

SIERRA LEONE

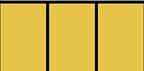
SUN Country Summary | September 2012

Sierra Leone joined the SUN Movement February 2011

"There is still a clear need for further engagement on the issue of nutrition as the nexus of food security and health care in Sierra Leone."

-H.E. Dr. Ernest Bai Koroma, President

MEASURING PROGRESS IN SIERRA LEONE

	Indicator 1	Indicator 2	Indicator 3	Indicator 4
SIERRA LEONE				

Indicator 1: Bringing people into a shared space for action (the multi-stakeholder platform)

Proposals for a high-level Government convening body and the coordination mechanism have been approved by the President. The **Convener is the Vice President**. He will also chair the **Food and Nutrition Security (FNS) Steering Committee**, comprised of relevant Ministries, development partners and other stakeholder representatives. They will meet quarterly. The technical coordination body, will be chaired and co-chaired by either the Chief Medical Officer or the Chief Food Security Officer from the Ministry of Health and Sanitation and Ministry of Agriculture, Forestry and Food Security respectively and will provide support to the FNS Steering Committee.

The **SUN Government Focal Point is the Vice President**. The **SUN Government Technical Specialists** will draw on existing REACH Technical Focal Points from relevant Ministries, including Ministry of Health and Sanitation, Ministry of Agriculture, Forestry and Food Security, Ministry of Social Welfare, Gender and Children’s Affairs, Ministry of Finance and Economic Development, Ministry of Education, Science and Technology, Ministry of local government and rural development and Ministry of Trade and Industry.

The **Donor Convener(s) are yet to be officially nominated** but there is a specific **Nutrition Working Group**, set up in 2011, chaired by Irish Aid and USAID, which is used as a multi-sectoral platform by government, UN Agencies and Civil Society Organizations for sharing information and updates in food and nutrition security. The forum has also supported stakeholder mapping. The **Donors** involved in Scaling-Up Nutrition are USAID, Irish Aid, the World Bank, European Union, African Development Bank and Governments of the UK, USA, Germany and Japan (Source: Stakeholder mapping exercise, 2011).

The **development partners’ community** including donors, UN Agencies and Civil Society Organizations (CSOs) also meets through existing multi-stakeholder platforms such as the Development Partners Group; Health Development Partners Group (chaired by the Minister of Health); Presidential Task Force

in Agriculture (Chaired by the President); Agriculture Advisory Group (chaired by the Minister of Agriculture).

The **UN Agency facilitation mechanism** is REACH and it has been active since 2010 with endorsement by the Ministers of Agriculture and Health and the First Lady. The UN Agencies active in Scaling-Up Nutrition are UNFPA, UNICEF, WFP, FAO, WHO, UNAIDS. Through REACH, UN Agencies have worked with the Government to jointly conduct a situation analysis, advocate for the inclusion of nutrition in the development agenda and development of a costed Food and Nutrition Policy Implementation Plan (FNPIP). REACH has also supported advocacy efforts towards establishment of a high level SUN focal point and a multi-sectoral coordination mechanisms at all levels.

Civil Society Organizations participate in a number of existing platforms including the Ministry of Agriculture, Forestry and Food Security NGO Coordination (chaired by MAFFS with participation from FAO); the Health NGO Forum and the INGO Forum (in the presence of the Sierra Leone Association of NGOs) and the Food Security Technical Meeting (chaired by FAO). They are also active members of the Nutrition Working Group and the REACH Technical Committee. Through the National and Regional Food and Nutrition Forum, improved mapping of the wide range of stakeholders, and involvement in the development of the FNPIP, CSOs have been able to fully engage in information sharing, communication and advocacy. This is expected to further improve coordination at district level for Scaling-Up Nutrition.

The **Private Sector** has its own platforms through the Sierra Leone Chamber of Commerce. There is a functioning Multi-stakeholder Food Fortification Alliance which has been instrumental in engaging the Private Sector in the development of nutrition related bills and the FNIP, as well as setting mandatory quality standards for the fortification of flour, salt and oil. The **Consumer Protection Council** is identified as the mechanism for anticipating, monitoring and managing conflicts of interest in the involvement of the Private Sector in Scaling-Up Nutrition. From the **academic sector**, SLARI and Njala University were involved in the operational research to inform the drafting of the FNPIP and will continue to provide technical assistance for Scaling-Up Nutrition.

Indicator 1 Status: 3

Indicator 2: Ensuring a coherent policy and legal framework

In 2012 Sierra Leone developed a National Food and Nutrition Policy and other nutrition-specific policies and strategies on infant and young child malnutrition, managing acute malnutrition and on micro-nutrient supplementation.

Nutrition-sensitive policies and plans cover key sectors like agriculture and food security (National Sustainable Agriculture Development Plan 2009), poverty reduction and development (National Development Agenda for Change 2008-2012) and public health (National Health Sector Strategic Plan 2009 and Reproductive and Child Health Policy).

The mandatory food fortification standards for flour, salt and oil has been gazetted. The maternity protection law is in place covering 12 weeks. Measures for the implementation of the International Code of Marketing of Breastmilk Substitutes (BMS) are being drafted awaiting final approval.

Indicator 2 Status: 3

Indicator 3: Aligning programmes around a Common Results Framework

The development of a National Food and Nutrition Implementation Plan, following the endorsement of the Policy, was the result of the concerted efforts led by the Ministry of Health and Sanitation and the Ministry of Agriculture together, with other line ministries with other stakeholders. The implementation of the Free Healthcare Initiative that focuses on ensuring access and care for women and children is expected to contribute to a reduction in child mortality.

Programs have been aligned around seven priorities with involvement of relevant line Ministries, Local Government and multiple stakeholders. Under **Priority 1** – improve breastfeeding and complementary feeding – the Ministry of Health and Sanitation (MoHS) is implementing the Infant and Young Child Feeding and the Neonatal and Child Health programs with a nationwide coverage. Under **priority 2** – increase micronutrient intake – supplementation of micronutrients like Vitamin A, Iron and Folic Acid and Zinc is provided through the health system. In addition, large scale fortification of wheat flour and oil is being promoted together with universal salt iodization. This is done in collaboration with the Ministry of Trade and the Ministry of Health. Under **Priority 3** - improve diarrhea and parasite control – the MoHS is implementing the national Malaria control Program, the de-worming of all children under five years and school children and the Water, Sanitation and Hygiene Program (with reported coverage of 51%). All of these programs are implemented with the support of other line ministries and the Local Government. Under **Priority 4** – treat acute malnutrition – the MoHS is scaling up the Community Management of Acute Malnutrition by ensuring that there is at least one site per chiefdom throughout the country. Under **Priority 5** – improve household food security – the flagship national Small Holder Commercialization program, led by the Ministry of Agriculture, Forestry and Food Security (MAFFS), is being implemented through a multi-sectoral approach in all districts to reduce rural poverty and household food insecurity. In addition, supplementary feeding is provided to all malnourished pregnant-lactating women, teenage mothers and mothers with multiple births. A “Right to Food” awareness raising campaign is being led by the MAFFS with support of the MoHS and the Local Governments to promote the production and consumption of diversified foods. Under **Priority 6** – improve maternal nutrition – the MoHS in collaboration with other line Ministries is implementing a Reproductive Health and Family Planning program with attention given to improved access to adolescents by linking the service to the National School and Adolescent Health program. Under **Priority 7** – improve nutritional status of People Living with HIV/AIDS/TB and reduction of NCDs – the MOHS is leading the implementation of the Global Fund Program but maintaining clear links with other sectors like agriculture, education, information & communication.

Despite alignment around common priorities, there are reported constraints in the multi-sectoral integration and coordination to ensure actual implementation at scale of relevant interventions and services. Assessing and addressing the capacity gaps is being seen as a priority. Food Safety and Hygiene is a new intervention expected to be launched in the very near future.

Indicator 3 Status: 3

Indicator 4: Financial tracking and resource mobilization around a Common Results Framework

Sierra Leone is in the process of finalizing and validating the budget for the Food and Nutrition Policy Implementation Plan (FNPIP) that is expected to clarify the extent of the financial gap. Below is an overview of the contribution by each of the seven priorities.

Programs	Total budget	Government contribution	External partner contribution	Agreed financial gap
Priority 1: Improve breastfeeding and complementary feeding.				
Infant and Young Child Feeding		34,241 USD	471,000 USD	
Neonatal and child health				
Priority 2: Increase micronutrient intake				
Micronutrient supplementation (Vitamin A, Iron + Folic Acid, Zinc) Fortification of flour, oil and salt (Iodine, Vitamin A)			200,000 USD	
Priority 3: Improve diarrhea and parasite control.				
National Malaria control program		295,700 USD		
Water Sanitation and Hygiene		223,702 USD	2,052,000 USD	
Deworming of children < 5 years, pregnant women and school children			150,000 USD	
Priority 4: Treat acute malnutrition				
Community Management of Acute Malnutrition			1,889,500 USD	
Priority 5: Improve household food security				
Small Holder Commercialization Program	402,600,000 USD	45,000 USD	246,300,000 USD	111,300,000 USD
Supplementary feeding for malnourished PLWs, pregnant teenage mothers with multiple births			2,237,500 USD	
Right to food			2,394,000 USD	
Priority 6: Improve maternal nutrition				
Reproductive Health and Family Planning National school and adolescent health program		21,395 USD		
Priority 7: Improve nutritional status of PLWHID/AIDS/TB				
HIV/AIDS/TB global fund program		202 140 USD	334 500 USD	

Indicator 4 Status: 3