SIERRA LEONE FUNDING TO NUTRITIONAL PROGRAMS

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Introduction

- Sierra Leone is a West Africa Nation, encompassing 27,699 square miles 71,740 sq km

- It has a population of 6.4 million people of which 17.7% are children under 5 and 4% are pregnant women or lactating mothers.

- A recent smart survey conducted in 2010 by the Nutrition Unit of the Ministry of Health and Sanitation shows that nearly one in every four children under five years of age in Sierra Leone was underweight.

- A prevalence of (5.8 percent) of children age 6.59 months were considered to be severely malnourish while 34.7% considered to be stunting and 0.8% having severe acute malnutrition.
This situation is not in any way unconnected to our feeding habits and our farming practices.

Significant number of our farming population rely on subsistence agriculture and because of the reliance on subsistence agriculture many Sierra Leonean families experience hunger period and lack of nutritious food.

Government considered food and nutrition program a serious concern under its Agenda for change strive to enhance the Millennium Development Goals.

The Ministry of Finance and Economic Development in its budgetary allocation to this Ministry lay premium on allocating certain percentage of the Ministries budgetary allocation to the Food and Nutrition Unit to enable them carry out their activities.
Activities Undertaken By Food and Nutrition Unit of the Ministry of Health and Sanitation

A) Nutrition, Education, Counseling and Promotion.

- These activities are carried out in health facilities during clinic sessions and in the communities during out reached.

- to help the nutritional status of the Sierra Leonean Population.

- Most of these activities are carried out by Community Health Workers and Community Health Volunteers.
B) Backyard Gardening

- As a way of promoting the use of locally available food in our communities, mothers and caregivers are encouraged to have backyard gardens for growing foods.

- That can be used for complementary feeding for children 6–23 months and also for improving family diet.

- This is usually supervised by district nutrition implementing partners (field monitors).
C) Community base management of acute Malnutrition.

- It is a management of severe acute malnutrition and moderate malnutrition at community level, which has enable early detection of cases by health volunteers.
D) Stabilization Centers

- This is functional in all major district hospitals and the service is provided by trained Health Workers for Children ages 0–59 months with severe acute malnutrition having medical complication.

- These activities also include supplementary feeding programs De warming medication, infant and young child nutrition, blanket feeding, growth monitoring and promotion early intention of breast feeding and complementary feeding.
E) Food Security Activities

- Support to smallholders in the areas of capacity building, access to inputs, processing equipment, production infrastructure, finance and social safety nets and provision of feeder roads to link production areas to processing centres and processing centres to marketing outlets.

- Support to medium and large scale investors with the provision of tractors and other equipment for large scale cultivation and processing of agricultural products, and duty waivers for the import of agricultural machinery, equipment and materials.
3. Government and Donor Funding to the Food and Nutrition Unit

- There are two categories of funding to this institution. You have the donor funding and Government Budgetary Allocation to this unit.

- Though donor funding are difficult to capture Government is however cognizance of the strives made by major donor institutions like WFP, UNICEF, WHO to compliment government effort in providing funding for many nutritional programs carried out in Health Centers, Schools and other Community Related Institutions.

- Government has a serious challenge in capturing figures of funding to these institutions because most of their programs are carried out by the donor institutions themselves.
3. Government and Donor Funding Cont’d

- To ensure figures of donor funding are captured in our budgetary operations in the Ministry of Finance and Economic Development, the Accountant General Department is working in close collaboration with the NGO Desk Unit in the Planning Wing of the Ministry of Finance.

- To track all funding geared towards helping Government in its food and Nutrition drive.
In early September, of every financial year MDAs are requested to submit their annual work plan for budgetary policy hearing.

It is in this policy hearing that vote controllers and Heads of Departments in MDAs are requested to defend their proposal for funding in the next fiscal year.

This policy hearing gives the budget division a clear view of the amount of money needed by each MDAs to carry out their activities.

Budgetary Allocations are normally prioritized base on Government priorities.
4. Allocation of Funds By Government Cont’d

- Government’s budget allocation to the Food and Nutrition Unit can only be given for 2009, 2010 and 2011 respectively.

- In 2009 fiscal year 10% of Gov’t total budget was given to the Ministry of Health and Sanitation

- 0.01% was allocated to the Food and Nutrition Unit (FNU)
4. Allocation of Funds By Government Cont’d

- In 2010, 7% of Gov’t total budget was allocated to MOHS and 9% to MAFFS

- 0.47% was given to the FNU

- In 2011, budget allocation stood at 7% for MOHS and 7% for MAFFS. Out of the MOHS budget 0.47% was allocated to the FNU

- Monies are normally given to MDAs on quarterly bases

- MDAs are requested to prepare quarterly report before the next quarterly allocations are given.

<table>
<thead>
<tr>
<th>Ministry Programme</th>
<th>2010 (Million Leone)</th>
<th>2011 (Million Leone)</th>
<th>2012 (Million Leone)</th>
<th>2013 (Million Leone)</th>
<th>2014 (Million Leone)</th>
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<td><strong>TOTALS</strong></td>
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Conclusion

- The institutional arrangements for proper coordination of food and nutritional activities is still a challenge in Sierra Leone and therefore effort must be made by government for this institutional arrangement to be well coordinated and standardized if positive results are to be realized in the food and nutritional drive.

- Since government priorities are many governments is constrained economically and financially to provide the required human and logistic support towards food and nutrition drive. This challenge will however be addressed when our economy is on a sound footing
Giving the relevance our government attached to nutritional programmes, government is more than ready to partner with donor institutions in providing the right type of support to the nutritional needs of our people.
THANK YOU