

Early childhood development practices and opportunities in Sierra Leone

Briefing



Key messages

There is a high prevalence of morning hunger and both urban and rural communities face challenges with food insecurity – evaluating and expanding the school feeding programme is a priority.

Raising children is valued as a collective responsibility.

Many children from villages are fostered by relatives or acquaintances in town and cities. These children perform many household/market chores and are at higher risk of neglect/abuse/poor school attendance.

Positive parenting programmes need to be aware of the difference between 'time-rich' (farming-trading and other livelihoods) and 'time-poor' (subsistence farming) settings.

There is a high demand for early education services.

In hard-to-reach and extremely hard-to-reach communities, traditional medicines, healers and community health workers are the first-line response in terms of health care.

Informal Islamic education is widespread in both urban and rural communities and supplements formal schooling.

About this briefing

This briefing forms part of Thrive’s research study, ‘Early childhood development perceptions and practices at the community level: opportunities and barriers for strengthening informal provision in Sierra Leone’. It summarises key findings and offers insights for policymakers and development organisations to consider in designing effective, relevant and scalable early childhood development interventions.

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Introduction

There are significant opportunities to deepen and expand early childhood development (ECD) in Sierra Leone through tailoring approaches to its diverse contexts, ranging from time-poor, hard-to-reach and extremely hard-to-reach communities to time-rich, semi-urban and urban settings.

The Government of Sierra Leone launched the Integrated Early Childhood Development (IECD) Policy in 2021, which recommends that every primary school should have a pre-primary unit and that all children aged 3–6 should receive at least one year of pre-primary education. Sierra Leone gained independence from Britain in 1961. It emerged from a civil war just two decades ago, and the world's worst Ebola emergency in 2014–15. The tropical climate and extreme weather events pose risks of seasonal floods and damaged infrastructure. Such geo-political, and natural disasters have left the government with limited resource capacity to rapidly expand infrastructure, human resources, and management systems to effectively implement the IECD policy.

Given the challenges in state capacity and the marginalisation that a large portion of the population experience from access to health, education, infrastructure, and economic opportunities, this brief – and the qualitative study it draws from¹ – aim to identify barriers and opportunities for scaling up pre-primary education. It does so by examining current and evolving ECD practices among parents and communities, as well as formal and informal systems.

About the analysis

This briefing draws on field insights and community-level research to analyse early childhood development through the lens of the Nurturing Care Framework (NCF) – health, nutrition, responsive caregiving, early learning, and safety/security.²

Adapting Bronfenbrenner's socio-ecological model,³ the analysis highlights the strengths and gaps in current practices, perceptions and services at family and child, kinship and community, and service provision levels.

1 Hodges, M.H. and Richards, P. (2025). *Early childhood development perceptions and practices at the community level: opportunities and barriers for strengthening informal provision in Sierra Leone*. Thrive, Oxford Policy Management. <https://thrivechildevidence.org/resource-centre/early-childhood-development-perceptions-and-practices-at-the-community-level-opportunities-and-barriers-for-strengthening-informal-provision-in-sierra-leone/>

2 World Health Organization (WHO), UNICEF and World Bank Group. (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. <https://nurturing-care.org/ncf-for-e.cd>

3 Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Immediate family and child

Most Sierra Leoneans live in patrilineal extended-family units where children are raised not only by their parents but also by grandparents, aunts and uncles and can be fostered by extended family members. In the study's sample, 28% of children were not living with their biological parents, with many residing with grandparents and, in some cases, an aunt/guardian. Younger children are often sent to rural areas until they reach school age, while older children are sent to urban or larger communities for primary and secondary education.

Kinship and community

A family's lineage and kinship ties determine access to land, social support and dispute resolution.⁴ Cultural knowledge and social values are transmitted through traditional institutions such as Bundu (Sande) and other society groups.

Institutions and formal services

The Ministry of Basic and Senior Secondary Education (MBSSE) leads the multisectoral coordination of ECD efforts and is responsible for implementing the IECD policy. As part of this effort, MBSSE has introduced reception classes within the formal school system, targeting children aged 5, to ensure school readiness through structured, play-based learning approaches.

Implementation has been strongly supported by both international and national development partners. Notably, UNICEF and the Global Partnership for Education (GPE) have collaborated with MBSSE to construct approximately 120 community-based ECD centres across underserved districts. These centres are equipped with age-appropriate infrastructure, child-friendly sanitation and learning materials. In addition, caregivers and teachers have been trained in play-based pedagogical methods to ensure quality early learning experiences.

Alongside government-supported initiatives, Sierra Leone also has a strong presence of formal and informal faith-based institutions. The Ahmadiyya, Islamic Brotherhood, and increasingly the Uumah Welfare Trust, run madrasas across the country. Informal education led by Islamic clerics, scholars and imams is prevalent in both urban and rural communities, playing a significant role in early learning – especially where no other education or care services exist in small remote communities.

Definitions and key concepts

Contexts children and their caregivers live in

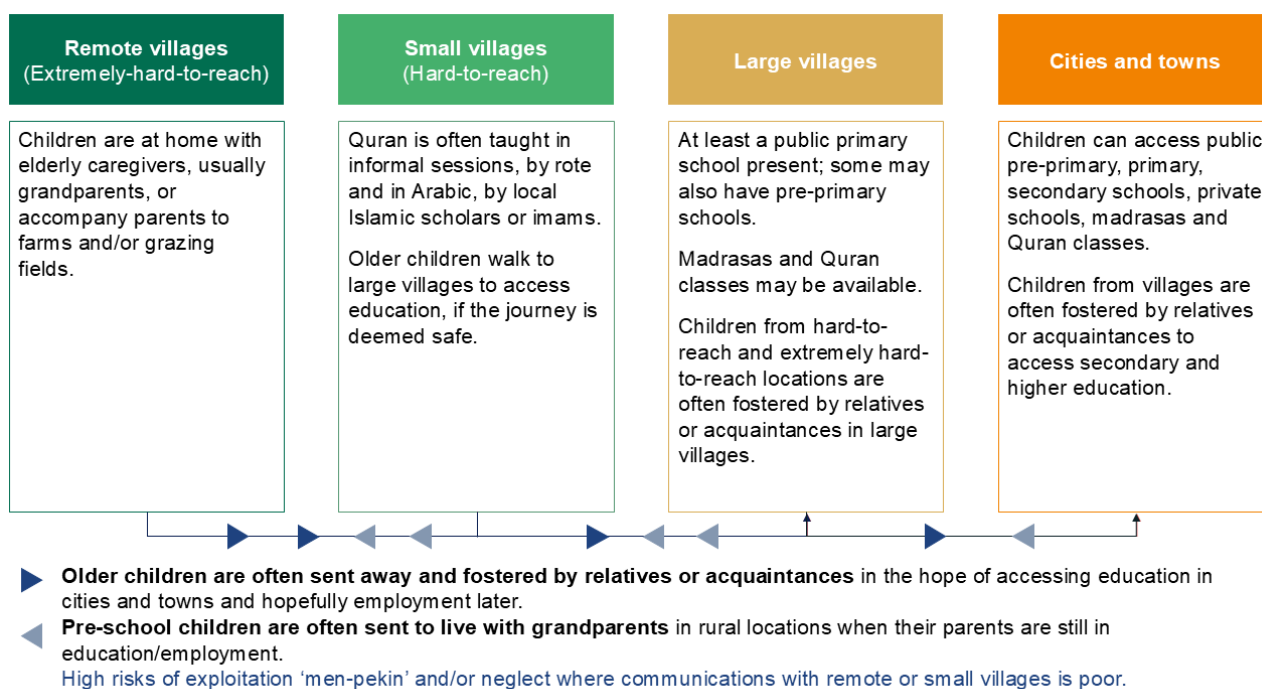
Access to services such as education and health care in Sierra Leone, as well as caregivers' livelihoods and daily lives, vary significantly by location. In our study, we have identified four main types of location: remote villages ('extremely hard to reach'), small villages ('hard to reach'), large villages, and towns/cities. Young parents in urban settings may send pre-school children to their grandparents in villages. Equally, parents in rural areas may send older children to live with relatives or acquaintances in larger villages or towns, as foster children, to access better educational and employment opportunities.

4 Trevino, M. (2011). Sierra Leone. In *Encyclopedia of social networks* (Vol. 2, pp. 775–776). SAGE Publications, Inc. <https://doi.org/10.4135/9781412994170.n319>

Time-poor and time-rich communities

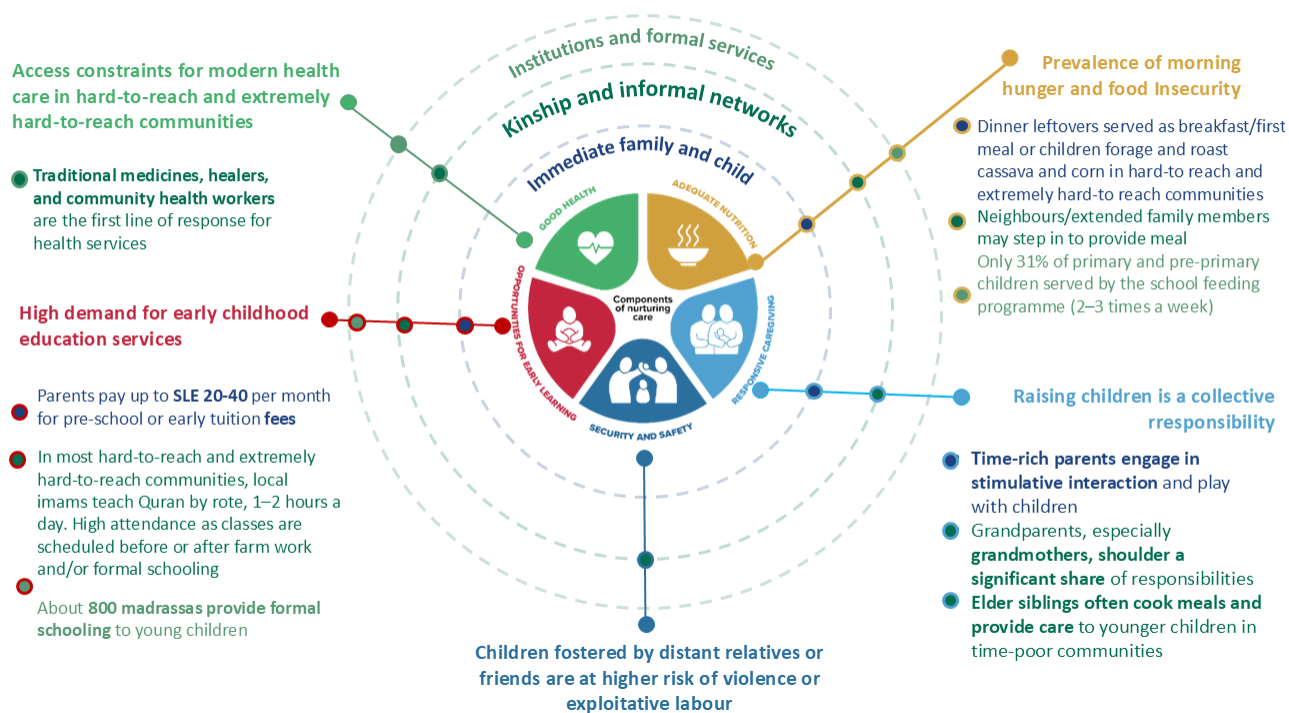
The availability of time is a crucial factor in caregivers' capacities. In Sierra Leone, communities engaged in labour-intensive rice-farming, particularly in hard-to-reach and extremely hard-to-reach areas where markets are distant and difficult to access, caregivers often have limited time outside of their livelihood activities, making them 'time-poor'. In contrast, communities closer to markets and involved in trading typically have more time available beyond activities that directly impact their livelihoods, making them comparatively 'time-rich'.

Figure 1: Categorisation of locations



Key findings

Figure 2: Key findings on early childhood development in Sierra Leone, mapped across the five domains of the Nurturing Care Framework



Source: Based on WHO, UNICEF and World Bank Group 2018

Adequate nutrition

#1 Prevalence of morning hunger and food insecurity: both urban and rural communities face challenges with food insecurity.

Immediate family and child

Many poor families manage with only one proper meal a day, with leftovers from dinner commonly used as breakfast (cold rice). In rural households, the first freshly prepared meal is lunch, cooked and/or served on the farms after morning work. Children's early meals may consist of roasted cassava or corn which, although filling, are not considered nutritionally adequate by local standards due to the absence of rice – a staple food in Sierra Leonean diets. Breakfast skipping is common, especially when no leftovers are available, leading many children to attend school on an empty stomach. Malnutrition among the under 5s persists, with 5% affected by wasting and 26% by stunting, indicating chronic and acute undernutrition during critical developmental years.⁵

⁵ UNICEF Sierra Leone. (2023, 30 September). *Strengthening nutrition systems to fight against malnutrition in Sierra Leone*. <https://www.unicef.org/sierraleone/stories/strengthening-nutrition-systems-fight-against-malnutrition-sierra-leone>

Kinship and community

At the community level, informal kinship networks such as extended family members and neighbours occasionally step in to provide meals/snacks to children in need. However, this support is often sporadic and unreliable, especially in economically strained households or during the lean (pre-harvest) season.

Institutions and formal services

From a service provision standpoint, government-led school feeding programmes have been introduced, currently reaching around 31% of primary and pre-primary aged school children 2 or 3 times a week.⁶ These programmes are critical in addressing short-term hunger and improving attendance and concentration in school. However, access to school meals needs to expand to include schools in more remote areas.

Responsive caregiving

#2 Raising children is valued as a collective responsibility.

Immediate family and child

Within households, our study observed that caregiving is primarily conducted by mothers (55%), followed by grandmothers (23%), aunts (9%), and a smaller percentage of single fathers (4%) and grandfathers (2%). These figures reflect a strong maternal and matriarchal presence in daily child-rearing routines. In **time-rich households** – those with fewer economic or labour demands – caregivers engage children in **interactive practices** such as storytelling, singing and play. These types of interaction are essential for nurturing **early communication, social-emotional bonding and cognitive development**. In time-poor households – where caregivers are preoccupied with labour-intensive activities like farming, fishing, or market trading – grandparents often assume caregiving responsibilities.

Child-to-child caregiving, such as feeding and supervision, is widespread in all communities.

Kinship and community

Responsive caregiving is deeply rooted in intergenerational and communal caregiving traditions – particularly the prominent role of grandmothers and extended kin. Grandmothers not only provide care but also transmit cultural knowledge and provide moral guidance and early developmental support, including through institutions. In one of the study's observations, a grandfather spoke to his toddler grandchild, fostering early communication skills, and a grandmother taught her son the importance of active engagement with his 3-year-old sibling. These examples highlight how **community norms influence responsive caregiving behaviours**. While intergenerational knowledge offers some key strengths – particularly in areas where formal services are limited – the quality and consistency of responsive caregiving can vary depending on the caregiver's knowledge, cultural beliefs, personal educational status and time availability.

⁶ Global Child Nutrition Foundation. (2024). *School meal programs Around the world: Results from the 2024 global survey of school meal programs*. <http://gcnf.org/global-reports/>

Institutions and formal services

Although formal services specifically targeting responsive caregiving are limited, there are growing efforts to integrate responsive caregiving into broader ECD initiatives. For example, health and social welfare outreach programmes increasingly include messaging around caregiver-child interaction, nutrition and stimulation. However, in the absence of widespread caregiver training, much of the responsive caregiving remains unstructured and informal, especially in remote areas without access to parenting programmes or early learning centres. Early pilots for home-based interventions delivered through community health workers have been adapted and show promise for ECD outcomes.⁷ An opportunity to institutionalise the delivery of evidence-based interventions that adapt traditional caregiving wisdom – such as that provided by elders – can support the creation of a stimulating home environment for children.

Safety and security

#3 Children fostered by distant relatives or friends are at higher risk neglect and abuse.

Immediate family and child

Safety is a core concern for caregivers, particularly in remote and underserved areas. Parents are often unwilling to send children to pre-primary or primary school if the journey is deemed unsafe. While walking one or two miles to school is common, seasonal flooding and poor road/bridge conditions regularly disrupt attendance, particularly among younger children. Fostered children face heightened vulnerabilities, especially those living with relatives with distant filial ties. In unfamiliar households, they are at greater risk of neglect and overwork, often tasked with all household chores. Corporal punishment such as caning and flogging remains widespread. Evidence shows that fostered children are subjected to harsher punishment, reflecting a lack of emotional connection and weaker social protection within these arrangements. The practice of violent punishment has lessened since the civil war due, it was reported, to the numerous post-war interventions and the increasing access to mobile connectivity to ‘stay-in-touch’ and report excesses. Culturally, violent discipline is normalised; however, child rights movements, supported by NGOs, have made it more difficult to discipline children in traditional ways.⁸

Kinship and community

Extended families and community members often step in as informal caregivers. While this system provides essential support, it lacks formal oversight or accountability. Community perceptions of safety directly impact children’s access to education. In the absence of safe school routes, many caregivers – especially in rural areas – opt to keep children at home. This limits early learning opportunities and perpetuates regional disparities.

7 Desrosiers, A., Schafer, C., Esliker, R., Jambai, M. and Betancourt, T. (2021). mHealth-supported delivery of an evidence-based family home-visiting intervention in Sierra Leone: Protocol for a pilot randomized controlled trial. *JMIR Research Protocols*, 10(2), e25443. <https://doi.org/10.2196/25443>

8 Zuilowski, S.S., Thulin, E.J., McLean, K., Rogers, T.M., Akinsulure-Smith, A.M. and Betancourt, T.S. (2019). Parenting and discipline in post-conflict Sierra Leone. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2019.104138>

Opportunities for early learning

#4 There is high demand for early childhood education services

Immediate family and child

Across Sierra Leone, parents strongly value early education, often expressing a desire for their children to begin schooling as soon as possible. In many areas, where formal pre-primary options are limited or unavailable, children as young as 3 are enrolled in Class 1 of primary school and remain there until they are old enough to advance, reflecting both parental demand and system-level gaps. Children's early learning also happens informally at home, through traditional storytelling and singing, and participation in household livelihoods such as farming, fishing and trading. These activities foster early numeracy, language and problem-solving skills in a culturally relevant and experimental manner. Children also engage in self-directed play, crafting toys from recycled or natural materials (such as rattles made with crickets on sticks, tyre-rolling games and headgear from plastic bands), which build social, cognitive and motor skills through imaginative exploration.



Kinship and community

In both urban and rural areas, imams/scholars/clerics provide informal Islamic education, teaching children to recite the Quran through rote memorisation in Arabic. These sessions, often held under trees or on verandas, are woven into daily life around farming, formal schooling or domestic work. Though limited in academic scope, they foster early language skills, discipline and community belonging. Faith-based Christian and Islamic institutions – including nearly 800 madrasas run by Ahmadiyya and other Islamic brotherhoods – serve as education hubs, offering more structured learning from primary school Class 1 onwards. Incorporating pre-primary class facilities in existing madrasas offers a promising entry point to scale early childhood education, given the widespread reach of madrasas and the growing global evidence on how early childhood education lays the foundation for lifelong learning, health and wellbeing.^{9 10}

Child-to-child

The child-to-child 'getting ready for school' model of early childhood education piloted before and during Ebola in hard-to-reach communities has had a lasting impact on girls' enrolment as well as overall enrolment and parent/community perception of the value of early learning. Benefits were reported to both the young learners and the young facilitators.

9 Heckman, J. J. (2011). *The economics of Inequality: The value of early childhood education*. *American Educator*, 35(1), 31–47.

10 Engle, P.L., Fernald, L.C.H., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., Cabral de Mello, M., Hidrobo, M., Ulkuer, N., Ertem, I., Iltus, S. and the Global Child Development Steering Group. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, 378(9799), 1339–1353.

Institutions and formal services

The formal pre-primary education system in Sierra Leone is growing but remains insufficient to meet demand, especially in rural and low-income urban areas. In urban informal settlements such as Jamestown and Kolleh Town, parents pay SLE 20–40 per month to enrol their children in small-scale, private pre-primary classes or tutoring, despite limited income – evidence of strong demand even in poor communities. Where pre-primary schooling is unavailable, primary schools absorb younger children, though this often results in age-inappropriate instruction, crowding and distraction. Additionally, centres privately run by community health workers or teachers – ranging from those offering structured, play-based early learning to others that function more as childcare/tutoring centres serving mixed age groups – operate without oversight or supportive supervision, which may lead to wide variation in quality with little developmental alignment.

Good health

#5 In hard-to-reach and extremely hard-to-reach communities, traditional medicines, healers and community health workers are the first line of response in health care

Immediate family and child

There has been a notable improvement in child health and nutrition outcomes at the household level in the past 60 years. Parents are increasingly adopting positive feeding and caregiving practices, contributing to national gains in key health indicators:

- exclusive breastfeeding rates for babies aged 0–6 months have risen from 11% in 2013 to 53%, and complementary feeding among those aged 6–8 months has improved from 23% to 60%¹¹
- stunting (chronic malnutrition) now affects 26% of children under 5, down from over 40% post-conflict; wasting (acute malnutrition) has halved to 5%¹²

This shift reflects growing awareness and acceptance of recommended infant and young child feeding practices. However, persistent poverty, food insecurity and traditional beliefs may affect consistent uptake, especially in rural and hard-to-reach areas.

Kinship and community

Extended family members – particularly grandmothers and aunts – continue to play key roles in caregiving and influencing health decisions. These kinship actors often guide feeding practices, home remedies and decisions about when (or whether) to seek formal care. Community knowledge systems remain powerful. In hard-to-reach and extremely hard-to-reach areas, traditional healers are the first point of contact. While clinics, hospitals and community health workers provide essential services where available, geographic distance, transport, time, cost and cultural trust often make traditional medicine the default. Even in accessible areas, families may combine modern and traditional treatments, depending on the illness and perceived cause.

¹¹ Ministry of Health and Sanitation. (2021). *Sierra Leone national nutrition survey*. <https://mohs.gov.sl/download/43/publication/17237/sierra-leone-national-nutrition-survey-2021.pdf>

¹² Ibid.

Institutions and formal services

Sierra Leone has made substantial institutional progress in child and maternal health over the past two decades:

- under-5 mortality has dropped from 220 in 2001 to 101 per 1,000 live births (2022), and maternal mortality has decreased from 1,610 to 443 per 100,000¹³
- full immunisation coverage at 12 months and vitamin A supplementation (every six months) have both risen to over 90%, up from 40% and 26% respectively in 2008¹⁴

A major driver of these improvements is the Free Health Care Services (FHCS) programme, launched in 2010, which ensures that all pregnant and lactating women, and children under 5, receive essential health services at no cost.

Government efforts, supported by development partners, have expanded access to maternal and child health services across both rural and urban areas. However, service availability, quality and staffing still vary, particularly in remote districts, and challenges remain in supply chain logistics, health worker training and community trust in the system.

13 UNICEF. (2024). *The state of the world's children 2024: The future of childhood in a changing world*. <https://data.unicef.org/resources/sowc-2024/>

14 Ibid.

Recommendations

Immediate family and child

- Scale up home-based **positive parenting programmes** (e.g. family strengthening initiative or via mass media), ensuring messages are **context-appropriate** and pre-tested in local languages.
- **Expand and evaluate the school feeding programme**, prioritising rural and hard-to-reach communities to address food insecurity and absenteeism.
- Assess the feasibility and scalability of the **child-to-child model** in time-poor farming communities for early childhood education support to ensure children are school ready by the time they are eligible to attend grade.

Kinship and community

- Leverage **traditional leaders, religious leaders and secret societies** as trusted change agents, especially in hard-to-reach areas; tailor ECD messaging and involve them in programme design.
- Acknowledge and integrate the role of **madrasas, Imans (informal Quran educators) and Christian education networks** in early learning efforts. Encourage a **play-based component** in traditional teaching practices.
- Train and deploy **community coaches** (adapted from Rwanda's home visit model, for example) to support families with children aged 0–3 in nutrition, sanitation, violence prevention and responsive caregiving.

Institutions and formal services

- Invest in regulating and building capabilities of community-volunteer or private early childhood education centres, supporting them with training, play-based material and resources.
- Ensure national-level coordination includes **representatives from informal and religious education systems** (e.g. Islamic school networks, madrasas). Evidence-based, play-based learning models such as the Madrasa Early Childhood Programme (MECP) model, supported by Aga Khan Foundation in East Africa, can be introduced and adapted to Sierra Leone through the existing madrasa and Islamic teacher training university networks.
- Continue targeted research into the **'morning food' gap** and develop programmatic solutions tailored to farming and mobile households.

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Thrive

Thrive is a multi-country research programme that aims to support countries to turn what we know about positive early childhood development into practical, scalable, low-cost programmes, able to transform societies over multiple generations. Working closely with policymakers and other stakeholders, Thrive aims to build understanding of early childhood development service delivery models and how they can be provided cost effectively and at scale, and how these systems can innovate, improve, and better serve children and communities in low- and middle-income countries.

Our five focus countries are Bangladesh, Ghana, Kiribati, Sierra Leone and Tanzania.

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