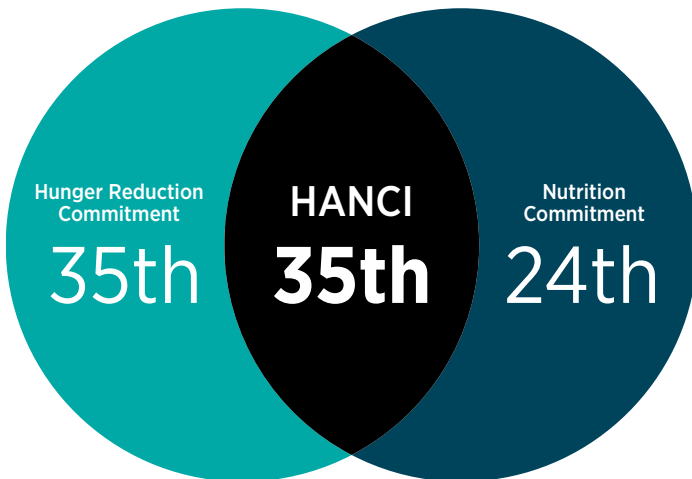


Key data for Sierra Leone



Existing rates of: **Wasting: 9.4%** **Stunting: 37.9%** **Proportion of population underweight: 18.1%**

Source: Government of Sierra Leone (DHS, 2013)





















Strong Performance

- The Government encourages varied agricultural research and extension services, and local farmer organisations are involved in setting policy priorities. The extension system is effective and properly reaches out to poor farmers. Government policies, strategies and mechanisms seek to ensure gender equity in access to extension services.
- Relative to other HANCI countries, Sierra Leone's medium/long term national development policy (The Agenda for Prosperity- the road to middle income status- PRSP III) assigns strong importance to nutrition.
- Sierra Leone instituted a separate budget line for nutrition, enabling transparency and accountability for spending.
- Sierra Leone has introduced a multisectoral and multistakeholder policy coordination mechanism to support delivery of the National Nutrition Policy/Strategy.
- Policymakers in Sierra Leone benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2017.
- The Government of Sierra Leone promotes complementary feeding practices and has achieved two high doses of vitamin A supplementation for 97% of children in 2015.
- In Sierra Leone 97.1% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2013.
- In Sierra Leone, constitutional protection of the right to social security is strong.




Areas for improvement




- Spending on agriculture (4.1% of public spending in 2016), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- Sierra Leone's spending in its health sector (7.9% of public spending in 2015) does not fully meet (15%) commitments set out in the Abuja Declaration.
- In Sierra Leone, law does neither give women economic rights or agricultural land access rights equal to men. This increases women and children's vulnerability to hunger and undernutrition.
- Sierra Leone does not yet have a National Nutrition Policy/Strategy.
- The Government of Sierra Leone has not enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- Weak access to an improved source of drinking water (67.2% in 2015) and an improved sanitation facility (14.5% in 2015) prevents positive outcomes for hunger and nutrition in Sierra Leone.
- In Sierra Leone, constitutional protection of the right to food is weak.
- Social safety nets in Sierra Leone are basic and only cover few risks for a limited number of beneficiaries.




Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45
 Public spending on agriculture as share of total public spending ¹	 4.1%	2016	Joint 28th
 Public spending on health as share of total public spending ²	 7.9%	2015	17th
Policies			
 Access to land (security of tenure) ³	 Moderate	2016	Joint 34th
 Access to agricultural research and extension services ³	 Strong	2013	Joint 14th
 Civil registration system — coverage of live births	 76.7%	2013	17th
 Functioning of social protection systems ³	 Weak	2016	Joint 21st
Laws			
 Level of constitutional protection of the right to food ³	 Weak	2016	Joint 29th
 Equality of women's access to agricultural land (property rights) ⁴	 Not in Law	2014	Joint 41st
 Equality of women's economic rights ⁴	 Not in Law	2014	Joint 26th
 Constitutional right to social security (yes/no)	 Yes	2006	Joint 1st

























¹ Possible scores are:  <75% of agri. spending pledges (AU commitments set out in the Maputo Declaration)  >=75% & <100%  >=100%

² Possible scores are:  <75% of health spending pledges (AU commitments set out in the Abuja Declaration)  >=75% & <100%  >=100%

³ Possible scores are:  Very Weak/Weak  Moderate  Strong/Very Strong

⁴ Possible scores are:  Not in Law  In Law Not in Practice  In Law & Practice

Nutrition Commitment Index (NCI)

Public spending	Score*	Year	NCI Rank of 45
 Separate budget for nutrition (No/Sectoral only/Yes)	 Yes	2017	Joint 1st
Policies			
 Vitamin A supplementation coverage for children	 97%	2015	Joint 8th
 Government promotes complementary feeding (yes/no)	 Yes	2014	Joint 1st
 Population with access to an improved water source	 67.2%	2015	35th
 Population with access to improved sanitation	 14.5%	2015	38th
 Health care visits for pregnant women	 97.1%	2013	6th
 Nutrition features in national development policy ¹	 Strong	2013-2018	11th
 National nutrition policy/strategy (yes/no)	 No	2017	Joint 40th
 Multisector and multistakeholder policy coordination (yes/no)	 Yes	2017	Joint 1st
 Time bound nutrition targets (yes/no)	 Yes	2017	Joint 1st
 National nutrition survey in last 3 years (yes/no)	 Yes	2017	Joint 1st
Laws			
 ICMSB [^] Enshrined in domestic law ²	 Not Enshrined in Law	2016	Joint 33rd

¹ Possible scores are:  Very Weak/Weak  Moderate  Strong/Very Strong (Note: Performance relative to other countries).

² Possible scores are:  Not Enshrined in Law  Few/Many Aspects Enshrined  Fully enshrined.

[^] International Code of Marketing of Breastmilk Substitutes