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Disability
Budget Brief

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Key messages and recommendations

1 **Despite a strong legal framework under the Persons with Disability Act (2011) (under revision), the lack of a standalone, costed National Disability Policy and Strategy limits coordinated planning, budgeting, accountability and effective tracking of interventions for persons with disabilities.**

Recommendation: The Ministry of Social Welfare (MoSW), in collaboration with the National Commission for Persons with Disability (NCPD) and development partners, should develop and adopt a costed National Disability Policy and Strategy. This would strengthen strategic direction, clarify institutional roles, enhance coordination and participation of organizations of persons with disabilities (OPDs), and support transparent, disability-responsive budgeting aligned with the Persons with Disability Act (2011) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

2 **Disability financing is increasing but remains insufficient to meet rights-based obligations and needs.** Allocations to disability-related interventions increased from SLE8.2 million (approximately US$342,000) in 2023 to SLE15 million (US$625,000) in 2026, indicating commitment towards fulfilling UNCRPD obligations. However, at only 0.05 per cent of the total government budget in 2026, funding levels remain inadequate relative to the scale of unmet needs, particularly for children with disabilities facing compounded exclusion across sectors.

Recommendation: The Ministry of Finance (MoF), in collaboration with sector ministries – the MoSW, the National Commission for Social Action (NaCSA), the Ministry of Basic and Senior Secondary Education (MBSSE), the Ministry of Health (MoH) and the Ministry of Higher and Technical Education (MTHE) – should **progressively scale up disability-responsive allocations** in 2027 and over the medium-term expenditure framework, prioritizing child-focused, preventive and community-based services to better align fiscal commitments with needs and advance the progressive realization of rights under the UNCRPD and the Persons with Disability Act (2011).

3 **There is limited mainstreaming of disability across key social sectors.** For instance, despite a sustained allocation of SLE2.6 million to special needs institutions under the MBSSE, **education spending on disability remains narrowly focused on grants to special schools,** leaving mainstream schools, where most children with disabilities are enrolled, without dedicated resources. At the same time, health sector allocations for disability-related services declined by 43 per cent between 2024 and 2025, further constraining access to early identification, rehabilitation and assistive services.

Recommendation: The Government should progressively strengthen disability mainstreaming within education, health and other core sector budgets. Priority actions include:

- **Prioritizing inclusive education in mainstream schools while maintaining targeted support for special schools.** This should be achieved by expanding the mandate and funding of the Special Needs Education Unit; introducing a needs-based, per-child financing mechanism within school subsidies to ensure resources follow learners with disabilities; and translating the Radical Inclusion Policy and Education Act (2023) into costed plans reflected in annual education budgets.
- **Strengthening disability mainstreaming within the health sector by funding free health care for persons with disabilities.**

4 **Although the NCPD receives the largest disability-specific allocation (SLE6 million in 2026 – 41 per cent of the total disability budget), funding remains insufficient and is not fully released.** This constrains its ability to coordinate disability interventions, monitor compliance with legislation, and promote cross-sectoral inclusion, contributing to fragmentation and weak enforcement of disability rights.

Recommendation: The MoF should ensure predictable and adequate financing for the NCPD, aligned with its coordination, monitoring and data functions, to strengthen whole-of-government accountability for disability inclusion.

> The Government should progressively strengthen disability mainstreaming within education, health and other core sector budgets

5 **Weak disability-responsive public financial management limits effectiveness and accountability.** The absence of budget tagging, limited availability of execution data and fragmented institutional roles constrain expenditure tracking and budget transparency and weaken the link between allocations and inclusion outcomes.

Recommendation: The MoF is encouraged to strengthen disability-responsive public financial management systems by introducing disability budget tagging, in collaboration with the NCPD; improving expenditure tracking and reporting; and strengthening coordination among the MoSW, the NCPD and sector ministries to ensure financing delivers measurable inclusion outcomes.


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Introduction and background

This Budget Brief examines the extent to which the 2026 national budget addresses the rights and needs of persons with disabilities in Sierra Leone. It provides an analytical assessment of the size, composition and distributional equity of public allocations to disability-related programmes and institutions. The Brief evaluates both the adequacy of proposed funding and the efficiency and effectiveness of current and historical spending patterns. The analysis draws on available budget data covering the four-year period from 2023 to 2026, enabling a comparison of trends, prioritization and fiscal commitments over that period. By situating disability-financing trends within broader social sector priorities and national commitments, including the Persons with Disability Act (2011), and global frameworks such as the UNCRPD and the Sustainable Development Goals, this Brief contributes to improving accountability and transparency in disability-responsive budgeting. It provides policymakers, Parliament, OPDs and development partners with a clear overview of financing trends, identifies critical funding gaps, and highlights opportunities to strengthen disability-responsive budgeting and social inclusion in Sierra Leone.

This analysis reviews budgeted disability-related interventions across five key ministries, departments and agencies (MDAs) (*see Table 1*): the MoSW, the NaCSA, the MoH, the MBSSE and the MTHE. In line with principles of disability-responsive budgeting and the State's obligations under the CRPD, the assessment identified **eight specific budget lines** with explicit allocations for disability-focused or disability-inclusive programmes. These budget lines form the analytical basis for assessing the extent to which public resources are targeted towards addressing barriers faced by persons with disabilities and promoting their inclusion across the social protection, health and education sectors. Additional disability-responsive allocations may exist within social protection and other sectors, but they could not be identified due to limited visibility in budget documentation.

Only 0.05 per cent of the total government budget in 2026 was allocated to disability-related interventions

TABLE 1

Government of Sierra Leone disability budgets

MDA	Code	Programme/subprogramme/cost centre
NaCSA	308	Sierra Leone Disability Project
MoSW	305 305 305	NCPD Provide Welfare Support to Families in Difficult Circumstances Undertake Pilot Research on Persons with Disabilities and Destitute Street Beggars in the Western Area
MBSSE	301	Support to Special Needs Institutions
MTHE	300	Support to Disability-related Issues
MoH	304 304	Government of Sierra Leone Counterpart Contribution: Lymphatic Filariasis (Lf) Elimination and Lf-related Disability Management Support to Rehabilitation and Limb Fittings

Overview of disability in Sierra Leone

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Sierra Leone adopts a definition of disability consistent with the UNCRPD, understanding disability as the interaction between long term physical, mental, intellectual or sensory impairments and the attitudinal, institutional and environmental barriers that hinder full and effective participation in society on an equal basis with others. This rights based definition is embedded in the Persons with Disability Act (2011) (under review), which prohibits discrimination and guarantees rights such as free education, free medical services, and access to barrier free public services. The Act also established the NCPD to coordinate policy, maintain disability data and support mainstreaming across government. This framework is reinforced by the 1991 Constitution, the Radical Inclusion Policy and the Education Act (2023). The MoSW plays a central coordinating role.

Despite this strong legal foundation, implementation remains limited due to fragmented institutional coordination, limited technical capacity and chronic underfunding of the NCPD. The absence of a standalone, costed National Disability Policy and Strategy has created challenges in strengthening strategic direction, clarifying institutional roles, and ensuring alignment between legal commitments and sector budgets. As a result, disability interventions may not yet be fully coordinated or resourced, and tracking mechanisms could be further strengthened. In addition, statutory provisions for persons with disabilities – such as free education and health care – are not always fully reflected in budget allocations. Persons with disabilities continue to face significant barriers due to inaccessible infrastructure, limited assistive devices, stigma, and uneven participation of OPDs in policy and budgeting processes.

Data gaps further constrain effective planning and accountability. The 2018 Sierra Leone Integrated Household Survey (SLIHS) estimated that 310,973 persons aged five years and above – 4.3 per cent of the population – were living with disabilities, up from 2.9 per cent in SLIHS 2011 and 1.3 per cent in the 2015 Census. Disability prevalence was split almost evenly by sex, but concentrated in rural areas, where 71 per cent of persons with disabilities lived. The most commonly reported disability types were limited use of feet or legs (31.6 per cent), vision problems (29.1 per cent) and hearing difficulty (9.2 per cent), followed by back or spine problems (8.3 per cent) and limited use of arms or hands (7.1 per cent), while disease or illness was the leading reported cause of disability. In education, the Education Management Information System reported 28,156 learners with disabilities in 2025, concentrated in primary education (17,061 – 61 per cent), with sharp declines at higher levels and only 4 per cent (1,204) in pre-primary (*see Table 2*). The largest groups include learners with visual impairments (7,871), hearing impairments (6,017) and learning disabilities (5,664), though under-reporting remains significant due to stigma, weak screening and the absence of a comprehensive national disability registry.

TABLE 2

Pupils with disability by disability type, sex and level, 2025

Disability type	Sex	Pre-primary	Primary	Junior secondary	Senior secondary	Total
Visual	Boys	113	2,251	1,152	516	**4,032**
	Girls	94	2,009	1,092	644	**3,839**
Hearing	Boys	118	1,975	694	325	**3,112**
	Girls	95	1,843	659	308	**2,905**
Communication	Boys	160	1,531	307	147	**2,145**
	Girls	150	1,397	231	119	**1,897**
Physical	Boys	84	1,270	494	268	**2,116**
	Girls	69	1,017	361	260	**1,707**
Learning	Boys	146	1,598	584	377	**2,705**
	Girls	150	1,740	605	464	**2,959**
Kyphosis (hunch)	Boys	–	52	20	23	**95**
	Girls	3	48	10	25	**86**
Albinism	Boys	9	100	20	26	**155**
	Girls	8	89	22	23	**142**
Dwarfism	Boys	2	69	37	26	**134**
	Girls	3	72	27	25	**127**
Total		**1,204**	**17,061**	**6,315**	**3,576**	**28,156**

Source: Education Management Information System (2025).

These structural and data constraints contribute to limited financing and system-level gaps. Disability-specific budget allocations remain limited, particularly in health and education, and are not systematically prioritized. The absence of a disability-responsive public financial management framework limits transparency and accountability. There is no disability budget tagging, standardized reporting or clear visibility of combined domestic and external financing, and OPD participation in budgeting remains limited. Addressing these gaps requires a costed National Disability Policy, stronger data systems, and the embedding of disability inclusion within core planning, budgeting and public financial management systems to ensure more coherent, equitable and sustainable service delivery.

The Government, supported by UNICEF and the London School of Hygiene and Tropical Medicine, is currently undertaking a second phase of piloting assessment tools under the revised National Disability Assessment, Determination and Certification System, building on the first pilot conducted in 2024. Preparations for a new Census are also under way. These efforts represent a critical opportunity to strengthen national disability data, improve the accuracy of prevalence estimates, and ensure that future budgets reflect the real scale and nature of disability in Sierra Leone.

Size of public spending on disability

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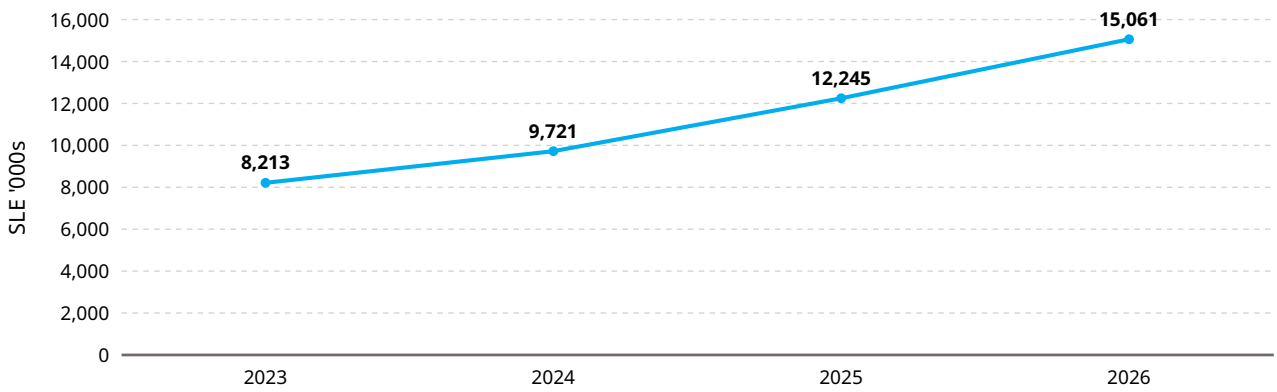
Budgets for disability inclusion have shown a sustained upward trend, indicating increasing alignment of national budgeting processes with the Government's obligations under the UNCRPD. Government allocations to disability-related interventions increased from SLE8.2 million in 2023 to SLE15 million in 2026, representing an average annual growth rate of 22 per cent (*see Figure 1*). When adjusted for inflation, this constitutes real growth of 11 per cent in 2026 and reflects an increased fiscal effort.

Although overall resources remain limited relative to the number and growing needs of persons with disabilities, this positive trajectory marks progress towards fulfilling Article 4 of the UNCRPD, which obliges States Parties to adopt all appropriate legislative, administrative and budgetary measures to realize the rights of persons with disabilities. Sustained, predictable and better-targeted investments will be essential to translate these allocations into tangible outcomes, reduce structural inequalities and strengthen inclusive service delivery – particularly for children with disabilities, who face compounded risks of exclusion.

FIGURE 4

Trends in disability budgets, 2023–2026

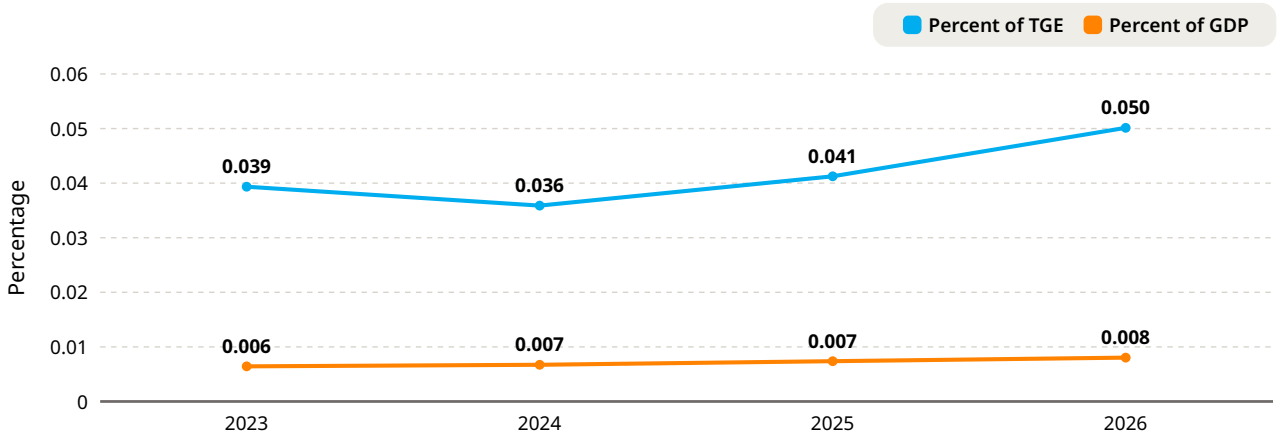


Source: Ministry of Finance, Detailed Budget Estimates, 2023–2026.

Despite nominal growth in budget allocations, public spending on disability remains marginal relative to the overall size of the economy and total government expenditure (TGE). Between 2023 and 2026, disability-related expenditure remained broadly stable as a share of TGE, averaging 0.04 per cent, and approximately 0.01 per cent of gross domestic product (GDP) (*see Figure 2*). These persistently low ratios highlight limited fiscal prioritization when assessed against the scale of unmet needs and the State's obligations under the CRPD.

FIGURE 2

Trends in the disability budget relative to TGE and GDP, 2023–2026

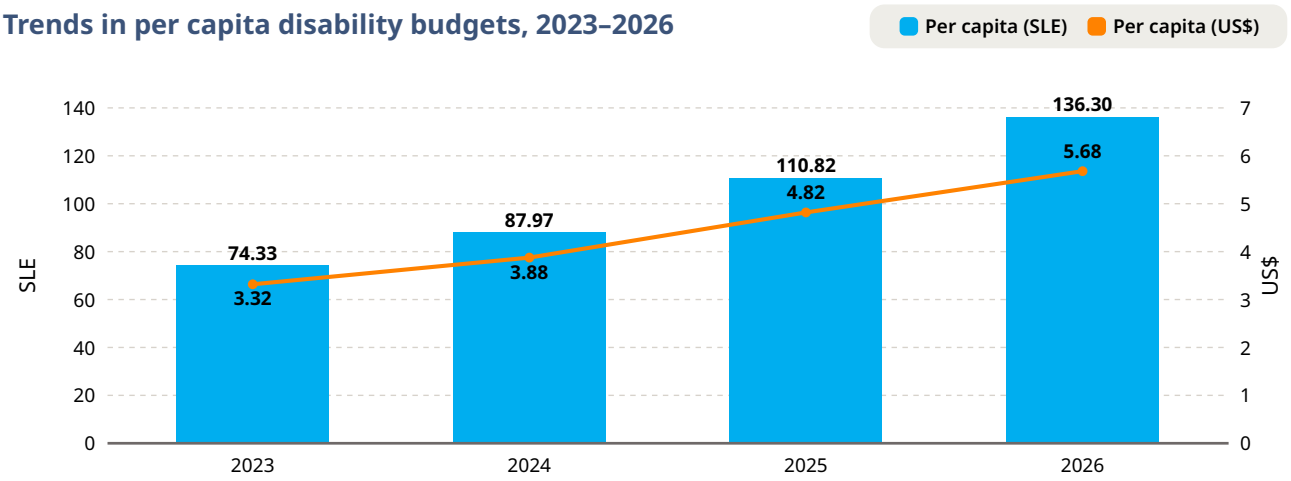


Source: Ministry of Finance, Detailed Budget Estimates, 2023–2026.

Despite nominal increases, real per capita disability spending has not significantly improved once inflation is considered. Assuming disability prevalence of 1.3 per cent, budget allocations for disability-related interventions increased from SLE74 (US$3.32) per person with disability in 2023 to SLE136.30 (US$5.68) in 2026 (*see Figure 3*), based on an estimated population of approximately 110,500 persons with disabilities derived from the 2022 population projection of 8.49 million people. While this trend reflects a growing fiscal commitment in nominal terms, inflation-adjusted analysis indicates that per capita disability spending has remained broadly constant in real terms.

FIGURE 3

Trends in per capita disability budgets, 2023–2026



Source: Ministry of Finance, Detailed Budget Estimates, 2023–2026.

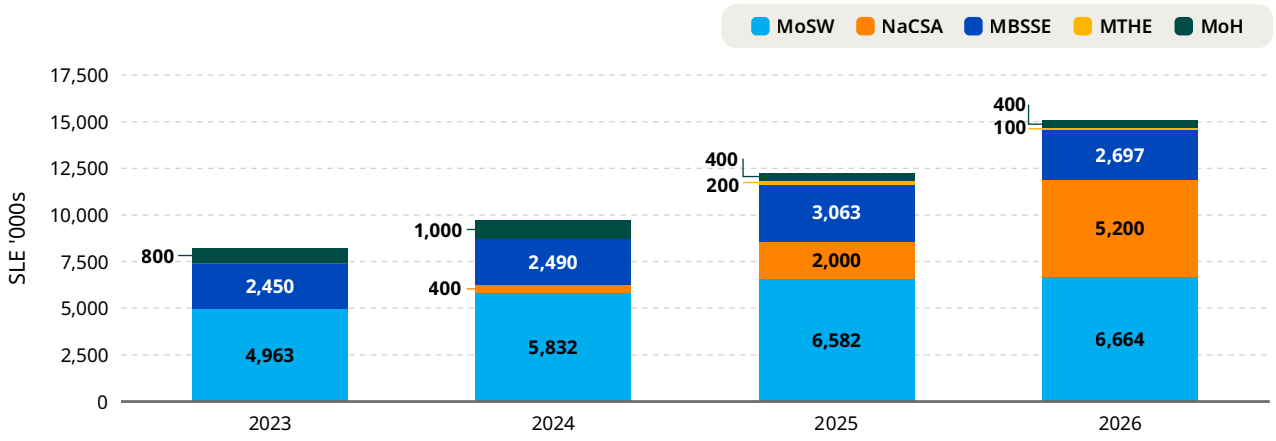
Composition of spending

A substantial proportion of identified disability-related spending is concentrated within the social welfare sector and channelled through the MoSW (*see Figure 4*). In 2026, allocations through the MoSW amount to SLE6.7 million, representing approximately 46 per cent of total disability-specific allocations. This largely reflects financing for the NCPD, highlighting its importance in the Government's disability response.

This is followed by allocations to the NaCSA for the Sierra Leone Disability Project, which increased by 2.6 times – from SLE2.0 million in 2025 to SLE5.2 million in 2026 – and accounts for approximately 35 per cent of total identified disability-related spending. This significant year-on-year increase indicates a growing reliance on project-based financing as a key modality for delivering disability-focused interventions. Allocations through the education sector, primarily supporting special needs institutions under the MBSSE and the MTHE, account for the remaining 19 per cent.

FIGURE 4

Composition of disability budgets by MDA, 2023–2026



Source: Ministry of Finance, Detailed Budget Estimates, 2023–2026.

Disability-related health financing remains marginal within overall health sector allocations, with limited integration into core service delivery budgets. Government funding for rehabilitation and prosthetic services declined from SLE700,000 in 2024 to SLE400,000 annually in 2025 and 2026 and remains inadequate relative to identified needs. Although the Persons with Disability Act guarantees free health care for persons with disabilities, this entitlement has not been effectively realized in practice, prompting ongoing discussions about exempting them from contributions under the Sierra Leone Social Health Insurance scheme. Strengthening disability inclusion in the health sector will further require prioritizing expenditure towards early identification, rehabilitation services, assistive devices and continuity of care.

The NCPD receives the largest disability-specific budget allocation, amounting to SLE6.0 million in the 2026 budget or 41 per cent of the total (*see Table 3*). Adequate and predictable resourcing of the NCPD is critical to enable it to effectively fulfil its statutory mandate, including the coordination of disability interventions across sectors, monitoring compliance with disability rights legislation, and supporting alignment with the CRPD. Given the cross-cutting nature of disability inclusion, sustained investment in the NCPD is essential to reduce fragmentation, strengthen interministerial coordination, and ensure coherence between policy commitments and service delivery.

TABLE 3

Composition of budget allocations by programme intervention area, 2023–2026 (SEL '000s)

MDA	Programme/intervention	2023	2024	2025	2026	Share, 2026
NACSA	Sierra Leone Disability Project	–	400	2,000	5,200	**35%**
MoSW	National Commission for Persons with Disability	4,713	5,082	5,832	6,064	**40%**
	Provide Welfare Support to Families in Difficult Circumstances	–	500	500	500	**3%**
	Undertake a Pilot Research on Persons with Disabilities and Destitute Street Beggers in the Western Area	250	250	250	100	**1%**
MBSSE	Support to Special Needs Institutions	2,450	2,490	3,063	2,697	**18%**
MTHE	Support to Disability-related Issues			200	100	**1%**
MoH	Government of Sierra Leone Counterpart Contribution: Lymphatic Filariasis (Lf) Elimination and Lf-related Disability Management	300	300			
	Support to Rehabilitation and Limb Fittings	500	700	400	400	**3%**
Total		**8,213**	**9,721**	**12,245**	**15,061**	**100%**

Source: Ministry of Finance, Detailed Budget Estimates, 2023–2026.

The Government has also maintained a consistent level of financing for special needs institutions under the MBSSE, with an allocation of SLE2.6 million in 2026, indicating continued support for specialized education services. However, the current budget for the Special Needs Education Unit within the MBSSE is narrowly focused on grants for special schools, with no allocations to support mainstream schools enrolling children with disabilities. This omission is significant, given that most children with disabilities attend mainstream schools, where adequate resources and support are essential for inclusive education.

Persons with disabilities also benefit from social protection programmes, such as the NaCSA implemented Productive Social Safety Net and Youth Employment project, but these interventions are not systematically tagged or reflected in disability specific budget lines.

Prioritise inclusive education in mainstream schools while maintaining targeted support for special schools

Budget credibility and execution

Limited availability of execution data at the intervention level significantly constrains the ability to assess whether approved budget allocations translate into effective service delivery for persons with disabilities. While approved disability-related budget allocations are identifiable across the four-year period under review, data on actual expenditure remain largely unavailable, preventing a robust assessment of budget credibility, spending efficiency and implementation performance. This data gap is particularly consequential given the already marginal allocation to disability-related programmes – approximately 0.04 per cent of TGE – where even minor execution shortfalls may erode an already inadequate resource envelope. The absence of disaggregated execution data also obscures insights into which interventions are implemented, delayed or underfunded, limiting accountability and inhibiting informed policy adjustments.

Fiscal decentralization and equity considerations

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Disability financing at the local government level in Sierra Leone remains limited in visibility and specificity, which can constrain equitable access to services for persons with disabilities. While some disability-related services may be supported through the devolved social welfare budget, these allocations are not always clearly identified and appear relatively modest.

The limited availability of disability-responsive budgets at the local level continues to present challenges for equitable service delivery. Many essential services – such as community-based rehabilitation, inclusive education support, case management and disability-sensitive health initiatives – are inherently local and depend on effective district-level planning and financing. At the same time, the absence of clearly defined and scaled devolved services can make it difficult to establish dedicated budget allocations, reflecting a mutually reinforcing dynamic.

Addressing this will require strengthening the integration of disability inclusion within local planning and financing systems, including updating devolution frameworks and management guidelines to clarify functions and responsibilities. In parallel, introducing disability-responsive budgeting guidance and indicative allocations within intergovernmental fiscal transfers, alongside strengthened oversight and technical support from the NCPD, could promote more consistent, responsive and accountable local service delivery for persons with disabilities, including children and adolescents.

> The MoF is encouraged to strengthen disability-responsive public financial management systems by introducing disability budget tagging, in collaboration with the NCPD, while improving expenditure tracking and reporting

Financing of disability interventions in Sierra Leone

Disability financing for on-budget programmes in Sierra Leone is predominantly funded through domestic public resources, with support from non-governmental organizations and development partners largely remaining off-budget and complementary. The Government finances core disability institutions and recurrent functions across key MDAs, including the NCPD and MoSW programmes for welfare assistance and capacity development. Sector ministries similarly rely on domestic allocations, such as the SLE2.6 million in 2026 provided by the MBSSE to support special needs institutions. In the health sector, the Government provides counterpart financing for Lymphatic filariasis elimination and related disability management, anchoring nationally owned responses while leveraging substantial external support from partners such as the World Health Organization, World Hope (through Enable the Children), and Helen Keller International. This financing architecture reflects strong state ownership of disability policy, while also underscoring the policy need for greater complementarity of Official Development Assistance, particularly to support specialized, high-cost and service delivery-intensive interventions in a manner that is better aligned with national systems and priorities.

> The MoF is encouraged to strengthen disability-responsive public financial management systems by introducing disability budget tagging, in collaboration with the NCPD while improving expenditure tracking and reporting

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