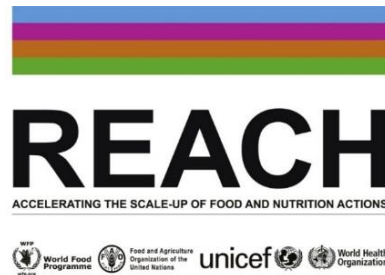




The Government of Sierra Leone

Sierra Leone Nutrition Stakeholder and Action Mapping

March 2019



Outline

- 1. Mapping Overview**
- 2. Sierra Leone Nutrition Situation Analysis**
- 3. Who Does What for Nutrition?**
- 4. Geographic Coverage**
- 5. Analysis of the delivery mechanisms used**
- 6. Results by Core Nutrition Action**
- 7. Exploring gaps in coverage**
- 8. Acronyms**

1. Mapping Overview

Objectives

- Identify and document the landscape of key nutrition actors and actions across multiple sectors and link their activities, target groups and implementation mechanisms

Who does what, where and how?

- Inform coverage of beneficiaries

What % of the target group is covered?

- Identify which actions are not adequately addressed and inform scale up of nutrition actions

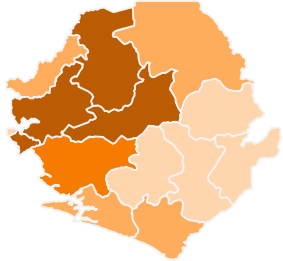
How and where to strengthen key nutrition actions?



Engage a dialogue with stakeholders to scale key nutrition actions in the country

What can the Nutrition Stakeholder & Action Mapping help you with?

For Provinces & Districts



- See which partners are working on food & nutrition actions in your province
- Gain information on which actions are being conducted and where
- Know how many beneficiaries are being reached by different actions and which actions may need to be scaled up

For Ministries



- Get a better overview of who the partners are and what they do
- Identify potential gaps in the coverage of districts and coverage of beneficiaries of actions
- Help planning & scale up of nutrition actions

For UN and NGOs



- Enhance coordination though better information on which organizations are working in the same districts and/or on the same actions
- Identify which districts need further support
- See which actions may need to be scaled up and where

For Donors



- Identify which districts need further support
- See which actions need more funds to scale up
- Help identify which organizations can cover different actions and districts

Improve coordination among partners and provide necessary information for strengthening nutrition actions and planning purposes

The mapping process uses UNN/REACH mapping tool to answer key questions

To be answered with subsequent iterations of mapping

Qualitative view

Recap nutrition situation and nutrition actions
Who does what where?

- 1 What is the country nutrition situation
- 2 Who are the key stakeholders? What are their roles?
- 3 Which stakeholders are doing what where? And through which delivery mechanisms?

Quantitative view

Coverage
What % of the target population is covered?

- 4 What % of the target population is covered nationally?
- 5 What % of target population is covered per action?
- 6 What % of the target population is covered per province/district?
- 7 For each district, who is reaching what % of the target population?

Guidance for scaling up nutrition

Guidance for a stakeholder dialogue
How & where to scale up nutrition?

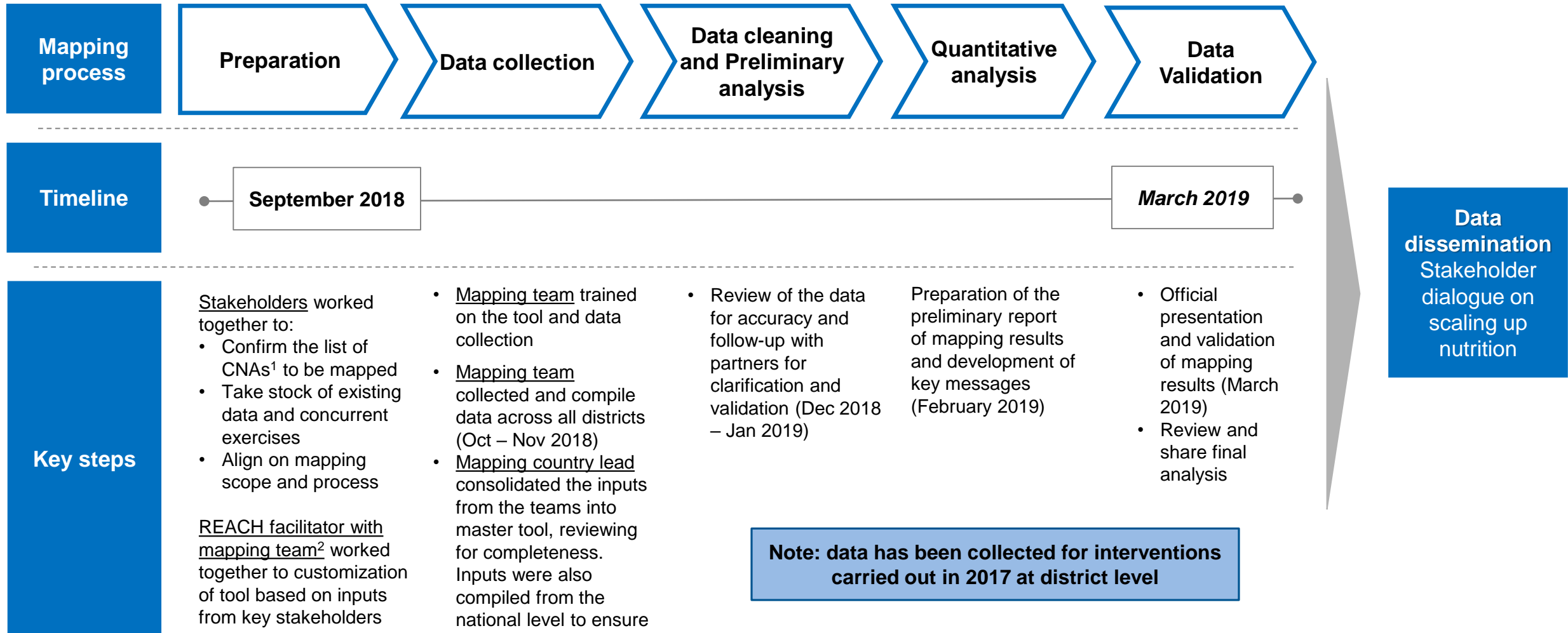
- 8 What are the stunting levels (e.g. prevalence)? What is the action intensity per province?
- 9 Which provinces are not adequately addressed?
- 10 Are children receiving the nutrition actions they may need?
- 11 Where are there action gaps in addressing key nutrition problems?
- 12 How much of the district budget is being allocated to nutrition activities?

Continuous monitoring

Implementation monitoring
Are targets achieved over time?

- 13 Is the target population coverage improving over time?
- 14 Are targets achieved as defined in the national plan?

The mapping used an inclusive multisectoral approach



1. CNAs = Core Nutrition Actions
 2. Mapping team includes staff from SUN secretaries and other key stakeholders (Government and civil society)

Core Nutrition Actions and data collected (1/3)

	Core Nutrition Action	Numerator		Denominator	
FOOD CONSUMPTION & HEALTHY PRACTICES	Provide nutrition education on consumption of micronutrient rich food	Pregnant women provided with nutrition education on the consumption of micronutrient rich food	✓	Total number of pregnant women	✓
		Women with children 6-59 months provided with nutrition education on the consumption of micronutrient rich food	✓	Total number of women with children 6-59 months	✓
	Promote eat what you grow practices (not selling everything)	Women of child bearing age reached with the promotion on eat what you grow	✓	Total number of women of child bearing age	✓
FOOD FORTIFICATION, PROCESSING AND STORAGE	Implement fortification of cassava and soya bean	Small and medium scale industries that fortify cassava and soya bean	✗	Total number of registered small and medium scale industries	✗
	Promote consumption of iodised salt	Pregnant women reached with messages on consumption of iodised salt	✓	Total number of pregnant women	✓
CROPS/ HORTICULTURE	Implement small ruminants revolving fund (pass on program)	Farmer based organizations that benefitted from a small ruminants revolving fund	✗	Total number of Farmer Based Organizations (FBOs)	✓
	Establish ABCs in every chiefdom	Chiefdoms that have established ABCs	✓	Total number of Chiefdoms	✓
	Provide credit/loan facilities (rice seed as an example)	Farmers provided with credit/loan facilities	✓	Total number of farmers	✓
	Training on creating and maintaining community gardens	Farmer based organizations trained on creating and maintaining community gardens	✗	Total number of farmer based organizations	✓
		Health facilities trained on creating and maintaining community gardens	✗	Total number of health facilities	✗
	Primary-school aged children trained on creating and maintaining community gardens	✓	Total number of primary-school aged children	✓	

Core Nutrition Actions and data collected (2/3)

	Core Nutrition Action	Numerator		Denominator	
CROPS/ HORTICULTURE	Training on post- harvest management (PHM) of crops	FBOs trained on PHM	✓	Total number of FBOs	✓
		Extension workers trained on PHM	✗	Total number of extension workers	✓
		Crop Officers trained on PHM	✗	Total number of crop officers	✓
		Vulnerable households trained on PHM	✓	Total number of vulnerable households (below poverty line)	✓
MANAGEMENT AND PREVENTION OF ACUTE MALNUTRITION	Treatment of SAM	Children 6-59 with SAM who received treatment	✓	Total number of children with SAM	✓
	Treatment of MAM	Children 6-59 with MAM who received treatment	✓	Total number of children 6-59 with MAM	✓
		Children 6-23 with MAM who received treatment	✓	Total number of children 6-23 with MAM	✗
		Pregnant women with MAM who received treatment	✓	Total number of pregnant women with MAM	✗
		Lactating women with MAM who received treatment	✓	Total number of lactating women with MAM	✗
Provide food by prescription to patients with TB and HIV	TB/HIV patients provided with food by prescription	✓	Total number of TB/HIV patients	✓	
EMERGENCY AND SHOCKS	Provide supplementary feeding to vulnerable households during emergency/disasters	Disaster affected households provided with supplementary feeding	✓	Total number of vulnerable households affected by disaster	✗
MICRONUTRIENT SUPPLEMENTATION	Provide vitamin A supplementation (two doses)	Children 6-59 months provided with VAS	✓	Total number of children 6-59 months	✓
		Children 6-23 months provided with VAS	✓	Total number of children 6-23 months	✓
	Provide multiple micronutrient powders	Children 6-23 months provided with micronutrient supplements	✗	Total number of children 6-23 month	✓
	Provide Iron Folic Acid supplements	Pregnant women provided with Iron Folic	✗	Total number of pregnant women	✓

Core Nutrition Actions and their definitions used for the mapping (3/3)

	Core Nutrition Action	Numerator		Denominator	
NUTRITION-RELATED DISEASE PREVENTION	Provide deworming tablets (two doses)	Children 12-59 months provided with deworming tablets	✓	Total number of children 12-59 months	✓
	Provide ITNs	Pregnant women provided with ITNs	✓	Total number of pregnant women	✓
WASH	Promote Open Defecation Free (ODF) Villages	Villages declared ODF	✓	Total number of villages	✗
	Construction of boreholes and hand-pump wells for community to get clean drinking water	Communities benefitting from boreholes and hand-pump wells	✓	Total number of villages	✗
IYCF	Provide exclusive, continued and complementary breastfeeding counselling	Pregnant women who received counselling	✓	Total number of pregnant women	✓
		Women with children 6-23 months who received counselling	✓	Total number of women with children 6-23 months	✓
		Women with children 6-59 months who received counselling	✓	Total number of women with children 6-59 months	✓
	Provide growth monitoring assessments	Children 0-59 months whose growth was checked	✓	Total number of children 0-59 months	✓
SOCIAL PROTECTION	Provide food for work	Vulnerable h/h (below poverty line) reached by food for work programs	✗	Total number of vulnerable households	✓
	Provide cash transfers	Vulnerable h/h (below poverty line) reached with cash transfers	✓	Total number of vulnerable households	✓
GENDER EMPOWERMENT	Promote girl school enrolment	School aged girls 5-9 yrs enrolled in primary school	✓	Total number of school aged girl 5-9 yrs	✓

Mapping Specific Definitions

Responsible Ministry	Ministry, department or institution of the Government participating in the monitoring and evaluation of the action	Action	These are the nutrition activities or interventions that were chosen to be mapped identified in consultation with multi-sectoral stakeholders engaged in nutrition
Implementer	This role refers to all partners delivering nutrition actions directly to the beneficiaries	Delivery mechanism	A list of country-specific mechanisms that define how an action has been implemented
Catalyst	Partners who provide coordination, M&E, and/or technical assistance to the nutrition actions being mapped.	Geographic coverage	Percentage of geographical areas in which an action has been carried out (where at least one stakeholder has reached a beneficiary)
Donor	This role refers to partners who provide funding for the identified nutrition actions	Population coverage	Percentage of target group that benefited from an action, compared to the total size of that target group

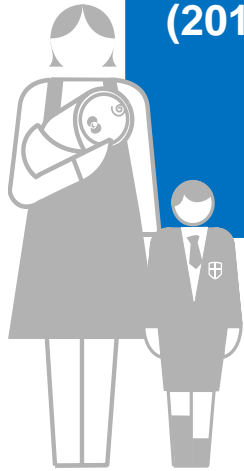
• A stakeholder may assume several roles for a single action (e.g. the responsible ministry may also be the field implementer through its public servants)

• Some roles may not be filled for each action

• The donor role includes donors and technical partners who have funded implementing organizations

• 'Delivery mechanisms' can be strategies (e.g. campaigns or routines), human capital (e.g. extension workers, religious leaders), approaches (e.g. community-led, health centres), etc. The set of options is country-specific and decided by the government and partners engaged in nutrition

In order to determine coverage, total population of key target groups was gathered



The population of most of the key target groups for the mapping year (2017) was based on estimates from the 2015 census (e.g. children 0-59 months, women of reproductive age)

(source: 2015, Sierra Leone Population and Housing Census)



For a few of the key target groups alternative sources or additional calculations had to be made:

- Annual caseload of children with SAM & MAM
- Number of extension workers/crop officers
- Smallholder farmers
- Emergency affected populations

Data collection in figures



Samples	Values	%
Stakeholders who received the letter to share their data	79	-
Stakeholders who filled out the questionnaire	48	61%
Stakeholders whose questionnaires have been utilized	43	89%
Stakeholders whose questionnaires have not been utilized	5	11%
Stakeholder return rate = 61% <i>Some actions are better documented than others</i>		
Total number of actions to document	25	-
New actions for which data has been collected	2	-
Actions for which data has been collected	22	80%
Actions for which no relevant data has been collected	6	22%
Documented actions = 80%		

Disclaimer for the Nutrition Stakeholder & Action Mapping

The Sierra Leone Nutrition Stakeholder & Action Mapping intends to help improve nutrition coordination and scale-up discussions by providing an indicative overview of [who the stakeholders in nutrition are, where they are working, and estimated coverage of beneficiaries for selected Core Nutrition Actions](#).

Both the [geographical and beneficiary coverage are estimated](#) based on the information provided and obtained at the district level. The coverage is therefore [not to be considered as exhaustive or exact](#). Moreover, [it is voluntary to report](#), and not necessarily all stakeholders have been identified or have chosen to contribute.

The mapping has only collected data on [selected Core Nutrition Actions](#). Organizations, both included in this mapping and not, may be working on other actions that are important for improving nutrition outcomes, however data on these actions has not been captured in this mapping. Furthermore, this mapping is [not assessing the quality](#) or accuracy of the reported coverage. Rather it can be used as an indicator of where certain areas or actions should be analyzed further.

Nutrition Actions were selected through consultations with the country SUN secretariat, Government Ministries and Departments, the U The Core N Network Secretariat and nutrition Civil Society

In addition, some [difficulties](#) were encountered [in the collection and analysis of data](#) in Sierra Leone:

- The time elapsed between the launching workshop (fall 2017) and the data collection process (fall 2018);
- Non-returned questionnaires or unavailable key persons;
- The response/reaction time of organizations often longer than expected;
- The unavailability of data disaggregated by intervention, target groups or at district level;
- Some target groups did not systematically correspond to the reports calculated or collected by the different actors.

The results of this exercise should thus only be interpreted as [indicative and directional](#) in the context of a first exercise. [Future iterations will help to refine the approach and improve the quality of the results](#).

2. Sierra Leone Nutrition Situation Analysis

Situation Analysis Dashboard

National level – Sierra Leone

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

- Improving; positive trends
- ➡ No change
- Getting worse; negative trend
- n.a. Data not available

		Indicator	Status	Source	Year	Severity	Trend
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 months	31.3%	SMART	2017	●	➤
		Wasting	GAM prevalence among children 6-59 months	5.1%	SMART	2017	●
		SAM prevalence among children 6-59 months	1.0%	SMART	2017	●	➤
	VAD	Children 6-59 months with vitamin A deficiency	17.4%	SLMS	2013	●	n.a.
	Iron deficiency	Children 6-59 months old with iron deficiency	5.2%	SLMS	2013	○	n.a.
		Children 6-59 months old with anaemia	76.3%	SLMS	2013	●	n.a.
		Non-pregnant women 15-49 years with iron deficiency	8.3%	SLMS	2013	○	n.a.
IDD	Pregnant women 15-49 years with iodine deficiency	46.1%	SLMS	2013	○	n.a.	
Underlying Causes	Food Security	Households with poor or borderline food consumption (poor & borderline)	53.4%	CFVSA	2015	○	➤
		Prevalence of undernourishment	22.3%	IFPRI	2016	●	➤
		Household dietary diversity scale	5.3	SMART	2017	○	n.a.
		Reduced Coping Strategy Index	11.96	CSFVA	2015	○	➤
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	120.4	IGME	2015	○	➤
		Low birthweight	7.1%	DHS	2013	○	➤
		Women 15-49 years old with problems accessing health care	71.9%	DHS	2013	○	➤
		Household access to improved water source	68.6%	SMART	2017	●	n.a.
		Household access to improved sanitation facilities	19.8%	SMART	2017	○	n.a.
	Care	Timely initiation of breastfeeding	53.8%	DHS	2013	○	➤
		Infants 0-5 months old exclusively breastfed	32.0%	DHS	2013	○	➤
		Children 6-23 months old with adequate complementary feeding	7.0%	DHS	2013	○	➤
		Time to fetch water (households that take ≥30 min)	78.3%	SMART	2017	○	n.a.
		Households washing hands after defecating	96%	SMART	2017	○	n.a.
Basic Causes	Education	Females that completed at least primary school	35.2%	DHS	2013	○	n.a.
		Female literacy rate	35.5%	DHS	2013	○	➤
	Population	Total fertility rate per woman	4.9	DHS	2013	○	➤
	Gender	Women ages 20-49 years old, with first birth at 15 years	10.2%	DHS	2013	○	n.a.
		Women's intra-household decision-making power	45.4%	DHS	2013	○	➤
	Poverty	GINI Index	35.4	GINI Index	2013	○	n.a.
		Population living under national poverty line	52.9%	World Bank	2011	○	➤

3. Who does what for nutrition

Who are the key stakeholders? What are their roles? (1/3)

45 funders, 59 implementer and 45 catalysts have been reported as supporting CNAs in Sierra Leone

	Core Nutrition Action	Ministry	Catalyst	Field implementer	Funder
FOOD CONSUMPTION & HEALTH PRACTICES	Provide nutrition education on consumption of micronutrient rich food	MoHS, P2P	UNICEF, CARE	SLRCS, FOCUS 1000, PPB, MoHS/DFN, SILPA, CEDA, DHMT	WHO, DFID, British Red Cross, GAVI, Kfw, New Venture Fund, MOBIL, DHMT, Project Peanut Butter, MoHS/DFN
	Promote eat what you grow practices	MAF, MoHS/DFN, MSWCA, LC, MEST	OXFAM, Comcashew, FAO, DHMT, CSOs, HKI, AAI-SL	COOPI, DESAL, AAD-SL, FOCUS 1000, AAH, ABC-Development, Agriculture Extension Officers, MAF, DHMT	EU, GoSL, Trocaire, OXFAM, USAID, Irish Aid, Greece
FOOD FORTIFICATION, PROCESSING AND STORAGE	Implement fortification of cassava and soya bean	No data received			
	Promote consumption of iodised salt	MoHS	Cause Canada SL	SILPA, CEDA, DHMT	DFID
LIVESTOCK AND SMALL RUMINANT	Implement small ruminants revolving fund (pass on program)	No data received			
CROPS/HORTICULTURE	Establish ABCs in every chiefdom	MAF	IFAD	Agriculture Extension Officers	GASFSP, GoSL
	Provide credit/loan facilities	MOPADA-SL, MAF, MoHS	CARE, MOPADA-SL, MAF, SLARI	WVI, MOPADA-SL, ADP-S2	Purposeful, KWH, WV Hong Kong, Government of Sierra Leone
	Training on creating and maintaining community gardens	MAF	MAF	CCEND	CCEND
	Training on post- harvest management	MAF	JICA, TROCAIRE, MAF	JICA, KADDRO, WV SL	JICA, TROCAIRE, MISEREOR, EU

Who are the key stakeholders? What are their roles? (2/3)

45 funders, 59 implementer and 45 catalysts have been reported as supporting CNAs in Sierra Leone

	Core Nutrition Action	Ministry	Catalyst	Field implementer	Funder
MANAGEMENT AND PREVENTION OF ACUTE MALNUTRITION	Treatment of MAM	MoHS	WFP, UNICEF, MOHS/DFN, National Aids Control Programme	DHMT, CAWeC, PHF-SL, SL Poverty Alleviation Agency, Pure Heart Foundation,	Irish Aid, Japan
	Treatment of SAM	MoHS	UNICEF	DHMT, Lion Heart Foundation	Irish Aid, DFID, UNICEF, Lion Heart Foundation
	Provide food by prescription to patients with TB and HIV	MoHS	WFP, National Aids Control Programme	CF-SL, NETHIPS Caritas, NETHIPS, Child Fund	Global Fund
EMERGENCY AND SHOCKS	Provide supplementary feeding to vulnerable households during emergency/disasters	MoHS, MSWGCA, MAF	WFP, Office of the National Security, NaSCa , MAF, MoHS	MADAM, Street Child, Kitchen staff	Government of South Africa, BMZ, MoHS
MICRONUTRIENT SUPPLEMENTATION	Provide vitamin A supplementation (two doses)	MoHS	UNICEF	DHMT	Global Affairs Canada
	Provide multiple micronutrient powders	<i>No data received</i>			
	Provide Iron Folic Acid supplements	<i>No data received</i>			
NUTRITION RELATED DISEASE PREVENTION	Provide deworming tablets (two doses)	MoHS	UNICEF	DHMT	Global Affairs Canada
	Provide ITNs	MoHS	FOCUS 1000, CRS, BRAC	P2P and CAF-SL	Irish Aid, DFID, Global Fund

Who are the key stakeholders? What are their roles? (3/3)

45 funders, 59 implementer and 45 catalysts have been reported as supporting CNAs in Sierra Leone

	Core Nutrition Action	Ministry	Catalyst	Field implementer	Funder
WASH	Promote Open Defecation Free (ODF) Villages	MoHS, MoWR	OXFAM, ECO-GITEC Consulting farm	MOPADA-SL, ACF, SC, District Council, CONCERN, Water Directorate	Water Aid Transboundary, DFID, KfW
	Construction of boreholes and hand-pump wells for community to get clean drinking water	MoHS, MEST, MoWR, MAF, MOPSE	SALWACO, Bo District Council, MoWR, MOPSE, MoHS	CEDA, WVI, SLRCS, PACT, MOHS, MEST, Bengin Urban Construction Company	UNICEF, GoSL, AfDB, WV USA, JOAC/BRC
IYCF	Provide exclusive, continued and complementary breastfeeding counselling	FOCUS 1000 MoHS, MOHS	UNICEF, FOCUS 1000, SEND-SL, MoHS, HKI, UNICEF, CAWEC	P2P , SCCAN, SC, CWW-SL, DIP, PPB, CM, MoHS, MoHS, Street Child of Sierra Leone, DIP, Project Peanut Butter, SILPA, CEDA, DHMT, FOCUS 1000,	Irish Aid, BMZ, Street Child International, UNICEF, MOBIL, DFID , GAVI, USAID
	Provide growth monitoring assessments	MoHS	FOCUS 1000, WFP	P2P , WV SL	Irish Aid, JICA
SOCIAL PROTECTION	Provide cash transfers	MAF	NaCSA	Splash Service Provider	The World Bank
	Provide food for work	<i>No data received</i>			
GENDER EMPOWERMENT	Promote girl child primary school enrolment	MOPADA-SL, MoHS, MEST, MAF, Ministry of Youth Affairs	PLAN-SL District Council, UNICEF, World Hope International, SUN Secr.	DIP, CRS, CAUSE C SL, BRAC, MOPADA-SL, DIP, AMNet, MoHS	SC, Irish Aid, USDA, Individual Donation through Plan Germany National Organization, BMZ, CAUSE Canada, Novo Foundation

4. Geographic Coverage

How many districts is each intervention area implemented in?

Seven out of twelve intervention areas are implemented in all the provinces

Intervention Area	Number of provinces					Number of districts
	Sierra Leone	South	North	East	West	
FOOD CONSUMPTION & HEALTH PRACTICES	4	4	5	3	2	
FOOD FORTIFICATION, PROCESSING AND STORAGE	3	2	1	1	-	
LIVESTOCK AND SMALL RUMINANT	-	-	-	-	-	
CROPS/HORTICULTURE	4	4	5	3	1	
MANAGEMENT OF ACUTE MALNUTRITION AND PREVENTION	4	4	5	3	2	
EMERGENCY AND SHOCKS	4	3	5	3	2	
MICRONUTRIENT SUPPLEMENTATION	4	4	5	3	2	
NUTRITION RELATED DISEASE PREVENTION	4	4	5	3	2	
WASH	4	1	2	1	1	
IYCF	3	4	4	3	-	
SOCIAL PROTECTION	1	-	1	-	-	
GENDER EMPOWERMENT	3	3	3	1	-	

At national level, number of provinces where an intervention area is covered (e.g. 3 provinces)

At provincial level, number of districts where an intervention area is covered (e.g. 1 district)

% of districts reached: ■ ≤25% ■ >25% - ≤50% ■ >50% - ≤75% ■ >75% ■ No beneficiary data available

How many districts is each action implemented in? (1/2)

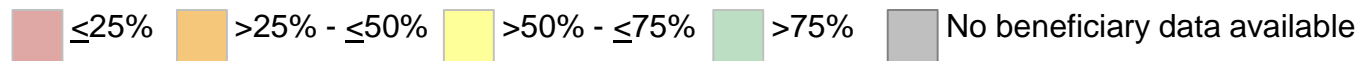
10 out of 25 actions are implemented in all the provinces

Action	Number of provinces					Number of districts
	Sierra Leone	South	North	East	West	
Provide nutrition education on consumption of micronutrient rich food	4	3	2	2	2	
Promote eat what you grow practices	4	4	5	3	1	
Implement fortification of cassava and soya bean						
Promote consumption of iodised salt	3	2	1	1		
Implement small ruminants revolving fund (pass on program)						
Establish ABCs in every chiefdom	4	4	5	3	1	
Provide credit/loan facilities	3	1	2	1		
Training on creating and maintaining community gardens	1		1			
Training on post- harvest management	1		2			
Treatment of MAM	4	4	5	3	2	
Treatment of SAM	4	4	5	3	2	
Provide food by prescription to patients with TB and HIV	4	4	5	3	2	

At national level, number of provinces where an action is implemented (e.g. 4 provinces)

At provincial level, number of districts where an action is implemented (e.g. 3 districts)

% of districts reached:



How many districts is each action implemented in? (2/2)

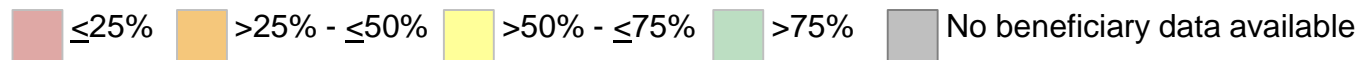
10 out of 25 actions are implemented in all the provinces

Actions	Number of provinces					Number of districts
	Sierra Leone	South	North	East	West	
	4	4	5	3	2	
Provide supplementary feeding to vulnerable households during emergency/disasters	4	3	5	3	2	
Provide vitamin A supplementation (two doses)	4	4	5	3	2	
Provide multiple micronutrient powders						
Provide Iron Folic Acid supplements						
Provide deworming tablets (two doses)	4	4	5	3	2	
Provide ITNs	4	3	1	1	1	
Promote Open Defecation Free (ODF) Villages	3		1	1	1	
Construction of boreholes and hand-pump wells for community to get clean drinking water	2	1	1			
Provide exclusive, continued and complementary breastfeeding counselling	3	3	4	3		
Provide growth monitoring assessments	2	1		1	-	
Provide cash transfers	1	-	1	-	-	
Provide food for work						
Promote girl child primary school enrolment	3	3	3	1	-	

At national level, number of provinces where an action is implemented (e.g. 3 provinces)

At provincial level, number of districts where an action is implemented (e.g. 1 district)

% of districts reached:



5. Analysis of the delivery mechanisms used

What are the delivery mechanisms used in the Food Security sector?

13 mechanisms are used in the implementation of food security actions. 3 mechanisms are used for the majority of the mapped actions. Could we rely more on other channels that are less used to reach our targets?

Delivery Mechanisms most frequently used		Eat what you grow	Fortification	Consumpt. of iodised salt	Small Ruminant Revolving Fund	Establish ABCs	Credit/Loan	Community gardens	Post-Harvest Management
→	ABCs	Yellow	Grey	White	Grey	Yellow	White	White	White
	FBOs	Yellow	Grey	White	Grey	White	White	White	White
→	Ag. Extension staff	Yellow	Grey	White	Grey	White	Yellow	White	Yellow
	Mothers' clubs	Yellow	Grey	White	Grey	White	White	White	White
	Community leaders	Yellow	Grey	White	Grey	White	White	White	White
→	NGO staff	Yellow	Grey	White	Grey	White	Yellow	Yellow	Yellow
	CHW	White	No data received	Yellow	No data received	White	White	White	White
	District Council	White	Grey	White	Grey	Yellow	White	White	White
	Community Banks	White	Grey	White	Grey	White	Yellow	White	White
	Community mobilization	White	Grey	White	Grey	White	White	Yellow	White
	Demonstration Farm	White	Grey	White	Grey	White	White	Yellow	Yellow
	Training	White	Grey	White	Grey	White	White	White	Yellow
	Sensitization workshops	White	Grey	White	Grey	White	White	White	Yellow

What are the delivery mechanisms used in the Health/Nutrition sector?

10 mechanisms have been reported in the delivery of Health/Nutrition actions. Some actions take advantage of platforms that are not strictly sanitary, such as community sensitization meetings and mother clubs/support groups

Delivery Mechanisms most frequently used	Nutr. Education	MAM	SAM	Food Suppl. for TB/HIV	Vit. A	Micron. Powders	Iron	Deworming	ITNs	IYCF counselling	Growth monitoring
Health workers	Yes	Yes	Yes	Yes	Yes	No data received	No data received	Yes	Yes	Yes	Yes
CHW	Yes	Yes	Yes	Yes	No	No data received	No data received	No	No	Yes	Yes
NGO staff	Yes	No	No	Yes	No	No data received	No data received	No	No	Yes	No
Community sensitization meetings	Yes	No	No	No	No	No data received	No data received	No	No	No	No
Mothers' club/support group	Yes	No	No	No	No	No data received	No data received	No	No	Yes	Yes
Outreach workers	No	Yes	No	No	No	No data received	No data received	No	No	No	No
DHMT team	No	Yes	No	Yes	No	No data received	No data received	No	No	No	No
6-Month contact point	No	No	No	No	Yes	No data received	No data received	Yes	No	Yes	No
National campaign	No	No	No	No	Yes	No data received	No data received	Yes	No	Yes	No
Health facility	No	No	Yes	No	No	No data received	No data received	No	No	No	No

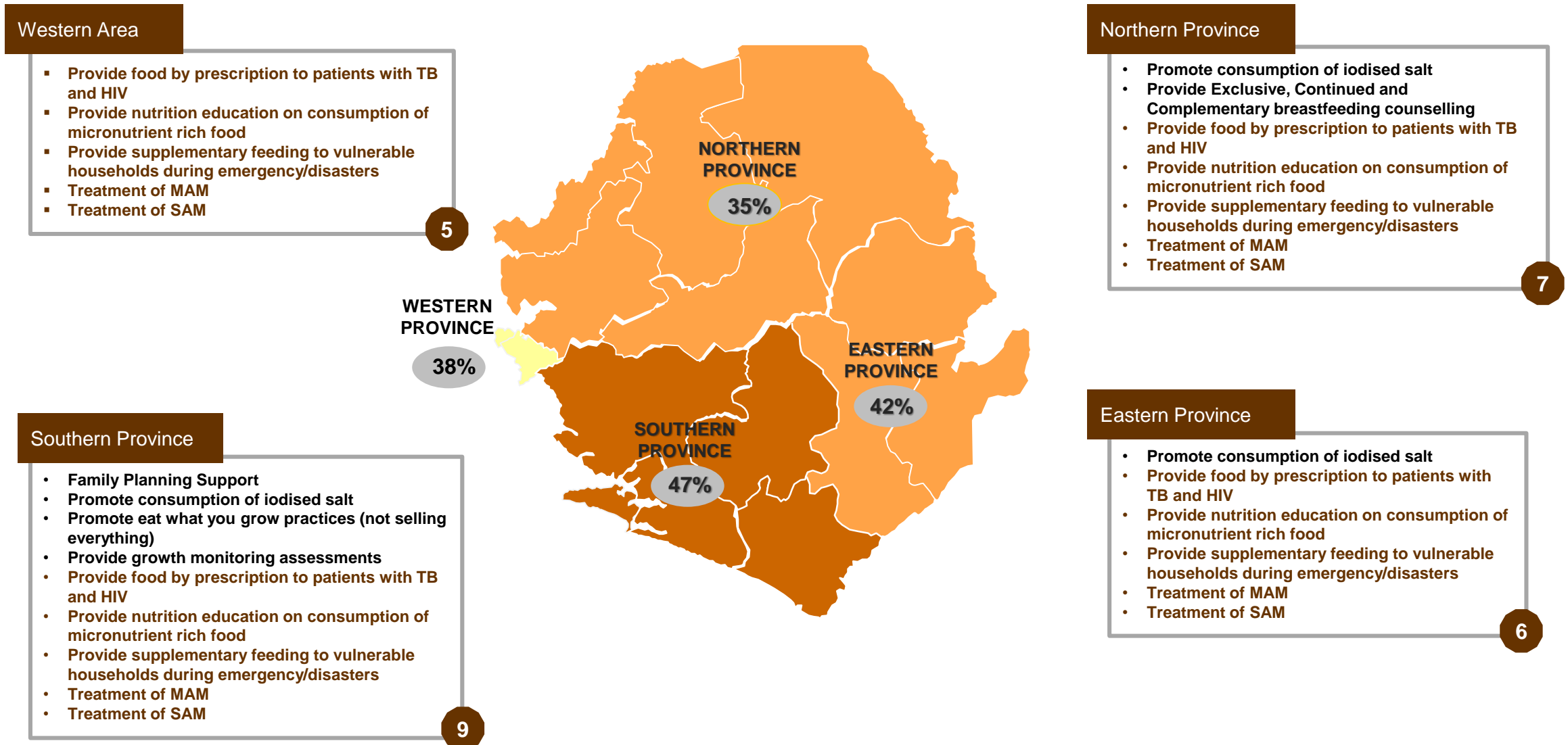
What are the delivery mechanisms used in the other sectors (Emergency, WASH, Social Protection, Gender Empowerment, etc.)?

14 mechanisms are used in the implementation of WASH, Social Protection, Gender Empowerment and Emergency actions

Delivery Mechanisms most frequently used	Suppl. Food in Emergencies	ODF villages	Boreholes	Cash transfers	Food 4 work	Girl school enrolment
Health workers	Yes				No data received	Yes
DHMT	Yes					
CHW	Yes					
NGO staff	Yes		Yes			Yes
CBOs		Yes				
Community leaders		Yes	Yes			
School Clubs			Yes			Yes
District Council			Yes			Yes
Procurement			Yes			
Contracts			Yes			
Training						
Community banks				Yes		
Mothers' club						Yes
Sensitization workshops			Yes			

Focus on Community Health Workers used as a delivery mechanism (1/2)

What is the % of actions per province using Community Health Workers as a delivery mechanism?



Western Area

- Provide food by prescription to patients with TB and HIV
- Provide nutrition education on consumption of micronutrient rich food
- Provide supplementary feeding to vulnerable households during emergency/disasters
- Treatment of MAM
- Treatment of SAM

5

Northern Province

- Promote consumption of iodised salt
- Provide Exclusive, Continued and Complementary breastfeeding counselling
- Provide food by prescription to patients with TB and HIV
- Provide nutrition education on consumption of micronutrient rich food
- Provide supplementary feeding to vulnerable households during emergency/disasters
- Treatment of MAM
- Treatment of SAM

7

Southern Province

- Family Planning Support
- Promote consumption of iodised salt
- Promote eat what you grow practices (not selling everything)
- Provide growth monitoring assessments
- Provide food by prescription to patients with TB and HIV
- Provide nutrition education on consumption of micronutrient rich food
- Provide supplementary feeding to vulnerable households during emergency/disasters
- Treatment of MAM
- Treatment of SAM

9

Eastern Province

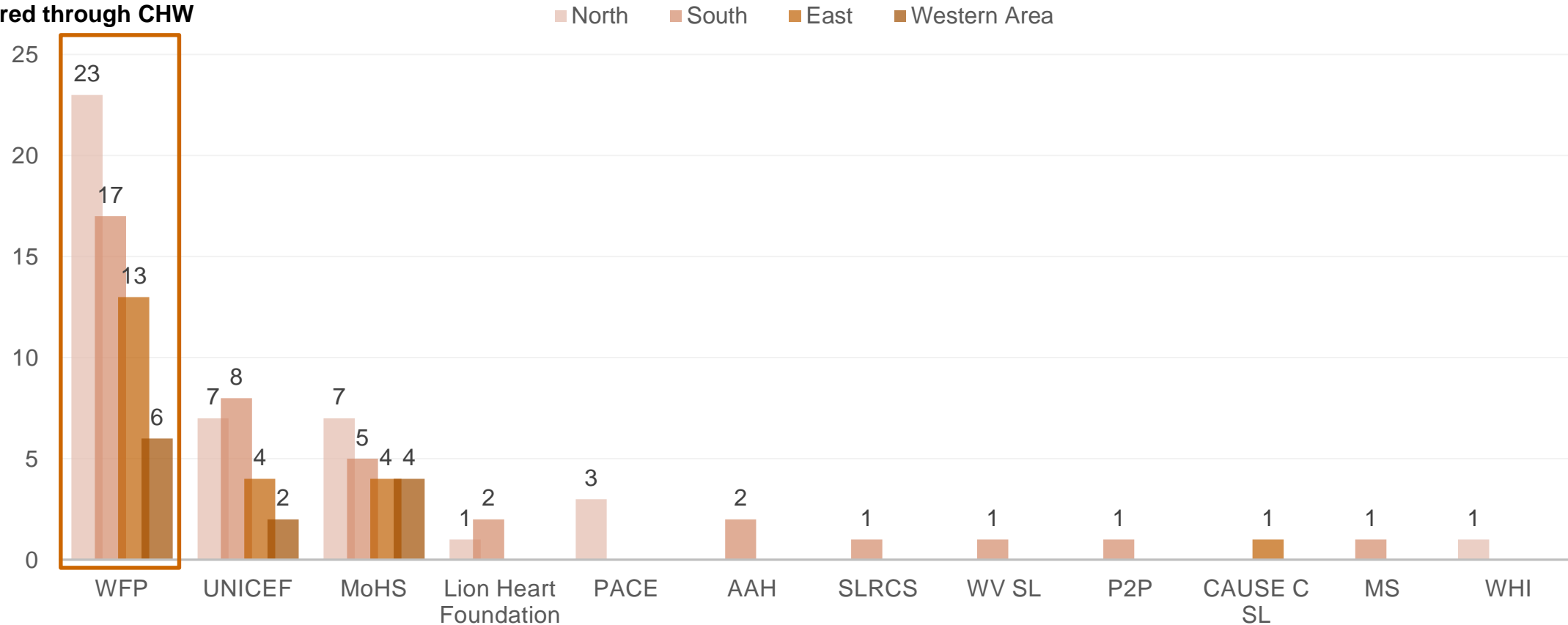
- Promote consumption of iodised salt
- Provide food by prescription to patients with TB and HIV
- Provide nutrition education on consumption of micronutrient rich food
- Provide supplementary feeding to vulnerable households during emergency/disasters
- Treatment of MAM
- Treatment of SAM

6

Focus on Community Health Workers used as a delivery mechanism (2/2)

What is the number of actions per province delivered through CHWs by every organization ?

Number of actions delivered through CHW

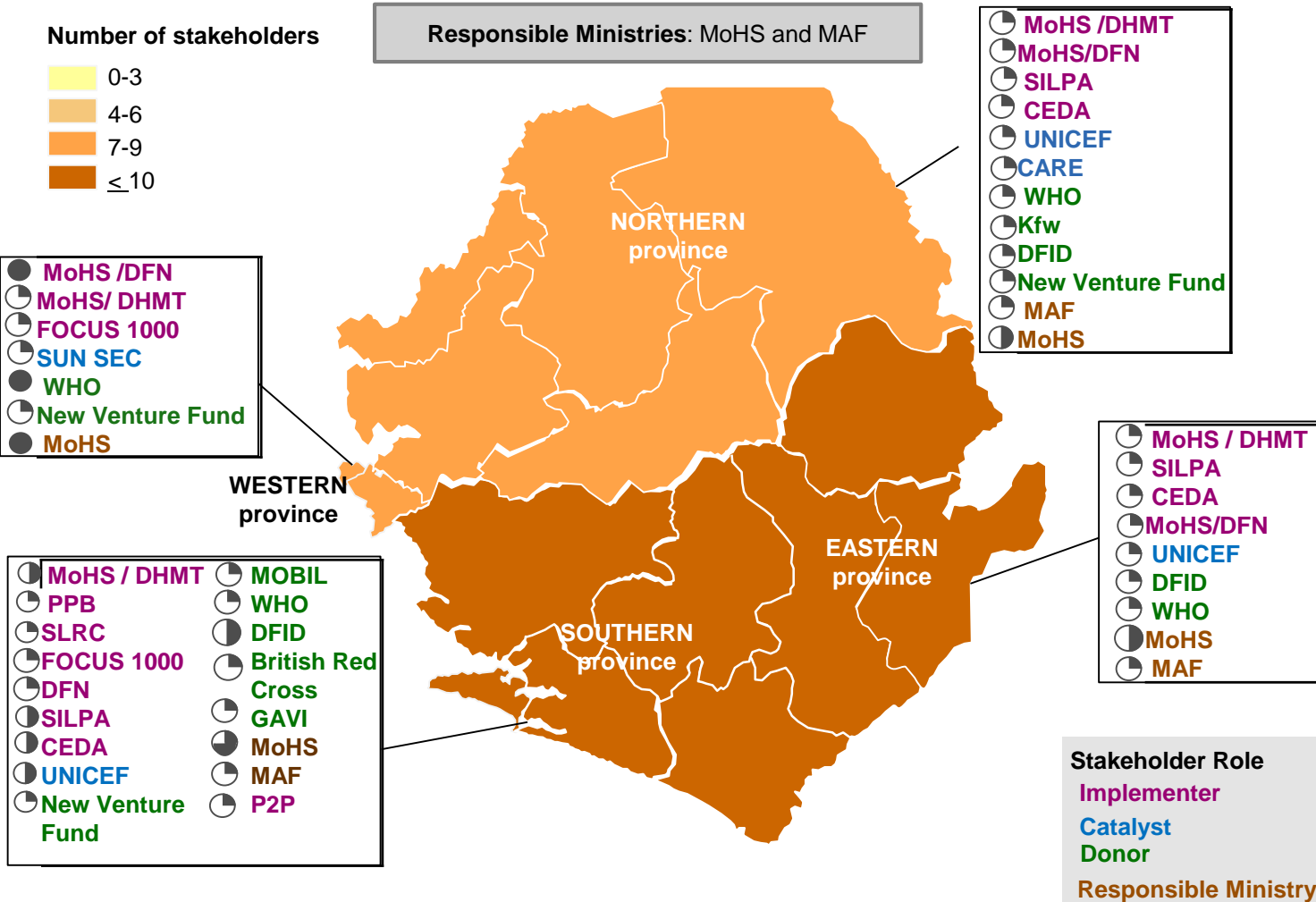


6. Results by Core Nutrition Action

Which stakeholders are providing nutrition education on consumption of micronutrient rich food?

This action is led by MoHS and MAF and supported by up to 8 field implementers in the provinces

Implementing partners' geographic coverage for provision of nutrition education on consumption of micronutrient rich food



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Women with children 6-59 months
Southern province		83%
Northern province		20%
Eastern province		34%
Western province		0%
National	4/4 provinces covered	3%

% districts covered per province:
 ≤25% >25% - ≤50% >50% - ≤75% >75%

Key Messages

- ✓ The action has been implemented in all 4 regions in 2017
- ✓ The Southern region has the largest number of stakeholders involved in providing nutrition education on consumption of micronutrient rich food
- ✓ The number of implementing stakeholders is the lowest in the Western region

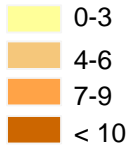
Which stakeholders are promoting eat what you grow practices (not selling everything)?

This action is led by MAF, MoHS, MSWCA, MoHS, LC, PPB, P2P, and Ministry of education and supported by up to 8 field implementers in the provinces

Implementing partners' geographic coverage for promoting eat what you grow practices (not selling everything)

Responsible Ministries: MAF, MoHS (MoHS/DFN, MAF, MoHS, MSWCA, MoHS, MOHS, LC, Ministry of education)

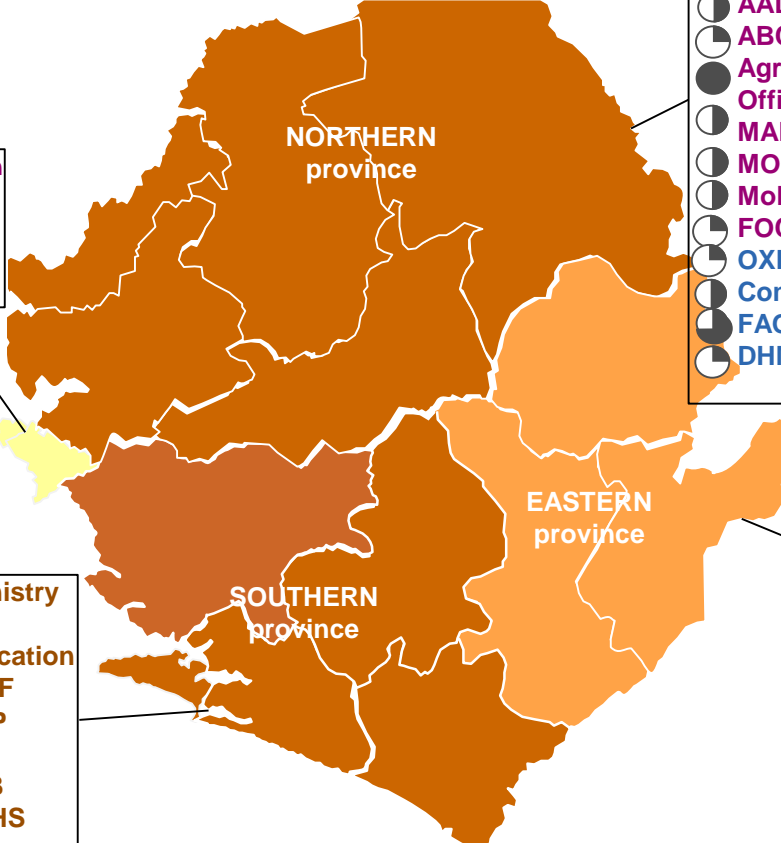
Number of stakeholders



- Agriculture Extension Officer
- FAO
- GoSL
- MoHS

WESTERN province

- Agriculture Extension Officer
- AAH
- NA
- GoSL
- Irish Aid
- FAO
- Ministry of education
- MAF
- P2P
- LC
- PPB
- MoHS



- COOPI
- DESAL
- AAD-SL
- ABC Development
- Agriculture Extension Officer
- MAF
- MOHS/DHMT
- MoHS/DFN
- FOCUS 1000
- OXFAM
- Comcashew
- FAO
- DHMT
- HKI
- CSOs
- Action Aid International Sierra Leone
- GoSL
- GASFSP
- EU
- Greece
- OXFAM
- SUN CSO
- MAF
- MoHS
- MSWCA

- Agriculture Extension Officer
- FAO
- GoSL
- MoHS

Stakeholder Role
 Implementer
 Catalyst
 Donor
 Responsible Ministry

What is the beneficiary and district level coverage?

Provinces	Districts coverage	Women of child bearing age
Southern province	●	33%
Northern province	●	6%
Eastern province	●	0%
Western province	●	0%
National	4/4 provinces covered	9%

% districts covered per province:
 ● <=25% ● >25% - <=50% ● >50% - <=75% ● >75%

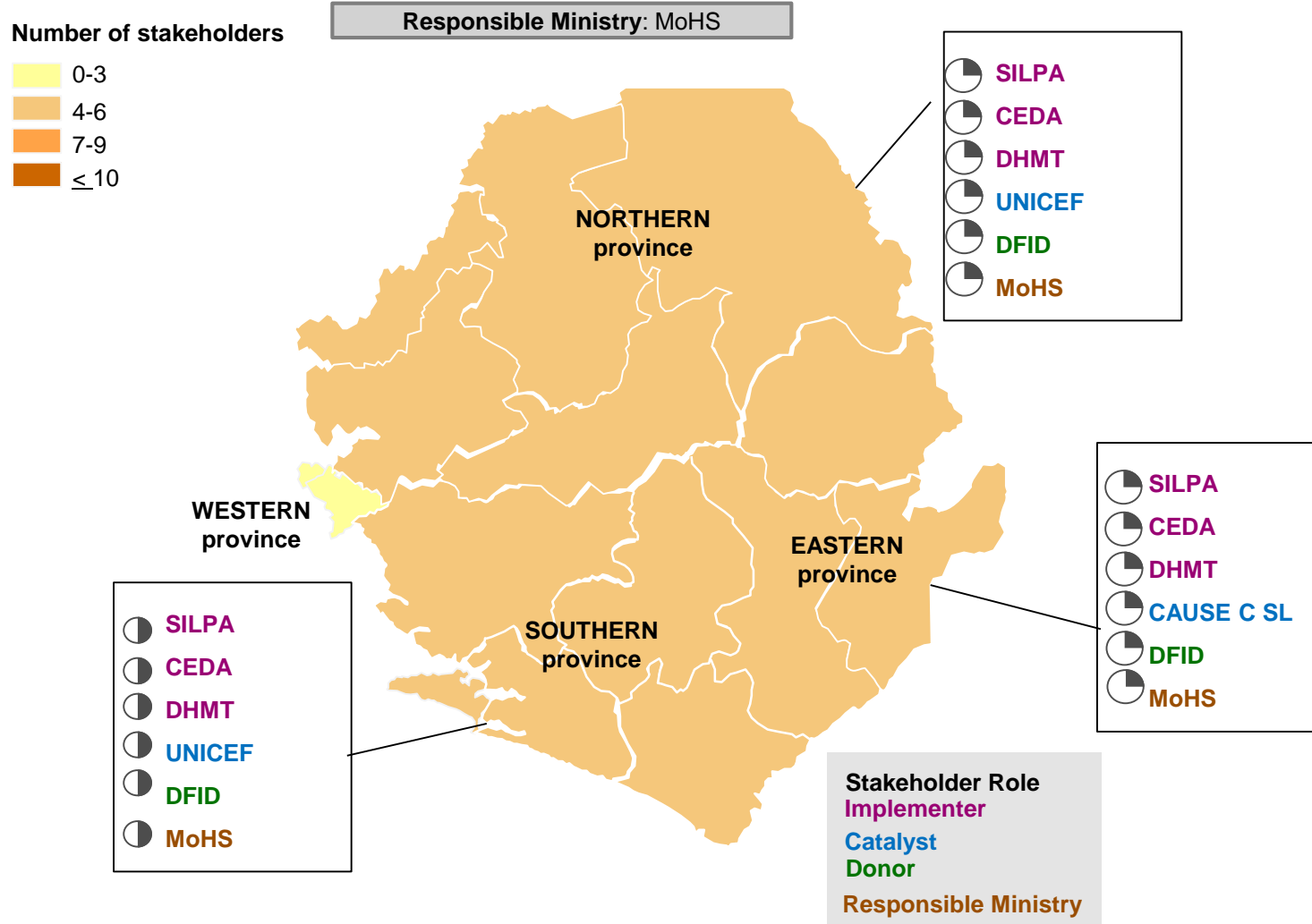
Key Messages

- ✓ The action has been implemented in all 4 provinces in 2017
- ✓ The Northern province has the largest number of stakeholders involved in the promotion of eat what you grow practices
- ✓ The number of implementing stakeholders is the lowest in the Western and Eastern provinces

Which stakeholders are supporting the promotion of consumption of iodised salt?

This action is led by MoHS and supported by up to 3 field implementers in the provinces

Implementing partners' geographic coverage for the promotion of consumption of iodised salt



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Pregnant women
Southern province		269%
Northern province		71%
Eastern province		124%
Western province	N/A	N/A
National	3/4 provinces covered	108%

% districts covered per province:

≤25% >25% - ≤50% >50% - ≤75% >75%

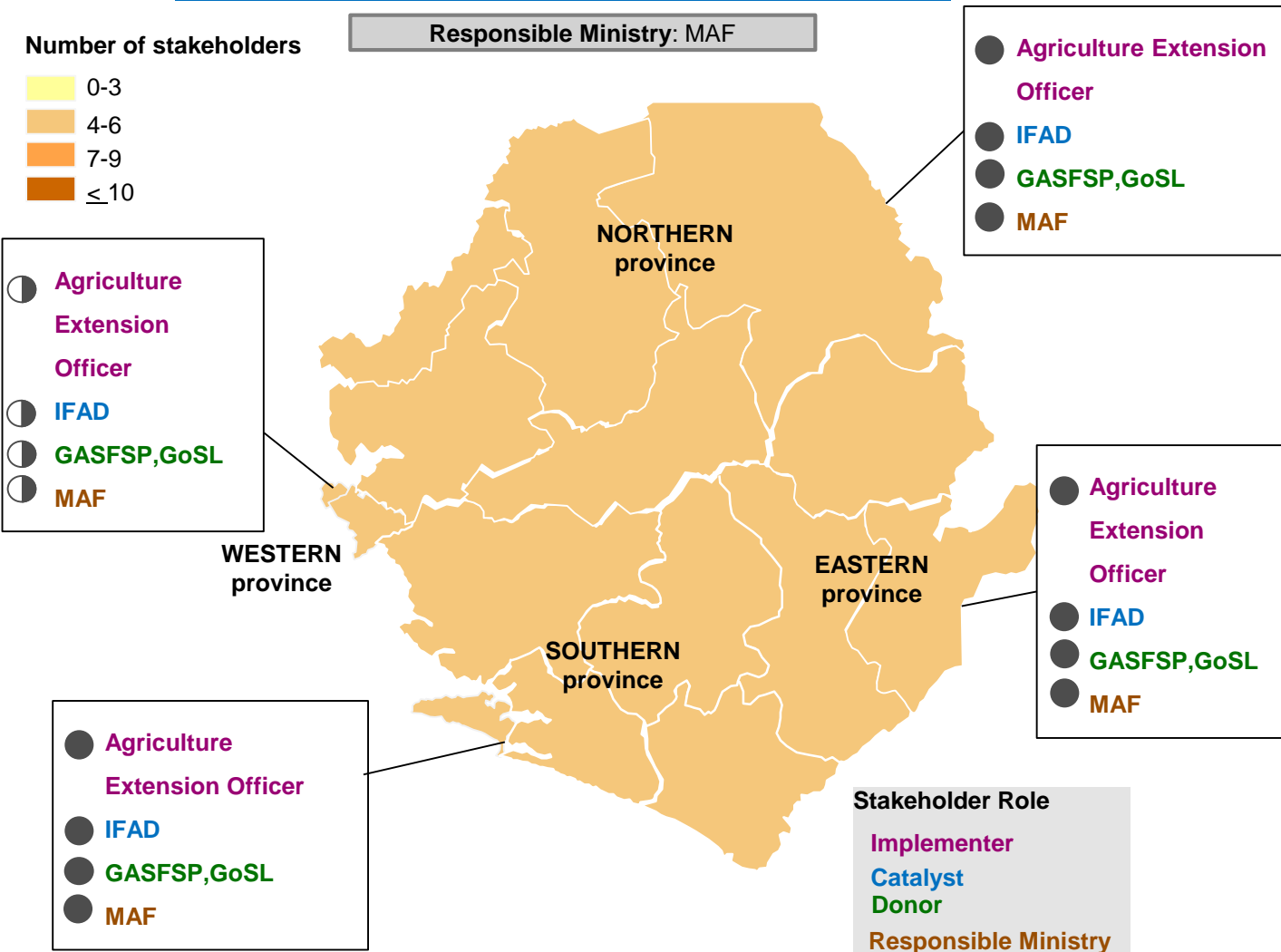
Key Messages

- ✓ The action has been implemented in 3 provinces in 2017 through the same implementer and donor.
- ✓ The Western province has no implemented actions supporting the promotion of consumption of iodized salt
- ✓ This action is delivered exclusively through Community Health workers and Health Workers in all provinces

Which stakeholders are supporting establishing ABCs in every chiefdom?

This action is led by MAF and supported by one field implementer in the provinces

Implementing partners' geographic coverage for establishing ABCs in every chiefdom



What is the district and beneficiary level coverage?

Provinces	Districts coverage	Chiefdoms
Southern province	●	31%
Northern province	●	38%
Eastern province	●	27%
Western province	◐	80%
National	4/4 provinces covered	34%

% districts covered per province:

◐ ≤25% ◑ >25% - ≤50% ◒ >50% - ≤75% ● >75%

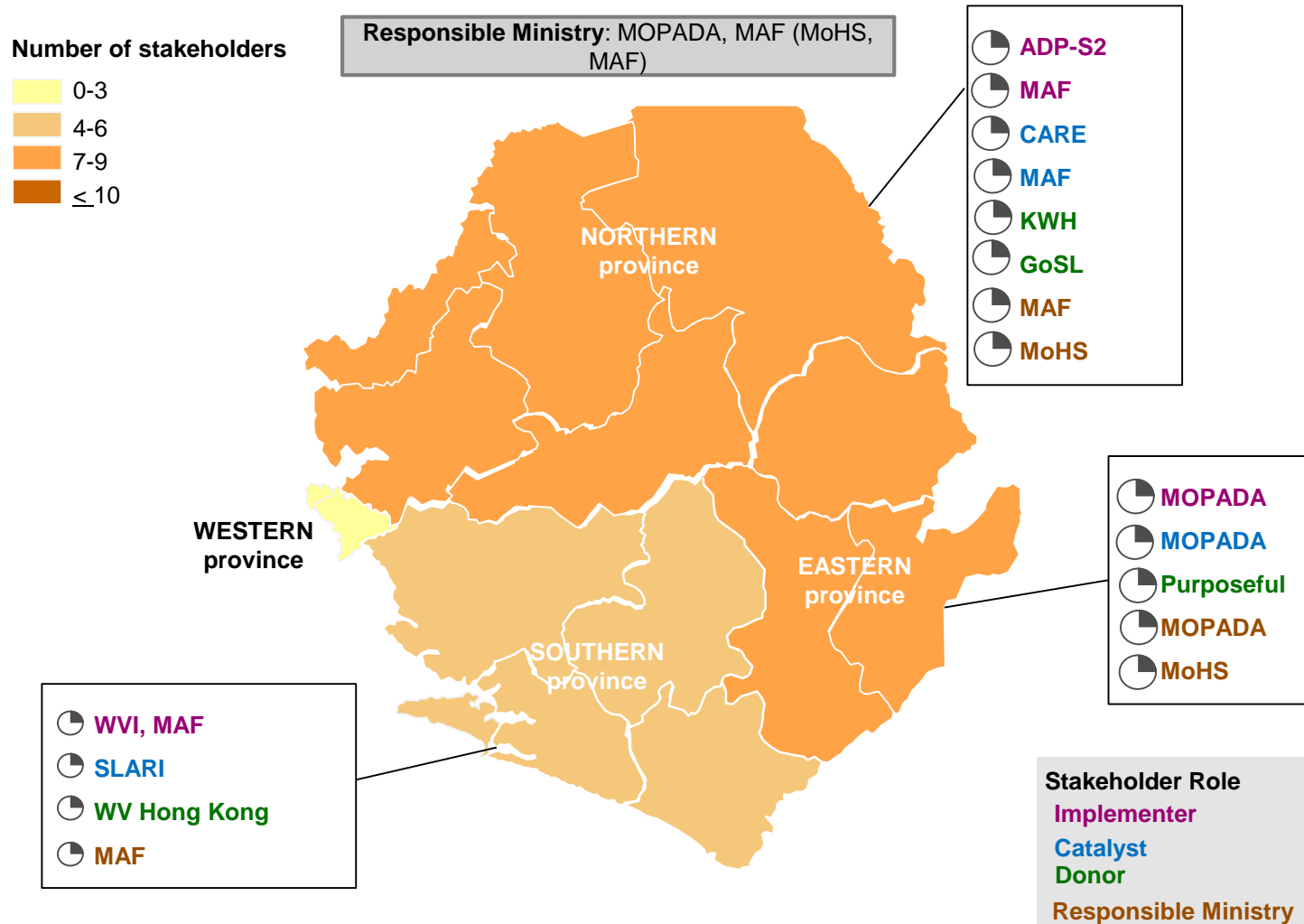
Key Messages

- ✓ The action has been implemented in all 4 provinces in 2017 through the same stakeholders.

Which stakeholders are providing credit/loan facilities?

This action is led by MOPADA, MoHS and MAF and supported by up to 4 field implementers in the provinces

Implementing partners' geographic coverage for providing credit/loan facilities



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Farmers
Southern province	●	1%
Northern province	◐	1%
Eastern province	◐	0%
Western province	N/A	N/A
National	4/4 provinces covered	0%

% districts covered per province:

◐ ≤25% ◑ >25% - ≤50% ◒ >50% - ≤75% ◓ >75%

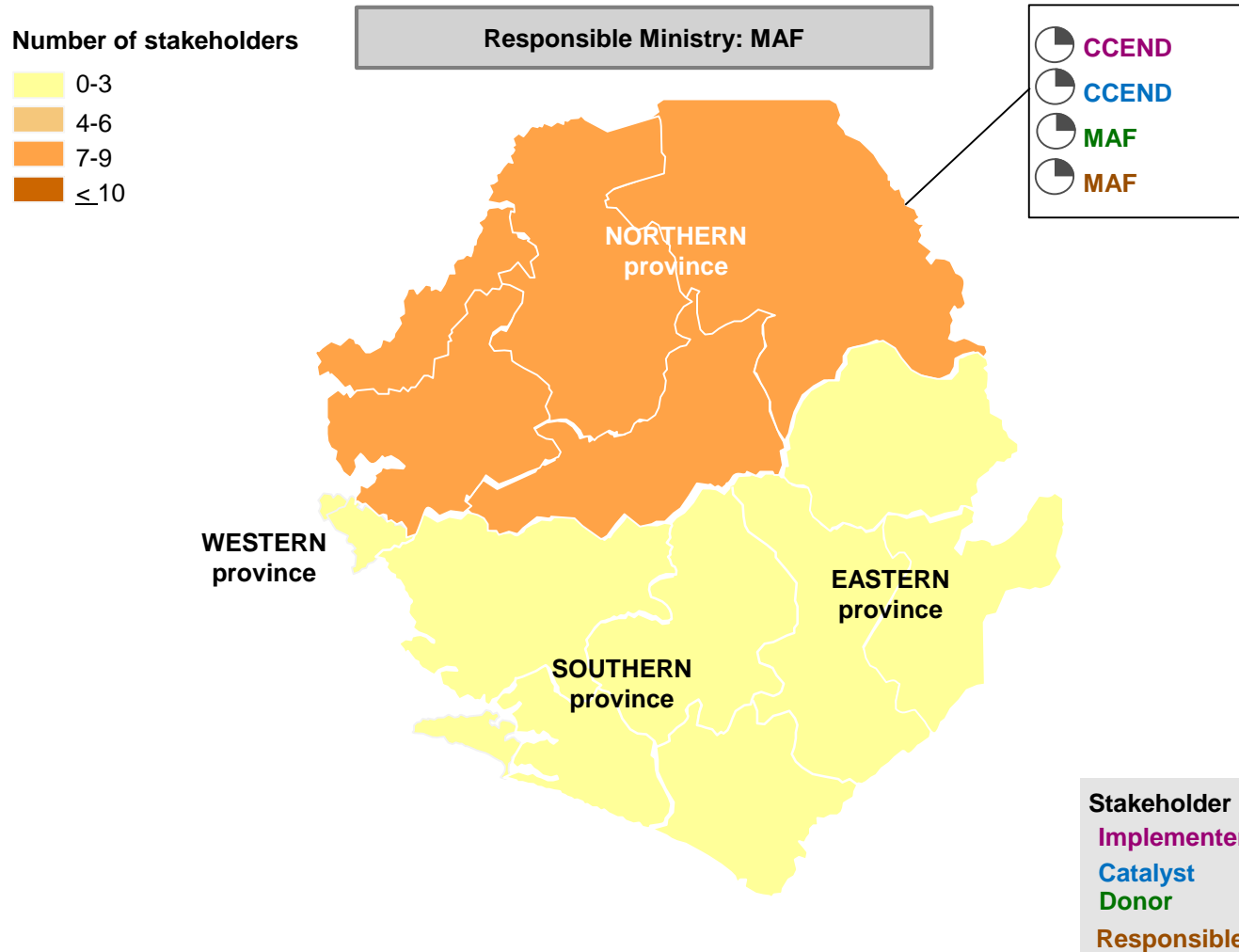
Key Messages

- ✓ The action has been implemented in 3 provinces in 2017.
- ✓ The Northern Province has the largest number of stakeholders involved in providing credit/loan facilities

Which stakeholders are providing training on creating and maintaining community gardens?

This action is led by MAF and supported by one field implementer in the provinces

Implementing partners' geographic coverage for providing training on creating and maintaining community gardens



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Primary School Aged Children
Southern province	N/A	N/A
Northern province	☐	N/A
Eastern province	N/A	N/A
Western province	N/A	N/A
National	1/4 provinces covered	N/A

% districts covered per province:

☐ ≤25% ☐ >25% - ≤50% ☐ >50% - ≤75% ● >75%

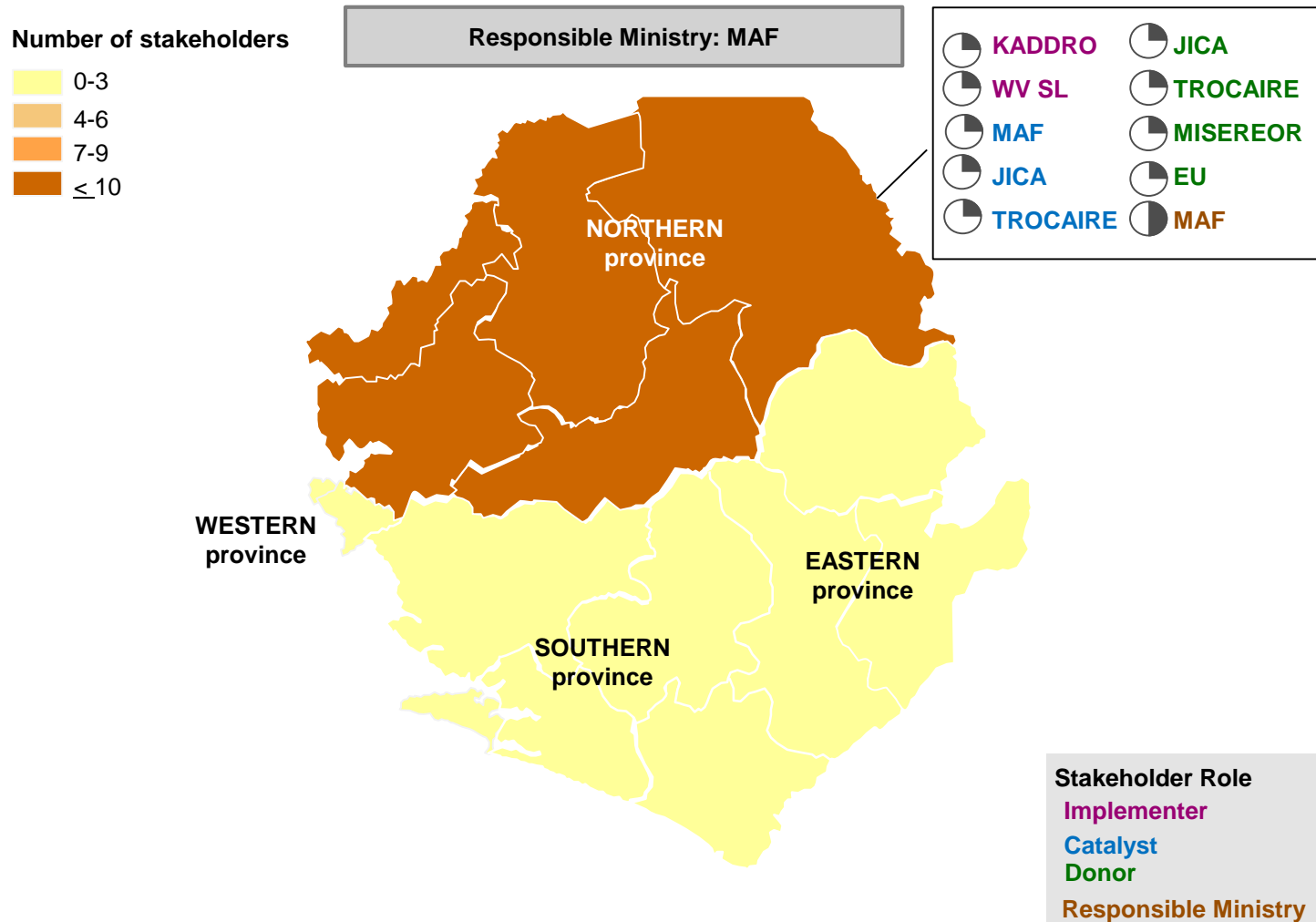
Key Messages

- ✓ The action has only been implemented in the Northern province in 2017 through one implementer.

Which stakeholders are providing training on post harvest management of crops?

This action is led by MAF and supported by up to 4 field implementers in the provinces

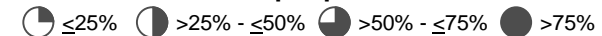
Implementing partners' geographic coverage for providing training on post harvest management of crops



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Farmer Based Organizations - FBOs
Southern province	N/A	N/A
Northern province	●	2%
Eastern province	N/A	N/A
Western province	N/A	N/A
National	1/4 provinces covered	1%

% districts covered per province:



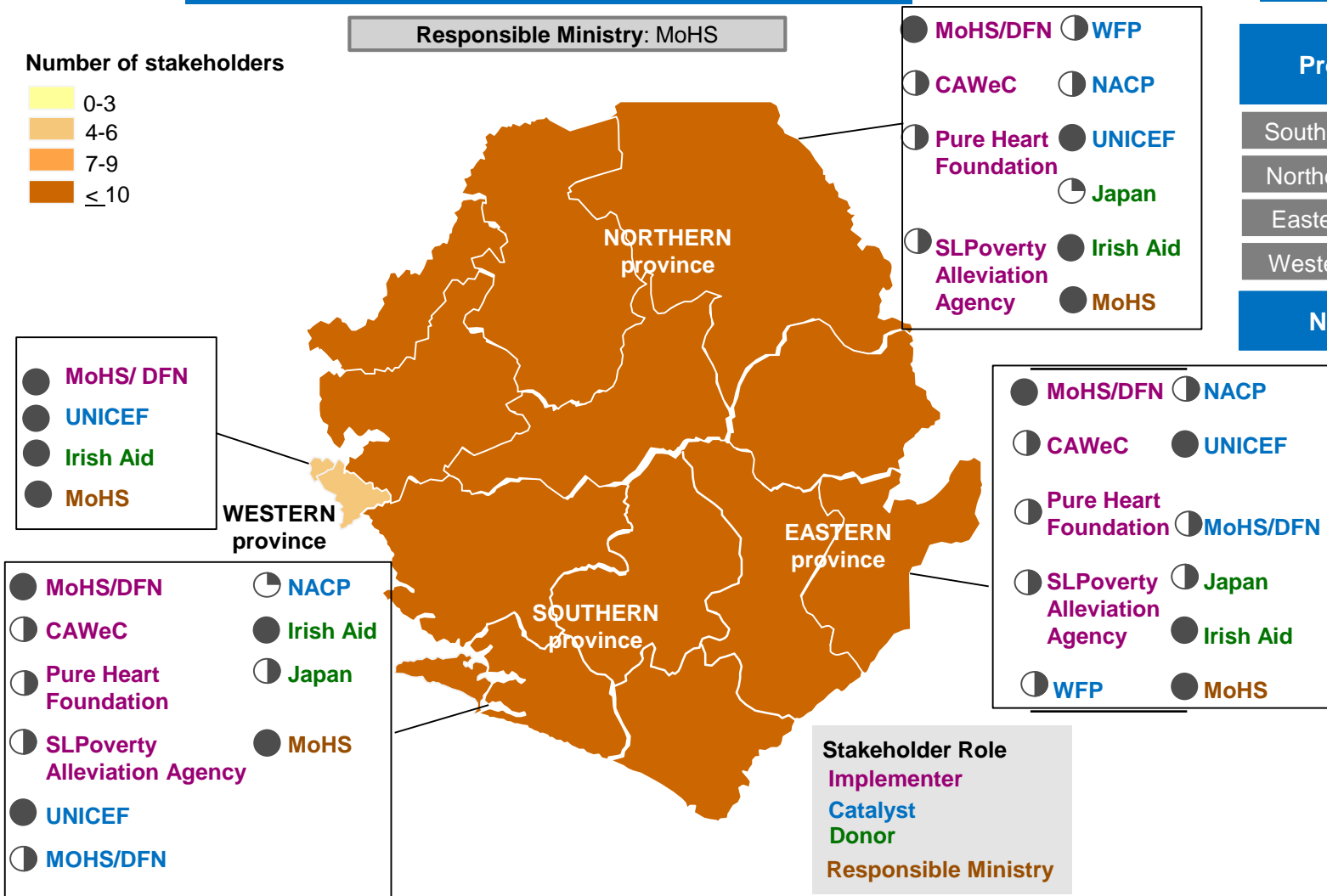
Key Messages

- ✓ The action has been only implemented in the Northern province in 2017 through two implementers.

Which stakeholders are supporting the treatment of MAM?

The management of MAM is led by MoHS and supported by up to 4 field implementers in the provinces

Implementing partners' geographic coverage for the treatment of MAM



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Children 6-59 months with MAM
Southern province	●	52%
Northern province	●	30%
Eastern province	●	129%
Western province	●	6%
National	4/4 provinces covered	52%

Provinces	Children 6-23 months
Southern province	11%
Northern province	31%
Eastern province	86%
Western province	N/A
National	33%

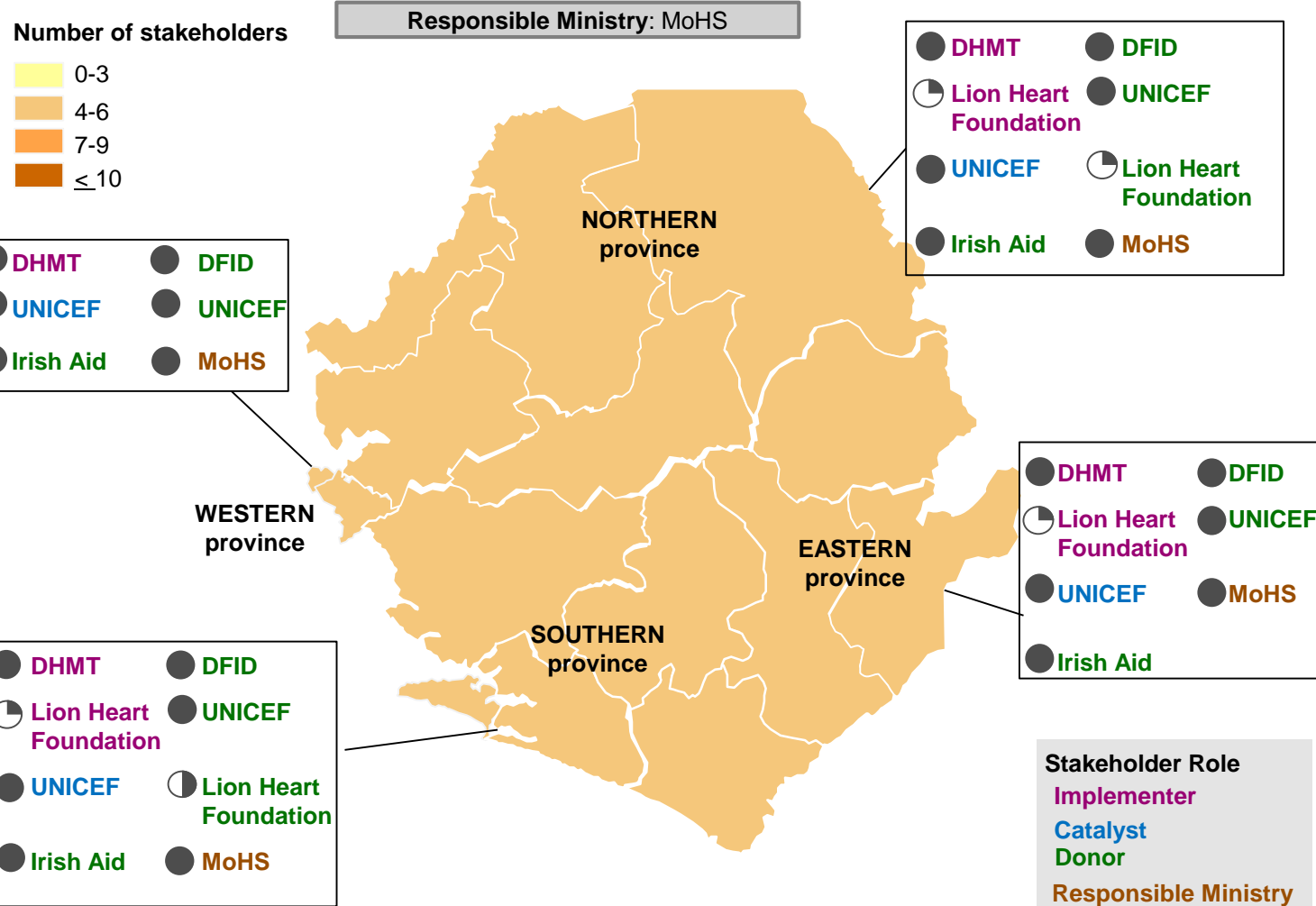
% districts covered per province:



Which stakeholders are supporting the treatment of SAM?

The management of SAM is led by MoHS and supported by up to 2 field implementers in the provinces

Implementing partners' geographic coverage for the treatment of SAM



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Children 6-59 months with SAM
Southern province	●	47%
Northern province	●	29%
Eastern province	●	N/A
Western province	●	N/A
National	4/4 provinces covered	25%

% districts covered per province:

- ≤25%
- ◐ >25% - ≤50%
- ◑ >50% - ≤75%
- >75%

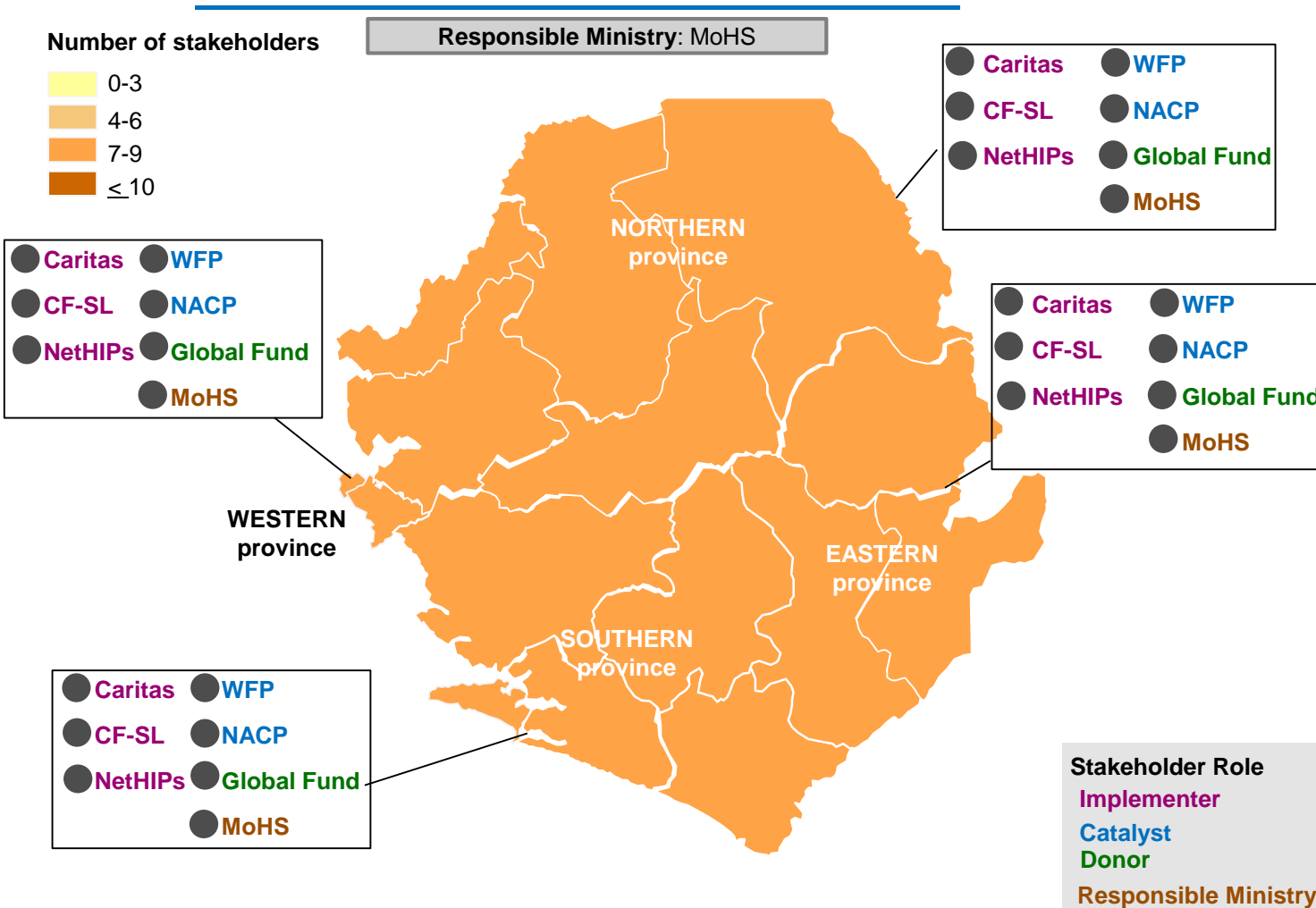
Key Messages

- ✓ The action has been implemented in all provinces in 2017 through the same stakeholders except for the Lion Heart Foundation acting as an implementer and donor in the Northern province and as an implementer only in the Eastern and Southern provinces

Which stakeholders are providing food by prescription to patients with TB and HIV?

This action is led by the MoHS and supported by up to 3 field implementers in the provinces

Implementing partners' geographic coverage for providing food by prescription to patients with TB and HIV



What is the beneficiary and district level coverage?

Provinces	Districts coverage	TB and HIV cases
Southern province	●	7%
Northern province	●	3%
Eastern province	●	3%
Western province	●	12%
National	4/4 provinces covered	7%
Provinces	Children 6-59 months with SAM	Vulnerable households (below poverty line)
Southern province	18%	2%
Northern province	20%	6%
Eastern province	24%	2%
Western province	181%	3%
National	29%	4%

% districts covered per province:

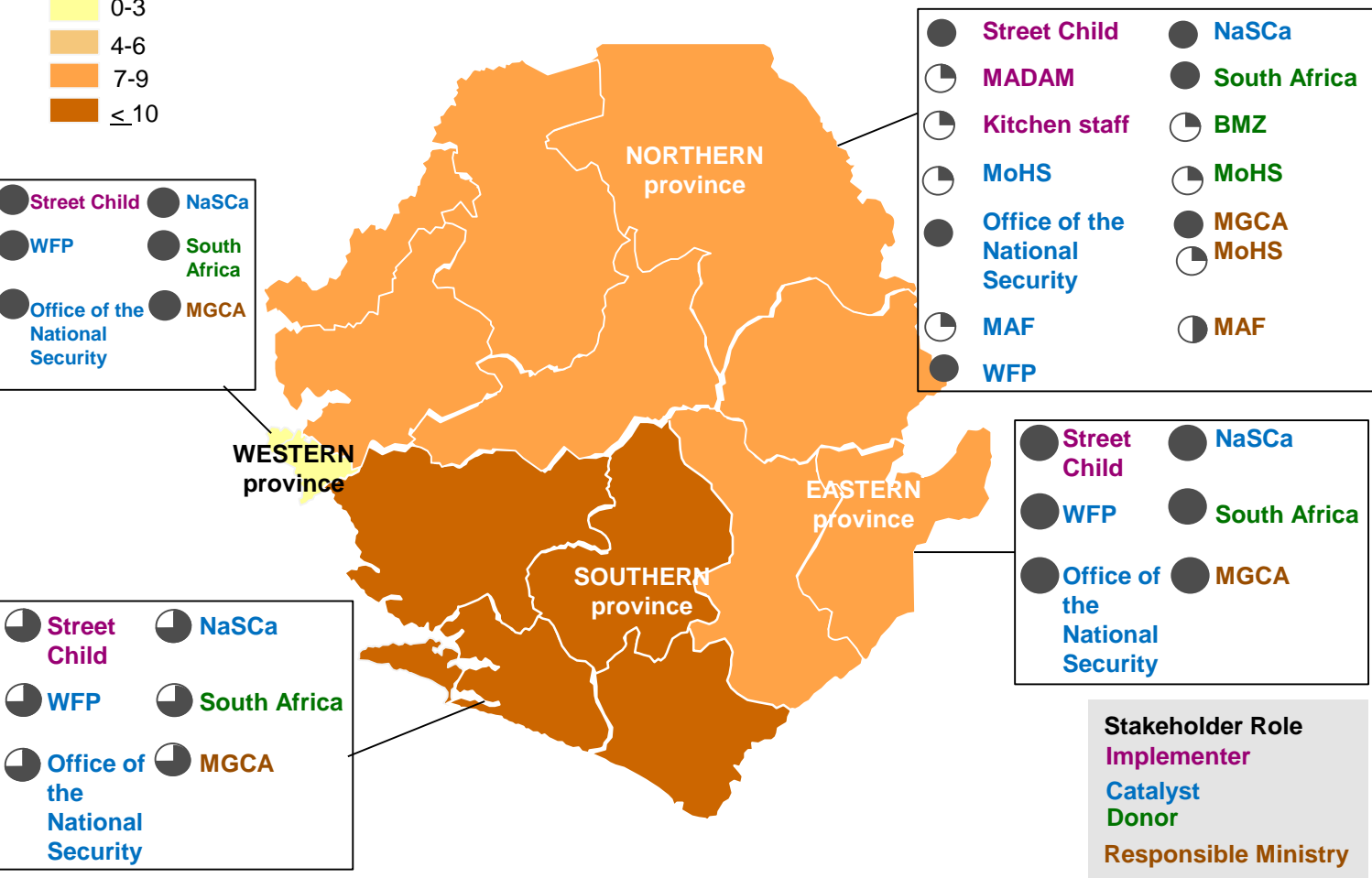
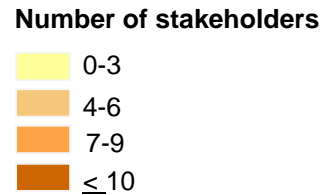
- ≤ 25%
- ◐ > 25% - ≤ 50%
- ◑ > 50% - ≤ 75%
- > 75%

Which stakeholders are providing supplementary feeding to vulnerable households during emergency/disasters?

This action is led by the MoHS, Ministry of Gender and Children's Affair and MAF and supported by up to 3 field implementers in the provinces

Implementing partners' geographic coverage for providing supplementary feeding to vulnerable households during emergency/disasters

Responsible Ministry: MoHS (Ministry of Gender and Children's Affair, MAF, MoHS)



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Vulnerable households (below poverty line)
Southern province	●	N/A
Northern province	●	2%
Eastern province	●	N/A
Western province	●	N/A
National	4/4 provinces covered	1%

% districts covered per province:
 ● ≤25% ● >25% - ≤50% ● >50% - ≤75% ● >75%

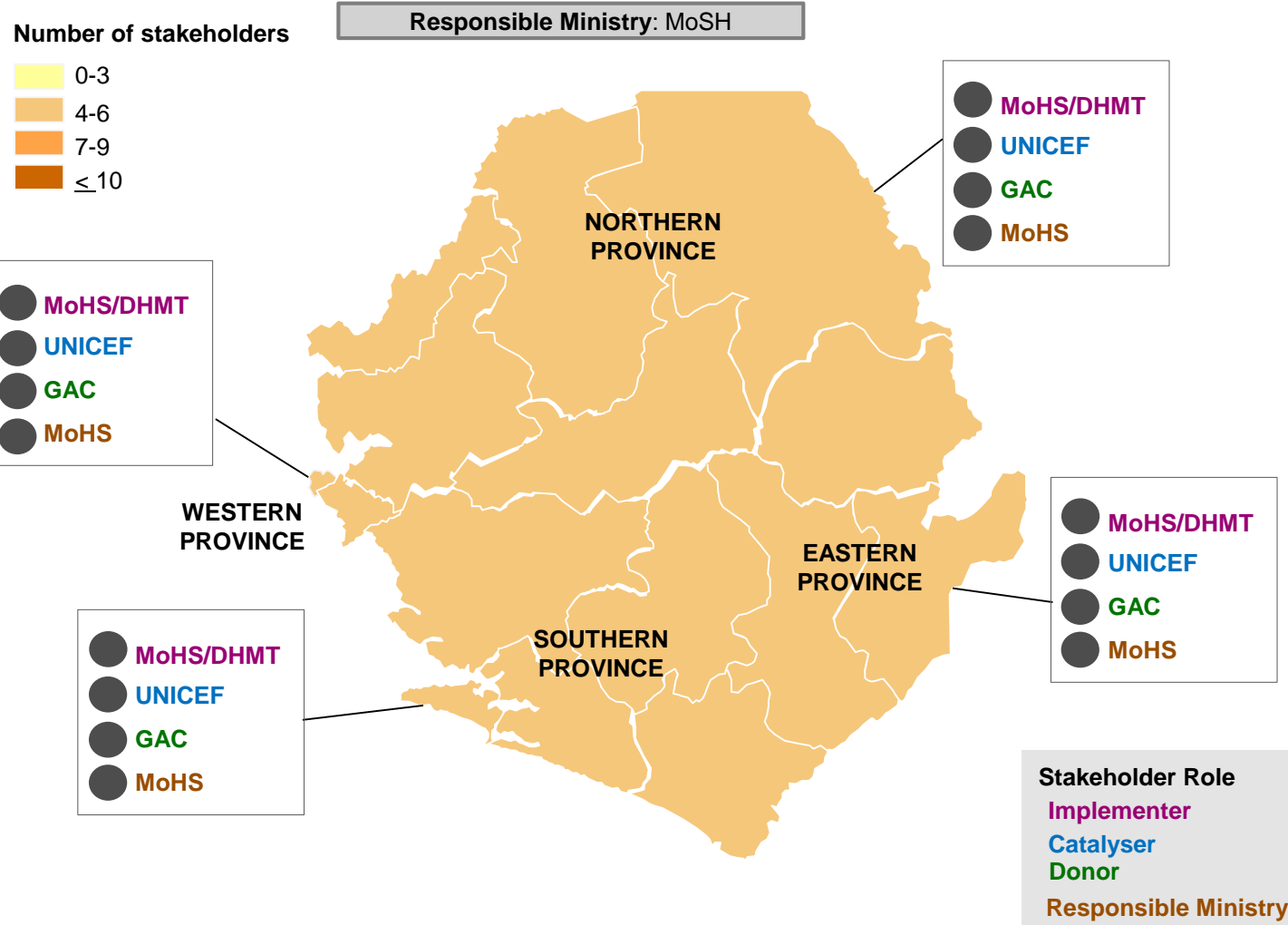
Key Messages

- ✓ The action has been implemented in all provinces in 2017 through the same stakeholders in the Eastern, Western and Southern provinces.
- ✓ The Northern province has the largest number of stakeholders involved in providing supplementary feeding to vulnerable households during emergency/disasters.

Which stakeholders are supporting supplementation of Vitamin A (two doses)?

The supplementation of Vitamin A is led by the MoSH DHMT, supported by UNICEF and funded by GAC

Implementing partners' geographic coverage for the supplementation of Vitamin A (two doses)



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Children 6-59 months with MAM
Western area	●	212%
Eastern PROVINCE	●	236%
Southern PROVINCE	●	244%
Western PROVINCE	●	340%
National	4/4 Provinces covered	251%

% of districts covered in the PROVINCE:

≤25%
 >25% - ≤50%
 >50% - ≤75%
 >75%

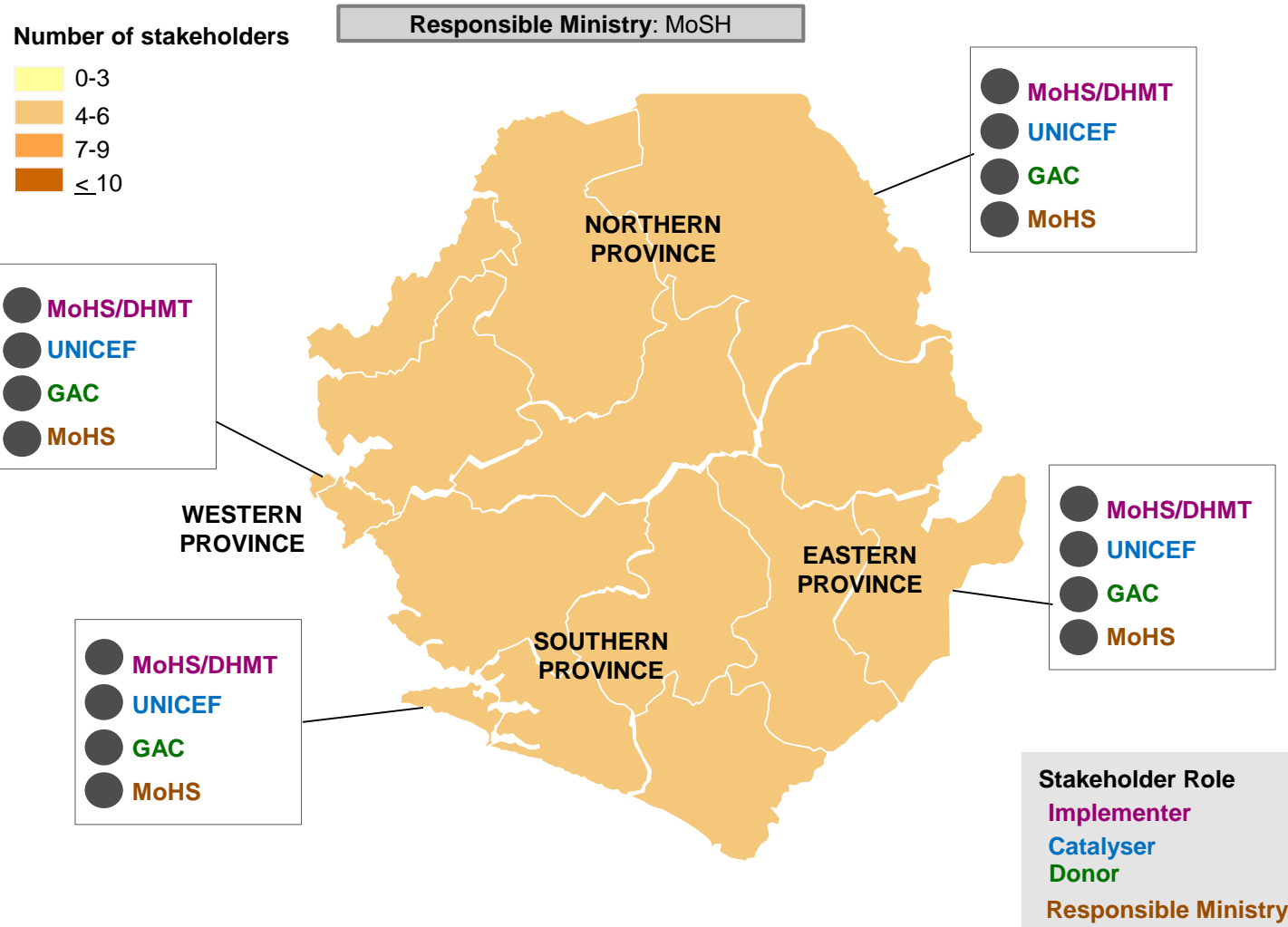
Key Messages

- ✓ The action has been implemented in all 4 provinces in 2017 through the same stakeholders
- ✓ The high population coverage might be due to double-counting the same beneficiaries for the first and second dose of Vitamin A

Which stakeholders are supporting the provision of deworming tablets (two doses)?

The provision of deworming tablets is led by the MoSH DHMT, supported by UNICEF and funded by GAC

Implementing partners' geographic coverage for the provision of deworming tablets (two doses)



What is the beneficiary and district level coverage?

Provinces	Districts coverage	Children 12-59 months
Northern Province	●	122%
Eastern Province	●	120%
Southern Province	●	126%
Western Province	●	180%
National	4/4 Provinces covered	135%

% of districts covered in the PROVINCE:

◐ ≤25%
◑ >25% - ≤50%
◒ >50% - ≤75%
● >75%

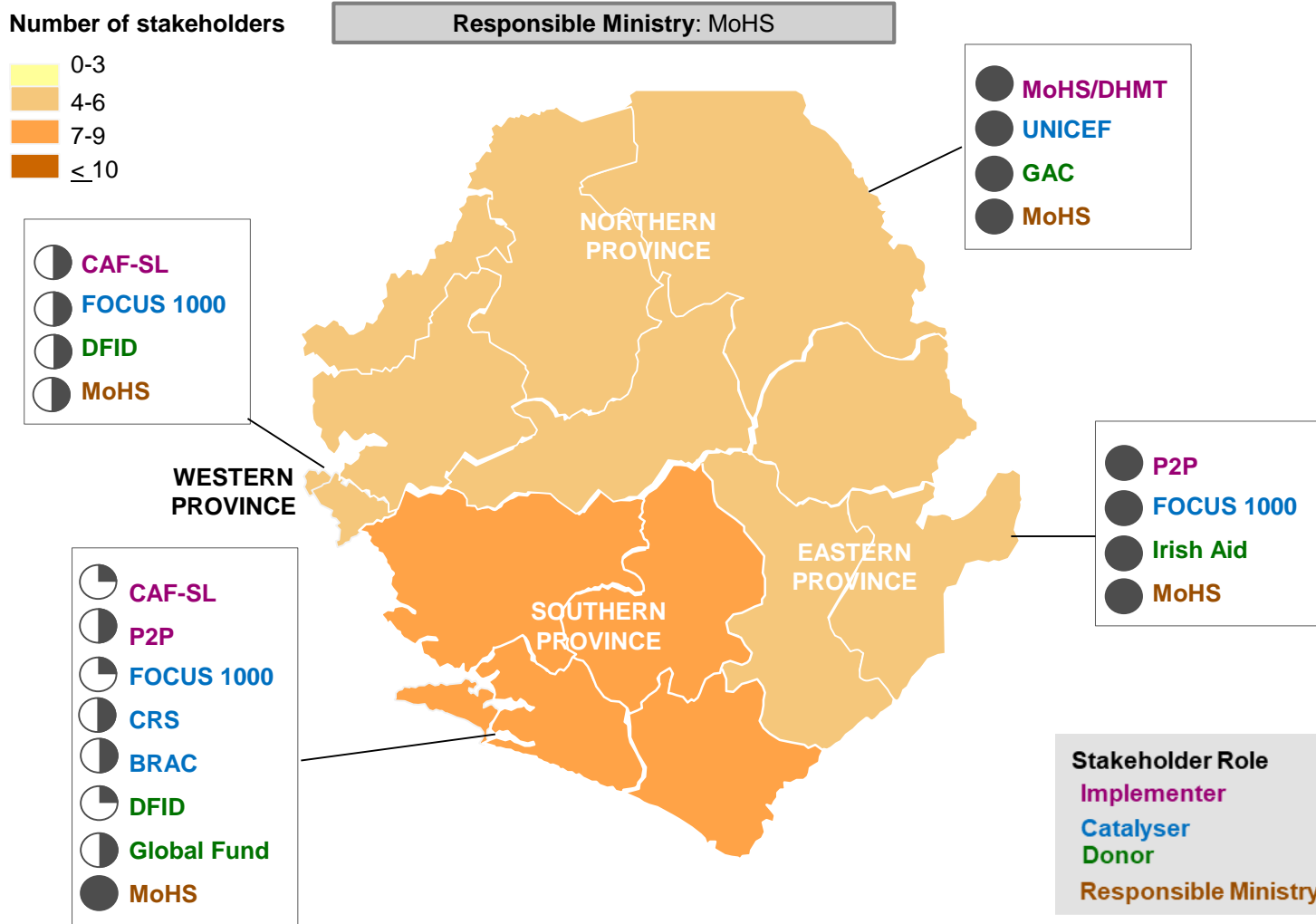
Key Messages

- ✓ The action has been implemented in all 4 provinces in 2017 through the same stakeholders
- ✓ The three most frequently used delivery mechanisms for this action are six months contact point, national campaigns and health workers

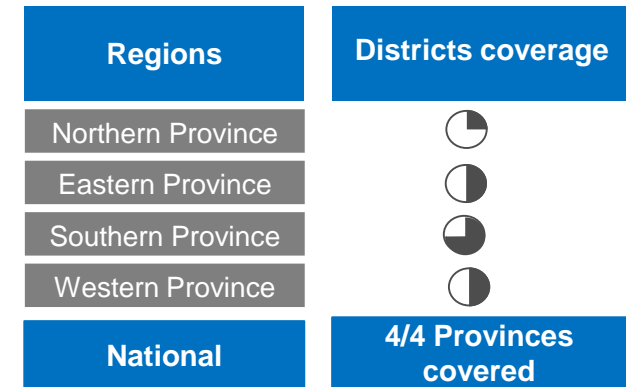
Which stakeholders are supporting the provision of ITNs?

This action is led by MoHS and supported by up to 3 field implementers in the regions

Implementing partners' geographic coverage for the provision of ITNs



What is the district level coverage?



% districts covered per PROVINCE:



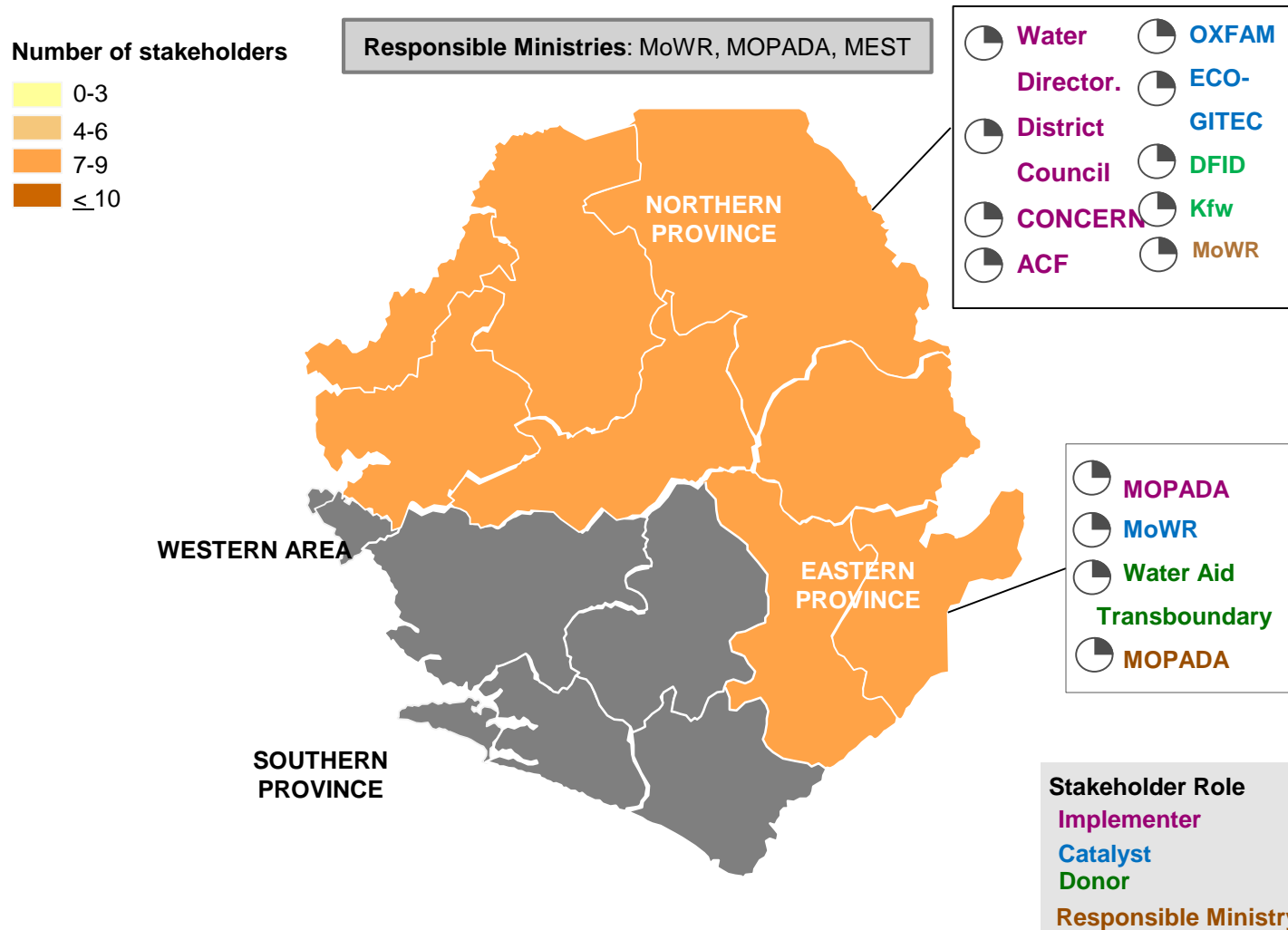
Key Messages

- ✓ The action has been implemented in all 4 provinces in 2017 supported by the MoHS
- ✓ The Southern province has the largest number of stakeholders involved in providing ITNs
- ✓ This action is delivered exclusively through Community Health workers and Health Workers in all Provinces

Which stakeholders are promoting Open Defecation Free (ODF) Villages?

This action is led by and supported by up to field implementers in the provinces

Implementing partners' geographic coverage for promoting Open Defecation Free (ODF) Villages



What is the beneficiary and district level coverage?

provinces	Districts coverage	Women with children 6-59 months
Southern province	●	83%
Northern province	◐	20%
Eastern province	◐	34%
Western province	●	0%
National	4/4 provinces covered	3%

% districts covered per province:

◐ ≤25% ◑ >25% - ≤50% ◒ >50% - ≤75% ◓ >75%

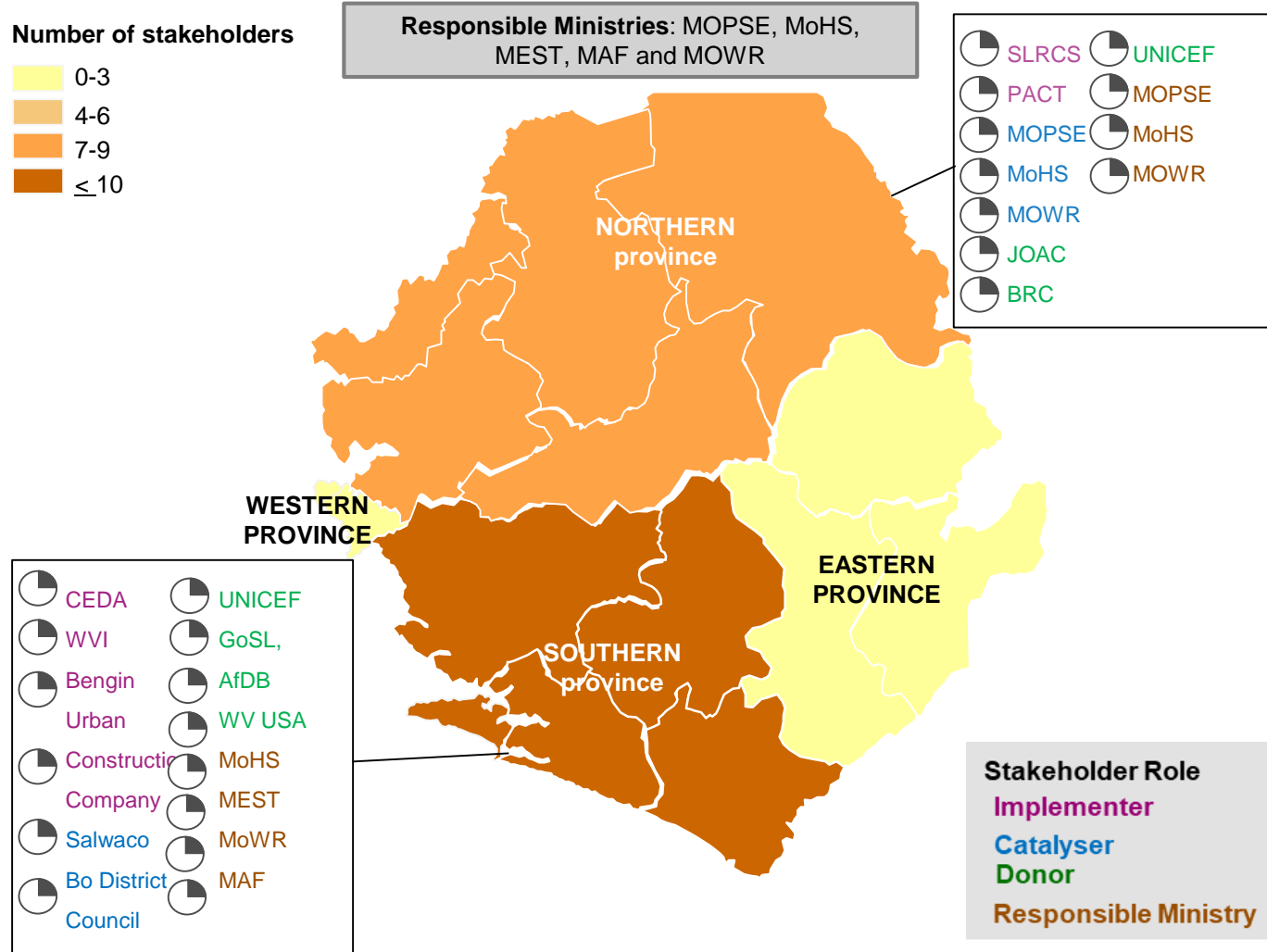
Key Messages

- ✓ This action has only been implemented in the Northern and Eastern provinces in 2017
- ✓ The Northern province has the largest number of stakeholders involved in promoting ODF Villages
- ✓ This action is delivered exclusively through Community workers and Community Based Organizations

Which stakeholders are supporting the construction of boreholes and hand-pump wells for community to get clean drinking water?

This action is led by MOPSE, MoHS, MEST, MAF and MOWR and supported by up to 5 field implementers in the provinces

Implementing partners' geographic coverage for the the construction of boreholes and hand-pump wells for community



What is the district level coverage?

Provinces	Districts coverage
Southern Province	●
Northern Province	●
Eastern Province	N/A
Western Province	N/A
National	2/4 provinces covered

% districts covered per province:



Key Messages

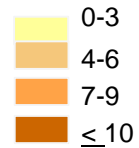
- ✓ This action has only been implemented in the Northern and Southern provinces in 2017
- ✓ The Southern province has the largest number of stakeholders supporting the action
- ✓ This action is delivered through 8 different mechanisms including: NGO staff, Community leaders, School clubs, District councils, Procurement, Contracts, Training and Sensitisation workshops

Which stakeholders are provide Exclusive, Continued and Complementary breastfeeding counselling?

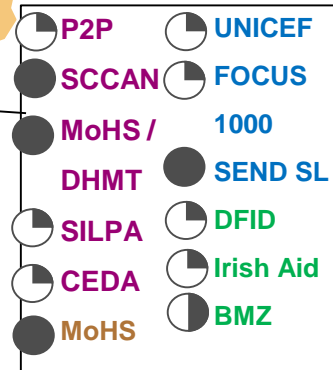
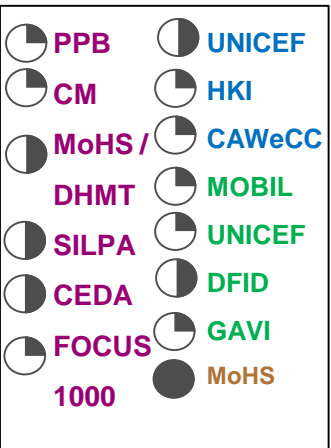
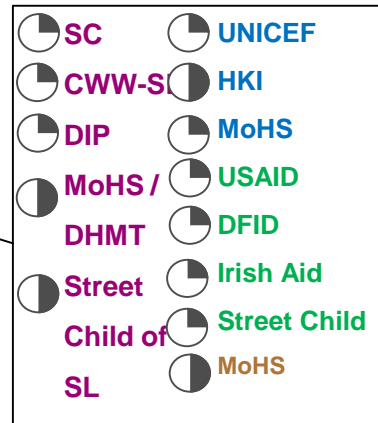
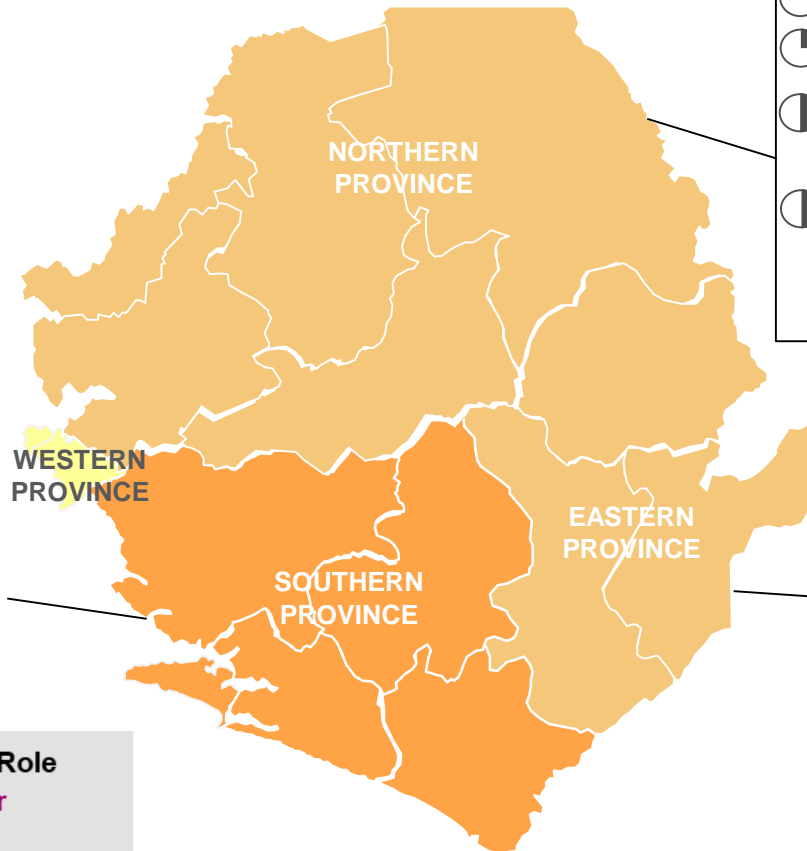
This action is led by MoHS and supported by up to 7 field implementers in the Provinces

Implementing partners' geographic coverage for the provision of ITNs

Number of stakeholders



Responsible Ministry: MoHS

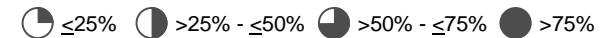


Stakeholder Role
Implementer
Catalyser
Donor
Responsible Ministry

What is the beneficiary and district level coverage?

Provinces	Districts coverage	Children 12-59 months
Northern Province	●	23%
Eastern Province	●	40%
Southern Province	◐	86%
Western Province	N/A	N/A
National	4/4 Provinces covered	35%

% of districts covered in the PROVINCE:



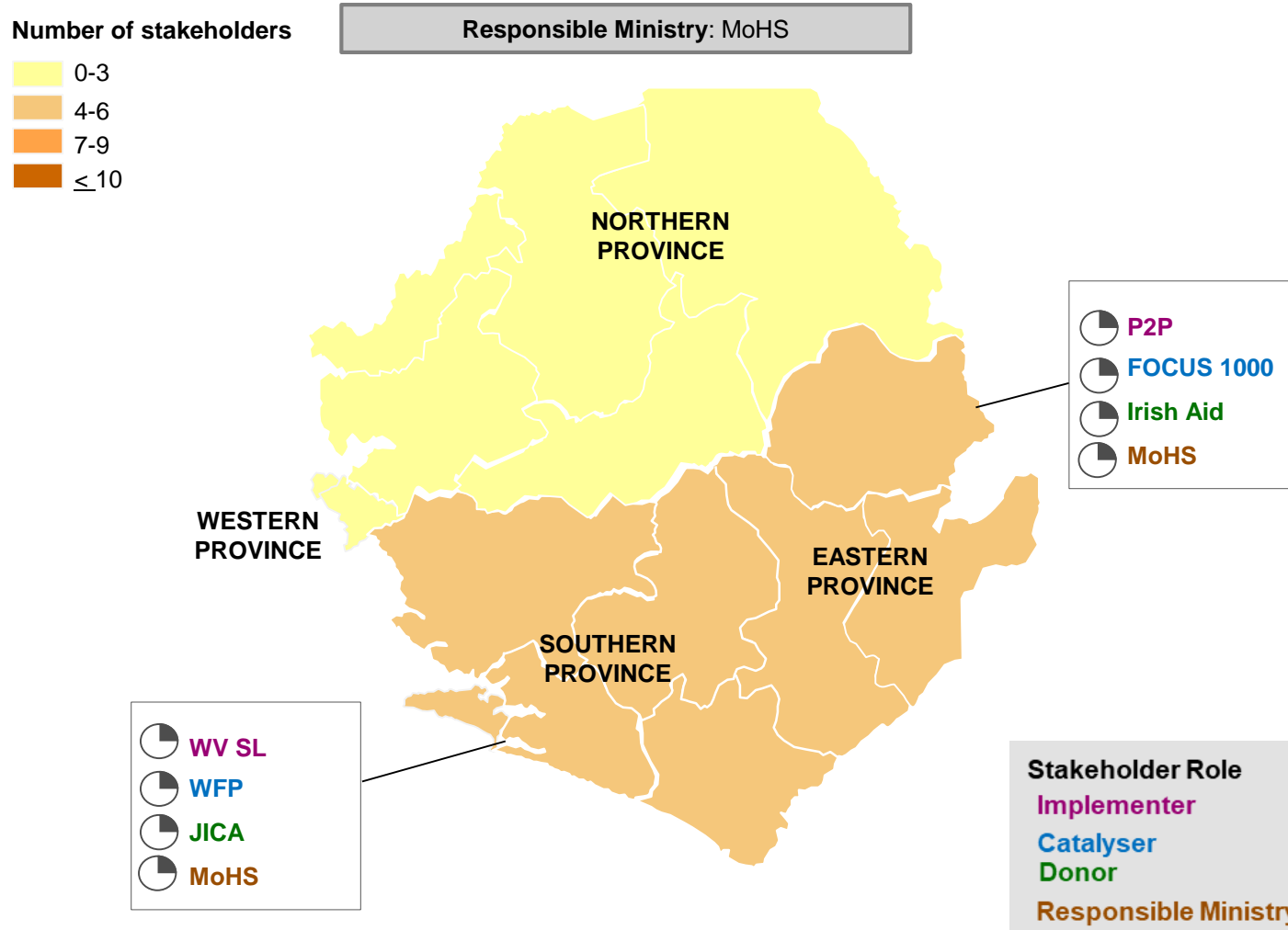
Key Messages

- ✓ The action has been implemented in all provinces except the Western Area in 2017 supported by the MoHS
- ✓ This action is delivered through 8 different mechanisms including: NGO staff, Community based organisations, Mothers club/mother support group, six months contact point, Health workers, National campaigns, CHW and Community based organisations (CBOs)

Which stakeholders are supporting growth monitoring assessments?

This action is led by MoHS and supported by 1 field implementer in the Southern and Eastern Provinces

Implementing partners' geographic coverage for the provision of growth monitoring assessments



What is the district level coverage?

Provinces	Districts coverage
Southern Province	
Northern Province	N/A
Eastern Province	
Western Province	N/A
National	2/4 provinces covered

% districts covered per province:

≤25% >25% - ≤50% >50% - ≤75% >75%

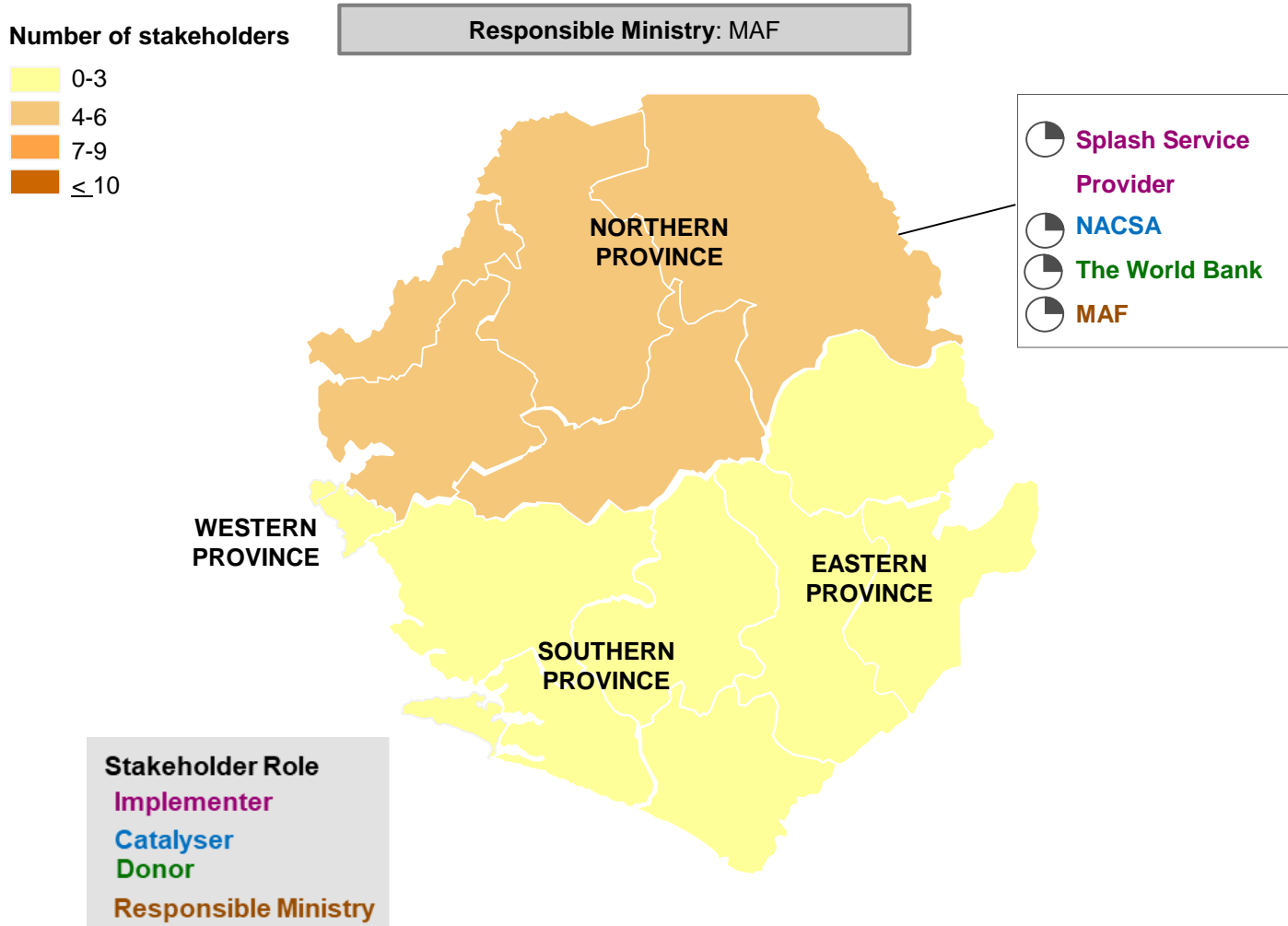
Key Messages

- ✓ This action has only been implemented in the Eastern and Southern provinces in 2017 supported by MoHS
- ✓ This action is delivered through 3 different mechanisms including: mothers club/mother support group, Health workers and CHW

Which stakeholders are supporting the provision of cash transfers?

This action is led by MAF and supported by 1 field implementer in the Northern Province

Implementing partners' geographic coverage for the provision of cash transfers



What is the district level coverage?

Provinces	Districts coverage
Southern Province	N/A
Northern Province	☐
Eastern Province	N/A
Western Province	N/A
National	1/4 provinces covered

% districts covered per province:



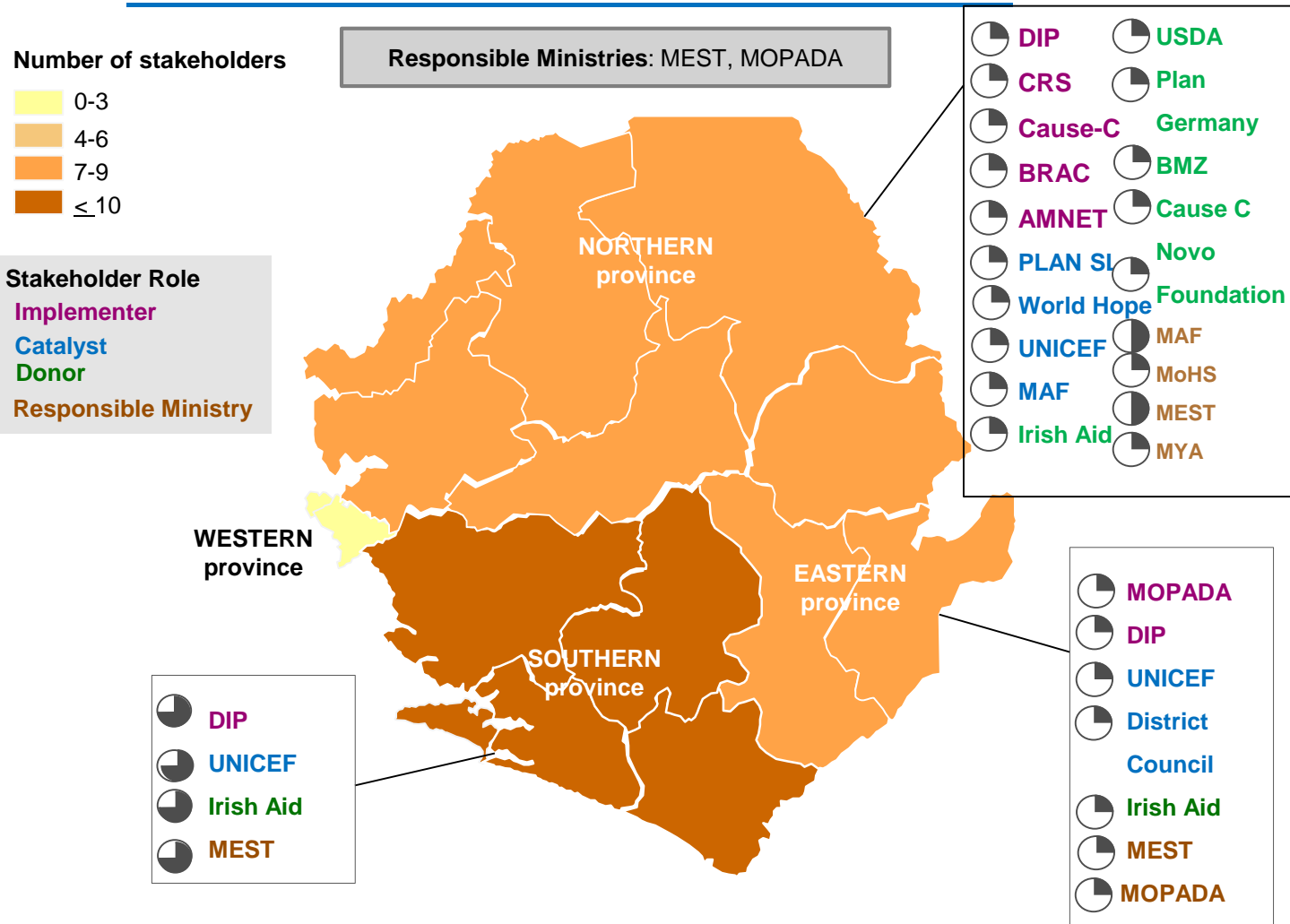
Key Messages

- ✓ This action has only been implemented in the Northern province in 2017 by one field implementer supported by MAF
- ✓ This action is delivered exclusively through Community Banks

Which stakeholders are promoting girl school enrolment?

This action is led by and supported by up to field implementers in the provinces

Implementing partners' geographic coverage for promoting girl school enrolment



What is the beneficiary and district level coverage?

provinces	Districts coverage	Women with children 6-59 months
Southern province	◑	13%
Northern province	◑	2%
Eastern province	◑	4%
Western province	◓	N/A
National	4/4 provinces covered	5%

Key Messages

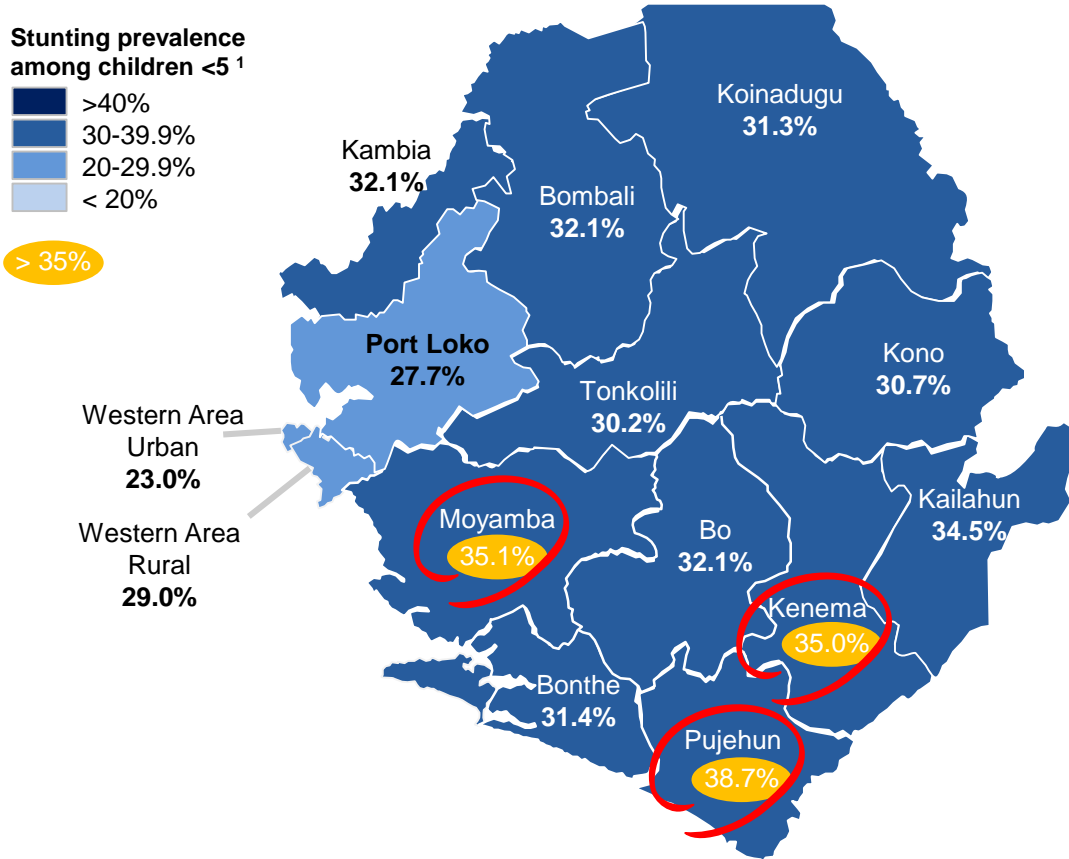
- ✓ The action has been implemented in all provinces except the Western Area in 2017 supported by 5 different Ministries
- ✓ The Northern province has the largest number of stakeholders involved in promoting girl school enrolment

7. Exploring gaps in coverage

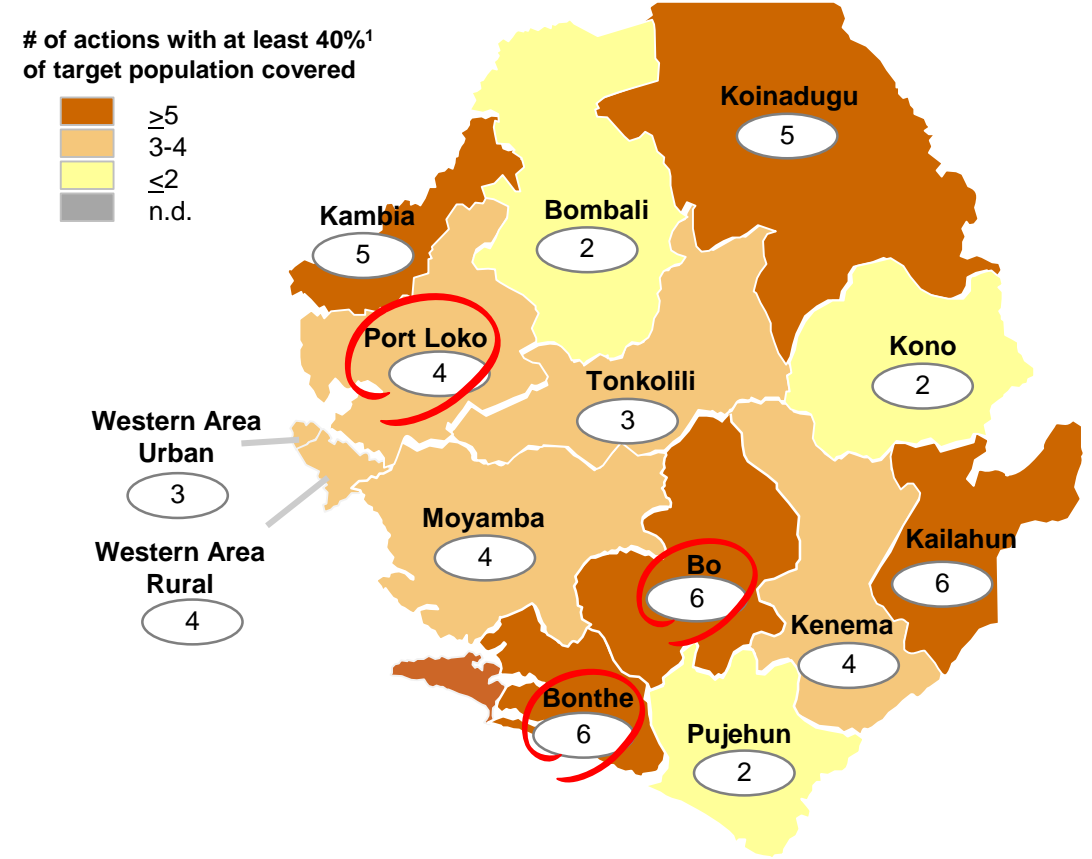
What is district level stunting prevalence? What is the action intensity per district?

The districts with the highest levels of chronic malnutrition may need to scale-up key actions covering less than half of the target groups

Stunting prevalence among children under 5 strongly prevalent in Kenema, Moyamba and Pujehun



However the districts with the most actions reaching >40% of the target population differ



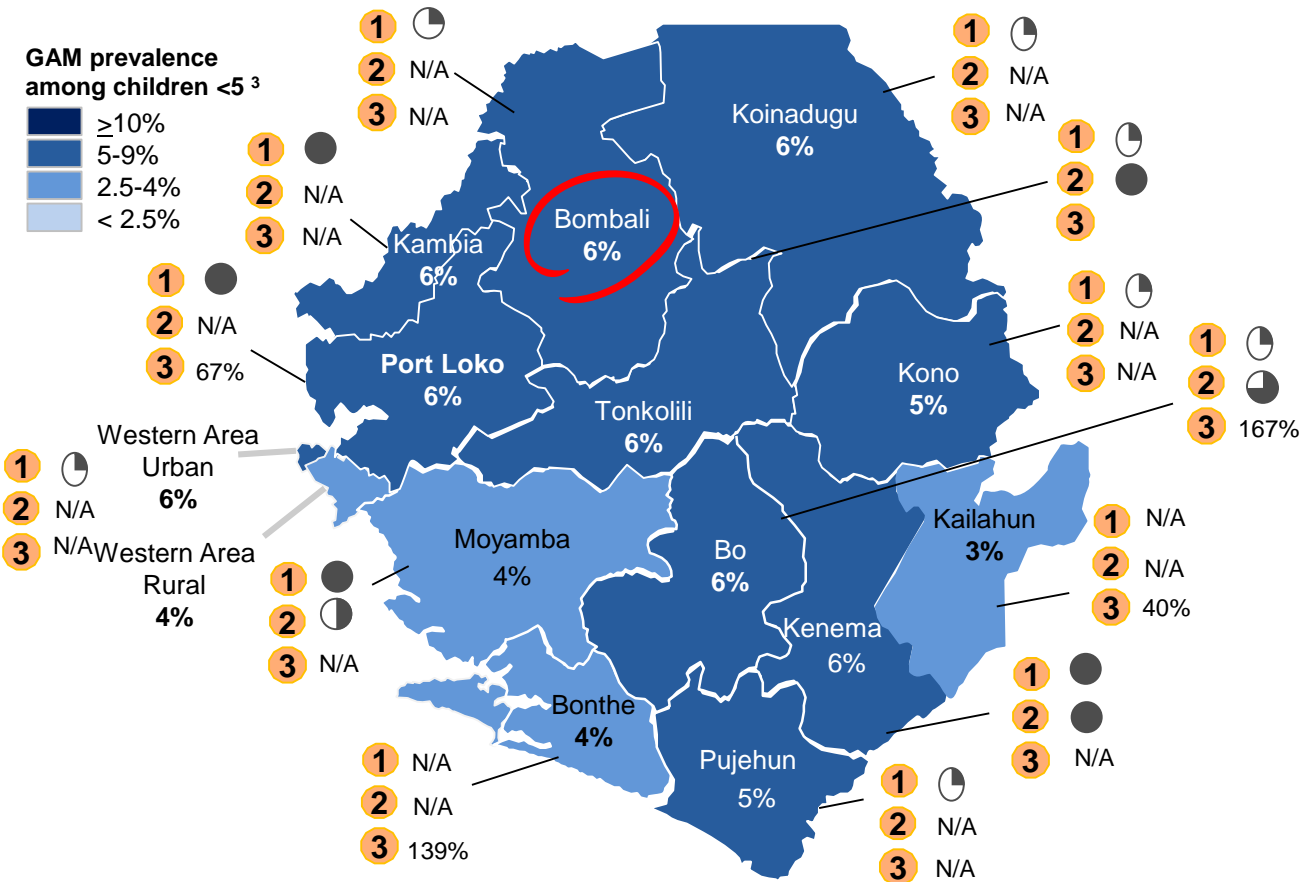
The districts where the most actions are implemented at scale are not the most chronically malnourished, highlighting that this indicator is not the main selection criterion to scale-up actions.

What is district level GAM prevalence? What is the relevant actions' population coverage per district?

The districts with the highest levels of acute malnutrition may need to scale-up key actions covering less than half of the target groups

The population coverage is very limited across different districts even in areas with the highest GAM prevalence

Three mapped actions address Global Acute Malnutrition (GAM) prevalence among children under 5



Key Interventions	Target Groups (TG)	Population coverage
Treatment of MAM	Children 6-59 months with MAM	>75%
	Children 6-23 months	>75%
Treatment of SAM	Children 6-59 months with SAM	>75%
Provide exclusive, continued and complementary breastfeeding counselling	Women with children 6-23 months	>75%
	Pregnant women	>75%

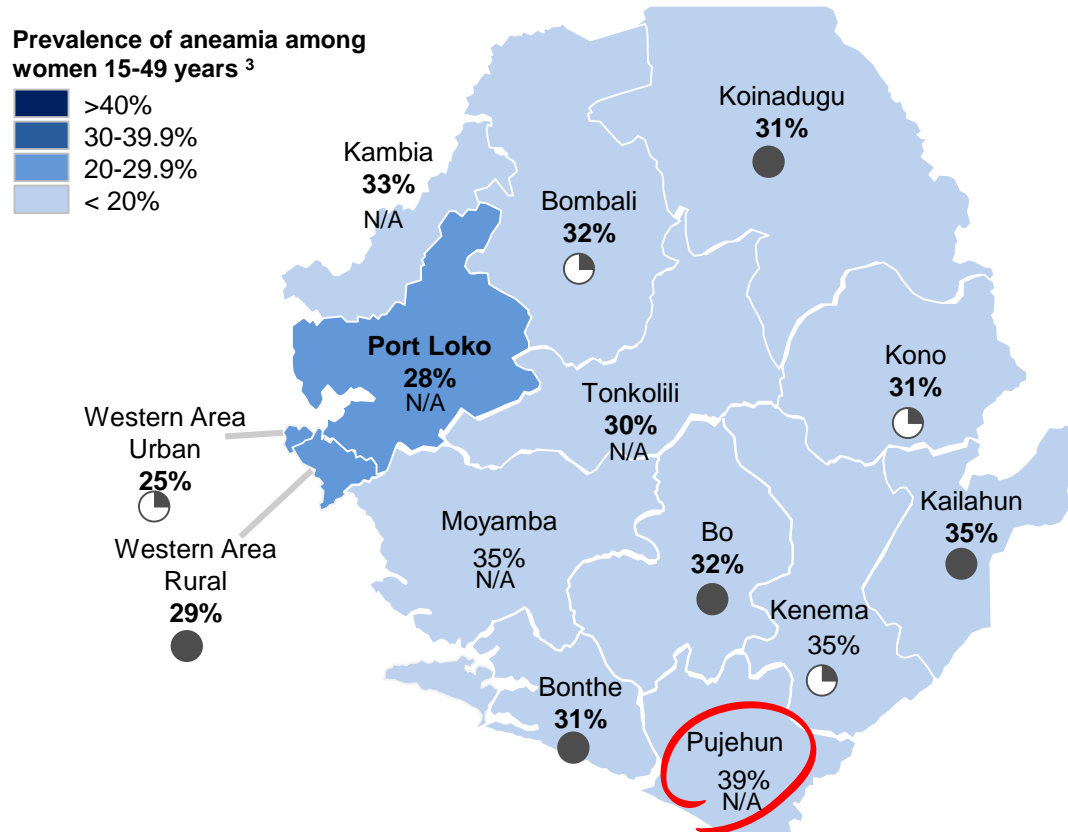
Population coverage: ● ≤25% ● >25% - ≤50% ● >50% - ≤75% ● >75% N/A Not Available

Bombali is one of the districts with the highest GAM prevalence but where the key interventions have low population coverage.

What is district level prevalence of anaemia among women 15-49 years? What is the action intensity per district?

The districts with the highest levels of anaemia may need to scale-up key actions covering less than half of the target groups

Prevalence of anemia among women 15-49 years is the highest in Pujehun



One mapped action address anaemia among women 15-49 years

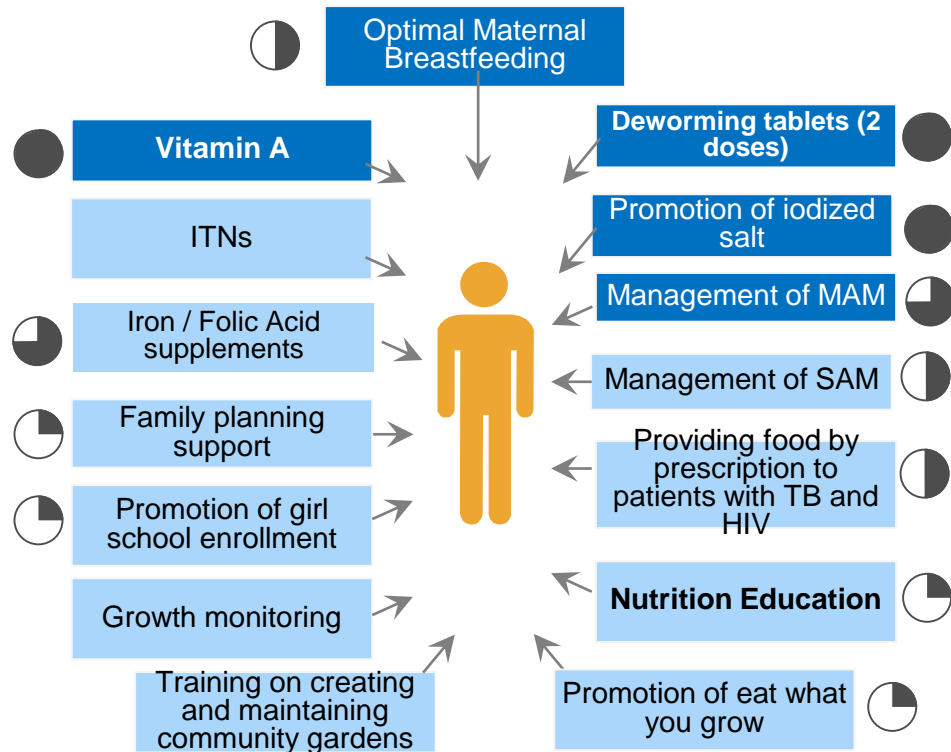
Key Interventions	Target Groups (TG)	Population coverage
Providing nutrition education on consumption of micronutrition rich food	Women with children 6-59 months	>25% - ≤50%

Population coverage:
 ◯ ≤25% ◐ >25% - ≤50% ◑ >50% - ≤75% ● >75% N/A Not Available

Pujehun is the district with the highest anaemia level among women 15-49 years but where population coverage of actions is unavailable. There is a need to further look at population coverage of nutrition actions in areas of high anaemia prevalence to better understand the nutrition situation

Are children receiving the nutrition actions they may need?

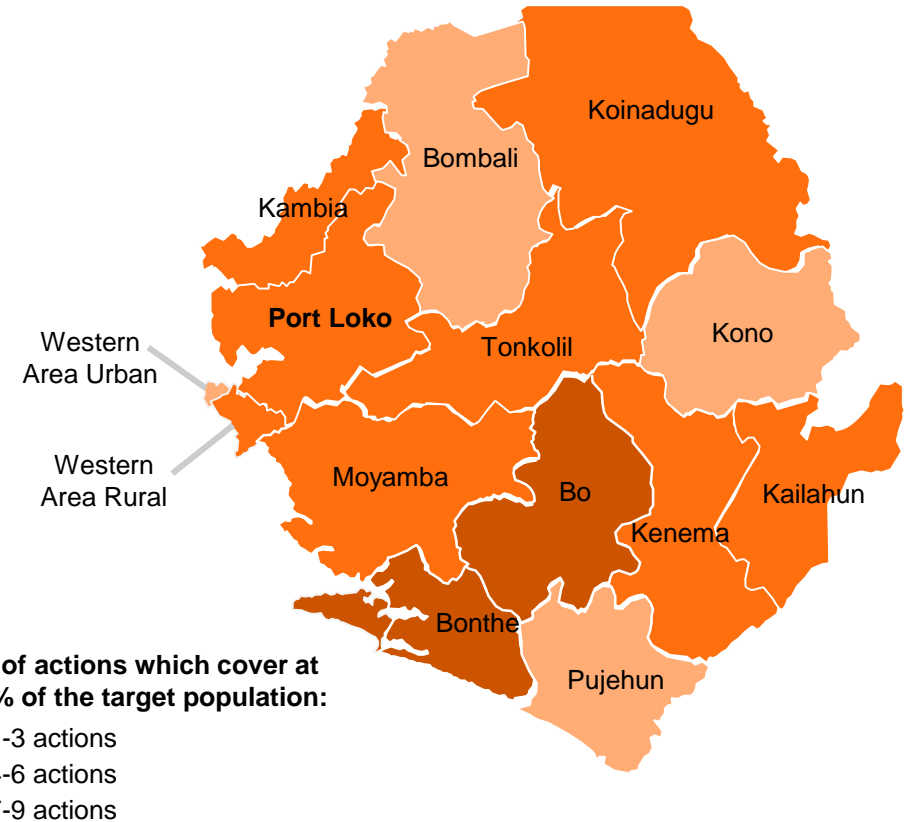
At national level, children receive at least 5 actions covering at least 30% of their targets



% of coverage of target groups
 ◐ ≤25% ◑ >25% - ≤50% ◒ >50% - ≤75% ◓ >75%

The actions presented above are those directly targeting children or women with children, even though all actions can have an indirect impact on children's nutrition.

In the different districts, between 2 and 7 actions cover less than 30% of the target population

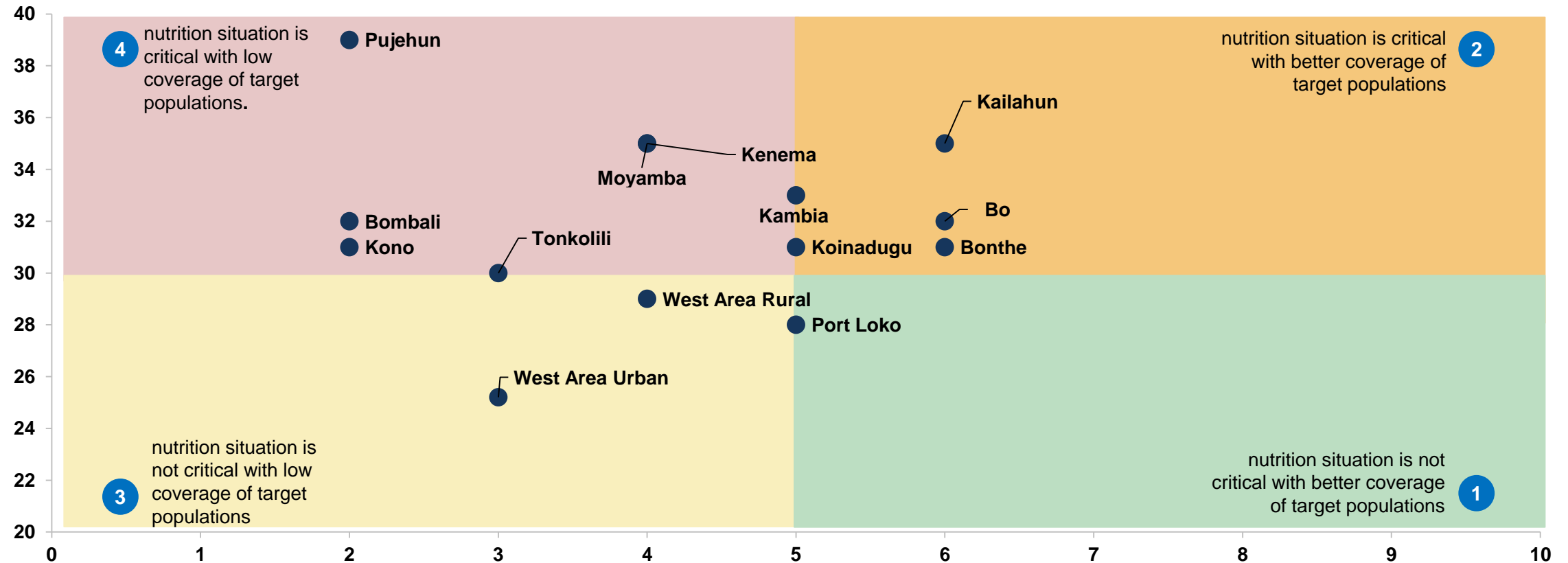


Among all actions targeting children or schools, the majority of children receives it in small proportion

Which provinces are not addressed adequately?

The districts with the most chronic malnutrition may need a scaling of key actions that cover less than half of the key actions mapped

% of stunting among children 0-59 months¹



- 4** **Scale up** nutrition situation is critical with low coverage of target populations
- 3** **Investigate** nutrition situation is critical with adequate coverage of target populations
- 2** **Monitor** nutrition situation is not critical with low coverage of target populations
- 1** **Maintain** nutrition situation is not critical with adequate coverage of target populations

of actions² with at least 40% coverage of target population

1. SMART 2017
 2. 20 combination actions + target group have been selected considering the availability of target population data and data collected. Other actions have been mapped, however their coverage couldn't be calculated or data collected were not representative

8. Acronyms

Acronyms and Stakeholder Abbreviations (1/2)

- **AAD-SL** : Action for Advocacy and Development - Sierra Leone
- **AAH** : Action Against Hunger
- **AA-SL** : Action Aid Sierra Leone
- **ABC** : Agriculture Business Center
- **CAF-SL**: Children Advocacy Forum – Sierra Leone
- **CCEND** : Center for Community Education Network and Development
- **CEDA** : Community Empowerment and Development Agency
- **CF-SL** : Child Fund- Sierra Leone
- **CM**: Concern Mothers
- **COOPI**: Cooperazione Internazionale
- **CRS**: Catholic Relief Services
- **CWW-SL** : Concern Worldwide – Sierra Leone
- **DESAL** : Develop Sierra Leone
- **DIP** : Development Initiative Programme
- **FAO** : Food and Agriculture Organization
- **FOCUS 1000** : Facilitating and Organizing Communities to unite for Sustainable Development 1000
- **Go-SL**: Government of Sierra Leone
- **HKI** : Hellen Keller International
- **GASFP**: Global Agricultural and Food Security Program
- **JICA** : Japan International Cooperation Agency
- **KADDRO** : Kambia District Development Rehabilitation Organisation
- **MADAM** : Mankind Activities Development Accreditation Movement
- **MAF** : Ministry of Agriculture and Forestry
- **MBSE**: Ministry of Basic and Secondary Education
- **MGCA**: Ministry of Gender and Children’s Affairs
- **MoHS** : Ministry of Health and Sanitation
- **MoHS/DFN**: Ministry of Health and Sanitation/ Directorate of Food and Nutrition
- **MOPADA**: Movement towards Peace and Development Services
- **MoWR** : Ministry of Water Resources
- **MS** : Marie Stoppes International
- **NaCSA** : National Commission for Social Action
- **NACP**: National Aids Control Program
- **NETHIPS** : Network for Living with HIV/Aids-TB
- **PHF-SL**: Pure Heart Foundation

Acronyms and Stakeholder Abbreviations (2/2)

- **P2P** : Pikin-to Pikin Movement
- **PACE**: Partnership Action for Community Empowerment
- **MARNDR** :
- **JFDF**
- **PPB**: Project Peanut Butter
- **SALWACO** : Sierra Leone Water Company
- **SLRCS**: Sierra Leone Red Cross Society
- **SUN Secr.** : Scaling Up Nutrition (SUN) Secretariat
- **WFP** : World Food Program
- **WHI** : Whealthunger
- **WHO** : World Health Organization
- **WVSL** : World Vision Sierra Leone