



Comprehensive Africa Agriculture Development Programme (CAADP)

West Africa Regional CAADP Nutrition Program Development Workshop

Nutrition Country Paper – Sierra Leone

English Version

DRAFT

November 9-12, 2011

Dakar, Senegal

This synthesis has been elaborated for a CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, held in Dakar, Senegal, from the 9th to the 12th November 2011. The purpose of this Nutrition Country Paper is to present key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. This work document has been initiated and updated by the workshop work team of the country, composed of focal points from different sectors; with the assistance of the technical piloting committee. It will be regularly updated and completed.

Key policy documents to be consulted

- National Sustainable Agriculture Development Plan NSADP/CAADP (2010-2030)
- The National Food and Nutrition Policy
- An Agenda for Change : National PRS II (2008-2012)

Other key documents: Please refer to the workshop material

General sources used to produce this document

Sources	Information	Lien internet
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
OCDE / CILLS	Food Security Country Profiles for 9 African Countries : Burkina Faso, Cape Verde, Chad, Gambia, Guinea-Bissau, Mali, Mauritania, Niger, Senegal	http://www.oecd.org/document/6/0,3746,en_38233741_38246823_41638790_1_1_1,00.html
DHS	DHS Indicators	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
OMS	Nutrition Landscape information system	http://apps.who.int/nutrition/landscape/report.aspx
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
REACH	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	<i>When available (Mauritania, Sierra Leone)</i>
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	http://www.scalingupnutrition.org/wp-content/uploads/2011/09/compendium-of-country-fiches-ROME-VERSION.pdf
		http://www.scalingupnutrition.org/events/a-year-of-progress/
WFP	Food security reports	http://www.wfp.org/food-security/reports/search

I. Context – Food and Nutrition Situation

General Indicators		Source
Population below international poverty line of US\$1.25 per day	51 %	UNICEF 2006
Under-five mortality rate (per 1,000 live births)	140	SLDHS2008
Infant mortality rate (per 1,000 live births)	89	SLDHS 2008
Primary cause of under-five deaths – Rate of death due to pneumonia	20 %	WHO 2008
Primary school net enrolment or attendance ratio	69 %	UNESCO 2007
Primary school net enrolment -ratio of females/males	1 f / 1 m	UNESCO 2007
Agro-nutrition indicators		Source
Cultivable land area	74 %	FAO 2007
Assess to improved drinking water in rural areas	26 %	UNICEF 2008
Food Availability		
Average dietary energy requirement (ADER) /person/day	2180 kcal	FAOSTAT 2007
Dietary energy supply (DES) /person/day	2130 kcal	FAO 2005-2007
Total protein share in DES (Animal protein)	9.8% (2.2%)	FAO 2005-2007
Fat share in DES	23.5%	FAO 2005-2007
Food diversification index	n/a	FAO 2005-2007
Food Consumption		
Average daily consumption of calories per person	n/a	FAO 2001-2002
Calories from protein	n/a	
Calories from fat	n/a	

Geography, population, and human development

In Sierra Leone poverty remains widespread with about 75% of the rural population living below the poverty line (FAO, 2007). Health and nutrition indicators are among the worst in the world (UNDP-HDI, 2005). Around 80% of poor people live in rural areas; the poorest are in the rural Northern and Southern provinces and in the eastern border provinces, which were particularly hard-hit by a decade of war. Destruction of infrastructure, exodus of health and other professionals, and limited access to preventative and curative care have contributed to the high maternal and infant mortality and morbidity rates, which are aggravated by poor sanitation, lack of safe water supplies, high unemployment, landlessness, and low agricultural yields.

Economic Development

Agriculture, the service sector and mining account for 40%, 40%, and 20% of the GNP, respectively. Two-thirds of the population survives on subsistence-level agriculture (rice, palm oil, groundnuts), which represents more than half of the national income, however the country relies on mining (diamonds, gold, and bauxite) as its economic base. Major agricultural exports are cocoa beans, green coffee, cigarettes, Kolanuts and wheat bran. A network of river basins and coastal waters provide abundant fresh water and marine resources. Although 74% of the total land area is considered suitable for cultivation, only an estimated 12% is cropped and a meager 1.7% of arable land is irrigated. Areas considered of greatest economic potential include agriculture, agro-based industries, mining, and fisheries.

Food Security (food availability, access, utilization, and coping mechanisms)

Almost half of households in Sierra Leone are classified as food insecure during the lean season due to a deterioration of access starting in June. Hunger peaks in August when distress sales of rice at harvest time result in depleted reserves is coupled with the high cost of purchasing post-harvest rice. The diet is not well diversified to begin with however food insecurity becomes more acute when stored staple food supplies dwindle. More than 80% of households report experiencing at least one shock per year. As a result household (HH) assets are sold or bartered, HH levels of debt increase, and the portion size and numbers of meals served are reduced.

Focus : Causes and symptoms of malnutrition in Sierra Leone

Excerpts From The World Bank, Nutrition at a Glance – Sierra Leone <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1271963823772/SierraLeone411211web.pdf>

➤ Poor Infant Feeding Practices

- About half (49%) Two-thirds of all newborns do not receive breast milk within one hour of birth. SLDHS 2008
- Nearly 90% of infants under 6 months are not exclusively breastfed. SLDHS 2008
- Children's diets are heavily rice-based and dietary diversification is needed.

➤ Limited Access to Nutritious Food

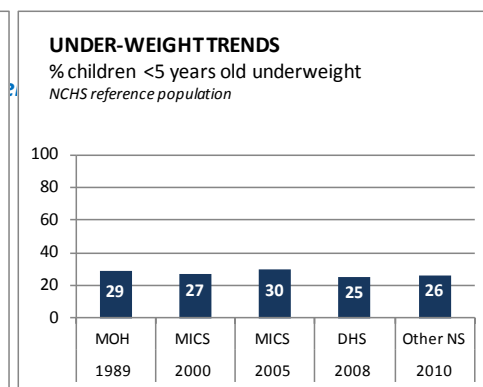
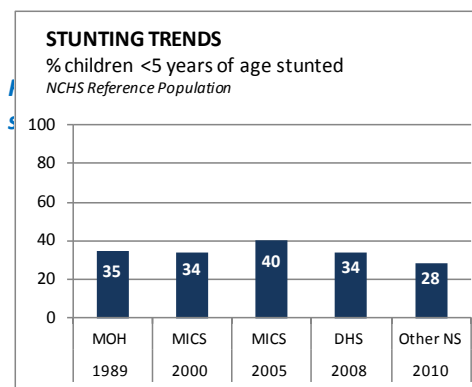
- Almost 1 of 2 households is food insecure. Many more lack access to diverse diets all year.
- Quality and continuity of food access, in addition to quantity, are all lacking.
- Very high rates of micronutrient deficiencies signal that dietary diversity is low.

Agro-Nutrition Indicators (continued)		Source
<i>Nutritional Anthropometry (WHO Child Growth Standards)</i>		
Prevalence of stunting in children < 5 years of age	36%/34.1%	DHS 2008 / SMART 2010
Prevalence of wasting in children < 5 years of age	10%/5.8%	DHS 2008 / SMART 2010
Prevalence of underweight children < 5 years of age	21%/18.7%	DHS 2008 / SMART 2010
% Women (15-49 years) with a BMI < 18.5 kg/m ²	11.2%/9.2 %	DHS 2008 / SMART 2010

Nutritional Anthropometry

A comparison of three anthropometric indicators, as measured by MICS in 2005 and SMART in 2010 suggest modest improvements in the nutritional status of children over a five-year period. Stunting levels were at 40% in 2005 compared to a 2010 rate of 34%); Underweight children represented 30% of children under age 5 in 2005 as compared to 18.7% in 2010; and the rates for wasting dropped from 10.5% in 2005 to a 2010 level of 7% (2006 WHO Standards)ⁱ. Noteworthy is a decline in severe stunting, which decreased from 20.6% in 2008 (DHS) to 9.5% in 2010 (SMART). The MDG target calls for reducing the rates of underweight children under age 5 to 12% by the year 2015. Of particular concern is the low rate of “exclusive breastfeeding” among infants 0-6 months, and inadequate complementary feeding from 6 months to 2 years of age. Malnutrition rates for all three indicators rise sharply among infants by 2 months, spike again at 9 months, and steadily increase through age two. Contributing to malnutrition are a rice-based diet, low food diversification and low feeding frequency. Both adults and children (1-5 years) averaged 1.9 meals per day; only about 22% of children eat 3 meals per day. Poor and borderline food consumption patterns are differentiated primarily by the frequency of vegetable, fat, and pulse consumption in the diet.

Agro-nutrition indicators (continued)		Source
<i>Infant feeding by age</i>		
Children (0-6 months) who are exclusively breastfed	11 %	DHS 2008
Children (6-9 months) who are breastfed with complementary food	73%	DHS 2008
Children (9-11 months) who are using a bottle with a nipple	11%	DHS 2008
Children (20-23 months) who are still breastfeeding	50%	DHS 2008
<i>Coverage rates for micronutrient supplements</i>		
% Households consuming adequately iodized salt (≥ 15 ppm)	58 %	DHS 2008
Vitamin A supplementation coverage rate (6-59 months)	91%	SMART 2010
De- worming administration coverage rate (12-59 months)	85.8. %	SMART 2010
Vitamin A supplementation coverage rate (≤ 2 months postpartum)	55 %	DHS 2008
Prevalence of anemia among pre-school children	76 %	DHS 2008
Prevalence of anemia among pregnant women	62%	DHS 2008
Iron supplementation coverage among women	52	DHS 2008



Indicator Sources DHS 2008	Gender			Residence			Wealth Quintile					
	Male	Female	Ratio m/f	Urban	Rural	Ratio u/r	1 (poorest)	2	3	4	5 (richest)	Ratio richest to poorest
Stunting prevalence < 5 y (WHO Child Growth Standards)	39	34	1,1	30	39	0,8	37	44	38	37	23	0,6
Under weight prevalence < 5 y (WHO Child Growth Standards)	24	19	1,3	16	23	0,7	22	26	23	20	12	0,5

Infant feeding

Half of all children receive breast milk within the first hour after birth (early initiation, EI); only marginal improvements in EI rates have occurred since the year 2000. Those newborns whose mothers received no assistance at delivery were the least likely to receive EI breast milk however 86% of newborns were breastfed within the first 24 hours after receiving a pre-lacteal liquid, usually water. Only 22% of children <2 months old are exclusively breastfed, declining to 3% by 4-5 months of age and approaching 0% by the end of 5 months. Overall only 11% of all children <6 months of age are exclusively breastfed, however the median duration of any breastfeeding is 20 months. Feeding frequency with complementary foods does not increase from a recommended 2 to 3 times per day after 9 months, a time when dramatic increases in malnutrition rates are observed in Sierra Leone.

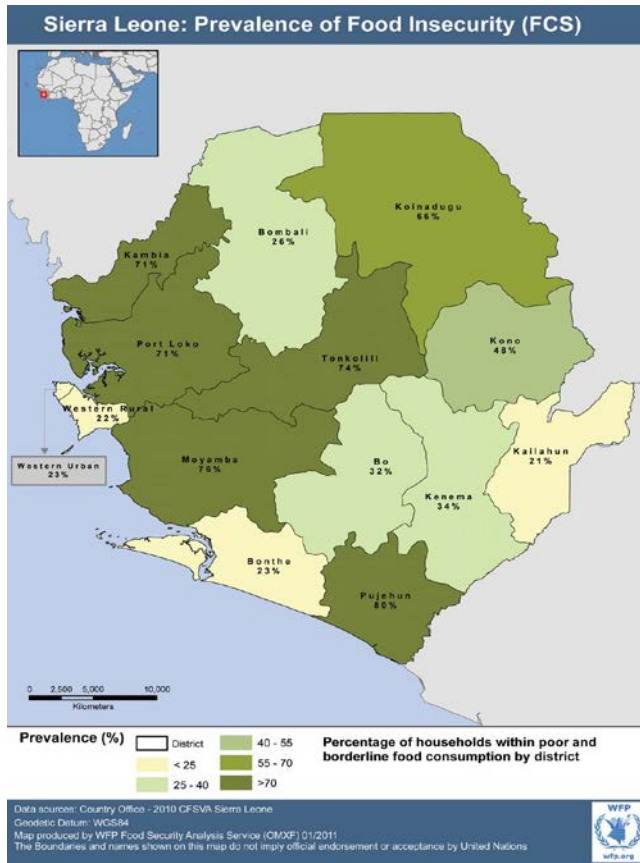
Micronutrients

Although very low Vitamin A supplementation coverage among children and women was considered to be a major public health concern just a few years ago in 2008 (26%), coverage improved markedly by 2010 (91%). Very high rates of iron deficiency anemia and low household consumption of iodized salt persist as major public health concerns.

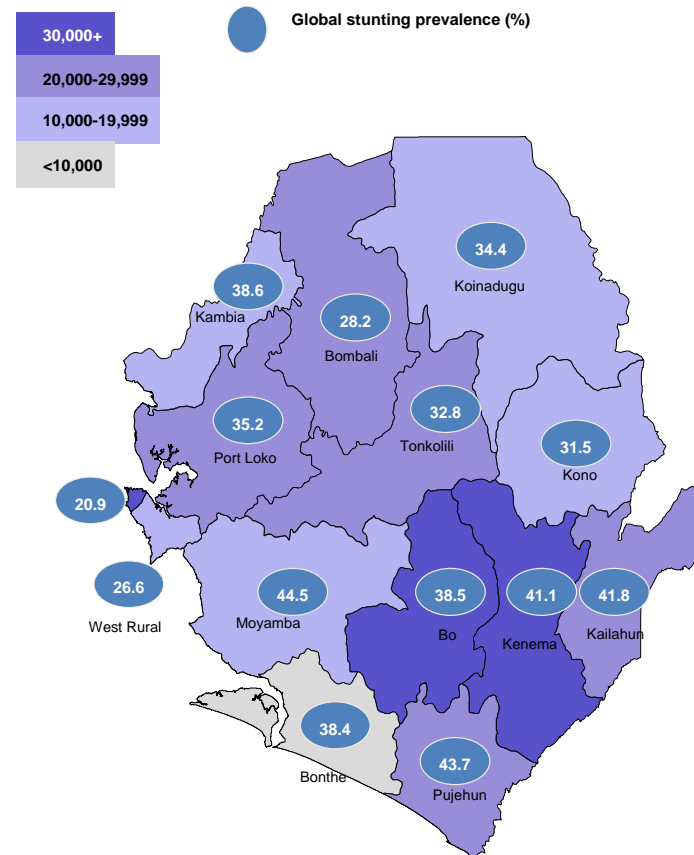
Malnutrition from the perspective of food insecurity

Map Source : 2011 Sierra Leone, Comprehensive Food Security and Vulnerability Analysis

(CFSVA) <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp237463.pdf>




Estimated numbers of stunted children under five (2010)




II. Current Nutrition Policy Framework and Implementation Mechanisms for Improving Food Security and Nutrition in Sierra Leone

Specific strategies and programs currently in place in the food and agriculture sector to improve nutrition

Strategy / Program	Reference Period	Objectives and main components	Budget	Stakeholders	Key points <i>(Impact, best practice, lessons learned,...)</i>	Integration of Nutrition Components
STRATEGIC FRAMEWORK						
★ National PRS II An Agenda for Change	2008-2012	1-Provide a reliable power supply to the country; 2-Raise the quantity and value-added productivity in agriculture and fisheries; 3-Develop a national transportation network to enable the movement of goods and people to facilitate increased investment and economic activity; 4-Ensure sustainable human development through provision of improved social services. NOTE: The Nutrition Component of the CIP, integrate a monitoring and evaluation system to track program implementation with regard to nutrition, is an additional objective for NPRS II			<p><i>Focus on:</i> -Reducing mortality rates, especially for infants and pregnant women</p> <p><i>Scale up:</i> -Immunization; use of treated bed nets; promotion of early and exclusive breastfeeding; promotion of hygiene practices; availability of minimum maternal and neonatal health care systems.</p> <p><i>Invest in:</i> -Safe drinking water; combatting HIV/AIDS; Health Insurance schemes</p>	
AGRICULTURE						

Strategy / Program	Reference Period	Objectives and main components	Budget	Stakeholders	Key points <i>(Impact, best practice, lessons learned,...)</i>	Integration of Nutrition Components
★ National Sustainable Agriculture Development Plan NSADP/CAADP 2010-2030 		To support approximately 30% of food insecure households (and other vulnerable groups) to meet their basic food security and nutritional needs through a package of social protection safety net interventions. Four Major Sub-Programs: 1-Commodity Commercialization; 2-Agriculture Infrastructure Development; 3-Private Sector Promotion; 4-Sector Coordination and Management.	2010-2015 US\$299.8 M Program Cost US\$76.8 M Committed Resources	GoSL line ministries Development Partners Farmer Associations NGOs Other ag sector partners	1-Establish a national school feeding program that provides meals for all primary school children (approx 384,500) with diverse foods; 2- Establish school gardens in all primary schools (estimated at 1,604) to supply meals for school children; 3-Provide supplemental feeding on a seasonal basis (lean months) to undernourished children under 5 years of age (estimated at 114,000) and all children under 2 years of age (estimated at 83,570); 4-Provide supplementary feeding for 36,000 of the most food insecure pregnant/lactating women; 5- Nutritional support packages will be combined with support training sessions on food and nutrition at community and institutional levels	
Food security through the commercialization of agriculture (FSCA)		Increase production and productivity through marketed output so as to improve livelihoods: -		Koinadugu District Kono District		
Food Facility	2009-2011	Sierra Leone (one of 23 countries) is part of the EU response to the worsening global food security situation: -Measures to improve access to agricultural inputs like fertilizers, seeds, and services (vets, advisors) -Microcredit, rural infrastructure, training and support to professionals in the agricultural sector -Safety measures, allowing transfers to vulnerable groups –i.e. labor for public works projects	EU 1 Billion (divided among 23 countries) US\$ - ?	Channeled through -FAO -IFAD -WFP -World Bank -UNDP	Implementation plan calls for countries to receive assistance for three years with support provided through International organizations, national governments, and calls for proposals for activities by non-state actors, member state bodies, and other eligible implementing agency actors.	

Strategy / Program	Reference Period	Objectives and main components	Budget	Stakeholders	Key points <i>(Impact,, best practice, lessons learned,...)</i>	Integration of Nutrition Components
★ Smallholder Commercialization Programme (SCP) 	2010-2015	The program is in all 13 Agricultural Districts and has 6 main components: 1-Food Production, diversification, processing, and value addition; 2-Small scale irrigation; 3-Access to market through feeder road rehabilitation and construction; 4-Access to rural finance through financial services associations and community banks; 5-Food safety nets and HIV/AIDS; 6-Coordination, M & E.	Projected Cost US\$ 403M	Funding expected from GAFSP With support from: EU, AfDB FAO IFAD, IDB World Bank FSCA, Irish Aid,		
FOOD SECURITY						
USAID Food for Peace	2010-2014	1-Improve agricultural productivity and rural household incomes 2-Reduce chronic malnutrition		USAID USDA		
The Right to Food	2010-2012	Lobby with local and city councils to include nutrition in their annual work plan and budget to improve food security among vulnerable groups at the household level.		Local and city councils FAO	-Strengthening Civil Society organizations to participate in planning - Strengthening local councils -Incorporating nutrition in the District Development Plans	
Sierra Leone-Rapid Response Growth Poles: Community Based Livelihood and Food Support Program (P122622)	2010-2014	Reduce hunger and deprivation in two of the poorest Districts in the Seli River area, affected by the global economic crisis, drought, and flooding, by distributing food packages to targeted groups; and, restore livelihoods, sustain services, and enhance local capacities through Rapid Response Growth Poles (RRGP) activities.	US\$2.81 M	Management Unit- Ministry of Energy and Water Resources Gov. Sierra Leone World Bank	-RRGO, income, food and livelihood sub-projects -Establishment of community-based social accountability and participatory monitoring mechanisms -Project management	
NUTRITION						
★ National Food and Nutrition Policy		Available?				

Strategy / Program	Reference Period	Objectives and main components	Budget	Stakeholders	Key points <i>(Impact, best practice, lessons learned,...)</i>	Integration of Nutrition Components
Nutrition Education, Counseling and promotion	On-going	This is one key activity carried out in all PHU's during clinic sessions by the facility staff/ and in communities during out-reaches by the community health volunteer (CHV) to improve the Nutritional status of the Sierra Leonean population		Govt. Sierra Leone	Still challenges as facilities are without IEC/BCC materials on nutrition. The materials developed need to be reproduced and disseminated.	
Infant and Young Child Nutrition	On-going	Enhance appropriate feeding practices, which are fundamental to the health, growth, development, survival and Nutrition to Infants and young children and also to the wellbeing of the mother. These include: <ul style="list-style-type: none"> - Growth Monitoring - Early Initiation of Breastfeeding - Exclusive Breastfeeding - Timely introduction of appropriate complementary foods - Community IYCF Counseling - Backyard Gardening 		Govt. Sierra Leone UNICEF WHO	New strategies in IYCF plan to train health workers and community partners to conduct effective counseling of mother support groups formed countrywide in all communities. Total mother support groups formed @ least 9 per chiefdom is 1300 groups . The use of 1 NGO per district to support community mobilization on IYCF /CMAM activities has improved access to service and information by communities	

Strategy / Program	Reference Period	Objectives and main components	Budget	Stakeholders	Key points <i>(Impact, best practice, lessons learned,...)</i>	Integration of Nutrition Components
Community-base Management of Acute Malnutrition	On-going	<p>Reduce Infant and Child morbidity and mortality, through health facility screening and active community screening, ensuring early detection of malnourished cases for timely referrals and admission into CMAM programme as appropriate for commencement of treatment. These include the following:</p> <ul style="list-style-type: none"> - Stabilization Centers - Out-patient Therapeutic Programme - Supplementary Feeding Programme 		Govt. Sierra Leone UNICEF,WFP MSF	<p>Scale up of health facility sites for CMAM and nationwide training of facility staff has improved the management of malnourished children cases. Early detection of malnutrition through regular community screening has improved detection and referral of cases. However not all cases go for treatment reasons</p> <ul style="list-style-type: none"> • Distance to site far • Stock out of drugs and supplies • Mothers perception that child is well and has no need for treatment <p>Due to financial constraints not all children with MAM are treated by WFP. There is need to explore the use of local food products for the treatment of MAM.</p>	
Micronutrient Supplementation	On-going	<p>Micronutrient can be received from foods, food fortification and direct supplementation. As such micronutrient supplementation is being done in all health facilities to combat micronutrient deficiencies especially for women and children. Supplementation done are as follows:</p> <ul style="list-style-type: none"> - Vitamin A Supplementation - Postpartum Vitamin A - Iron and Folic acids - Iodized Salts - De-worming (Children & Pregnant Women is done as a strategy to prevent anaemia 		Govt. Sierra Leone UNICEF HKI WHO	<p>The use of child health weeks has improved coverage of supplementation for children 6-59 months. However routine coverage remains low for both de-worming and VAS</p>	

Strategy / Program	Reference Period	Objectives and main components	Budget	Stakeholders	Key points <i>(Impact, best practice, lessons learned,...)</i>	Integration of Nutrition Components
SANTE & PROTECTION SOCIALE						
School Feeding Programme	2011-2014	13 districts / targeting all schools in the most vulnerable chiefdoms. Programme is being run as a development programme under the Country Programme. Targeting of schools is based on chiefdom vulnerability (most vulnerable chiefdoms are supported) - identified through joint consultative meetings A total of 400,000 pupils targeting about 1,400 schools as of January 2012. Mid day meals are provided for school pupils while they are in school	\$20M	Irish Aid DFID Government of Japan UN MDTF	The programme is now implemented through three international NGO partners – Plan International, AFRICARE and World Vision International. This is a transition process to eventual Government ownership of the School Feeding programme. A home grown school feeding programme is also being tried as local foods are now being purchased through the P4P project to support the feeding programme	
Reproductive and Child Health Project – Phase 2	2010-2013	Increase utilization of a package of essential health services by pregnant and lactating women and children under the age of five: -Strengthening of Service Delivery -Capacity Building	US\$20 M	Ministry of Health and Sanitation Govt. Sierra Leone World Bank	Objective indicators: -Children <5 sleeping under an ITN the previous night -Children receiving Penta-3 <12 mo. -Children immunized -Births delivered in a health facility -Women attend ≥2 ANC visits -Basic emergency obstetric services -Maternity and PHU's rehabilitated and equip with drugs and equipments -Staff capacity developed for effective healthcare system delivery system	
Strengthening District Health System (SDHS)	2012	Rehabilitate maternity sites , 22 PHUs, procurement of drugs and equipment Training of staff	US\$15 M	GoSL/MOHS, ADB	-Reduction in the national prevalence of malaria, TB and HIV -Setting standards in healthcare services	
Global Fund Projects	2011-2013	Control and treat malaria, TB and HIV. Support payment of salary and allowances Equip laboratories and train staff	US \$32.96M	GoSL/MOHS, Global Fund		
Kuwait Project	2011-2019	Rehabilitate health facilities, post graduate training of staff, provision of equipment and strengthening referral system	US\$14.45M	GoSL/MOHS/Kuwait Project	Strengthening health sector system and develop health staff capacity	
Global Alliance for Vaccine and Immunisation (GAVI)	2010-2015	Support immunization services and provision of vaccine for immunization	US\$25 M	GoSL/MOHS/GAVI	Availability of vaccine for immunization / High coverage of immunization prevalence	
BADEA	2012-2014	Rehabilitate 8 PHUs in 4 districts' Procure drugs, equipment and ambulances	US\$5.8 M	GoSL/MOHS/BADEA	Strengthen medical supplies in healthcare system	

Institutional execution framework linked to food security and nutrition

Main actors for food security and nutrition execution policies

AAG: The President of Sierra Leone has placed Agriculture and Food Security as one of his top priorities in the process of development. He formed and chairs the Agriculture Advisory Group (AAG). The AAG is comprised of members from various UN organizations, line ministries, farmers and other private sector members who advise and make decisions improve food security in the country.

REACH: As reported during the 12th ECOWAS Nutrition Forum (September 2010), the REACH initiative was launched as an interagency effort to strengthen government capacity for multi-sectorial planning, coordination and governance to improve nutrition and food security. Currently efforts are underway to set up and strengthen a national framework to ensure intersectoral collaboration and communication among stakeholders at all levels. At the National level, MOHS coordination meetings are held (with plans to hold them at the District level) and early warning meetings are held with the Ministry of Agriculture. Although there are many high profile partners associated with the REACH initiative (Vice President, First Lady, Ministers of Health, Agriculture, Social Welfare, Education, UN Country team – UNICEF, FAO, WHO, WFP, among others) The REACH Secretariat has yet to be anchored in a high profile place

Women in Agriculture Unit: The Ministry of Agriculture established this unit to: Organize women farmers into functional cooperatives; Provide advise and give technical support to women farmers on food crop production, raising back yard poultry and rabbits, beekeeping, back yard gardening, off-farm activities, etc.; Assist in the development of project proposals and lobby for funding; Develop and implement nutrition education programs for women at the District and Community levels. In attendance were the First Lady, Wife of the President, cabinet ministers, senior policy makers, heads of agencies and other key stakeholders in nutrition and food security. Similar fora (5) with the same objectives were held at sub regional level bringing together the district administration, officials of line ministries, departments and agencies in nutrition and agriculture. A multi-sectoral technical working group has been formed after the national forum and meets monthly for discussion and coordination of sector activities, plans and programmes. This group is supported by USAID and Irish Aid. The REACH Secretariat is now anchored in the highest office of the UN – the ERSGs Office. **(Women in Agriculture Unit):** The Ministry of Agriculture established this unit to: Organize women farmers into functional cooperatives; Provide advise and give technical support to women farmers on food crop production, raising back yard poultry and rabbits, beekeeping, back yard gardening, off-farm activities, etc.; Assist in the development of project proposals and lobby for funding; Develop and implement nutrition education programs for women at the District and Community levels.

Main technical and financial partners (TFP) and coordination mechanisms

WHO- Provides technical support for development of the national nutrition policy with implementation plan, standards, guidelines and monitoring systems, such as the

adoption and implementation of the new growth standards, the development of the new child growth cards and training of health staff of the NGS. Financially, WHO provides support for computer training of staff to improve surveillance, training of trainers on NGS, and training for District staff on NGS. Additionally, WHO provides logistical support for vehicles, anthropometric screening tools, office equipment, computers and accessories for the programme. **UNICEF-** Provides technical support in the development of the treatment protocol of Community-Based Management of Acute Malnutrition; IYCF guidelines development; National nutrition policy development. Financially, UNICEF supports holding drafting meetings, procurement of all drugs and food supplies in the treatment of SAM, training of district staff in CMAM. Provide support for national surveys (SMART, DHS, MICS). They have engaged NGO partners to undertake mobilization for CMAM and IYCF at community level in all districts.

WFP- Provides supplementary feeding for moderately malnourished children, pregnant and lactating mothers, and people living with HIV/AIDS. They support national surveys (CFSVA) and provide technical support to government during the development of the national nutrition policies, protocols, guidelines and in trainings

HKI- Provides technical support in Vitamin A Supplementation and deworming of children underfive, pregnant women; the improvement of food quality through fortification and the development of the new child health record. Provides financial resources for the celebration of Maternal and Child Health for Breastfeeding week.

USAID- Office of Food for Peace - Food Security Country Framework (FSCF) for Sierra Leone: Provides programming guidance to current and potential USAID/Sierra Leone food security partners on the development of Title II-funded multi-year assistance programs (MYAPs) for the period 2010-2014 in Sierra Leone, and to improve program and resource integration.

Adherence to global / regional initiatives linked to nutrition

- Reach
- Sun

Focus: main information systems linked with food security and nutrition

- The Government of Sierra Leone's Ministry of Finance and Economic Development in its Monitoring and Evaluation Report (January, 2011) provides a summary of the percentage of funds disbursed to-date, % of work completed prior to next disbursement, major findings, challenges, and recommendations in the implementation of development projects. The report includes the implementation of the Free Healthcare Policy, education projects, local council implemented projects and infrastructure projects.

III. Analysis of current and future country nutritional actions (Focus on CAADP investment plan)

Institutional framework and funding

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Consideration of nutritional goals into programs / activities related to agriculture and food and main population groups targeted (focus on the agricultural sectors to develop, if possible)

Agricultural activities take precedence while nutrition activities fail to be supported, especially among vulnerable households and population groups.

Analysis of the nutrition component of the Investment Plan for the CAADP

Two priorities were included in the National Agricultural investment to help improve the nutritional status of vulnerable populations - especially women and children:

- Intensify and diversify agricultural production (including production of fruit and vegetables)
- Promote the processing and marketing of livestock products to contribute to food self-sufficiency

At this stage, no specific budget in the context of CAADP is dedicated to nutrition.

Investment areas related to the nutrition component of the CIP

Support approximately 30% of food insecure households and other vulnerable groups to meet their basic food security and nutritional needs through a package of social protection and safety net interventions:

National school feeding and school garden programs (US\$384,500 and US\$1,604, respectively)

Seasonal supplemental feeding for children <5 years (US\$US\$114,000) and <2 years (US\$83,570) and supplementary feeding for 36,000 food insecure PLWs

Combine nutrition interventions with training sessions at the community and institutional levels.

Managerial and technical capacities at the institutional level

Currently managerial and technical capacities are constrained by collaboration with the agricultural sector. Specifically the nutrition and agricultural sectors plan separately, informational exchanges need to be improved, and collaboration is further constrained by inadequately trained staff proficient at fostering synergistic relationships between nutrition and agriculture.

CAADP : Partners/stakeholders/change agents that will collaborate in implementing nutrition activities/best practices are identified in the NAFSIP:

- Ministry of labor and social security
- MOHS
- MEST
- MAFFS
- NGOs

The Presidential Task Force for Agriculture, the Inter ministerial committee, District Agriculture committees and the Agricultural Advisory Group are involved in the facilitation of the coordination and communication among stakeholders.

Focus on public / private partnerships

http://typo3.fao.org/fileadmin/user_upload/fsn/docs/NSADP_CAADP_discussion_paper_for_Compact_double_sided.pdf

Despite the progress made in improving the climate for doing business, Sierra Leone has a poor record of involving the private sector, especially in financing, operating and maintaining the key drivers of growth and poverty reduction. This is especially the case in agriculture. The shift in government policy to rely on the private sector for financing development is therefore central to expanding the resource base to adequately support development activities. As Government takes steps to increase meaningful private sector involvement, it is acutely aware that private sector participation without a good policy and regulatory framework will not improve sector performance. Effective private sector participation therefore poses a number of Challenges for the government as it seeks to transform its role from exclusive financier, owner, and operator to that of a facilitator and regulator of services provided by private enterprises.

CAADP : Opportunities for public-private partnerships to address food and nutrition security are discussed in the NAFSIP:

- Supporting farmers to form FBOs to establish ABCs
- Provide startup inputs 40% subsidy
- Support to agrobased industries
- Contract farming
- P4P
- SL Chamber of Commerce and Agric business
- Financial services

Monitoring and Evaluation Mechanisms

Nutrition information is collected through the Health Information Systems (HMIS) of the Ministry of Health and Sanitation and quarterly analysis and reporting done by the Food and Nutrition programme. Constraints include quality and timeliness of data, inadequate supportive supervision, human resource and logistics. This prevents regular update of the nutrition situation.

CAADP : In the NAFSIP, indicators to measure the performance of the nutrition activities are identified as:

- % children < 2 stunted
- % children < 5 wasted
- % children <2 with anemia
- % women of reproductive age with anemia
- Children 6-35 mo old w/ consumption of iron-rich foods
- 6-35m. consuming Vitamin A-rich fruits and vegetables
- Population living under poverty line
- Household expenditure on food
- Household food insecurity
- Food consumption score
- Household consumption of 4 food groups
- Post harvest loss
- Value added products seen in the market
- No of school girls 6-11 years in school feeding prog
- % increase of vegetable production
- % of perishable foods in the market
- 50% of smallholders within 16km access rural finance access to MFIs by 2014 (30% women)
- 30% vulnerable groups accessing social safety nets

At national level , the Planning Evaluation and Monitoring and Statistics Division – MAFFS- and the Directorate of Planning and Information-MOHS are in charge of designing, implementing, and maintaining/updating the M&E and learning system and process related to strengthening the nutrition component of the NAFSIP.

Sustainability of Actions

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Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.		
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.		
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).		
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i>		
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.		
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.		
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.		
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.		
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). <i>Source : SUN Progress report 2011</i>		
		Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
		Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
		Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
		Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
		Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
		Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i>

Acronyms

ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa
AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CILSS	West Africa Regional Food Security Network
CIP	Country Investment Plan
COMESA	Common Market for Eastern and Southern Africa
CORAF	Conference of African and French Leaders of Agricultural Research Institutes
DHS	Demographic and Health Survey
EAC	East African Community
ECOWAS	Economic Community of West African States
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
JAG	Joint Action Group
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCD	Non-communicable Disease
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SGD	Strategic Guidelines Development
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

ⁱ NOTE: Anthropometric indicators - Reference Standards for Underweight, Stunting and Wasting. New international Child Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. During this transition period, the rates for underweight, stunting and wasting data are often reported using the 2006 WHO reference population for recent surveys, while the older NCHS/WHO reference population is used for trends analysis. Data for stunting and underweight rates in the trends chart contained in this NCP were developed using the NCSH reference while the text reflects the newer 2006 WHO standards. Estimates for the 2006 WHO reference population generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy.