



Sierra Leone Experience  
Nutrition Targets  
and Commitments to Action

**Country Presentation**

# ENABLING ENVIRONMENT

- Scaling up nutrition prioritized in “The Agenda for Prosperity” (Third Generation Poverty Reduction Strategy Paper, 2013-2018) . (National Initiative )
- Nutrition for Growth Compact signed in 2012
- Operationalization of SUN secretariat; located in the Office of the Vice President (high level commitment and visibility) to improve, strengthen, coordinate and bring synergy among SUN stakeholders
- Multi-sector food and nutrition security implementation plan (2013-2017) – Costed, validated and launched by Vice President
- Functional SUN focal points in the line ministries, Mainstreaming food and nutrition into government policies – In 2014, budget lines to MoHS and MAFFS

# Developing National Nutrition Targets

- REACH Initiative - Four UN REACH partner agencies (2010 – 2012) (FAO, UNICEF, WFP and WHO) provided technical support to the government to bring line ministries and partners together (MSP)
- Led to the development of a national Food and Nutrition Security Implementation Plan and multi-sectoral coordination approach of key stakeholders.
- Global advocacy – a driving force
- Processes in developing the plan (Common Result Framework)
  - *Situation analysis*
  - *References (survey reports, Global reports and targets)*
  - *Developed a DASH board – list of Indicators*
  - *Mapping exercises – Partners, Interventions*
  - *Follow up consultative/ Review/awareness raising meetings – agreed on realistic targets(%) to be achieved on yearly basis by intervention area*
  - *Establishment of Nutrition Working Group, Technical and Coordination Committees*
- MoHS and MAFFS leading the processes.
- A Multi-sectoral document (FNSIP) – Enhances capacity of SUN Movement and contributing to effective coordination and collaboration

## National Nutrition Targets ; Key Indicators in the FNS Implementation Plan: 2013 - 2017

Indicators	Baseline 2013	2014	Current status	2015	2016	2017
Reduction in Prevalence of Wasting	6.9%	6.4%	4.7% (SLNS)	5.9%	5.4%	4.8%
Reduction in Prevalence of Stunting	34.1%	32.7%	28.8%(SLNS)	31.3%	29.9%	28.5%
Reduction in Prevalence of Underweight	18.7%	17.3%	12.9% (SLNS)	15.9%	14.5%	13.1%
Increase in Exclusive breastfeeding rates	32%	39%	58.8% (SLNS)	46%	53%	60%
Reduction in Anaemia in children	76%	69.8%	76.3% (SLMS)	63.6%	57.4%	51%
Reduction in Anaemia in women	45%	42.8%	44.8% (SLMS)	40.6%	38.4%	36%
Incidence of low birth weight	11%	9.5%	7% (DHS)	8%	6.5%	5%
% of children with timely initiation of semi/solid foods at 6 months	51%	53.2%	63% (DHS)	55.4%	57.6%	60%
% Children 6-23 months old with minimum acceptable diet	19%	24.2%	13% (SLMS)	29.4%	34.6%	40%

# Implementation of Key Indicators

- *Multisectoral strategic plan / Common Results Framework*

Five year costed multi-sectoral plan with targets and indicators

- *Lessons learnt*

- ✓ Government leadership is very key with high level commitments for continued advocacy for sustained nutrition visibility
- ✓ Partners involvement is an integral part from planning through implementation
- ✓ Plans focussed on evidence based interventions for both nutrition sensitive and specific

# Commitment to Action (Best Practices)

- **The Free Health Care Initiative** – It caters for all pregnant, lactating and children under five. This is to ensure reduction of maternal, infant and child morbidity and mortality and for increased accessibility for all.
- **The 6 Month Contact Point Package** – It is an initiative which is geared towards increasing uptake of Vitamin A supplementation, Family Planning and Complementary Feeding at **6 months** which has been integrated into the health facility routine services.
- **Mother Support Groups** – This community structure has been one of our driving force for improved infant and young child feeding & care practices hence reducing malnutrition; and enables women's empowerment including Health/Nutrition/Education/Agriculture/Social Protection) etc
- **Human Resources** – Increased advocacy for human resource for nutrition. As a result of this every district now have a public health nutritionist and clinical nutritionists in all government hospitals
- The government in the drive to increase nutrition visibility has ensured increased presence of nutrition personnel both at national and district levels.

# SMART Commitment

Together, government and supporting partners will promote early initiation of breastfeeding, exclusive breastfeeding and timely complementary feeding practices for children under five years by 2017. (See table below)

	Description	Baseline 2013	Target 2017
<b>Indicator</b>	Percent of Infants 0-5 months exclusively breastfed	19%	40%
Coverage	Pregnant and lactating women reached with EBF promotion	51%	60%
Target group	Pregnant and lactating women, husbands, grandmothers	≥50%	80%
<b>Indicator</b>	% Children 6-23 months old with minimum acceptable diet	19%	40%
	% of children with timely initiation of semi/solid foods at 6 months	51%	60%
Coverage	Estimated number of pregnant and lactating women receiving Complementary feeding promotion messages	≥50%	80%
Target group	Pregnant and lactating women, husbands, caretakers, grandmothers		

# Challenges

- Inadequate knowledge on importance of nutrition to national development
- Finance – Inadequate Government / donor funding and timely release of funds
- Accountability of partners
- Engaging the Private sector -
- Quality of service delivery including logistics support
- Reporting and timely mitigation system (Monitoring and evaluation)