

UN-Nutrition Policy and Plan Overview

Rome, April 2023



Part 1: Landscape of related legal, regulatory, policy, strategy & planning frameworks

Nutrition-related documents classified by framework type: policy, strategy and/or operational plan



* These documents are part of the landscape but were not available for analysis in the present Policy and Plan Overview

Making the distinction between legal/regulatory, policy, strategy and planning frameworks

| Legislation & regulations | Policies | Strategies | Plans (e.g. Action Plans) |
|---|---|--|---|
| Main characterisitcs: Transform policies into legally defined rights & obligations Stipulate measures/ arrangements designed to ensure the observance of rights & obligations. | Main characterisitcs: Serve as a commitment to a gov't goal Provide a general guide/ framework for action Reflect medium-to long-term goals set by gov't | Main characterisitcs: Seek to implement a given policy Enables broad actions to be prioritized & resources to be allocated | Main characterisitcs: Seek to operationalize a given policy &/or strategy Serve as a detailed plan to guide specific action & activities |
| Specific characterisitcs: | Specific characterisitcs: | Specific characterisitcs: | Specific characterisitcs: |
| Include policy statements & objectives Stipulate procedures to be followed & means of enforcement IDs the exec. authority to govern implementation/ application of laws & regulations | Include: objectives, priorities & broad indicators Identify strategies for achiveing gov't goals | Describes method through which each objective will be achieved Identify a start date & duration Include indicators & targets | Specifiies target beneficiaries, gov't implementers & partners, costs & funding requirements Identifies roles, responsibilities & timeframes for actions Includes targets |

Ideally, the relationships with other relevant frameworks should be identified to foster a coherent approach to nutrition

Source: UNICEF. 2010. National Nutrition Policy and Strategic Plans: An Issue Paper; WHO & UNEP. Legislation & Regulation available at http://www.who.int/heli/tools/legis_regul/en/ 4

A basic mapping of policy, strategy and operational frameworks



Policies & Strategies

Operational

Policies: Taking stock of national documents related to nutrition (1/3)

| | | Document | Year passed | Responsible | Partners |
|------------------|--|---|-------------|---|--|
| Multi-sectoral | | Sierra Leone's National Medium-term Development Plan (NMTDP) | 2019-2023 | Government of Sierra Leone, Ministry of Planning and Economic Development | UNDP, World Bank |
| | | School Health Policy | 2020 - | Ministries of Health and Sanitation (MoHS) and of Basic and Senior Secondary Education (MBSSE) | DFID, UN Agencies (WHO, UNFPA, UNICEF) |
| Health | Hara termina di seconda di s | Sierra Leone National Nutrition Policy | 2022-2030 | Ministry of Health & Sanitation | UN Agencies, NGOs |
| | MINTAL MALL PROJECT 2019-2015 | Mental Health Policy | 2010-2015 | Ministry of Health & Sanitation | WHO, NGOs |
| Iviuiti-sectoral | Berneration Resulting Regulation Regulation | Sierra Leone National Population Policy | 2018- | Ministry of Planning and Economic Development | UNFPA |
| Environment | KARANA KARANA KARANA KARANA KARANA KARANA KARANA KARANA | National Climate Change Policy | 2021- | Ministry of Environment | UNDP |

Policies: Taking stock of national documents related to nutrition (2/3)

| | | Document | Year passed | Responsible | Partners |
|----------------|---|---|-------------|---|---|
| Health | A CONTRACTOR OF | Reproductive, Newborn And Child Health Policy | 2011-2015 | Ministry of Health & Sanitation | UN Agencies (UNICEF, World Bank, UNFPA), NGOs |
| Multi-sectoral | Handreich Handre | National Youth Policy | 2020-2025 | Ministries of Youth Affairs | UN Agencies (UNDP, UNFPA), NGOs |
| | | Human Resources for Health Policy | 2012-2016 | Government of Sierra Leone, Ministry of Health and Sanitation | WHO |
| Health | All more and a second s | National Community Health Worker Policy | 2016-2020 | Ministry of Health & Sanitation | UNICEF, NGOs |
| | NORMAN RATE AL BARDA BARDA BARDA AL BARDA AL BAR | National Health and Sanitation Policy | 2021- | Ministry of Health & Sanitation | CSOs |
| Multi-sectoral | | United Nations Sustainable Development Cooperation Framework Sierra Leone 2020-2023 | 2020-2023 | United Nations & Government of Sierra Leone | UN Agencies |

Policies: Taking stock of national documents related to nutrition (3/3)

| | | Document | Year passed | Responsible | Partners |
|--------|--|---|-------------|---------------------------------|-----------------------------|
| Health | UN OF OUR | Sierra Leone Basic Package of Essential Health Services | 2015-2020 | Ministry of Health & Sanitation | WHO, Government agencies |
| | | | | | |

Strategies: Taking stock of national strategies related to nutrition (1/3)

The majority of strategies obtained are from the health sector and have expired

| | Document | Period covered | Responsible | Partners |
|--------------------|--|-------------------|---|--|
| | National Health Sector Strategic Plan | 2021-2025 | Government of Sierra Leone, Ministry of Health and Sanitation | WHO, EU |
| | Sierra Leone National RMNCAH Strategy | 2017-2021 | Government of Sierra Leone, Ministry of Health and Sanitation | UN Agencies, World Bank |
| Ith | National Strategic Plan on HIV/AIDS | 2016-2020 | Government of Sierra Leone, National HIV/AIDS Secretariat | UN Agencies, Global Fund, KfW, PEPFAR |
| Health J | Sierra Leone Malaria Control Strategic Plan | 2016-2020 | Government of Sierra Leone, Ministry of Health and Sanitation | WHO, USAID, NGOs |
| | National Strategic Plan for Blood Safety | 2011-2014 | Government of Sierra Leone, Ministry of Health and Sanitation | None mentioned |
| | Human Resources for Health Strategy | 2017-2021 | Government of Sierra Leone, Ministry of Health and Sanitation | WHO, EU |

9

Strategies: Taking stock of national strategies related to nutrition (2/3)

The majority of strategies obtained are from the health sector and have expired

| | Document | Period covered | Responsible | Partners |
|-----------|--|-------------------|---|---|
| Health | National Health Promotion Strategy of Sierra Leone | 2017-2021 | Government of Sierra Leone, Ministry of Health and Sanitation | Government Agencies, UN Agencies, USAID, CCP, NGOs |
| Education | Sierra Leone Education Sector Capacity Development Strategy | 2012-2016 | Ministry of Education, Science and Technology | UNICEF, EU, DFID, World Bank, GPE |
| Energy | Sierra Leone National Energy Strategic Plan | 2009- | Government of Sierra Leone, Ministry of Energy and Water Resources | None mentioned |
| Health | Multi Sector Strategic Plan To Reduce Malnutrition | 2019-2025 | Government of Sierra Leone | UN Agencies, NGOs, CSOs |
| Ĭ | National Multi-Sectoral strategy to prevent and control anemia | 2018-2025 | Government of Sierra Leone, Ministry of Health and Sanitation | UN Agencies, NGOs, CSOs, Government Agencies |

*While this document is called a strategic plan, country actors consider it to serve as a strategy, and thus it is classified with the policies and strategies in this exercise. ¹⁰

Strategies: Taking stock of national strategies related to nutrition (3/3)

The majority of strategies obtained are from the health sector and have expired

| | | Document | Period covered | Responsible | Partners |
|--------|---|---|----------------------|--------------------------------------|---|
| ſ | Republic of Stores Loave Control of the Store Stores Environment Protection Agency Stores Phase 3017-2021 | Environment Protection Agency Strategic Plan | 2017-2021 | Government of Sierra Leone | None mentioned |
| Health | | Sierra Leone Non-Communicable Diseases (NCDs) Strategic Plan | 2020-2024 | Ministry of Health and Sanitation | UN Agencies, NGOs, CSOs, Government Agencies |
| | En la superior de la | Sierra Leone Public Health Surveillance Strategic Plan | 2019-2023 (Draft) | Ministry of Health & Sanitation | UN Agencies, Government agencies, NGOs |

Plans: Taking stock of national documents related to nutrition (1/1)

| | | Document | Year passed | Responsible | Partners |
|----------------|--|---|--------------------|--|---|
| Health | | Food and Nutrition Security Policy Implementation Plan | 2013-2017 | Government of Sierra Leone | UN Agencies, Government agencies |
| Agriculture | | National Sustainable Agriculture Development Plan | 2010-2030 | Government of Sierra Leone, Ministry of Agriculture, Forestry and Food Security | AUC, ECOWAS, FARA, FAO, IFPRI, World Bank, IITA, Universities, NGOs |
| Multi-sectoral | Constantion Constantion Constantion | National Adaptation Plan | 2021- | Government of Sierra Leone | UNDP |
| Energy | CONTRACTOR OF CO | National Renewable Energy Action Plan (NREAP) | 2015- 2020/2030 | Ministry of Energy | International partners |

Part 2: Overview of nutrition-related policies & strategies

Methodology: Applying the nutrition lens to the policy & strategy frameworks

Two streams of standardised criteria established to ascertain the extent to which nutrition is covered by policy and strategy frameworks



¹These nutrition actions may be derived from the Country Nutrition Actions (CNAs), National Nutrition Action Plan or another agreed source

Subtotal scores of two streams summed into a total rating that is used to assign Harvey balls in order to estimate nutrition 'coverage' of policies/strategies



Main findings & implications of the Policy & Strategy Overview

Policies:

| | | Document | Next revision | Responsible institution | Nutrition | Remarks |
|--------------------|---|--|------------------|---|-----------|---|
| Multi-sectoral | And a second sec | Sierra Leone's National Medium-term Development Plan (MTNDP) | TBD | Government of Sierra Leone, Ministry of Planning and Economic Development | | 9/33 CNAs, 9/33 relevant CNAs. Strengths of doc: Covered various relevant fields to nutrition and malnutrition is considered as an important indicator for health Weakness of doc: There was no prioritization of nutrition interventions. The core nutrition actions mentioned in the documents were mainly nutrition sensitive interventions. |
| | | School Health Policy | TBD | Ministries of Health and Sanitation (MoHS) and of Basic and Senior Secondary Education (MBSSE) | | 7/33 CNAs, 6/14 relevant CNAs. Strengths of doc: Integrated nutrition to life skills curriculum, provided school feeding programme and school gardens establishment Weakness of doc: Improvement can be made in integrating nutrition interventions that can be potentially based at school, such as supplementations and deworming. |
| Health | Sena Lum Kane 202 - 203 - Antonio Sena - Antonio Se | Sierra Leone National Nutritio Policy | ⁿ TBD | Ministry of Health and Sanitation | | 27/33 CNAs, 27/33 relevant CNAs. Strengths of doc: Malnutrition is identified as a national concern. Due to the focus of the document on the nutrition, undernutrition (underweight, stunting, and wasting), overnutrition (overweight and obesity), and micronutrient defficiences (anemia in underfive children, women of reproductive age, and pregnant women) were addressed in detail. The documents also mentioned both nutrition-specific and nutrition-sensitive interventions. Weakness of doc: Improvement can be made to advocate girl school enrollment to prevent early pregnancy. |
| P. | Line and the second sec | Mental Health Policy | 2015 | Ministry of Health and Sanitation | | 0/33 CNAs, 0/7 relevant CNAs. Strengths of doc: Highlights the common mental health problems during pregnancy and after childbirth. Promotion of mental health will also be integrated in public health programmes, such as maternal health, postpartum psychosis, postnatal deperssion, and impact on children's development. Weakness of doc: Malnutrition is not recognized as a national concern. With the high malnutrition, should make the link to ANC/PNC care indicators in policy as they link to MNCH care, access to health facilities and possible consequent reduction of relevant mental health problems. |
| Multi- sectoral | Carteria Car | Sierra Leone National Population Policy | TBD | Ministry of Planning and Economic Development | | 3/33 CNAs, 3/10 relevant CNAs. Strengths of doc: The policy mostly addressed gender equality, women empowerment, access to education, and reproductive rights. Weakness of doc: Malnutrition is not identified as a concern. |

Newer policies tend to be more nutrition-oriented

Policies:

| | | Document | Next revision | Responsible institution | Nutrition | Remarks |
|----------------|--|---|------------------|---|-----------|--|
| Multi-sectoral | E CONTRACTOR CONT | National Climate Change Policy | TBD | Ministry of Environment | | 1/33 CNAs, 1/14 relevant CNAs. Strengths of doc: Malnutrition is recognized as a national concern. Written in consultation with many partners, includes focus on adolescents. The document support gender equality and women empowerment, especially in the process of decision making and policy formulation Weakness of doc: The nutrition section is very broad and high-level. Policy is expired and should be revised. |
| | Reproductive, Swattern and Chall Rivale Yorks | Reproductive, Newborn And Child Health Policy | 2015 | Ministry of Health & Sanitation | • | 6/33 CNAs, 6/21 relevant CNAs. Strengths of doc: Malnutrition is recognized as a national concern. Weakness of doc: This is a high-level policy. Although nutrition interventions were mentioned, there was a lack of details. |
| | Antara and a second and a secon | National Youth Policy | TBD | Ministries of Youth Affairs | | 3/33 CNAs, 3/9 relevant CNAs. Strengths of doc: The document focused on human capital development, women and youth empowerment. Youth population made up to 30% of SL's population. This document was developed to support youth to achieve their full potential. Weakness of doc: Malnutrition is not recognized as a national concern. |
| Health | | Human Resources for Health Policy | 2016 | Government of Sierra Leone, Ministry of Health and Sanitation | | 2/33 CNAs, 2/3 relevant CNAs. Strengths of doc: Details health sector work force. Weakness of doc: Malnutrition is not recognized as a national concern. Policy has no mention of nutrition as part of the health sector, or workforce. This should be included in terms of recruitment, training and employment in all levels of the health sector. Policy needs revision. |
| | | National Community Health Worker Policy | 2020 | Ministry of Health & Sanitation | | 10/33 CNAs, 10/16 relevant CNAs. Strengths of doc: Promotes provision of efficient, basic, and quality services that are accessible to everybody, especially people living in hard-to-reach areas Policy outlines some nutrition specific and sensitive activities for CHW work Weakness of doc: Malnutrition is not recognized as a national concern. |

Newer policies tend to be more nutrition-oriented

Policies:

| | | Document | Next revision | Responsible institution | Nutrition | Remarks |
|----------------|--|---|---------------|---|-----------|--|
| Multi-sectoral | E CONTRACTOR CONTRACTO | National Health and Sanitation Policy | TBD | Ministry of Health & Sanitation | | 12/33 CNAs, 12/24 relevant CNAs. Strengths of doc: Malnutrition is acknowledged as a public health concern, and nutrition was mentioned as one of the key priorities in the document. Weakness of doc: Although the document addressed emergency preparedness, it didn't address nutrition in emergencies. |
| | Image: A state of the | United Nations Sustainable Development Cooperation Fram Sierra Leone 2020 | | United Nations & Government of Sierra Leone | | 10/33 CNAs, 10/33 relevant CNAs. Strengths of doc: Malnutrition is acknowledged as a public health concern. The whole document promoted education, WASH, improved access to health services. Weakness of doc: This is a high-level policy document. Although many nutrition-related interventions were covered, but some of them weren't detailed enough in stating the planned nutrition interventions. |
| Health | | Sierra Leone Bas Package of Essential Health Services | sic TBD | Ministry of Health & Sanitation | | 14/33 CNAs, 14/17 relevant CNAs. Strengths of doc: Malnutrition is considered as a national concern, although there were some progresses in the prevalebce of stunting and wasting. The document almost captured all the core nutrition actions related to health. Weakness of doc: Improvement can be made to provide nutrition in emergencies plan. |

Strategies:

| | | Document | Next revision | Responsible institution | Nutrition | Remarks |
|--------|---|--|------------------|---|-----------|---|
| | ADDRESS OF CONTRACTOR | National Health Sector Strategic Plan | TBD | Government of Sierra Leone, Ministry of Health and Sanitation | | 2/33 CNAs, 2/14 relevant CNAs. Strengths of doc: The document focused on developing responsive and resilient health systems, which also included nutrition. Weakness of doc: Malnutrition is not recognized as a national concern. Lacks many nutrition CNAs as they relate to nutritional supplementation and nutrition in emergencies. |
| Ę | Status (1999) Andrea Status (1999) Hannes Hannes | Sierra Leone National RMNCAH Strategy | 2021 | Government of Sierra Leone, Ministry of Health and Sanitation | | 13/33 CNAs, 13/17 relevant CNAs. Strengths of doc: Malnutrition is recognized as a national concern. Strategy, includes many indicators. Strong focus on adolescence and SRH Weakness of doc: Strategy could include more on nutrition, to include more on fortification, gender, emergency preparedness and IYCF related CNAs. Revision excludes deworming, cash transfers and omits highlighting the greater risk of malnutrition for children who have adolescent mothers that often have no education, which were included in previous MNCH Strategy. |
| Health | Sens Loone Maria Intel Na Antonio Ministra Intel Antonio Minist | National Strategic Plan on HIV/AIDS | 2020 | Government of Sierra Leone, National HIV/AIDS Secretariat | | 2/33 CNAs, 2/7 relevant CNAs. Strengths of doc: The NSPHA includes social protection as an objective. It also specifies the importance of monitoring and ensuring access to integrated services (to include care, food and nutrition support), water, housing for PLWHA and TB. Weakness of doc: Malnutrition is not identified as a concern. There is a lack of detailed nutrition interventions mentioned that can be related to the nutrition-related targets, such as promotion of EBF, IYCF, etc. |
| | | Malaria Control Strategic Plan | TBD | Government of Sierra Leone, Ministry of Health and Sanitation | | 1/33 CNAs, 1/5 relevant CNAs. Strengths of doc: The document focused on reducing malaria cases in the country by scaling up malaria prevention and treatment. Weakness of doc: Malnutrition is not acknowledged as a problem. The document highlighted the need to strengthen the malaria component of IMNCI, however does not mention linkages between malaria and malnutrition. |
| | | National Strategic Plan for Blood Safety | 2014 | Government of Sierra Leone, Ministry of Health and Sanitation | | 0/33 CNAs, 0/9 relevant CNAs. Strengths of doc: Malnutrition is recognized as a national concern. The document focuse on developing and increasing access to a coordinated and safe blood transfusion progra Weakness of doc: Considering the malnutrition in country, the document should include importance of good nutrition for pre/post transfusion and MNCH related care Strategy expired in 2014 and needs revision. |

Strategies:

| | | Document | Next revision | Responsible institution | Nutrition | Remarks |
|-------------------|---|---|------------------|---|-----------|--|
| | | Human Resources for Health Strategy | 2016 | Government of Sierra Leone, Ministry of Health and Sanitation | | 2/33 CNAs,2/3 relevant CNAs. Strengths of doc: Details health sector work force strategy (recruitment, training, monitoring). Weakness of doc: Malnutrition is not recognized as a national concern. Has no mention of nutrition as part of the health sector, or workforce. This should be included in terms of recruitment, training and employment in all levels of the health sector. Strategy needs revision. |
| Health | égée Autoritation Bartonia Bartonia Bartonia Bartonia | National Health Promotion Strategy of Sierra Leone | 2021 | Government of Sierra Leone, Ministry of Health and Sanitation | • | 10/33 CNAs, 10/29 relevant CNAs Strengths of doc: Malnutrition is recognized as a national concern. NHSP also addressed the misused of RUTF and commit to focus on the issue. Recent detailed multi-sectoral strategy Weakness of doc: Remains high-level. Gaps to fill include are nutrition education, nutrition related disease prevention, IYCF, and supplementation sanitation related CNAs. There were no details regarding the content of health promotion that will be performed. Mass nutrition education or nutrition education at school can be considered to be included in the health promotion's content. |
| Education | Conserve of Kithou Jone Baccarana Noco Capacity Stratisticane Che Capacity Stratisticane Che Capacity Stratisticane Che Capacity Stratisticane Che Capacity Stratisticane Che Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane Chemistry Stratisticane | Sierra Leone Education Sector Capacity Development Strategy | 2016 | Ministry of Education, Science and Technology | | 2/33 CNAs, 2/3 relevant CNAs Strengths of doc: Specific to strengthen sector. One of its focuses was early childhood care and education. Weakness of doc: Malnutrition is not recognized as a national concern. No relevant information to nutrition, only to gender equality and girls education. Strategy needs revision |
| Energy & Water | NURSA LEONE NATIONAL BRE STRATICEOP NATIONAL BRE STRATICEOP | Sierra Leone National Energy Strategic Plan* | TBD | Government of Sierra Leone, Ministry of Energy and Water Resources | | 1/33 CNAs, 1/5 relevant CNAs Strengths of doc: Energy strategy detailed across sub-sectors, and women empowerment Weakness of doc: Malnutrition is not recognized as a national concern, and there are no nutrition indicators in the document. It does not include any WASH-related activities. Strategy is from 2006 and doesn't mention when the next revision is. |
| Health | An Sector Statutes | Multi Sector Strategic Plan To Reduce Malnutrition | TBD | Government of Sierra Leone | | 18/33 CNAs, 18/33 relevant CNAs Strengths of doc: Malnutrition is acknowledged as a national concern. Both nutrition-specific and nutrition-sensitive interventions were addressed. Weakness of doc: Improvement can be made to include treatment of acute malnutritions (SAM, MAM), as well as nutrition support for people with TB/HIV. |

Strategies:

| | | Document | Next revision | Responsible institution | Nutrition | Remarks |
|-------------------|--|--|------------------|---|-----------|--|
| Health | And the second s | National Multi- Sectoral strategy to prevent and control anemia | TBD | Government of Sierra Leone, Ministry of Health and Sanitation | | 22/33 CNAs, 22/33 relevant CNAs Strengths of doc: Malnutrition is acknowledged as a national concern. The document well-covered the CNAs, including education, WASH, and food safety. Weakness of doc: The provision of Vitamin A and IFA supplements at school should be considered as one of the delivery mechanisms, especially for girls enrolled in school. |
| Energy & Water | Republic of Stores Loane Environment Protection Agency Strategic Plan 2017-2021 | Environment Protection Agency Strategic Plan | TBD | Government of Sierra Leone | | 2/33 CNAs, 2/8 relevant CNAs Strengths of doc: The document focused on poverty reduction by protecting the environment. Scaling up of environmental health programs was advocated to the health sector. Weakness of doc: Malnutrition is not acknowledged as a national concern. There is no linkage between environmental health and nutrition addressed in the document |
| Ŧ | | Sierra Leone Nor Communicable Diseases (NCDs) Strategic Plan | | Ministry of Health and Sanitation | | 2/33 CNAs, 2/8 relevant CNAs Strengths of doc: Malnutrition is acknowledged as a national concern. The document focused on reduce and prevent NCD-related deaths in the population. Some nutrition indicators were diet-related and very specific (fruit and vegetable consumption, energy intake, etc) Weakness of doc: Only a few nutrition-specific interventions could be found. Some indicators were also missing targeted percentages. |
| Health | | Sierra Leone Public Health Surveillance Strategic Plan | TBD | Ministry of Health & Sanitation | | 2/33 CNAs, 2/8 relevant CNAs Strengths of doc: Malnutrition is acknowledged as a national concern. The document addressed the matters related to early detection of priority diseases/public health emergencies, as well as appropriately respond to the situation. Weakness of doc: There was a lack of linkages between surveillance and malnutrition. It's recommended to input specific method related to nutrition, such as a routine growth assessment as one of the methods to detect malnutrition. |

Plans:

| | | Document | Next revision | Responsible institution | Nutrition | Remarks |
|--------|---|--|---------------|--|-----------|---|
| Multi- | sectoral | Food and Nutrition Security Policy Implementation Plan | TBD | Government of Sierra Leone | | 32/33 CNAs, 32/33 relevant CNAs. Strengths of doc: Malnutrition is acknowledged as a problem. Detailed implementation for nutrition interventions. Weakness of doc: Emergency preparedness was addressed in the document, but no specific intervention was mentioned, such as supplementary feeding/blanket feeding, etc. |
| | Agricuiture | National Sustainable Agriculture Development Plan | 2030 | Government of Sierra Leone, Ministry of Agriculture, Forestry and Food Security | | 4/33 CNAs, 4/13 relevant CNAs. Strengths of doc: The document well-covered the nutrition-sensitive agriculture interventions. Detailed implementation for agricultural-sector activities Weakness of doc: Malnutrition is not recognized as a national concern. Does not mention any health-related CNAs. Mentions few agricultural specific CNAs, and omits mention of fortification, or bio fortification, social protection, emergency preparedness and education on food consumption &health practices. Document is weak on gender inclusion |
| | Energy & Water | National Renewable Energy Action Plan (NREAP) | TBD | Government of Sierra Leone | | 5/33 CNAs, 5/9 relevant CNAs. Strengths of doc: Malnutrition was considered as a problem that can occur due to climate change. The document mostly documented nutrition-sensitive interventions related to environmental health and agriculture. Gender equality has been integrated to the interventions. Weakness of doc: WASH intervention can be added in terms of implementing ODF, as well as nutrition in emergencies. There was a weak link between environmental health, climate change, and nutrition. |
| - | | National Adaptation Plan | TBD | Ministry of Energy | | 1/33 CNAs, 1/8 relevant CNAs. Strengths of doc: It addressed the targets of the utilization of solar water heaters in health care services, school kitchens, boarding schools, and maternities, and modern fuel alternatives for domestic cooking. These targets will indirectly contribute to the well-being and livelihood of the population. |
| | Extent to which nutrition is addressed: | | | | | Weakness of doc: Malnutrition is not identified as a problem. Improvement can be made to improve hygiene and sanitation, and interventions related to energy and agriculture in beyaged level. |
| | | t at all 🛛 🕘 Adeq | uate | | | household level |
| | Mi | nimal 🛛 🔵 Signi | ficant | | | |
| | 🛛 🚺 Pa | rtial | | | | 24 |

Qualifying nutrition inclusion Recommendations for the documents with low Total Ratings

Recommendations: School Health Policy



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the policy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the policy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the policy



- Advocacy efforts should be targeted towards the responsible institution to show relevant liaison between students' health and nutrition and add Core Nutrition Actions linked to nutrition-specific interventions that can be performed with the collaboration of school and health care services (such as deworming, vitamin A supplementation, IFA supplementation) in the next policy revision
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next policy revision

Recommendations: Mental Health Policy



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the policy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the policy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the policy



- Advocacy efforts should be targeted towards the responsible institution to show relevant liaison between mental health and nutrition, and add Core Nutrition Actions linked to mental health counselling during ANC/PNC and nutrition education, and nutrition supplementation into the next policy revision
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next policy revision

Recommendations: Sierra Leone National Population Policy (NPP)



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the policy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the policy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the policy



- Advocacy efforts should be targeted towards the responsible institution to show relevant liaison between population health and nutrition, and add Core Nutrition Actions linked to population health such as ODF, malaria prevention, improving hygiene and sanitation into the next policy revision
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next policy revision

Recommendations: National Youth Policy (NYP)



Stream 1

- "Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the policy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the policy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the policy "



- Advocacy efforts should be targeted towards the responsible institution to show relevant liaison between youth population and nutrition, and add Core Nutrition Actions linked to youth population health such as nutrition supplementation (especially IFA supplementation for females), social protection programmes (cash transfers, food for work), nutrition education, establishment of community garde, eat what you grow practices, etc. into the next policy revision
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next policy revision

Recommendations: Human Resources for Health Policy (HRHP)



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the policy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the policy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the policy
- Identification of human resources gaps related to nutrition needed

- Advocacy efforts should be targeted towards the responsible institution to add Core Nutrition Actions into the next policy revision, and mention of nutrition as a key component of the health sector workforce curriculum
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next policy revision



Recommendations: National Community Health Worker Policy (NCHWP)



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the policy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the policy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the policy



- Advocacy efforts should be targeted towards the responsible institution to show relevant liaison between CHWs and nutrition, and add Core Nutrition Actions such as nutrition in emergencies into the next policy revision
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next policy revision

Recommendations: National Health Sector Strategic Plan



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the strategy
- Technical guidance should be provided to the responsible institution to help capture nutrition indicators in the strategy

- Advocacy efforts should be targeted towards the responsible institution to add more nutrition actions into the next strategy revision, including nutrition in emergencies and supplementation.
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the strategy during the next revision



Recommendations: National Strategic Plan on HIV/AIDS



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the strategy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the strategy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the strategy



- Advocacy efforts targeted towards the responsible institution to add more nutrition actions into the strategy in the next revision, related to ANC/PNC nutrition (such as promotion of EBF, EYCF) for PMTCT, nutrition education, WASH, and highlight how PLHIV are prone to malnutrition without adequate care
- Support provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next strategy revision

Recommendations: Malaria Control Strategic Plan

| Document | Period covered | Next revision | Responsible institution | Partners | Nutrition |
|-----------------------------------|-------------------|------------------|---|------------------|-----------|
| Malaria Control Strategic Plan | 2016-2020 | TBD | Government of Sierra Leone, Ministry of Health and Sanitation | WHO, USAID, NGOs | |

Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the strategy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the strategy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the strategy



- Advocacy efforts should be targeted towards the responsible institution to add more nutrition actions into the next strategy revision, and illustrate how malaria and malnutrition can be interrelated
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the strategy during the next revision

Recommendations: National Strategic Plan for Blood Safety

| Document | Period covered | Next revision | Responsible institution | Partners | Nutrition |
|---|-------------------|------------------|---|----------|-----------|
| National Strategic Plan for Blood Safety | 2011-2014 | 2014 | Government of Sierra Leone, Ministry of Health and Sanitation | N/A | |

Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the strategy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the strategy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the strategy



- Advocacy efforts targeted towards the responsible institution to add more nutrition actions into the next strategy revision, and include the importance of good nutrition for pre/post transfusion and MNCH related care, as well as the importance of health education and WASH
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next strategy revision

Recommendations: Human Resources for Health Strategy

| Document | Period covered | Next revision | Responsible institution | Partners | Nutrition |
|--|-------------------|------------------|---|----------|-----------|
| Human Resources for Health Strategy | 2017-2021 | TBD | Government of Sierra Leone, Ministry of Health and Sanitation | WHO, EU | |

Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the strategy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the strategy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the strategy



- Advocacy efforts should be targeted towards the responsible institution to add more nutrition actions into the next strategy revision, and mention of nutrition as a key component of the health sector workforce curriculum, as well as the importance of nutrition-related workforces such as dietitian, nutritionist, etc.
- Support provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next strategy revision
Recommendations: Education Sector Capacity Development Strategy

| Document | Period covered | Next revision | Responsible institution | Partners | Nutrition |
|--|-------------------|------------------|--|--------------------------------------|-----------|
| Education Sector Capacity Development Strategy | 2012-2016 | 2016 | Ministry of Education, Science and Technology | UNICEF, EU, DFID, World Bank, GPE | |

Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the strategy
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the strategy
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the strategy



- Advocacy efforts should be targeted towards the responsible institution to add more nutrition actions into policy in the next revision, and link good nutrition within educational institutions, child feeding and nutrition education, as well as nutrition supplementation (vitamin A supplementation, IFA supplementation)
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next strategy revision

Recommendations: Sierra Leone National Energy Strategic Plan

| Document | Period covered | Next revision | Responsible institution | Partners | Nutrition |
|-----------------------------------|-------------------|------------------|--|----------|-----------|
| National Energy Strategic Plan | 2009- | TBD | Government of Sierra Leone, Ministry of Energy and Water Resources | N/A | ٠ |

Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the document
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the document
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the document



- Advocacy efforts targeted towards the responsible institution to add more nutrition actions into the next document revision, related to potable water means, improved sanitation as well as agricultural CNAs energy related
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next document revision

Recommendations: Environment Protection Agency Strategic Plan



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the document
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the document
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the document



- Advocacy efforts should be targeted towards the responsible institution to add more nutrition actions into the next policy revision, related to environmental health, including food safety, deworming, ODFs, handwashing, ITNs and those related to agricultural activities
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the document during the next revision

Recommendations: Public Health Surveillance Strategic Plan



Stream 1

- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the plan
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the plan

- Advocacy efforts should be targeted towards the responsible institution to add more nutrition actions into the next policy revision, related to public health surveillance and nutrition, such as growth monitoring/growth assessment.
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the plan during the next revision



Recommendations: National Sustainable Agriculture Development Plan

| Document | Period covered | Next revision | Responsible institution | Partners | Nutrition |
|---|-------------------|------------------|---|---|-----------|
| National Sustainable Agriculture Development Plan | 2010-2030 | 2030 | Government of Sierra Leone, Ministry of Agriculture, Forestry and Food Security | AUC, ECOWAS, FARA, FAO, IFPRI, World Bank, IITA, Universities, NGOs | |

Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the strategy, and highlight the multiple pathways between agriculture and nutrition.
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the strategy as well as overall agricultural inequalities related to nutrition
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the document

- Advocacy efforts should be targeted towards the responsible institution to add nutrition actions into the next document revision, and link agricultural activities to nutrition promotion and healthier livelihoods
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the document during the next revision

| Extent to which nutrition is addressed: | | | | | |
|---|-------------|--|--|--|--|
| O Not at all | Adequate | | | | |
| Minimal | Significant | | | | |
| Partial | | | | | |



Stream 1

- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the strategy as well as overall environmental health and emergency preparedness related to nutrition
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the document

- Advocacy efforts should be targeted towards the responsible institution to add nutrition actions into the next document revision, and the provision of linkages between environmental health to nutrition, as well as adding some interventions such as ODF and nutrition in emergencies.
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the document during the next revision

| Extent to which nutrition is addressed: | | | | |
|---|-------------|--|--|--|
| O Not at all | Adequate | | | |
| Minimal | Significant | | | |
| Partial | | | | |

Recommendations: National Renewable Energy Action Plan



Stream 1

- Sensitization efforts should be undertaken to help the responsible institution acknowledge malnutrition as a problem in the document
- Advocacy efforts should be conducted to promote the inclusion of nutrition objectives & nutrition indicators in the document
- Technical guidance should be provided to the responsible institution to help capture nutrition objectives & nutrition indicators in the document

- Advocacy efforts targeted towards the responsible institution to add more nutrition actions into the next document revision, related to potable water means, improved sanitation as well as agricultural CNAs energy related, and linkages between renewable energy and nutrition.
- Support should be provided to the responsible institution for integrating the remaining relevant Core Nutrition Actions into the next document revision

| Extent to which nutrition is addressed: | | | | | |
|---|--|--|--|--|--|
| O Not at all • Adequate | | | | | |
| Minimal | | | | | |
| Partial | | | | | |

High-level analysis of National Nutrition Policy

Assessing the state of the National Nutrition Policy



National Nutrition Policy has 8 specific objectives and 6 cross-cutting areas,



The importance of multi-sectoral coordination in nutrition governance is acknowledged as a key area by the policy

Country CNAs are distributed across 6 specific objectives of the National Nutrition Policy, though most are concentrated in the 4th SO "Improve access to affordable, diverse, and nutrient-dense foods " (1/2)



Country CNAs are distributed across 6 specific objectives of the National Nutrition Policy, though most are concentrated in the 4th SO "Improve access to affordable, diverse, and nutrient-dense foods " (2/2)

| | SO5: Improve consumption and utilization of a diversified and nutritious diet in optimal quantity and quality | SO6: Mitigate and reduce the impact of emergencies on nutrition | SO7: Strengthen leadership, governance, and capacity in nutrition | SO8: Strengthen nutrition surveillance and information system | |
|---|--|---|--|---|--|
| Country core nutrition actions | Nutrition education | Supplementary feeding during emergencies | | | |
| Other nutrition actions | Foster an enabling and supportive environment at all levels Scale-up holistic nutrition- friendly school initiatives Intensify efforts to support the adoption of optimal nutritional practices related to a balanced, diverse, and healthy diet and lifestyle | Strengthen institutional mechanisms to harmonize and coordinate efforts for the assessment of nutritional needs, and timely access to adequate, diverse and quality food aid for emergency-affected people Always uphold adherence to the Breastmilk Act of 2021 | Strengthen institutional capacity to manage, implement and monitor nutrition-related resources and programmes Support and contribute to efforts that improve the capacity of human resources in performing nutrition-related tasks and services | Strengthen institutional capacity at all levels to efficiently compile, assess, analyze and monitor nutrition and nutrition-related situations Strengthen nutrition surveillance for providing early warning information on food and nutrition at all levels | |
| | The following | Core Nutrition Actions are | e <u>not</u> covered by the policy: | : | |
| | Establishment of hospital gaPromote Open Defecation F | Free (ODF) villages • | Pomote bio fortification of micronutrient rich crops | | |

Provide ITNs

The National Nutrition Policy includes many of the CNAs, though further efforts are needed to integrate six country's actions that are missing



The National Nutrition Policy is primarily oriented towards the health sector with opportunities to improve the sectoral balance (1/2)



All of the CNAs are supported by Ministry of Finance and Ministry of Planning and Economic Development

The National Nutrition Policy is primarily oriented towards the health sector with opportunities to improve the sectoral balance (2/2)



All of the CNAs are supported by Ministry of Finance and Ministry of Planning and Economic Development

Back-up slides

Summary Rating Sheets

Summary Rating Sheet: Sierra Leone's National Medium-Term Development Plan (MTNDP)



Total rating 70%

Summary Rating Sheet: School Health Policy (SHP)



Total rating 25%

Summary Rating Sheet: Sierra Leone National Nutrition Policy (NNP)



Total rating 100%

Summary Rating Sheet: Mental Health Policy (MHP)



Total rating 10%

Summary Rating Sheet: Sierra Leone National Population Policy (NPP)



Total rating 15%

Summary Rating Sheet: National Climate Change Policy (NCCP)



Total rating 60%

Summary Rating Sheet: Reproductive, Newborn And Child Health Policy (RNCHP)



Total rating 65%

Summary Rating Sheet: National Youth Policy (NYP)



Total rating 15%

Summary Rating Sheet: Human Resources for Health Policy (HRHP)



Total rating 25%

Summary Rating Sheet: National Community Health Worker Policy (NCHWP)



Total rating 25%

Summary Rating Sheet: National Health and Sanitation Policy (NHSP)



Total rating 75%

Summary Rating Sheet: United Nations Sustainable Development Cooperation Framework Sierra Leone 2020–2023 (UNSDCF)



Total rating 70%

Summary Rating Sheet: Sierra Leone Basic Package of Essential Health Services (BPEHS)



Total rating 90%

Summary Rating Sheet: National Health Sector Strategic Plan (NHSSP)



Total rating 35%

Summary Rating Sheet: Sierra Leone National RMNCAH Strategy (NRMNCAH-S)



Total rating 80%

Summary Rating Sheet: National Strategic Plan on HIV/AIDS (NSPHA)



Total rating 40%

Summary Rating Sheet: Sierra Leone Malaria Control Strategic Plan (MCSP)



Total rating 40%

Summary Rating Sheet: National Strategic Plan for Blood Safety (NSPBS)



Total rating 35%

Summary Rating Sheet: Human Resources for Health Strategy (HRHS)



Total rating 25%
Summary Rating Sheet: National Health Promotion Strategy of Sierra Leone (NHPS)



Total rating 70%

Summary Rating Sheet: Sierra Leone Education Sector Capacity Development Strategy (ESCD-S)



Total rating 25%

Summary Rating Sheet: Sierra Leone National Energy Strategic Plan (NESP)



Total rating 15%

Summary Rating Sheet: Multi Sector Strategic Plan To Reduce Malnutrition (MSSPRM)



Total rating 80%

Summary Rating Sheet: National Multi-Sectoral strategy to prevent and control anemia (NMSSPCA)



Total rating 90%

Summary Rating Sheet: Environment Protection Agency Strategic Plan (EPASP)



Total rating 15%

Summary Rating Sheet: Sierra Leone Non-Communicable Diseases (NCDs) Strategic Plan (NCDSP)



Total rating 65%

Summary Rating Sheet: Sierra Leone Public Health Surveillance Strategic Plan (PHSSP)



Total rating 35%

Summary Rating Sheet: Food and Nutrition Security Policy Implementation Plan (FNSPIP)



Total rating 100%

Summary Rating Sheet: National Sustainable Agriculture Development Plan (NSADP)



Total rating 40%

Summary Rating Sheet: National Adaptation Plan (NAP)



Total rating 45%

Summary Rating Sheet: National Renewable Energy Action Plan (NREAP)



Total rating 10%

Detailed review of Stream 1: Nutrition objectives/indicators and remarks

Stream 1: Qualifying whether nutrition is broadly reflected by policy frameworks (1/4)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|---|-------------------|--|---|
| Sierra Leone's National Medium- term Developme nt Plan (MTNDP) | 2019-2023 | Yes, nutrition objectives &/or indicators included Nutrition objectives : Nutrition was indirectly covered in the section of 1.3 Health Care Improvement of Cluster one "Human Capital Development" Nutrition-related indicators: Prevalence of underweight, Prevalence of stunting, Prevalence of wasting | There were 8 policy clusters identified and the cluster of "Human Capital Development" mostly covered various relevant fields to nutrition, such as poverty, hygiene and sanitation, and access to health care.Malnutrition is considered as an important indicator for health.There was no prioritization of nutrition interventions. The core nutrition actions mentioned in the documents were mainly nutrition sensitive interventions. |
| School Health Policy (SHP) | 2020- | No nutrition objectives &/or indicators included | Malnutrition is not identified as a concern. The policy commited to improve physical health and well-being of the students. The policy also mentioned the provision of school feeding that will use "locally produced and processed food". There will also be the provision of nutrition education, the establishment of school gardens, and an appropriate screening for malnutrition. |
| Sierra Leone National Nutrition Policy (NNP) | 2022-2030 | Yes, nutrition objectives &/or indicators included. Nutrition objectives: Promote nutrition interventions targeting children and women Promote health eating, develop nutritional management of diseases, promote food safety, hygiene, and sanitation | Malnutrition is identified as a national concern. The documents also mentioned both nutrition-specific and nutrition-sensitive interventionsAlthough family planning was mentioned in the collaboration with the Ministries of Social Welfare and Gender, there is a need to advocate girl school enrollment to prevent early pregnancy. |

Stream 1: Qualifying whether nutrition is broadly reflected by policy frameworks (2/4)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|--|-------------------|---|--|
| Mental Health Policy (MHP) | 2010-2015 | No nutrition objectives &/or indicators included | Malnutrition is not identified as a concern. Promotion of mental health will also be integrated in public health programmes, such as maternal health, postpartum psychosis, postnatal depression, and impact on children's development. Intersectoral collaborations will be developed in maternal and child health, health education, and adolescent health. |
| Sierra Leone National Population Policy (NPP) | 2018- | No nutrition objectives &/or indicators included | Malnutrition is not identified as a concern. High-level policy focused on the wellbeing of the whole population, thus nutrition was only addressed briefly. The policy mostly addressed gender equality, women empowerment, access to education, and reproductive rights. |
| National Climate Change Policy (NCCP) | 2021- | Yes, nutrition objectives &/or indicators included. Nutrition objectives: To acheieve national food and nutrition security by building agricultural resilience. | Malnutrition is identified as a national concern. The document support gender equality and women empowerment, especially in the process of decision making and policy formulation |

Stream 1: Qualifying whether nutrition is broadly reflected by policy frameworks (2/4)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|---|-------------------|---|---|
| Reproductiv e, Newborn And Child Health Policy (RNCHP) | 2011-2015 | Yes, nutrition objectives &/or indicators included Nutrition objectives: To iimprove nutritional status of women and children. Nutrition-related objectives: Improve reproductive health services, Reduce maternal and neonatal morbidity and mortality, Reduce child morbidity and mortality, etc | This is a high-level policy. Although nutrition interventions were mentioned, there was a lack of details. Malnutrition is acknowledged to contribute to 57% of all childhood deaths. The prevalence of stunting was identified to be 35%. Nutrition interventions were mentioned specifically on the Policy Statement 13, which included: 1. Promotion of EBF, 2. Prevention and treatment of SAM and MAM, 3. IYCF, 4. Improve nutritional status in pregnant women and lactating mothers. |
| National Youth Policy (NYP) | 2020-2025 | No nutrition objectives &/or indicators included | Malnutrition is not identified as a concern. The document focused on human capital development, women and youth empowerment. Youth population made up to 30% of SL's population. There is a lack of linkages between youth population and nutrition. |
| Human Resource s for Health Policy (HRHP) | 2012-2016 | Yes, nutrition objectives &/or indicators included. Nutrition objectives: To acheieve national food and nutrition security by building agricultural resilience. | Malnutrition is not identified as a concern. The document focused on developing the capabilities of human resources for health / health workforces to deliver professional health care services. However, there is no mention of nutrition- related workforces, such as nutritionists, food specialists or dieticians. |

Stream 1: Qualifying whether nutrition is broadly reflected by policy frameworks (3/4)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|--|-------------------|---|---|
| National Community Health Worker Policy (NCHWP) | 2016-2020 | No, nutrition objectives &/or indicators included | Malnutrition is not identified as a concern. The document focused on providing guidances on services that should be delivered by CHWs, the recruitment and training needed for preparing CHWs fulfill their roles and responsibilities. In the curriculum of CHW, there were some nutrition-related components mentioned: ANC, maternal nutrition, IYCF, WASH, EBF, treatment of SAM and MAM. |
| National Health and Sanitation Policy (NHSP) | 2021- | Yes, nutrition objectives &/or indicators included. Nutrition objectives: To "Foster good health to prevent diseases and promote healthy lifestyles" Policy statements: 1. promotion of EBF, 2. Food safety law, 3. Promotion of mass nutrition education, 4. Scale up nutrition-sensitive and nutrition-specific interventiojs | Malnutrition is acknowledged as a public health concern, and the document also acknowledged the shift of epidemiological burden from "infectious diseases, maternal, prenatal, nutrition conditions towards NCDs". Nutrition was mentioned as one of the key priorities in the document. Although the document addressed emergency preparedness, it didn't address nutrition in emergencies |
| United Nations Sustainable Developmen t Cooperation Framework Sierra Leone | 2020-2023 | Yes, nutrition objectives &/or indicators included. Nutrition objectives: Sustainable Agriculture, Food and Nutrition Security, and Climate Resilience. Nutrition indicators: Proportion of children under-5 who are stunted. Prevalence of acute malnutrition, Prevalence of overweight | Malnutrition is acknowledged to be wide-spread in the country. 1/3 of children underfive suffered from stunting, 5.10% were acutely malnourished. The prevalence of vitamin A deficiency was 17%. Anemia prevalence among children underfive was 76%, anemia prevalence among pregnant women was 79%, and anemia among WRA was 49%. This is a high-level policy document. Although many nutrition-related interventions were covered, but some of them weren't detailed enough in stating the planned nutrition interventions. |

Stream 1: Qualifying whether nutrition is broadly reflected by policy frameworks (4/4)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|---|-------------------|---|--|
| Sierra Leone Basic Package of Essential Health Services (BPEHS) | 2015-2020 | Yes, nutrition objectives &/or indicators included, Nutrition objective: Nutrition wasn't directly mentioned in the policy goal, but it was mentioned as one of the services to be delivered in the health package (IYCN, IMAM, micronutrient malnutrition, clinical malnutrition). | Malnutrition is considered as a national concern, although there were some progresses in the prevalence of stunting and wasting. The overall goal of the document was to improve and maintain the health status of the population by delivering high-quality health care services, but the document almost captured all the core nutrition actions related to health. |

Stream 1: Qualifying whether nutrition is broadly reflected by strategy frameworks (1/5)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|--|-------------------|---|---|
| National Health Sector Strategic Plan* (NHSSP) | 2021-2025 | Yes, nutrition objectives &/or indicators included Nutrition objectives : The strategic objectives stated the commitment of the country to support IYCF counselling, and gender equality and girls' protection. The specific objectives aimed to promote good nutrition and healthy eating of the population by 2025 and improve access to potable water, hygiene, and sanitation. | Malnutrition is not identified as a concern. The document focused on developing responsive and resilient health systems, which also included nutrition. Nutrition-related objectives were mentioned under the pillar of "Disease Prevention, Health Promotion, and Healthy Environments". This pillar focused on nutrition, early detection and response to childhood delayed development, reproductive health, and disease prevention. |
| Sierra Leone National RMNCAH Strategy (NRMNCA H-S) | 2017-2021 | Yes, nutrition objectives &/or indicators included. Nutrition-related objectives: To improve access to and the utilisation of maternal and child health services. Nutrition was acknowledged as one of the priority areas. Nutrition Indicators: 1. Exclusive breastfeeding for 6 months, 2. Breastfeeding initiation in 1hour, 3. % of stunting, 4. % of wasting, 5. % children receiving proper immunization, 6. % of 6-59 months given micronutrient suppl., 7. % of population handwashing with soap, 8. % or population using safely managed | Malnutrition is acknowledged to be a problem and nutrition was acknowledged as one of the priority areas. Some impact indicators were missing. The RMNCAH-S lacks the following from last strategy iteration: deworming, cash transfers and omits highlighting the greater risk of malnutrition for children who have adolescent mothers that often have no education. Strategy lacks inclusion of fortification, feeding during emergency situations Gender inclusion is weak- reference ties to "access to quality RMNCAH services is a right" and serves only as guiding principle |
| National Strategic Plan on HIV/AIDS * (NSPHA) | 2016-2020 | Yes, nutrition objectives &/or indicators included. Nutrition-related targets: 95% of all HIV+ adults and adolescents receive comprehensive treatment, including nutritional support by 2020 HIV+ mothers attain viral load suppression during pregnancy, labour and over the entire period of breastfeeding to 95% by 2020 Nutrition-related indicators: % of HIV + mothers that attain viral load suppression during pregnancy, labour and over the entire period of breastfeeding % of HIV-exposed infants that receive the full dose of prophylactic ARVs | Malnutrition is not identified as a concern. There is a lack of detailed nutrition interventions mentioned that can be related to the nutrition- related targets, such as promotion of EBF, IYCF, etc. The NSPHA includes social protection as an objective. It also specifies the importance of monitoring and ensuring access to integrated services (to include care, food and nutrition support), water, housing for PLWHA and TB. |

Stream 1: Qualifying whether nutrition is broadly reflected by strategy frameworks (2/5)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|---|-------------------|--|---|
| Sierra Leone Malaria Control Strategic Plan* (MCSP) | 2016-2020 | Yes, nutrition objectives &/or indicators included Nutrition-related objectives : Reduce the levels of malaria morbidity by 50% and reduce mortality by 25% by 2015. Increase access to community-based treatment for uncomplicated malaria (100%) to all rural communities Increase the % of persons, including pregnant women and U5, using at least one prevention method (i.e. LLINs, IRS) from 25.9% to 100% by end of 2015 Nutrition-related indicators: % of pregnant women receiving IPT/LLIN during ANC % of pregnant women who slept under LLINs % of pregnant women who slept under LLINs | Malnutrition is not acknowledged as a problem. The document focused on reducing malaria cases in the country by scaling up malaria prevention and treatment. The malaria prevalence was stated to be 43% and was higher in urban vs rural areas (48 vs 28%) The NMCSP does highlight the need to strengthen the malaria component of IMNCI, however does not mention linkages between malaria and malnutrition. |
| National Strategic Plan for Blood Safety*(NS PBS) | 2011-2014 | No nutrition objectives &/or indicators included. | Malnutrition is acknowledged to be the main cause of morbidity for the population above 5 years of age. Maternal mortality was also mentioned to be very high. The NSPBS highlights the need to ensure that every citizen in need of blood transfusion has access to safe blood. |
| Human Resources for Health Strategy (HRHS) | 2017-2021 | No nutrition objectives &/or indicators included. | Malnutrition is not acknowledged as a problem, but the document mentioned the disease burden of malaria (406 IR per 1000), TB (310 IR per 100000), and HIV (1.3%). The document focused on developing a resilient health workforce to deliver high quality health care services by 2025. The document mostly regulated the recruitment, training, and monitoring procedures of the health workforce. |

Stream 1: Qualifying whether nutrition is broadly reflected by strategy frameworks (3/5)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|--|-------------------|---|---|
| National Health Promotion Strategy of Sierra Leone (NHPS) | 2017-2021 | Yes, nutrition objectives &/or indicators included Nutrition objectives : Maternal infant and young child nutrition Integrated management of acute malnutrition and micronutrients Use of bed-nets for malaria prevention Expanded immunization Increase community based care, and clinical nutrition Increase nutrition surveillance and research | The NHSP situation analysis mentions that the maternal nutritional status impacts that of its child, and nutritional education is lacking. Less than half of newborns are breastfed during the first hour, 41% of children are not exclusively breastfed and 63.6 % of children under two do not have the minimum dietary diversity. NHSP also addressed the misused of RUTF and commit to focusing on the issue. Malnutrition is acknowledged as a national concern. The NHSP notes that 28.8% of children are stunted, and four out of five children are anaemic. The NHSP's priority audience is older adolescents (15-19 years old). |
| Sierra Leone Education Sector Capacity Developme nt Strategy (ESCD-S) | 2012-2016 | No nutrition objectives &/or indicators included. | Malnutrition is not acknowledged as a national concern . The document focused on improving the stakeholders capacity to plan and deliver educational services. There was no mention of nutrition in the document, although one of its focuses was early childhood care and education. |
| Sierra Leone National Energy Strategic Plan*(NES P) | 2009- | Yes, nutrition objectives &/or indicators included. Nutrition-related objectives: 50% penetration of refrigeration systems for food and vaccines preservation by 2015, 100% penetration of refrigeration systems for food and vaccines preservation by 2020 | Malnutrition is not acknowledged as a national concern. The document highlighted the importance of using newer technology to improve food production and supply. It also aimed to support women empowerment by developing sustainable energy and rural electrification schemes. |

Stream 1: Qualifying whether nutrition is broadly reflected by strategy frameworks (4/5)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|--|-------------------|---|---|
| Multi Sector Strategic Plan To Reduce Malnutrition (MSSPRM) | 2019-2025 | Yes, nutrition objectives &/or indicators included Nutrition objectives : By 2025, to reduce the prevalence of stunted children under 5 years of age (U5C) to 25% from 2017/18 baseline levels. By 2025, to reduce the prevalence of wasting among children under 5 years of age (U5C) to less than 5% from 2017/18 baseline levels. By 2025, to reduce by 20% the prevalence of iodine and vitamin A deficiencies in U5C, adolescents, PLW25 & WRA from 2017/18 baseline levels. Nutrition Indicators: Prevalence of stunting (31.3%), 2. Prevalence of underweight (13.6%), 3. Prevalence of SAM (1%) and MAM (4%), 4. Prevalence of EBF (61.6%), 5. Access to safe water source (68.6%), 6. Household Food Security, etc | Malnutrition is acknowledged as a national concern. The document addressed malnutrition in a detailed manner. Both nutrition-specific and nutrition-sensitive interventions were addressed. Although behaviour change strategy (such as EBF, institutional delivery, postpartum FP, etc) was mentioned, it's recommended to also address the issue of the misuse of RUTF. |
| National Multi- Sectoral strategy to prevent and control anemia (NMSSPCA) | 2018-2025 | Yes, nutrition objectives &/or indicators included. Nutrition objectives: 1 Improve micronutrient intake and diet quality, 2. Improve Prevention and Control of Infections, 3. Improve Reproductive Health and Delivery Care, 4. Improve Integrated Platforms to Deliver Anemia Interventions, 5. Improve Education of Girls and Women, 6. Improve Prevention of Chronic Infections and Specialized Health Conditions. Nutrition-related indicators: 1. Any anemia (CU5: 60%, WRA: 35%), 2. Severe anemia (CU5: 4%, WRA: 0.75%), 3. Moderate anemia (CU5: 37%, WRA: 16%), 4. Mild anemia (CU5: 20%, WRA: 19%), 5. Malaria (CU5: 20%, WRA:28%), 6. Soil-transmitted helminths (<20% in each individual site), 7. Schitosomasis in the seven endemic districs (<10%) | Malnutrition is acknowledged as a national concern. The document aknowledged that the country's anemia prevalence was among the highest in the world. The prevalence for children underfive was 76%, among pregnant women was 70%, and among WRA was 45%. The document also addressed the prevalence of inflammation, malaria, vitamin A deficiency, and iron deficiency. The document well-covered the CNAs, including education, WASH, and food safety. The provision of Vitamin A and IFA supplements at school should be considered as one of the delivery mechanisms, especially for girls enrolled in school. |
| Environme nt Protection Agency Strategic Plan (EPASP) | 2017-2021 | No nutrition objectives &/or indicators included. | Malnutrition is not acknowledged as a national concern. There is no linkage between environmental health and nutrition addressed in the document. The document focused on ensuring the use of natural resources sustainably and contributing to poverty reduction by enchancing environment management and protection. The health sector will be responsible in scaling up the environmental health programmes to reduce and prevent environment-related illness and improve access to good hygiene and sanitation. |

Stream 1: Qualifying whether nutrition is broadly reflected by strategy frameworks (5/5)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|--|-------------------|---|--|
| Sierra Leone Non- Communica ble Diseases (NCDs) Strategic Plan (NCDSP) | 2020-2024 | Yes, nutrition objectives &/or indicators included Nutrition-related objectives : To reinforce leadership and strengthen capacity of the health system for prevention and control of NCDs (nutrition education, food safety), Promotion of healthy lifestyles and reduce risk factors using health promotion strategies (focus on behavior change interventions, such as: nutrition education and counselling, mass nutrition education) Nutrition Indicators: Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years (TBD), 2. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (TBD), 4. Age-standardized prevalence of raised blood glucose (TBD), 5. Prevalence of or verweight and obesity in persons aged 18+ years (TBD), 7. Age-standardized prevalence of or verweight and obesity in persons aged 18+ years (TBD), 7. Age-standardized prevalence of overweight and obesity in persons aged 18+ years (TBD), 7. Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years (TBD), | Malnutrition is acknowledged to be a concern that contributes to the high mortality and fertility rates, and significant morbidity in the country. The document stated that the prevalence of stunting was 29.5%, the prevalence of wasting was 5.4%, and the prevalence of underweight was 13.6% in children under five years of age. The % of EBF was 54.1%, the rate of early initiation of breastfeeding was 54.5%. The prevalence of anemia in children U5 was 67.8% (mild: 29.9%, moderate: 35.2%, severe: 2.7%). The prevalence in WRA qas 46.5% (mild: 23%, moderate: 22%, severe: 1.6%). NCDs contributed to 41% of mortality in the country. The document focused on reduce and prevent NCD-related deaths in the population. |
| Sierra Leone Public Health Surveillanc e Strategic Plan (PHSSP) | 2019-2023 | No nutrition objectives &/or indicators included. | Malnutrition is acknowledged as a problem. This was supported by the satement that malnutrition was one of the leading risk factors that caused most deaths and disability. The documents aimed to enhance the capability of the country to perform early detection of priority diseases/public health emergencies, as well as appropriately respond to the situation. There was a lack of linkages between surveillance and malnutrition. It's recommended to input specific methods related to nutrition, such as a routine growth assessment as one of the methods to detect malnutrition. |

Stream 1: Qualifying whether nutrition is broadly reflected by operational plans (1/2)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|--|-------------------|--|--|
| Food and Nutrition Security Policy Implementa tion Plan (FNSPIP) | 2013-2017 | Yes, nutrition objectives &/or indicators included Nutrition-related objectives: Increase commitment to prioritize nutrition in the political and national development agenda, Improve household FS situation, Improve nutritional status through appropriate feeding practices, Nutrition Indicators: Stunting 28.5% by 2017, Underweight 13.1% by 2017, Wasting 4.8%, Overweight 5.6% by 2017 | Malnutrition is acknowledged as a problem. The prevalence of stunting, wasting, and underweight among children under five years of age were 34.1%, 6.9%, and 18.7%, respectively. The rate of EBF was 32%. The rate of complementary feeding (IYCF) was 53%. The % of Vitaimin A supplementation among children under five years of age was 91%. Anemia was still one of the major problems, in which the prevalence of anemia in children and WRA were 76% and 46%. The documents almost covered all of the CNAs, which indicated that the documents both contains nutrition-specific and nutrition-snesitive interventions that were needed by the country. Interventions and indicators were all addressed in a detailed manner. Emergency preparedness was addressed in the document, but no specific intervention was mentioned, such as supplementary feeding/blanket feeding, etc. |
| National Sustainable Agriculture Developme nt Plan (NSADP) | 2010-2030 | Yes, nutrition objectives &/or indicators included Nutrition-related objectives : Creating ABCs Promoting social protection activities such as food for work Home and school gardens Post harvest management of crops Grow what you eat/self sufficiency | Malnutrition is not acknowledged as a problem. There is a lack of linkages between agriculture and nutrition explained in the document. The document well-covered the nutrition-sensitive agriculture interventions, such as the provision of post-harvest management and training, the establishment of Agriculture Business Center (ABC), school and home gardens, as well as some aspects of social protection such as food for work and food for training. The NSADP does not contain nutrition indicators, though it does briefly mention the need to educate farmers about self-sufficiency, gender, youth employment, farmer health (including HIV/AIDS) and environmental sustainability. |

Stream 1: Qualifying whether nutrition is broadly reflected by operational plans (2/2)

| Document | Period covered | Nutrition objectives &/or nutrition indicators included in document | Remarks (e.g. references to nutrition) |
|---|--------------------|---|---|
| National Adaptation Plan (NAP) | 2021- | No nutrition objectives &/or indicators included | Malnutrition was considered as a problem that can occur due to climate change. Gender equality has been integrated to the interventions. The document mostly documented nutrition-sensitive interventions related to environmental health and agriculture. WASH intervention can be added in terms of implementing ODF, as well as nutrition in emergencies. There was a weak link between environmental health, climate change, and nutrition. |
| National Renewable Energy Action Plan (NREAP) | 2015- 2020/2030 | No nutrition objectives &/or indicators included. | Malnutrition is not identified as a problem. The document focused on developing nation's energy sources and utilizing it appropriately so that the country can use the renewable energy potential optimally. Although it didn't specifically addressed any nutrition-specific interventions, it addressed the targets of the utilization of solar water heaters in health care services, school kitchens, boarding schools, and maternities, and modern fuel alternatives for domestic cooking. These targets will indirectly contribute to the well-being and livelihood of the population. |

Detailed Review of Stream 2: Quantifying the inclusion of individual nutrition actions

MTNDP captured 9/33 CNAs, SHP captured 7/33 CNAs, and NNP captured 27/33 CNAs

| | Policies | | | | | | | | | |
|---|--------------------|---------------|------------------|--|--------------------|--------------|------------------|--|--|--|
| CNAs | MTNDP 2019-2023 | SHP 2020- | NNP 2022-2030 | CNAs | MTNDP 2019-2023 | SHP 2020- | NNP 2022-2030 | | | |
| Nutrition education | × | \checkmark | \checkmark | Provide food to patients with TB /HIV | × | × | ✓ | | | |
| Mass nut. education | × | × | | Supplementary feeding during emergencies | × | × | ~ | | | |
| Eat what you grow practices | × | \checkmark | | Vitamin A suppl. | × | × | | | | |
| Fortification | × | × | | Micronutrient powders | × | × | 1 | | | |
| lodized salt | × | × | | Iron, folic acid suppl. | × | X | | | | |
| Food safety laws Food fortification standard | × | ✓ ✓ | | Deworming | × | × | 1 | | | |
| Bio fortification | × | X X | × | ITNs | × | × | × | | | |
| Ruminants revolving fund | × | • • | | ODF | × | × | × | | | |
| Agro-business-centers | <u> </u> | <u>×</u> × | | Improved handwashing | | | | | | |
| Provide credit/loan facilities | | | | Improved sanitation Excl. breastfeeding | ✓ ✓ | | | | | |
| Community gardens | × | X X | 1 | Anthropo. assessments | X | × | | | | |
| Hospital gardens | × | x | × | Complementary feeding | | × | | | | |
| Post-harvest mgt. of crops | × | x | × | Cash Transfers | | X | | | | |
| Treatment of MAM | × | <u>x</u> | | Food for work | √ | × | | | | |
| Treatment of SAM | x | X | | Girls school enrolment | √ | \checkmark | × | | | |
| | ~ | | V | GE & women empowerment | \checkmark | × | √ 99 | | | |

MHP included none of the CNAs, NPP captured 3/33 CNAs, and NCCP only captured 1/33 CNAs

| | Policies | | | | | | | | | |
|--|------------------|--------------|---------------|---|------------------|--------------|---------------|--|--|--|
| CNAs | MHP 2010-2015 | NPP 2018- | NCCP 2021- | CNAs | MHP 2010-2015 | NPP 2018- | NCCP 2021- | | | |
| Nutrition education | × | × | × | Provide food to patients with TB /HIV | × | × | × | | | |
| Mass nut. education | × | × | × | Supplementary feeding during emergencies | × | × | × | | | |
| at what you grow practices | × | × | × | Vitamin A suppl. | × | × | × | | | |
| Fortification | × | × | × | Micronutrient powders | × | × | X | | | |
| lodized salt | × | × | × | Iron, folic acid suppl. | × | x | x | | | |
| Food safety laws | * | × | × | Deworming | × | * | × | | | |
| Food fortification standard Bio fortification | × | X | X | ITNs | × | × | × | | | |
| | × | × | X | ODF | × | × | × | | | |
| Ruminants revolving fund | × | × | × | Improved handwashing | × | × | × | | | |
| Agro-business-centers | × | × | × | Improved sanitation | × | \checkmark | × | | | |
| Provide credit/loan facilities | × | × | × | Excl. breastfeeding | × | × | × | | | |
| Community gardens | × | × | × | Anthropo. assessments | × | × | × | | | |
| Hospital gardens | × | × | × | Complementary feeding | × | × | × | | | |
| Post-harvest mgt. of crops | × | × | × | Cash Transfers | × | × | × | | | |
| Treatment of MAM | × | × | × | Food for work | X | × | × | | | |
| Treatment of SAM | × | × | × | Girls school enrolment | × | | X | | | |
| | | | | GE & women empowerment | × | \checkmark | 100 | | | |

RNCHP captured 6/33 CNAs, NYP captured 3/33 CNAs, whereas HRHP only captured 2/33 CNAs

| | | | | Policies | | | |
|--|---|------------------|-------------------|--|--------------------|------------------|-------------------|
| CNAs | RNCHP 2011-2015 | NYP 2020-2025 | HRHP 2012-2016 | CNAs | RNCHP 2011-2015 | NYP 2020-2025 | HRHP 2012-2016 |
| Nutrition education | × | × | \checkmark | Provide food to patients with TB /HIV | × | × | × |
| Mass nut. education | × | × | × | Supplementary feeding during emergencies | × | × | × |
| Eat what you grow practices | × | × | × | Vitamin A suppl. | × | × | × |
| Fortification | × | × | × | Micronutrient powders | x | × | × |
| lodized salt | X | × | × | Iron, folic acid suppl. | × | x | x |
| Food safety laws | × | X | × | Deworming | × | X | × |
| Food fortification standard Bio fortification | X | X X | X | ITNs | × | × | × |
| | X | | <u>×</u> | ODF | × | × | × |
| Ruminants revolving fund | X | X | × | Improved handwashing | \checkmark | × | × |
| Agro-business-centers | × | | × | Improved sanitation | | × | × |
| Provide credit/loan facilities | × | × | × | Excl. breastfeeding | \checkmark | × | × |
| Community gardens | × | × | × | Anthropo. assessments | × | × | × |
| Hospital gardens | × | × | × | Complementary feeding | \checkmark | × | × |
| Post-harvest mgt. of crops | × | × | × | Cash Transfers | × | × | × |
| Treatment of MAM | Image: A start of the start of | × | × | Food for work | × | × | × |
| Treatment of SAM | | × | × | Girls school enrolment | × | \checkmark | × |
| | | - | ••• | GE & women empowerment | × | \checkmark | 101 |

NCHWP captured 11/33 CNAs, NHSP captured 12/33 CNAs

| | | Policies | | | | | | | |
|---|--------------------|---------------|---|--|--|--|--|--|--|
| CNAs | NCHWP 2016-2020 | NHSP 2021- | NCHWP NHSP CNAs 2016-2020 2021- | | | | | | |
| Nutrition education | \checkmark | \checkmark | Provide food to patients with TB /HIV | | | | | | |
| Mass nut. education | × | \checkmark | Supplementary feeding during emergencies | | | | | | |
| Eat what you grow practices | * | × | Vitamin A suppl. | | | | | | |
| Fortification | × | × | Micronutrient powders | | | | | | |
| lodized salt | × | × | Iron, folic acid suppl. | | | | | | |
| Food safety laws Food fortification standard | X | × | Deworming | | | | | | |
| Bio fortification | ×× | × | ITNs 🖌 🔀 | | | | | | |
| Ruminants revolving fund | - | | ODF 🖌 🗸 | | | | | | |
| | × | X | Improved handwashing | | | | | | |
| Agro-business-centers Provide credit/loan facilities | ×× | X | Improved sanitation | | | | | | |
| Community gardens | x | X | Excl. breastfeeding Image: Constraint of the second se | | | | | | |
| Hospital gardens | x | X | Complementary feeding | | | | | | |
| Post-harvest mgt. of crops | | X X | Cash Transfers | | | | | | |
| | | <u> </u> | Food for work | | | | | | |
| Treatment of MAM | | | Girls school enrolment | | | | | | |
| Treatment of SAM | \checkmark | \checkmark | GE & women empowerment | | | | | | |

102

UNSDCF included 10/33 CNAs, whereas BPEHS included 14/33 CNAs

| CNAs | UNSDCF 2020-2023 | BPEHS 2015-2020 | CNAs | UNSDCF 2020-2023 | BPEHS 2015-2020 | |
|---|---------------------|--------------------|--|---|----------------------|-----|
| Nutrition education | X | \checkmark | Provide food to patients with TB /HIV | × | \checkmark | |
| Mass nut. education | × | × | Supplementary feeding during emergencies | Image: A start of the start of | × | |
| at what you grow practices | × | × | Vitamin A suppl. | × | _ | |
| Fortification | × | × | Micronutrient powders | X | | |
| lodized salt | <u>×</u> | × | Iron, folic acid suppl. | X | | |
| Food safety laws Food fortification standard | XX | × | Deworming | × | | |
| Bio fortification | x | × | ITNs | × | | |
| | ••• | <u>×</u> | ODF | \checkmark | × | |
| Ruminants revolving fund | × | × | Improved handwashing | \checkmark | | |
| Agro-business-centers | X | × | Improved sanitation | \checkmark | | |
| Provide credit/loan facilities | X | × | Excl. breastfeeding | × | | |
| Community gardens | × | × | Anthropo. assessments | X | \checkmark | |
| Hospital gardens | × | × | Complementary feeding | × | \checkmark | |
| Post-harvest mgt. of crops | X | × | Cash Transfers | \checkmark | × | |
| Treatment of MAM | | | Food for work | \checkmark | × | |
| | | | Girls school enrolment | ~ | × | |
| Treatment of SAM | \checkmark | ✓ | GE & women empowerment | | × | 103 |

NHSSP captured 2/33 CNAs, NRMNCAH-S captured 13/33 CNAs, and NSPHA only included 2/33 CNAs

| | | | Strat | egies | | | |
|---|--------------------|------------------------|--------------------|--|--------------------|------------------------|--------------------|
| CNAs | NHSSP 2021-2025 | NRMNCAH-S 2017-2021 | NSPHA 2016-2020 | CNAs | NHSSP 2021-2025 | NRMNCAH-S 2017-2021 | NSPHA 2016-2020 |
| Nutrition education | × | \checkmark | × | Provide food to patients with TB /HIV | × | × | \checkmark |
| Mass nut. education | × | × | X | Supplementary feeding during emergencies | × | × | × |
| Eat what you grow practices | × | × | × | Vitamin A suppl. | × | ~ | × |
| Fortification | × | × | X | Micronutrient powders | X | | X |
| lodized salt | <u>×</u> | X | X | Iron, folic acid suppl. | × | \checkmark | × |
| Food safety laws Food fortification standard | X X | X | X | Deworming | × | | X |
| Bio fortification | Â. | X | X X | ITNs | × | | × |
| Ruminants revolving fund | × | × | | ODF | × | × | × |
| | × | | × | Improved handwashing | | | × |
| Agro-business-centers Provide credit/loan facilities | x | X | X X | Improved sanitation | | | <u>×</u> |
| Community gardens | × | <u>×</u> | | Excl. breastfeeding | X X | | ×× |
| Hospital gardens | x | | X | Anthropo. assessments Complementary feeding | x | | x |
| Post-harvest mgt. of crops | x | X | X | Cash Transfers | <u>×</u> | × | <u>×</u> |
| | | × | × | Food for work | x | x | x |
| Treatment of MAM | × | | X | Girls school enrolment | × | × | × |
| Treatment of SAM | × | ~ | × | GE & women empowerment | X | × | 104 |

MCSP included 1/33 CNAs, NSPBS included 13/33 CNAs, whereas HRH-S only included 2/33 CNAs

| | | | | Strategies | | | |
|--------------------------------|-------------------|--------------------|--------------------|---|-------------------|--------------------|--------------------|
| CNAs | MCSP 2016-2020 | NSPBS 2011-2014 | HRH-S 2017-2021 | CNAs | MCSP 2016-2020 | NSPBS 2011-2014 | HRH-S 2017-2021 |
| Nutrition education | × | \checkmark | \checkmark | Provide food to patients with TB /HIV | × | \checkmark | × |
| Mass nut. education | × | × | × | Supplementary feeding during emergencies | × | × | X |
| Eat what you grow practices | × | × | × | Vitamin A suppl. | X | | × |
| Fortification | × | × | × | | - | | |
| lodized salt | × | X | × | Micronutrient powders | × | | X |
| Food safety laws | × | X | × | Iron, folic acid suppl. | × | ✓ | X |
| Food fortification standard | × | × | × | Deworming | × | × | X |
| Bio fortification | × | × | × | ITNs | | | X |
| Ruminants revolving fund | × | × | × | ODF | × | × | × |
| | • • | • • | - | Improved handwashing | × | | X |
| Agro-business-centers | × | × | × | Improved sanitation | X | | X |
| Provide credit/loan facilities | × | × | × | Excl. breastfeeding | × | | × |
| Community gardens | × | × | × | Anthropo. assessments | × | × | × |
| Hospital gardens | × | × | × | Complementary feeding | × | \checkmark | × |
| Post-harvest mgt. of crops | × | × | × | Cash Transfers | × | X | × |
| Treatment of MAM | × | | × | Food for work | × | × | × |
| | • | _ | x | Girls school enrolment | × | × | × |
| Treatment of SAM | × | • | ~ | GE & women empowerment | × | \checkmark | 105 |

NHP-S captured 10/33 CNAs, ESCD-S captured 2/33 CNAs, whereas NESP captured 1/33 CNAs

| | | | | Strategies | | | |
|--------------------------------|--------------------|---------------------|---------------|---|--------------------|---------------------|---------------|
| CNAs | NHP-S 2017-2021 | ESCD-S 2012-2016 | NESP 2009- | CNAs | NHP-S 2017-2021 | ESCD-S 2012-2016 | NESP 2009- |
| Nutrition education | × | × | × | Provide food to patients with TB /HIV | \checkmark | × | × |
| Mass nut. education | \checkmark | × | × | Supplementary feeding during emergencies | ~ | × | × |
| Eat what you grow practices | \checkmark | × | × | Vitamin A suppl. | × | × | × |
| Fortification | × | X | × | Micronutrient powders | | x | X |
| lodized salt | × | × | × | Iron, folic acid suppl. | × | x | x |
| Food safety laws | × | × | × | Deworming | × × | × | × |
| Food fortification standard | × | × | × | ITNs | | x | x |
| Bio fortification | × | × | × | ODF | × | × | × |
| Ruminants revolving fund | × | × | × | Improved handwashing | × | x | x |
| Agro-business-centers | × | × | × | Improved sanitation | x | x | X |
| Provide credit/loan facilities | × | × | × | Excl. breastfeeding | X | × | × |
| Community gardens | × | × | × | Anthropo. assessments | X | × | X |
| Hospital gardens | × | × | × | Complementary feeding | × | × | × |
| Post-harvest mgt. of crops | × | × | × | Cash Transfers | X | × | × |
| Treadment of MANA | | × | × | Food for work | X | × | × |
| Treatment of MAM | | • | • | Girls school enrolment | ~ | \checkmark | × |
| Treatment of SAM | ~ | × | × | GE & women empowerment | \checkmark | \checkmark | 106 |

MSSPRM included 18/33 CNAs, NMSSPCS captured 22/33 CNAs, however EPASP only captured 3/33 CNAs

| | Strategies | | | | | | | | | |
|--------------------------------|---------------------|----------------------|--------------------|---|---------------------|----------------------|--------------------|--|--|--|
| CNAs | MSSPRM 2019-2025 | NMSSPCS 2018-2025 | EPASP 2017-2021 | CNAs | MSSPRM 2019-2025 | NMSSPCS 2018-2025 | EPASP 2017-2021 | | | |
| Nutrition education | \checkmark | \checkmark | × | Provide food to patients with TB /HIV | × | \checkmark | × | | | |
| Mass nut. education | × | \checkmark | × | Supplementary feeding during emergencies | \checkmark | × | × | | | |
| Eat what you grow practices | × | × | × | Vitamin A suppl. | | <u> </u> | X | | | |
| Fortification | × | \checkmark | × | Micronutrient powders | × | ~ | × | | | |
| lodized salt | \checkmark | × | × | Iron, folic acid suppl. | X | | × | | | |
| Food safety laws | | | × | Deworming | | | × | | | |
| Food fortification standard | | | X | ITNs | \checkmark | | × | | | |
| Bio fortification | X | X | × | ODF | × | \checkmark | × | | | |
| Ruminants revolving fund | × | × | X | Improved handwashing | \checkmark | \checkmark | × | | | |
| Agro-business-centers | \checkmark | | × | Improved sanitation | \checkmark | | × | | | |
| Provide credit/loan facilities | × | | × | Excl. breastfeeding | \checkmark | \checkmark | × | | | |
| Community gardens | | | | Anthropo. assessments | | × | × | | | |
| Hospital gardens | × | × | × | Complementary feeding | | | × | | | |
| Post-harvest mgt. of crops | × | \checkmark | × | Cash Transfers | \checkmark | × | × | | | |
| Treatment of MAM | × | × | × | Food for work | × | × | × | | | |
| Treatment of SAM | × | × | × | Girls school enrolment | | | <u> </u> | | | |
| | | | | GE & women empowerment | ~ | \checkmark | 107 | | | |

NCDSP captured 3/33 CNAs, whereas PHSPP only captured 1/33

| | | Strategies | | | | | | | | |
|--|--------------------|----------------------------|--|--------------------|----------------------------|--|--|--|--|--|
| CNAs | NCDSP 2020-2024 | PHSSP (Draft) 2019-2023 | CNAs | NCDSP 2020-2024 | PHSSP (Draft) 2019-2023 | | | | | |
| Nutrition education | \checkmark | × | Provide food to patients with TB /HIV | × | × | | | | | |
| Mass nut. education | \checkmark | × | Supplementary feeding during emergencies | × | × | | | | | |
| Eat what you grow practices | × | × | Vitamin A suppl. | × | × | | | | | |
| Fortification | × | × | Micronutrient powders | × | × | | | | | |
| lodized salt | × | × | Iron, folic acid suppl. | × | × | | | | | |
| Food safety laws | | | Deworming | × | × | | | | | |
| Food fortification standard Bio fortification | ×× | X X | ITNs | × | × | | | | | |
| | • · | | ODF | × | × | | | | | |
| Ruminants revolving fund | × | × | Improved handwashing | × | × | | | | | |
| Agro-business-centers | × | × | Improved sanitation | × | × | | | | | |
| Provide credit/loan facilities | × | × | Excl. breastfeeding | × | × | | | | | |
| Community gardens | × | × | Anthropo. assessments | × | × | | | | | |
| Hospital gardens | × | × | Complementary feeding | × | × | | | | | |
| Post-harvest mgt. of crops | × | × | Cash Transfers | × | × | | | | | |
| Treatment of MAM | X | × | Food for work | × | × | | | | | |
| | • | • | Girls school enrolment | × | × | | | | | |
| Treatment of SAM | × | × | GE & women empowerment | X | × | | | | | |

The FNSPIP is very inclusive of CNAs (32/33), NSADP only captured 5/33 CNAs

| | Plans | | | | | | | | |
|--------------------------------|---|--------------------|---|---------------------|--------------------|--|--|--|--|
| CNAs | FNSPIP 2013-2017 | NSADP 2010-2030 | CNAs | FNSPIP 2013-2017 | NSADP 2010-2030 | | | | |
| Nutrition education | \checkmark | × | Provide food to patients with TB /HIV | \checkmark | \checkmark | | | | |
| Mass nut. education | \checkmark | × | Supplementary feeding during emergencies | ~ | × | | | | |
| Eat what you grow practices | | X | Vitamin A suppl. | | X | | | | |
| Fortification lodized salt | | X | Micronutrient powders | | x | | | | |
| Food safety laws | | X | Iron, folic acid suppl. | | x | | | | |
| Food fortification standard | 1 | X | Deworming | ~ | × | | | | |
| Bio fortification | \checkmark | × | ITNs | \checkmark | × | | | | |
| Ruminants revolving fund | Image: A start of the start of | × | ODF | \checkmark | × | | | | |
| Agro-business-centers | Image: A start of the start of | | Improved handwashing | | X | | | | |
| Provide credit/loan facilities | \checkmark | × | Improved sanitation Excl. breastfeeding | <u> </u> | <u>×</u> × | | | | |
| Community gardens | \checkmark | × | Anthropo. assessments | | x | | | | |
| Hospital gardens | × | × | Complementary feeding | 1 | × | | | | |
| Post-harvest mgt. of crops | \checkmark | \checkmark | Cash Transfers | | × | | | | |
| Treatment of MAM | ~ | × | Food for work | \checkmark | \checkmark | | | | |
| Treatment of SAM | | × | Girls school enrolment | \checkmark | × | | | | |
| | - | ••• | GE & women empowerment | | | | | | |

NAP captured 5/33 CNAs, whereas NREAP only included 1/33 CNAs

| | | | Plans | | |
|--------------------------------|-------|----------------|---------------------------------------|--------------|----------------|
| 0114 | NAP | NREAP | | NAP | NREAP |
| CNAs | 2021- | 2015-2020/2030 | CNAs | 2021- | 2015-2020/2030 |
| Nutrition education | × | × | Provide food to patients with TB /HIV | × | × |
| Mass nut. education | × | × | Supplementary feeding | X | × |
| Eat what you grow practices | X | × | during emergencies | | |
| Fortification | × | × | Vitamin A suppl. | × | × |
| lodized salt | x | x | Micronutrient powders | × | × |
| Food safety laws | x | x | Iron, folic acid suppl. | × | × |
| Food fortification standard | x | × | Deworming | × | × |
| Bio fortification | | × | ITNs | × | × |
| Ruminants revolving fund | × | × | ODF | × | × |
| | | | Improved handwashing | \checkmark | × |
| Agro-business-centers | | × | Improved sanitation | | × |
| Provide credit/loan facilities | × | × | Excl. breastfeeding | × | × |
| Community gardens | × | × | Anthropo. assessments | × | × |
| Hospital gardens | × | × | Complementary feeding | × | × |
| Post-harvest mgt. of crops | × | × | Cash Transfers | × | × |
| Treatment of MAM | X | * | Food for work | × | × |
| Treatment of SAM | x x | X | Girls school enrolment | × | × |
| | ••• | ^ | GE & women empowerment | | |

Country core nutrition actions

A list of the core nutrition actions (CNAs) and their definitions (1/2)

| CNAs | Definitions | | |
|--------------------------------|---|--|--|
| Nutrition education | Provide health and nutrition education | | |
| Mass nut. education | Promote nutrition education and behaviour change through multi media approaches | | |
| Eat what you grow practices | Promote eat what you grow practices (not selling everything) | | |
| Fortification | Implement fortification (including but not limited to of cassava, soya bean) | | |
| lodized salt | Promote consumption of iodised salt | | |
| Food safety laws | Support the development and enactment of food safety laws (including regulations targeting good hygiene practices in food processing facilities) | | |
| Food fortification standard | Promote the adaption of food fortification standards and ensure compliance by the local food industries and importers of food with good inspection, monitoring mechanisms and enforcement | | |
| Bio fortification | • Promote bio fortification of micronutrient rich crops (like orange fleshed sweet potatoes, pumpkin, iron rich beans) | | |
| Ruminants revolving fund | Implement small ruminants revolving fund (pass on program) | | |
| Agro-business-centers | Establish Agricultural Business Centres (ABCs) (including in every chiefdom) | | |
| Provide credit/loan facilities | Provide credit/loan facilities (rice seed as an example) | | |
| Community gardens | Training on creating and maintaining community gardens | | |
| Hospital gardens | Establishment of hospital gardens | | |
| Post-harvest mgt. of crops | Training on post-harvest management of crops | | |
| Treatment of MAM | Treatment of moderate acute malnutrition | | |
| Treatment of SAM | Treatment of severe acute malnutrition | | |

A list of the core nutrition actions (CNAs) and their definitions (2/2)

| CNAs | Definitions | |
|--|---|-----|
| Provide food to patients with TB /HIV | Provide food by prescription to patients with TB and HIV | |
| Supplementary feeding during emergencies | Provide supplementary feeding to vulnerable households during emergency/ disasters | |
| Vitamin A suppl. | Provide Vitamin A supplementation (twice per year) | |
| Micronutrient powders | Provide multiple micronutrient powders | |
| Iron, folic acid suppl. | Provide Iron Folic Acid supplements | |
| Deworming | Provide deworming tablets (two doses) | |
| ITNs | Provide ITNs | |
| ODF | Promote Open Defecation free (ODF) villages | |
| Improved handwashing | Promote improved handwashing practices with water and soap | |
| Improved sanitation | Promote use of improved sanitation | |
| Excl. breastfeeding | Provide exclusive breastfeeding counselling | |
| Anthropo. assessments | Provide Growth monitoring assessments | |
| Complementary feeding | ding • Provide complementary feeding counselling | |
| Cash Transfers | Provide cash transfers | |
| Food for work | Provide food for work | |
| Girls primary school enrolment | Promote girl child primary school enrolment | |
| GE & women empowerment | Promote gender equality and women empowerment (including gender sensitive technologies e.g. labour and energy saving devices) | 113 |

Abbreviations

| Acronym | Definitions | Acronym | Definitions |
|---------|--|---------|---|
| ABCs | agricultural business centres | EBF | exclusive breastfeeding |
| AIDS | Acquired Immunodeficiency Syndrome | ECOWAS | Economic Community of West African States |
| ARVs | antiretrovirals | EPASP | Environment Protection Agency Strategic Plan (EPASP) |
| AUC | African Union Commission | ESCD-S | Sierra Leone Education Sector Capacity Development Stra (ESCD-S) |
| BPEHS | Sierra Leone Basic Package of Essential Health Services (BPEHS) | EU | European Union |
| СНЖ | community health workers | FARA | Forum for Agricultural Research in Africa |
| CNAs | core nutrition actions | FNSPIP | Food and Nutrition Security Policy Implementation Plan (F |
| CSOs | civil society organizations | GPE | Global Partnership for Education |
| CU5 | children under five (years old) | HIV | Human immunodeficiency virus |
| DFID | Department for International Development | HRH-S | Human Resources for Health Strategy (HRHS) |

List of Acronyms

| Acronym | Definitions | Acronym | Definitions |
|---------|---|---------|---|
| HRHP | Human Resources for Health Policy (HRHP) | МАМ | moderate acute malnutrition |
| IFA | Iron/folic acid | MBSSE | Ministry of Basic and Senior Secondary Education |
| IFPRI | International Food Policy Research Institute | MCSP | Sierra Leone Malaria Control Strategic Plan* (MCSP) |
| ΙΙΤΑ | International Institute of Tropical Agriculture | МНР | Mental Health Policy (MHP) |
| IMAM | integrated management of acute malnutrition | MoHS | Ministries of Health and Sanitation |
| IMNCI | integrated management of neonatal and childhood illness | MSSPRM | Multi Sector Strategic Plan To Reduce Malnutrition (MSSPRM) |
| IR | incidence rate | MTNDP | Sierra Leone's National Medium-term Development Plan (MTNDP) |
| ITNs | insecticide-treated bed nets | NAP | National Adaptation Plan (NAP) |
| IYCF | infant and young child feeding | NCCP | National Climate Change Policy (NCCP) |
| KfW | Kreditanstalt für Wiederaufbau | NCDs | Noncommunicable Diseases |

| Acronym | Definitions | Acronym | Definitions |
|-------------|--|------------------|--|
| NCDSP | Sierra Leone Non-Communicable Diseases (NCDs) Strategic Plan (NCDSP) | NREAP | National Renewable Energy Action Plan (NREAP) |
| NCHWP | National Community Health Worker Policy (NCHWP) | NRMNCAH-S | Sierra Leone National RMNCAH Strategy (NRMNCAH-S) |
| NESP | Sierra Leone National Energy Strategic Plan*(NESP) | NSADP | National Sustainable Agriculture Development Plan (NSADP) |
| NGOs | non-government organizations | NSPBS | National Strategic Plan for Blood Safety*(NSPBS) |
| NHP-S | National Health Promotion Strategy of Sierra Leone (NHPS) | NSPHA | National Strategic Plan on HIV/AIDS* (NSPHA) |
| NHSP | National Health and Sanitation Policy (NHSP) | NYP | National Youth Policy (NYP) |
| NHSSP | National Health Sector Strategic Plan* (NHSSP) | ODF | Open Defecation Free |
| NMSSPC S | National Multi-Sectoral strategy to prevent and control anemia (NMSSPCA) | PEPFAR | President's Emergency Plan for AIDS Relief |
| NNP | Sierra Leone National Nutrition Policy (NNP) | PHSSP (DRAFT) | Sierra Leone Public Health Surveillance Strategic Plan (PHSSP) |
| NPP | Sierra Leone National Population Policy (NPP) | PLWHA | people living with HIV/AIDS |

List of Acronyms

| Acronym | Definitions | Acronym | Definitions |
|---------|---|---------|---|
| RNCHP | Reproductive, Newborn And Child Health Policy (RNCHP) | UNFPA | United Nations Population Fund |
| RUTF | Ready-to-Use Therapeutic Feeding | UNICEF | United Nations Children's Fund |
| SAM | severe acute malnutrition | UNSDCF | United Nations Sustainable Development Cooperation Framework Sierra Leone 2020-2023 (UNSDCF) |
| SHP | School Health Policy (SHP) | USAID | United States Agency for International Development |
| тв | tuberculosis | WASH | water, sanitation and hygiene |
| TBD | To be determined | WHO | World Health Organization |
| UNDP | United Nations Development Programme | WRA | women of reproductive age |