023 to 10% by 2028; with a pledge to use accountability for results as leverage.

Corporate Social Responsibility-targeted funding of social welfare services: using learning from other countries in the Global South, the Ministry will initiate and lead discussions within Government for adoption and implementation of policy measures by which Corporate Social Responsibility purposively serves as a significant additional mechanism social welfare spending in Sierra Leone.

Initiatives to enhance Partners' contribution to social welfare spending: The Ministry will pursue three initiatives raise the contribution of non-profit organisations to social welfare finding including through tracking and influencing the locations and types of their last-mile services to ensure equity and better use of resources, establishing consortia for planning and implementation of long-term service delivery programmes; and allowing Partners to take any planned activity in the Strategic Plan and lead with it.

Increased formal utilization of community-structures, processes, and cultural resources for social welfare outcomes: The Ministry will pursue opportunities at all times to use community-structures, processes, and cultural resources for social welfare outcomes; as additional ways to reduce financial burden.

Improved mobilisation of in-kind contributions and accountability for it in volume and money-terms: The Ministry will always present in-kind contribution to prospective donors, philanthropists, and Partners as options to them to contribute to social welfare financing in Sierra Leone; with the accompanying practice that the volume and money-value of every contribution and contributor is accounted for in financial records and reports for public domain.

10.2 FINANCIAL ESTIMATES

10.2.1 Introduction

This section outlines on financial projections to be implemented by the MoSW in Freetown, regions, and the districts for the period of 2024-2028. Overall financial estimate of the five-year period is USD 8,938,846.26. The sections below explains the budget and expense logic together with the anticipated sources of funding as well as activities that are not cost, where support is expected from other MDAs.

10.2.2 Financial Projections and Resource Requirements for the Plan Period

The estimates and projections stated below includes the identification and estimation of financial resources that will be required by MOSW over the next five years to realise the activities and purpose outlined in this strategic plan. We made budget increases of +5% per annum for administration, finance, human resource and services.

10.2.3 Sources of funding

The sources of funding for this plan include

1) GoSL budget allocation to MoSW
2) Direct donor and NGO support to the Ministry
3) Projects directly implemented by NGOs and other development partners
4) Contribution of private business through corporate social responsibilities

10.2.4 Assumptions

Judging from current and previous inflows to MoSW over the last five years, we make the estimate using the following assumptions

a. Government allocation for capital projects, Goods and Services expected to increase by 10% or at least remain constant.
b. Donor Inflows are expected to increase by 25% over the period.
c. Private sector contribution is expected to increase by 15%.

10.2.5 Activities without Cost Estimation

Activities without any estimated cost is assumed to be covered by normal General Administrative expenses of MoSW and the contribution of other MDAs.

10.2.6 Exchange rate used

US$1=NLe23.5.

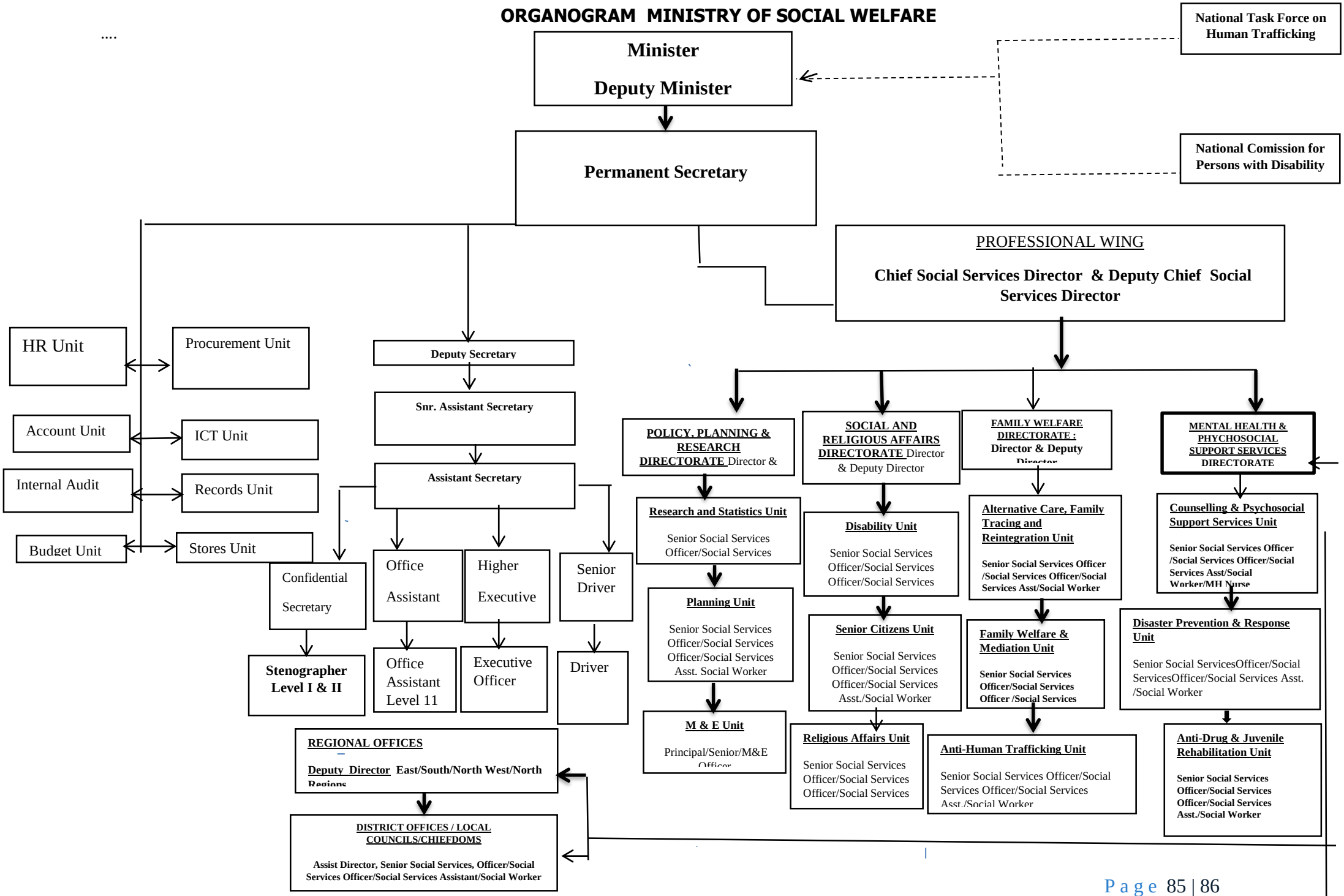
Table 31 - Projections

	Specific Area	2024	2025	2026	2027	2028	Total
Administration, Finance and Human Resources	Administration	55,000	57,750	60,638	63,669	66,853	**303,910**
	Finance	85,000	89,250	93,713	98,398	103,318	**469,679**
	Human Resource	830,000	871,500	915,075	960,829	1,008,870	**4,586,274**
	Policy, Planning and Research	150,000	157,500	165,375	173,644	182,326	**828,845**
	TOTAL	**1,120,000**	**1,176,000**	**1,234,800**	**1,296,540**	**1,361,367**	**6,188,707**
Services	**Specific Area**	**2024**	**2025**	**2026**	**2027**	**2028**	**Total**
	Children in street situation	20,000	21,000	22,050	23,153	24,310	**110,513**
	Persons with Disabilities	50,000	52,500	55,125	57,881	60,775	**276,282**
	The Aged and Widows	9,000	9,450	9,923	10,419	10,940	**386,794**
	Returning Migrants, Deportees and Victims of Trafficking	15,000	15,750	16,538	17,364	18,233	**82,884**
	Family Welfare	20,000	21,000	22,050	23,153	24,310	**110,513**
	Disaster Victims	0	0	0	0	0	**193,397**
	Mental and Psychosocial Services	15,000	15,750	16,538	17,364	18,233	**82,884**

	Rehabilitative Care and Long-Term Physical Health and Psychosocial Conditions	40,000	42,000	44,100	46,305	48,620	**221,025**
	Religious Affairs	12,000	12,600	13,230	13,892	14,586	**303,910**
	TOTAL	**181,000**	**190,050**	**199,553**	**209,530**	**220,007**	**1,000,139**
Infrastructure	**Specific Area**	**2024**	**2025**	**2026**	**2027**	**2028**	**Total**
	Building and staffing Remand Homes	110,000	115,000	120,000	20,000	20,000	**385,000**
	Influencing SLP on Holding Centers	500	500	500	500	500	**2,500**
	Home for the Aged	150,000	150,000	150,000	-	-	**450,000**
	Interim Care Centers	2,500	2,500	2,500	2,500	2,500	**12,500**
	TOTAL	**263,000**	**268,000**	**273,000**	**23,000**	**23,000**	**850,000**
Transportation	**Specific Area**	**2024**	**2025**	**2026**	**2027**	**2028**	**Total**
	Vehicles	240,000	240,000	120,000	20,000	20,000	640,000
	Motor bikes	6,000	6,000	6,000	6,000	6,000	30,000
	TOTAL	**246,000**	**246,000**	**126,000**	**26,000**	**26,000**	**670,000**
Information, Communication Technology hardware and Management	**Specific Area**	**2024**	**2025**	**2026**	**2027**	**2028**	**Total**
	Tablets	24,000	20,000	20,000	20,000	0	84,000
	Computers	12,000	4,000	12,000	4,000	4,000	36,000
	Internet						

Information systems	Establish information and Data Management system	80,000	0	0	0	0	80,000
	Run Information Management system	6,000	6,000	6,000	6,000	6,000	30,000
	TOTAL	**122,000**	**30,000**	**38,000**	**30,000**	**10,000**	**230,000**

Grand Total	**1,932,000**	**1,910,050**	**1,598,352.50**	**1,585,070.13**	**1,640,373.63**	**8,938,846.26**


ORGANOGRAM MINISTRY OF SOCIAL WELFARE
....
Minister
Deputy Minister
National Task Force on Human Trafficking
National Comission for Persons with Disability
Permanent Secretary
PROFESSIONAL WING
Chief Social Services Director & Deputy Chief Social Services Director
HR Unit
Procurement Unit
Account Unit
ICT Unit
Internal Audit
Records Unit
Budget Unit
Stores Unit
Deputy Secretary
Snr. Assistant Secretary
Assistant Secretary
Confidential Secretary
Stenographer Level I & II
Office Assistant
Office Assistant Level 11
Higher Executive
Executive Officer
Senior Driver
Driver
POLICY, PLANNING & RESEARCH DIRECTORATE Director &
Research and Statistics Unit
Senior Social Services Officer/Social Services
Planning Unit
Senior Social Services Officer/Social Services Officer/Social Services Asst. Social Worker
M & E Unit
Principal/Senior/M&E Officer
SOCIAL AND RELIGIOUS AFFAIRS DIRECTORATE Director & Deputy Director
Disability Unit
Senior Social Services Officer/Social Services Officer/Social Services
Senior Citizens Unit
Senior Social Services Officer/Social Services Officer/Social Services Asst./Social Worker
Religious Affairs Unit
Senior Social Services Officer/Social Services Officer/Social Services
FAMILY WELFARE DIRECTORATE : Director & Deputy
Alternative Care, Family Tracing and Reintegration Unit
Senior Social Services Officer /Social Services Officer/Social Services Asst/Social Worker
Family Welfare & Mediation Unit
Senior Social Services Officer/Social Services Officer /Social Services
Anti-Human Trafficking Unit
Senior Social Services Officer/Social Services Officer/Social Services Asst./Social Worker
MENTAL HEALTH & PHYCHOSOCIAL SUPPORT SERVICES DIRECTORATE
Counselling & Psychosocial Support Services Unit
Senior Social Services Officer /Social Services Officer/Social Services Asst/Social Worker/MH Nurse
Disaster Prevention & Response Unit
Senior Social ServicesOfficer/Social ServicesOfficer/Social Services Asst. /Social Worker
Anti-Drug & Juvenile Rehabilitation Unit
Senior Social Services Officer/Social Services Officer/Social Services Asst./Social Worker
REGIONAL OFFICES
Deputy Director East/South/North West/North Regions
DISTRICT OFFICES / LOCAL COUNCILS/CHIEFDOMS
Assist Director, Senior Social Services, Officer/Social Services Officer/Social Services Assistant/Social Worker

Ministry Of Social Welfare
Government Of Sierra Leone
UNITY
FREEDOM
JUSTICE