Sierra Leone National Food and Nutrition Security Policy 2012 - 2016

Goals

Goals, objectives or targets related to nutrition:

Goal:
The overall goal of the National Food and Nutrition Policy is to contribute to the improved health, social and economic well-being of all the people in Sierra Leone, especially women, children and other nutritionally vulnerable groups.

General Objective:
To improve the current nutritional status of the population, especially infants and young children, pregnant and lactating women and other vulnerable groups in Sierra Leone

Specific Objectives (SO):
I. To undertake advocacy for policy makers, policy advisors and programme designers at national and district levels on nutrition and its relationship to development.
II. To actively promote and facilitate adequate household food security (quantity, quality and safety) to satisfy the daily dietary needs of the population.
III. To promote adoption of appropriate feeding practices by households.
IV. To strengthen preventive measures against nutrition related diseases
V. To provide curative services to individuals who are either malnourished or present a condition requiring diet therapy.
VI. To institute a nutritional surveillance system for monitoring the food and nutrition situation in the country.
VII. To promote operational research and periodic surveys into food and nutrition issues
VIII. To coordinate activities of relevant agencies involved in food and nutrition issues

Strategies

Strategies and activities related to nutrition:

SO 1 Strategies:

- Communicate nutrition policy at national and district levels
Develop mechanism to involve other sectors in formulation of food and nutrition activities at national and district levels.

Develop a continuous programme for dissemination of information to key decision makers at national and district levels.

Explore avenues within programmes of relevant sectors to integrate nutrition using the “Nutrition Lens” (NL) approach.

SO 2 Strategies:

- Ensure availability of adequate and appropriate technologies together with improved agricultural inputs at the appropriate time especially for the poorer groups.
- Expand Operation Feed the Nation programme to cover all vulnerable districts.
- Integrate nutrition activities into the Farmer Field School programme, which is designed for decentralized community-based market organizations or Agricultural Business Centres.
- Establish partnership with consumer protection organisations.
- Strengthen and implement community-based agriculture extension services.
- Collaborate with private sector to improve food storage, processing with value addition, marketing and distribution systems for local markets.
- Document, promote and improve indigenous food processing techniques and their use at the household level.
- Train communities on different food processing, preservation and packaging techniques.
- Promote food diversification in communities and at all levels.
- Identify and implement income generating ventures which are sustainable for rural women.
- Encourage and provide support for dry-season gardening for vulnerable households to ensure access to food supplies all year round.
- Strengthen and implement national food standards and laws including code and guidelines on food safety and hygiene for locally produced and imported foods.

SO 3 Strategies:

- Develop, adopt and implement Code on Marketing of Breast Milk Substitutes.
- Promote and strengthen the implementation of Baby Friendly Hospital Initiative (BFHI) and Baby Friendly Community Initiative (BFCI).
- Support the promotion of exclusive breast feeding for HIV-exposed infants aged 0-6 months and continuous breast feeding until 12 months while complementary food is added at 6 months and mother continues to take triple ARV or lifelong ART.
- Promote complete weaning from breast milk at 12 months for HIV-exposed infants while mothers who do not yet require ART for their own health should stop triple ARV one week after the cessation of all breast feeding.
- Promote appropriate complementary feeding for children from six months to two years, and optimum feeding practices for children 2-5 years.
- Develop nutrition messages aimed at decision makers in households (fathers, grandmothers).
- Integrate feeding counseling for pregnant and lactating women into antenatal, postnatal and outreach services.
- Support adequate dietary and nutritional intake as part of successful treatment programme for persons with TB and/or HIV through provision of nutritional counseling and linking individuals to services.

SO 4 Strategies:

- Ensure mass distribution/routine of vitamin A capsule to children 6-59 months of age and postpartum women.
- Ensure routine de-worming of children 12-59 months and pregnant women in the second trimester.
- Intensify the delivery of the integrated ante-natal, postnatal and family packages using available structures at community level.
- Promote the production and consumption of locally available micronutrient-rich foods.
- Fortify widely consumed foods such as wheat flour and locally produced complementary foods with iron, B vitamins, vitamin A and other appropriate minerals
- Collaborate with relevant programme managers to strengthen and implement packages (ante-natal, post natal and family)
- Ensure that all salt for human and animal consumption is fortified with adequate levels of iodine
- Strengthen other public health measures to protect the vulnerable groups, such as increased access to potable water and sanitation facilities
- Ensure that all health and other relevant personnel are trained on the appropriate application of guidelines for the nutritional management of people living with HIV/AIDS (PLHIV) and tuberculosis (TB) patients.
- Use Essential Nutrition Actions (ENA) to consolidate the technical content of the various nutrition messages to serve as the basis for education and information sharing
- Promote and implement community based Growth Monitoring and Promotion (GMP)
- Use all available channels of communication for public education on food and nutrition

SO 5 Strategies:

- Ensure effective therapeutic and supplementary feeding for sick and malnourished children based on local foods
- Establish functional nutrition units comprising nutrition and catering staff and headed by a nutritionist/dietician in all hospitals
- Revise national protocol on CMAM Conduct training and capacity building activities for health workers and health volunteers to equip them to implement the CMAM approach and protocols as well as supplementary feeding.
- Use all available channels of communication for sensitizing communities on availability of services for malnourished children
- Scale up the Community-Based Integrated Management of Child Illness (CBIMCI) initiative in all districts of the country
- Create awareness and mobilize communities to utilize available nutrition services within the PHUs
- Conduct training and capacity building activities for health workers and health volunteers on nutritional assessment, education and counseling with specific focus on PLWHA and TB clients including infant feeding.
- Scale up nutritional rehabilitation of malnourished PLWHA and TB clients (incl. support for affected households where necessary), as well as livelihood activities to enable continuum of care

SO 6 strategies:

- Develop early warning system incorporating food security and nutrition status indicators
- Adapt child growth chart using the new 2006 WHO standards
- Promote and implement Community based Growth Monitoring and Promotion (CBGMP)

SO 7 strategies:

- Collaborate closely with researchers to identify and carry out action oriented research on food and nutrition issues.
- Ensure that appropriate nutrition issues are incorporated into national surveys
- Collaborate closely with researchers in conducting nutrition surveys
SO 8 Strategies:

- Develop and implement appropriate structures to implement and coordinate nutrition activities
- Strengthen linkages among key stakeholders to enhance effective implementation of nutritional activities including food security

Further notes:

The Food and Nutrition Security Implementation Plan has been aligned with the WHA Global Nutrition Targets as follows: 1) Stunting (baseline: 34%, 2017 target: 28.5%); 2) Anaemia in women of reproductive age (baseline: 45%, 2017 target: 36%), anaemia in children (baseline: 76%, 2017 target: 51%); 3) Low birth weight; 4) Child overweight (baseline: 8%, 2017 target: 5.6%); 5) Exclusive breastfeeding (baseline: 32%, 2017 target: 60%); and, 6) Wasting (baseline: 6.9%, 2017 target: 4.8%).

Policy topics:

- Low birth weight
- Stunting in children 0-5 yrs
- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Underweight in women
- Underweight in adolescent girls
- Anaemia in adolescent girls
- Anaemia in pregnant women
- Anaemia in women 15-49 yrs
- Iodine deficiency disorders
- Vitamin A deficiency
- Minimum acceptable diet
- Fruit and vegetable intake
- Fruits
- Vegetables
- Minimum dietary diversity of women
- Counselling on healthy diets and nutrition during pregnancy
- Growth monitoring and promotion
- Breastfeeding promotion/counselling
- Baby-friendly Hospital Initiative (BFHI)
- Counselling on feeding and care of LBW infants
- Infant feeding in emergencies
- International Code of Marketing of Breast-milk Substitutes
- Monitoring of the Code
- Capacity building for the Code
- Maternity protection
- Complementary feeding promotion/counselling
- School-based health and nutrition programmes
- Regulation/guidelines on types of foods and beverages available
- Nutrition in the school curriculum
- Hygienic cooking facilities and clean eating environment
- Provision of school meals / School feeding programme
- Home grown school feeding
- Monitoring of children’s growth in school
- School gardens
- Dietary guidelines
- Food-based dietary guidelines (FBDG)
- Creation of healthy food environment
- Healthy food environment in workplaces
- Healthy food environment in hospitals
- Media campaigns on healthy diets and nutrition
- Nutrition counselling on healthy diets
- Vitamin A
- Vitamin B12
- Micronutrient supplementation
- Nutrition education
- Wheat flours
- Rice
- Staple foods
- Complementary foods
- Biofortification
• Food distribution/supplementation for prevention of acute malnutrition
• Management of moderate acute malnutrition
• Management of severe acute malnutrition
• Nutritional care & support for people with TB
• HIV/AIDS and nutrition
• Food security and agriculture
• Conditional cash transfer programmes

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**Partners in policy implementation**

- **Government**
  - Health
  - Food and agriculture
  - Education and research
  - Social welfare
  - Finance, budget and planning
  - Sport
  - Trade
  - Details:
    - Ministry of Health and Sanitation, MAFFS, MEST, MOFED, MFMR and MOTI

- **UN agencies**
  - Food and Agriculture Organisation (FAO)
  - United Nations Children's Fund (UNICEF)
  - World Food Programme (WFP)
  - World Health Organization (WHO)
  - Details:
    - more
    - SUN

- **International NGOs**
  - Helen Keller International (HKI)
  - Details:
    - more
    - NGOs and Faith Based Organisations, NFFA

- **Research / Academia**
  - Details:
    - more
    - schools, research and training institutions, SLARI and Njala University

- **Private Sector**
  - Details:
    - more
    - food production parties

- **Other**
  - Details:
    - more
    - Nutrition Technical Committee; Small scale farmers, relevant organizations that could provide storage, facilities, resources; banks, microfinance institutions, mass media

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**Links**


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