



Sierra Leone

From Peace to Prosperity

United Nations Country Team in Sierra Leone

Written contribution for the UPR documentation of Sierra Leone
Second Cycle Review

UNCT Submission to UPR Sierra Leone

A. Introduction

1. This report, prepared by the United Nations Country Team (UNCT) in Sierra Leone, focuses on recommendations made to Sierra Leone in the 1st cycle of the Universal Periodic Review (UPR) in May 2011, and provides an independent joint UN assessment of Sierra Leone's record in implementing recommendations made during the review. The report highlights progress made in the implementation of the recommendations as well as pending challenges. It also identifies human rights issues that have arisen since Sierra Leone's last review and provides concrete recommendations to the Government of Sierra Leone for the improvement of the human rights situation in the country.

B. Developments in the Human Rights Situation

Ebola

2. Sierra Leone recorded its first case of Ebola virus disease (EVD) in March 2014. Over the following months, the increasing number of cases and the uncontrolled spread of the disease exposed the weakness of government in terms of professional capacity, ability to reach all districts in the country, and a lack of accountability in providing effective public services. Faced with this situation, the President declared a state of emergency on 31 July 2014 in accordance with Article 29 of the Constitution as a measure to prevent the spread of EVD. The declaration was ratified by Parliament on 7 August. As well as imposing restrictions on the freedom of movement, freedom of speech and freedom of assembly, and activating wide-ranging Presidential powers of detention,¹ the declaration of a state of emergency led to the closure of schools, severe limitations on market trading and other social and economic activity, and an increased backlog of court cases.

3. Only 3% of the Sierra Leonean workforce is in formal employment, while over 95% maintain a living through the dominant informal economy. In 2014, the minimum wage in Sierra Leone was raised from 21,000 Leones to 500,000 Leones per month (equivalent of \$115 USD).

4. During the EVD crisis, emergency regulations that have placed restrictions on movement, combined with the closure of businesses and markets, have naturally had an impact on livelihoods – particularly of the most vulnerable groups. According to a UNDP commissioned survey on the economic impact of the crisis at the household level, 71% of households have experienced a decrease in income. Survey respondents from Port Loko, Kailahun, Bombali, Kenema and Western Urban districts (the EVD epicentres at the time of the assessment) expressed stronger concerns about livelihoods than respondents in other districts. Concerns about livelihoods were found to be strongly tied to the declining trend of household incomes and the current ban on many aspects of social life. Provisions of the state of emergency created variations in prices for essential commodities in different parts of the country. In urban areas (Freetown, Bo, Makeni and Kenema) almost 24% of people complained that they were not working because of Ebola and are not getting paid. Nationally, nearly 40% of respondents said they have either been laid off or forced to take unpaid leave.

5. Although there has been some relaxation in restrictions relating to trading, and schools were reopened in the spring of 2015, the President was reported as saying that he would not lift the state of emergency until a declaration by the World Health Organization that Sierra Leone is Ebola-free.² As of 11 June the House of Parliament extended the emergency regulations for another 90 days; however in response to issues raised by Members of Parliament, and with Ramadan around the corner, the President

¹ Article 29(6)a of the Constitution of Sierra Leone.

² Awareness Times, 4 May 2015.

reviewed and relaxed some of the measures which had restricted trading and restaurant opening hours. It should also be noted as that the public state of emergency officially expires end of July 2015 – one year after its initial adoption by Parliament.

6. The UNCT urges Sierra Leone to ensure that any continued limitation or suspension of rights is limited to the extent strictly required by the exigencies of the situation based on an objective assessment of the actual situation. Further, the UNCT recommends that all Ebola recovery and longer term development planning and implementation is grounded in the key human rights principles of participation, inclusion, equality, non-discrimination and accountability.

7. The Government has failed to inform the State parties to the ICCPR, through the Secretary-General, of the provisions from which it has derogated and of the reasons therefor.³

Constitutional Review

8. The Government of Sierra Leone launched the Constitutional Review Process in July 2013. Thus far the Constitutional Review Committee has led an extremely consultative and inclusive process, soliciting opinions and recommendations from civil society nationwide, government actors and international experts. Several issues which have come out clearly to date are the need to reform sections relating to women's rights and equality; ambiguity around the Executive powers of the President; the death penalty; and the lack of separation of powers between the Executive and the Judiciary.⁴ The Constitutional Review Process was delayed as a result of the Ebola crisis. As a result the Constitutional Review Committee mandate has been extended until March 2016. The first draft of the report including recommended amendments is planned for October 2015. The referendum on Constitutional amendments should take place in the first half of 2016. The UNCT calls upon the Government to ensure that the review of the Constitution helps to reconcile domestic policy and legislation with the State's international and regional human rights obligations.

Special Court for Sierra Leone

9. On 31 December 2013, the Special Court for Sierra Leone was closed. In its place the Residual Special Court for Sierra Leone assumed the residual tasks of the Special Court, which include witness protection, supervision of prison sentences and management of the archive of the Special Court.

C. Implementation of accepted recommendations

Equality and non-discrimination

10. Sierra Leone's gender inequality index (GII)⁵ for 2014 is 141 (0.643),⁶ indicating that the country is among the ten lowest ranked countries in terms of gender equality. Traditional harmful practices against women are embedded in the culture and were exacerbated by the long civil war and of late, by the Ebola crisis - both of which contributed to rising violence against women and girls. As articulated in the Country's Agenda for Prosperity AfP (2013–2018), gender inequalities are exacerbated by discriminatory customs, particularly in relation to marriage, property rights and sexual offences. Discrimination based on gender in areas of property, marriage and adoption, are enshrined in the country's Constitution.⁷

³ International Covenant on Civil and Political Rights, article 4, para. 3.

⁴ Constitution of Sierra Leone 1991 sections 27 (4) d and e; 16 on the Right to Life; 53; and 135 respectively.

⁵ GII is an index for measurement of gender disparity and is a composite measure which captures the loss of achievement within a country due to gender inequality. It uses three dimensions to do so: reproductive health, empowerment, and labor market participation (UNDP, 2010).

⁶ The Assessment Capacities Project (ACAPS) (2014).

⁷ Constitution of Sierra Leone section 27 (4) d and e

11. Sierra Leone is a signatory to major international and regional treaties and conventions which uphold equality and non-discrimination based on gender. The Government has reiterated its commitment to gender equality and zero tolerance of violence against women through periodic submissions to various bodies (for example, the 6th periodic report to the UN CEDAW Committee and the 20-year review to the Beijing Platform for Action submitted in 2014). Furthermore, it is a signatory to the African Union Protocol to the Rights of Women in Africa under the Convention on Human and People's rights.⁸ Some progressive measures have been taken to enact new legislation for the promotion and protection of women's rights but implementation remains very limited.⁹

12. As the 6th periodic CEDAW report indicates, the Convention and some of its articles are yet to be mainstreamed in national laws.¹⁰ The ongoing Constitutional Review Process presents an opportunity for the nation to incorporate principles and standards of equality and gender empowerment enshrined in international and regional treaties. As mentioned, during the consultative process by the CRC, equality has been unanimously accepted as a fundamental principle which must underpin the revised Constitution.

Traditional Harmful Practices

13. Traditional harmful practices remain prevalent in Sierra Leone. Despite the provision of the 2007 Child Rights Act, which prohibits marriage of children under the age of 18, as well as commitments from the Government¹¹ to address early marriage, it is reported that 50.2% of women aged 25-49 have been married before turning 18, and 16.4 before 15.¹² The UNCT urges the Government to take immediate action to enforce the Child Rights Act, as well as to support the implementation of community mobilization and behavior change campaigns to address this issue.

14. Female genital mutilation (FGM) in Sierra Leone remains part of initiation into secret women's societies, known as Bondo (Sande) in which girls (supposedly) receive training for their roles as wives and mothers, their transition into womanhood and becoming a full community member. FGM is heavily enforced by community pressure and 90% of women are members of Bondo. Bondo societies exist in all ethnic groups, except Krio.¹³ Traditional practitioners (Soweis), who are authority figures in women's societies and the community, conduct the vast majority of FGM, with no trend towards medicalisation.¹⁴ Soweis have a symbiotic relationship with traditional leaders including Village and Paramount Chiefs.

15. The majority of women and girls in Sierra Leone undergo Types I and II (excision) of FGM. There has been a reported increase in prevalence of Type III (infibulations).¹⁵ Prevalence of FGM is higher among those residing in rural areas (94.3%) than in urban areas (80.9%).¹⁶ Northern districts of the country have the highest rates, whereas the West has the lowest and these correspond to rural and urban trends. According to the DHS 2013,¹⁷ 89.4% of all women aged 15-49 have been circumcised. It is noted that very young girls continue to be circumcised, sometimes in isolation from initiation rites, with serious

⁸ 6th periodic report of the Government of Sierra Leone to the CEDAW committee, p3

⁹ The three 'Gender Laws' include the Domestic Violence Act, the Devolution of Estates Act and the Registration of Customary Marriage and Divorce Act, all 2007. In 2012 the Sexual Offences Act was passed.

¹⁰ Ibid p11

¹¹ See Agenda for Prosperity, Government of Sierra Leone, pp108, 133, and 134.

¹² Demographic Health Survey (DHS), 2013 p56. The DHS is a nationally-representative household survey that provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. It is a Government exercise conducted nationally by Statistics Sierra Leone with technical oversight from ICF and UNFPA, every four to five years.

¹³ 28 Too Many 2014, page 9

¹⁴ 28 Too Many 2014, page 9

¹⁵ 28 Too Many 2014, page 9

¹⁶ DHS 2013, p299.

¹⁷ DHS, 2013 p299.

health consequences. Like male circumcision, FGM is connected with ideas about the creation of sex and gender, necessary for a girl anatomically to become an unambiguous gendered female. In this respect, FGM is practiced as an important transition to adulthood and marriage. Uncut women are also often labeled as unclean. FGM is considered necessary to preserve a girl's virginity and is more aesthetically acceptable. A small minority (of Mende ethnicity) believe that it is a religious requirement.

16. During the Ebola outbreak a moratorium was placed on FGM due to the potential risk of EVD transmission associated with the practice. UNICEF is currently working in collaboration with the Ministry of Social Welfare, Gender and Children's Affairs on a reduction/abandonment strategy. Section 33 of the Child Rights Act protects minors from torture and degrading treatment but FGM is not specified, nor is the law used to prohibit the practice.

17. The UNCT reiterates¹⁸ concerns over the high percentage of women who have undergone female genital mutilation (FGM) as well as forceful initiation into secret societies. It urges Sierra Leone to enact legislation to prohibit FGM, and to conduct awareness-raising programmes for parents, women and girls, traditional and religious leaders.

SGBV

18. High rates of Sexual and Gender Based Violence (SGBV) in Sierra Leone are a legacy of the civil war. The Government has shown its commitment to zero tolerance of SGBV on various occasions; for example in becoming a State Party to CEDAW, submitting its 6th periodic report to the UN CEDAW Committee in 2011 and the Beijing plus twenty national review in 2014. The UNCT is nevertheless deeply concerned at the prevalence of rape and other forms of sexual violence, incest, sexual harassment and domestic violence, and acts of sexual violence against women detainees.

19. Formal justice mechanisms have displayed weak capacity to provide redress for SGBV survivors. Very few SGBV cases make it to the formal courts; rather, they are "resolved" locally or remain under prolonged review by the police.

20. The UNCT urges the Government to implement a "zero tolerance" policy on SGBV and to ensure the prosecution of all violence against women, combined with rehabilitation and support to victims. The UNCT expresses concern about the persistence of customary law and practices that consider the physical chastisement of family members, in particular women, culturally acceptable. The UNCT identifies the lack of access of women to the police, unaffordable fees charged by medical officers and tendency towards out-of-court settlements, as some of the causes of the low prosecution rate of SGBV. The UNCT however notes that progress has been made towards increasing access to justice for SGBV survivors, including the setting up and upgrading of the Family Support Unit – a special police unit for the protection of women and children, which has a mandate to prevent, respond and mitigate the impact of Sexual and Gender-Based violence.

21. It has been found that due to secondary impacts of the EVD crisis – increased economic hardships, restrictions on movement, closure of schools, and increased strain on justice, police and medical services – the situation of SGBV worsened during the Ebola outbreak and teenage pregnancy increased.¹⁹ The increased prevalence of SGBV and teenage pregnancy must be taken into consideration in early recovery interventions. The UNCT recommends that, in conjunction with strengthening the response to SGBV,

¹⁸ See Press Releases from Sierra Leone UNCT on 6 February 2015 or Transitional Joint Vision 2013-2014, United Nations Country Team, p10.

¹⁹ Report of the Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease in Sierra Leone, December 2014 and preliminary findings of UNDP assessment on the prevalence of SGBV before and during the crisis in the Eastern region of Sierra Leone.

more emphasis is placed on prevention through empowering and building the status of women in Sierra Leone.

Sexual and Reproductive Health

22. Access to quality health care remains a concern, particularly for women and adolescent girls. Sierra Leone has a high maternal mortality ratio of 1,165 per 100,000 live births and neonatal mortality ratio of 39 per 1,000.²⁰ High maternal mortality is further worsened by the long-term health complications among women, such as obstetric fistula, uterine prolapse, or infertility. It is estimated that for every woman who dies, 15-30 others are likely to face these health problems.²¹ Of all adolescent girls aged 15 to 19, 28% are pregnant or already had a birth and teenage pregnancy contributes to 40% of maternal deaths.²² The UNCT welcomes the signing by Sierra Leone of the Maputo Plan of Action, which includes commitments to ensure universal access to comprehensive sexual and reproductive health services by 2015 but regrets to note that resource allocation and corresponding disbursements from Government for the health sector have been grossly inadequate. Only 11%²³ of the Government budget is allocated to health, with no data on the proportion allocated to maternal health. To achieve the MDGs and to guarantee the human right to health for its population, the Government needs to allocate sufficient resources to the Health Sector with a view to: (a) upgrading and equipping tertiary, secondary and primary health care facilities to be able to provide quality basic and comprehensive emergency obstetric care services; (b) increasing RH commodity security including life-saving drugs and contraceptives to prevent teenage pregnancy and school dropouts; (c) providing pre- and in-service training of health workers including midwives and capacity building of other critical health staff; (d) adopting supportive legislation and action taken based on findings of Maternal Death Review (MDR), and; (e) strengthening adolescent friendly health service delivery with emphasis on programmes targeting teenage pregnancies.

23. Trends in modern family planning practices have been positive and encouraging, as illustrated by an improvement in the contraceptive prevalence rate (CPR) from 3% in 2002 to 16% in 2013.²⁴ This largely explains the decline in the Total Fertility Rate (TFR) from 6.3 children per woman in 1985, to 4.9 in 2013.²⁵ However, the increase in CPR to 16%²⁶ is still one of the lowest in the sub-region, with a considerably high unmet need for family planning at 28%.²⁷ The decline in TFR is observed to be an urban phenomenon, as rural women are known to have on average two more births (5.7) than urban women (3.5). The main impediments to contraceptive use among women in rural communities include limited formal education and socioeconomic and cultural barriers such as spousal approval and support for family planning.

24. While no data is available on the proportion of the national budget allocated to family planning, the UNCT welcomes the commitments made to increasing the family planning budget from 0.42% in 2012 to 1% by 2020.²⁸ However, there is a dire need to develop appropriate policies and detailed strategic plans for family planning and midwifery. In particular, it is worth noting that despite the limited availability of human resources, the existing national policies serve to restrict the role of certain cadre of health care providers in the provision of family planning, post-abortion care services and clinical management of rape.

²⁰ DHS 2013, p192.

²¹ UNFPA, CPAP 2015

²² DHS 2013, p74.

²³ UNFPA review of the Government of Sierra Leone 2014 budget.

²⁴ DHS 2013, p86.

²⁵ DHS 2013, p64.

²⁶ DHS 2013, p86.

²⁷ DHS 2013, p93.

²⁸ National Health Sector Strategic Plan 2010-2015, Ministry of Health and Sanitation.

Teenage Pregnancy and Education

25. The UNCT notes with regret that the practice of the Government in regard to schoolgirls who have become pregnant is to ban them from attending school with other students and from sitting school examinations. As a state Party to the International Covenant on Economic, Social and Cultural Rights, Sierra Leone has accepted its international obligation to guarantee the right to education without discrimination of any kind, including on the basis of sex. While the UNCT recognizes the articulation of this obligation in domestic legislation under the Education act of 2004, the UNCT urges the Government to reverse its current policy, to make appropriate formal education possible for these girls and to allow them to sit exams. In addition, the UNCT urges the Government to make a clear public statement encouraging girls to return to school after childbirth.

HIV and AIDS

26. Due to the EVD outbreak – the strain on the health system and the fact that EVD symptoms are similar to side-effects of Anti-Retroviral Therapy – the numbers of adults and children receiving ART varied greatly with general downward trends between January and August 2014. Similarly, the number of pregnant women receiving ARV for the prevention of HIV transmission from mother-to-child sharply declined between January to September. HTC services experienced the greatest decline in service use in 2014; and between January and December 2014, the number of people receiving HIV tests and post-test counseling declined by 71%.

27. The Joint UN team AIDS supported the National AIDS Secretariat to develop a plan to mitigate the impact of EVD on HIV programmes and services. With the financial support from the Global Fund, the mitigation plan was successfully implemented and by September 2014 showed an increase in uptake of children on ART; this could be attributed to EVD-impact-mitigation interventions specified to tracing the growing number of defaulters. Also EVD-impact-mitigation interventions were implemented for PMTCT services resulting in the levels of pregnant women returning for PMTCT returned to expected levels. No EVD-impact-mitigation interventions were implemented for HTC, which may explain why this service continued to experience a dramatic decline in use compared to ART and PMTCT.

28. The prevalence of HIV in Sierra Leone is officially estimated at 1.5%. At 2.6%, prevalence is highest amongst females aged 35 to 39. According to the 2013 Domestic Household Survey, percentage of HIV testing amongst adults is low at 38% of women and 14% of men tested and having received results. According to the same survey 25% of women and 31% of men have comprehensive knowledge about AIDS transmission and 49% of women and 31% of men have knowledge of transmission between a mother and child.

29. Although the 2011 National AIDS Act protects PLHIV from discrimination, implementation of the law is weak and attitudes towards PLHIV reveal that levels of stigma and discrimination in everyday life are high.²⁹ Such attitudes can prevent people from being tested for HIV and/or from receiving treatment.

30. A national partnership forum held in May 2015 laid a roadmap for both short term recovery of HIV related activities post Ebola, and longer term activities towards ending AIDS. Sierra Leone has formulated a Test, Treat and Retain All agenda but it has yet to be adopted. National authorities are hesitant to adopt the agenda due to resource implications. If the country is to join the global community to end AIDS by 2030; the Test, Treat and Retain All strategy should be adopted and implemented. The country needs to mobilize resources at both national and international levels. To this end, the UNCT urges the Government to expedite the finalization of the Domestic Resource Mobilization Strategy on AIDS,

²⁹ DHS 2013, section 14.2, p206

legislate it into law and implement it robustly. The Government should also explore opportunities to integrate and mainstream HIV into other development efforts.

Administration of and Access to Justice

31. A recent assessment carried out in the context of the New Deal by the Government found that access to justice was on the decline in comparison to recent years and that more sustained investment in the sector is needed in order to ensure that gains made in peace building and sustainable development are not undone.³⁰ The outbreak of the Ebola virus has exacerbated the situation.

32. The third Justice Sector Reform Strategy and Investment Plan (JSRSIP III) has been developed by the Justice Sector Coordination Office. The main focuses of the strategy are: to ensure justice is accessible even in the most remote communities and in a timely manner; to ensure that justice sector actors are accountable; to improve communication and case management; and to improve commercial law in order to promote foreign investment and economic development. Although the strategy is laudable and ambitious, the justice sector in Sierra Leone is grossly underfunded.³¹ There are too few judges and prosecutors³² in the country and poor conditions of service continue to dissuade able lawyers from being attracted to the professions and to perpetuate corrupt practices. Several district courts have not sat for months, or in some cases years, and circuit courts face transport and staffing difficulties.

33. The Bail Policy of 2009 has not been effective in reducing the numbers of accused who face prolonged pre-trial detention. Bail is granted at the discretion of judges and is the exception, not the rule. The JSRSIP III acknowledges the need for clear legislation to be enacted on bail. A new Criminal Procedure Bill is also pending, and is due to be tabled in Parliament mid-2015. The UNCT hopes that before the Bill is passed, constructive comments from international experts and from Sierra Leonean civil society are adequately reflected in the draft.

34. The majority of accused persons do not have access to legal representation. The Legal Aid Act was adopted in 2012 and although the Legal Aid Board has now been established, the Act has yet to be implemented. There is heavy reliance on NGOs for the provision of legal services.

35. The Local Courts Act 2011 brings traditional justice mechanisms under the remit of the judiciary. The Act is a positive move towards increasing access to justice even in the most remote areas; however, the lack of resources to fully implement the Act means that the local courts are not yet adequately functioning. There are also concerns about the qualifications of Local Court Chairpersons to administer justice in some cases, especially given that they have the authority to deal with criminal matters and can hand down custodial sentences of up to six months.³³

36. There is a perceived lack of political will to invest in and reform the justice sector. Lack of case management, and poor coordination also hamper justice sector performance. The Justice Sector Coordination Office was established to help improve communication and cooperation within the justice sector and also coordinates with security sector actors. Unfortunately, the JSCO has been debilitated by lack of Government funding.

37. The UNCT acknowledges the importance of access to justice in order for peace, stability and sustainable development in Sierra Leone to be a reality. The UNCT urges the Government to commit

³⁰ The most recent fragility assessment was not published but the mission presented its findings at UNDP mid 2014

³¹ The judiciary received less than 900,000 USD for 2014.

³² There is a heavy reliance on police prosecutors at the Magistrate Court level. Often police prosecutors do not have sufficient training or support.

³³ Local Court Act 2011, Part III, section 15.

increased resources to attract more skilled justice sector staff, improve case management and purposefully address the human rights violations associated with pro-longed pre-trial detention.

38. The SGBV Saturday Courts were established in 2011 to address the high numbers of SGBV cases, many of which had been pending for years, and to create a more appropriate environment for cases of such a sensitive nature to be heard. The Saturday Courts have been successful in reducing the SGBV case backlog in Bo, Kenema and Freetown but the Government has yet to honour commitments to take over funding of the initiative. As of July 2014, the backlog in Freetown had been completely removed but as the Saturday Courts were not functioning during the EVD crisis it is likely that much of this progress has now been undone.

39. Since the last review, the Government has shown its commitment to the protection of women and girls through the adoption of the Sexual Offences Act 2012. The Act consolidates and amends other laws relating to sexual offences and sets the maximum sentence for rape at 15 years. Notably, the Act also provides for free medical treatment and reports for victims of sexual violence. Without medical reports as evidence, cases of sexual and other violence against women in Sierra Leone are routinely dismissed.³⁴ In reality medical services required by survivors of sexual violence in order to pursue legal cases are not provided free of charge.³⁵ In addition, during the EVD crisis, medical services for survivors of SGBV were even more limited due to the strain on the sector and fear of contracting the virus. This in turn aggravated the barrier to legal justice and contributed to the increased tendency towards settlement through local leaders.³⁶

40. The Ministry of Social Welfare, Gender and Children's Affairs developed the juvenile justice strategy 2014 - 2018 in partnership with UNICEF. The strategy places a strong emphasis on diversion away from formal justice mechanisms. Little progress has been made thus far in implementation due to the outbreak of the Ebola virus not long after the strategy was finalized.

41. There are only three juvenile homes in the country – two in Freetown and one in Bo. Although the Juvenile Courts were established in 2012 to decrease backlog and avoid holding juveniles in prolonged pre-trial detention, they remain under-funded.

42. The Family Support Unit (FSU) of the Sierra Leone Police (SLP) – mandated to investigate and refer crimes such as domestic and sexual violence, child abuse and cases relating to child offenders – are key in facilitating access to justice for women and children. Since 2011, the numbers of cases reported to the FSU have risen steadily – showing increased coverage and also increased public trust and awareness. For example, in 2011 the FSU received 522 cases of domestic violence compared to 9,157 cases in 2014. However, the FSU is grossly under-resourced, receiving approximately 200 USD of the SLP budget per quarter for the whole FSU, comprising 62 units nationwide.³⁷ Donors and UN agencies have contributed to building the capacity of FSU staff to deal with cases but operational support is lacking.

Correctional Services and the Rights of Prisoners

43. Recent figures from Correctional Services on the pre-trial and remand population indicate that Sierra Leone now has a detention population of 3,210 inmates of which 1,265 have been convicted. Prolonged pre-trial detention is the norm for the majority of inmates, as bail is rarely granted. This has led to severe over-crowding in correctional facilities. For example, the central male correctional centre

³⁴ There is no law stating the requirement of medical report as evidence but this has been the practice on the ground.

³⁵ Reports from CSOs and partners nationwide.

³⁶ See UNDP's assessment report on SGBV prevalence before and during the Ebola crisis.

³⁷ See Centre for Accountability and Rule of Law, *Assessing the Resource Gap in the Fight Against Sexual and Gender Based Violence: Is the FSU hamstrung?*, Freetown, 2015.

in Freetown (Pademba Road) was built to hold 324 inmates and now houses over 1,400. Unsanitary and crowded conditions compromise the human rights of prisoners.

44. In 2014 the Government of Sierra Leone made positive moves towards reforming the prison sector by passing the Correctional Services Act, which aims at transforming prisons from punitive facilities into rehabilitative correctional centers. As a result of the Ebola crisis no steps have yet been taken by the Government to implement the Act, however interventions are ongoing through UNDP to decongest the correctional centers in order to avoid a catastrophic outbreak of EVD.

45. The UNCT urges the Government to inject adequate resources into the implementation of the Correctional Services Act and to reduce the number of pre-trial detainees through strengthening bail guidelines and oversight.

Security Forces and the Use of Force

46. There has been improved structure and coordination within the security sector in recent years and local security mechanisms, many of which include participation from civil society, have helped to improve public perception of security and relevant institutions.³⁸ The 2012 elections were found to be largely peaceful, and in the response to the EVD crisis the Sierra Leone Police and the Republic of Sierra Leone Armed Forces have been seen to do a commendable job on the frontline, in spite of limited training and resources. Despite a potentially tense situation during the Ebola crisis, clashes between citizens and security forces have been minimal.³⁹

47. Nevertheless during the period of the review there have been instances of unlawful use of force by the Sierra Leone Police. One such instance occurred in Bumbuna in April 2012, when a labour protest against the practices of a mining company resulted in one death and accusations of police brutality.⁴⁰ During the state of emergency, the police in Kenema on 27 April 2015 allegedly used teargas and batons against peaceful opposition party protesters. There have also been allegations of mistreatment and physical violence against demonstrators and human rights defenders arrested during the demonstration, including a Senior Human Rights Officer from the Human Rights Commission of Sierra Leone. The Human Rights Commission has submitted a formal complaint to the Independent Police Complaints Board about alleged mistreatment in custody.

48. Concerns have also been expressed about arbitrary arrests under state of emergency powers of individuals who have spoken out publicly about the conduct of the Government in the fight against Ebola. One such instance took place in November 2014 when a well-known broadcaster, was arrested and detained after critical remarks were made on his radio show about the government's fight against Ebola. Although the journalist was released from detention after 11 days, it was on condition that he report periodically in person to a police station.

49. The police have oversight mechanisms in place internally and externally. Internally, the Complaints, Discipline and Internal Investigations Department has suffered from a lack of funding, lack of training and high staff turnover. The Independent Police Complaints Board was established in 2013 and is currently being operationalized with support from UNDP. The IPCB will be an independent body tasked with investigating public complaints of police misconduct.

³⁸ For example, the Local Police Partnership Boards,

³⁹ Human Rights Commission of Sierra Leone, *Monitoring Report on the Three Day Sit at Home Sensitization Campaign*.

⁴⁰ Human Rights Commission of Sierra Leone, *Bumbuna Public Inquiry Report*, 2012.

50. The SLP has faced criticism for political and non-transparent recruitment processes; however the 2014 recruitment drive was hailed as fair and transparent. There was also a particular focus on recruiting more women into the force in order to improve the handling of gender-related issues, and to establish a police service which is more representative of the population. Unfortunately, out of a potential 500 SLP recruits nationwide, only 367 candidates met the necessary criteria⁴¹ and only sixty-nine (69) of these were females. The SLP, supported by UNDP, is currently carrying out research on barriers faced by females in applying for positions in the police with a view to introducing special measures to target more women during the next recruitment phase.

51. The UNCT recommends that security forces, especially divisions dealing with civilians, are trained regularly in human rights and international standards of security personnel. Oversight mechanisms should be supported in order peace and security.

52. The UNCT urges the Government of Sierra Leone to ensure democratic space for citizens, the media and civil society actors to exercise the right to freedom of expression and of assembly to do so openly and without fear of reprisal.

Death Penalty

53. The Government of Sierra Leone continues to uphold the moratorium on the death penalty.⁴² The UNCT encourages the Government and the Constitutional Review Committee to seize the ongoing Constitutional review process as an opportunity for Sierra Leone to abolish capital punishment and to accede to the 2nd Optional Protocol of the ICCPR.

Human Rights Commission of Sierra Leone

54. In May 2011, the Human Rights Commission of Sierra Leone (HRCSL) was awarded A status by the International Coordination Committee of National Human Rights Institutions for its compliance with the Paris Principles, which set out the minimum standards to be met by national human rights institutions.

55. The HRCSL continues to be underfunded, subject to budget cuts and late payment of staff salaries, and subject to frequent loss of power at its premises which adversely affects its ability to function in accordance with this legislative mandate. The UNCT recommends that in view of its crucial role as guardian and monitor of human rights in Sierra Leone and as the Government's primary human rights adviser, the HRCSL annual budget is ring-fenced and increased at least within line of the annual rate of inflation to meet the growing needs of the institution.

Land Rights

56. There have been several instances of confrontations between foreign-owned agricultural investment companies and local landowners and farmers regarding the use of land in rural areas. The UNCT encourages the Government to adopt the Guidelines on the Responsible Governance of Tenure of Land, Fisheries and Forests in the Context of National Food Security.

Right to Food

57. In July 2013, Heads of State and Government, including Sierra Leone, adopted the Declaration on Renewed Partnership for Unified Approach to End Hunger in Africa through actions that build upon the Comprehensive Africa Agriculture Development Programme (CAADP). The aim of CAADP is to combine an increase in agricultural production with the promotion of overall economic growth and adoption of measures for social protection as an investment in human wellbeing and capacity to contribute to household food security, thus increasing capacity to graduate from want. Recalling that the 1996 Rome

⁴¹ This mainly refers to passing the written test.

⁴² Annual Report of the Human Rights Commission of Sierra Leone, 2013, p.39.

World Food Summit called on Governments to give the right to food a more concrete and operational content, the UNCT urges the Government to enshrine the right to food in the revised Constitution, and to ensure a human rights based approach to food in its economic, agricultural and social planning and implementation.