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Sierra Leone, Malnutrition

Evaluating Malnutrition in Sierra Leone

Recovering from an eleven year Civil War in the 1990s and an Ebola Outbreak in 2014, Sierra Leone has just begun to rebuild its government, economy, and society. Lack of access to food and medical care and high rates of poverty have led to widespread food shortages and high rates of malnutrition. 57.9 percent of the population lives in rural areas (World), many of them not having adequate access to electricity, hygienic facilities, doctors, or housing. Solutions for malnutrition range from community gardens to informational programs. Malnutrition in Sierra Leone is an ongoing problem caused by widespread poverty that will take a lot of time and effort to solve (Sesay).

Sierra Leone's government is a presidential republic, and the current president is Julius Maada Bio (World). In Sierra Leone, there are four distinct geographical regions; mountains, plains, forests, and plateaus (Sierra Leone Geography). Around 21.95% of the land in Sierra Leone is arable, meaning it is farmable land (Sierra Leone Arable). Sierra Leone has a hot and humid climate which is ideal for their main crop, rice. Other food crops include peanuts, sweet potatoes, and cassava. Over ¾ of the population take part in agriculture, both for local production and exportation (Sesay).

Sierra Leone has a population of around 6.3 million people with the largest ethnic populations being Temne and Mende (World). Around 5.9 people are in the average household. Sierra Leone has a large population of young people with about 46% of the population being under 15 years of age as of 2013 (Sierra Leone 2013). Sierra Leoneans in rural areas live in villages of around 200 people. In these villages, houses can be made of mud, bricks, poles, clay, or cement. Education in Sierra Leone is not compulsory but there are primary and secondary schools as well as vocational institutes and colleges available. Sierra Leone has one of the lowest literacy rates in the world (Sesay). Rice is the most eaten food in Sierra Leone. "If I haven't had my rice, I haven't eaten today (Cuisine)." This a saying in Sierra Leone that shows how important rice is to their daily diet (Cuisine).

During the Civil War that lasted from 1991 to 2002, every family was affected. Over 50,000 people were killed, thousands more injured, and millions displaced. This greatly impacted everyone in the country, the economy, infrastructure, and government (Sesay). The Ebola outbreak in 2014 and 2015 killed almost 4,000 in Sierra Leone and there were approximately 14,000 cases (Ebola). The recovery from the Ebola virus cost Sierra Leone millions. Both of these events have led to a continuation of poverty. Sierra Leone is very poor with 70% of the population below the poverty line as of 2004. Because of this, Sierra Leoneans have little access to electricity, clean water, or toilets. Only five percent of the population has access to electricity and 22% have access to improved sanitation (World). Many laborers work in sustenance agriculture, meaning they are on farming for themselves and are therefore not making any money for themselves (Sierra Leone).

Sierra Leone has one of the highest rates of malnutrition in the world. It is responsible for more than half of infant deaths (Mallett). Only 38% of people in Sierra Leone have access to medical care, which is one cause of malnutrition (Sierra Leone). 16% of Sierra Leonean children are underweight. Infant mortality rates are 92 deaths per 1000 live births and under-5 years of age is 156 deaths per every 1000 live births. These rates have decreased in the 15 years before the survey was done by Statistics Sierra Leone. 38% of children under the age of 5 in Sierra Leone are too short for their age, or stunted, which shows chronic malnutrition. Nine percent of children in Sierra Leone are wasted which means they are too thin for how tall they are. This can indicate acute malnutrition (Sierra Leone 2013). A survey done by Action Against Hunger has shown that there was no improvement in the number of malnutrition cases since the Ebola Outbreak (Chronic).

There are many causes of malnutrition. In Sierra Leone, the Civil War and the Ebola outbreak have had a part in it by using up resources and money and impoverishing families. An additional reason in Sierra Leone is bad hygiene. With little access to toilets, soap, and knowledge of hygiene, people are more susceptible to diseases or infections. Diseases can often be linked to malnutrition. Another reason is that they have little access to food. By the time the rainy season comes, many families are running out of food from last year's crop. The rainy season lasts from around May to September and is known as the hungry or lean season because families do not always have enough food. The ways to deal with this are not good for the family: take out a loan or eat smaller/fewer meals. Women and children in Sierra Leone also get less to eat. The gender gap in Sierra Leone is large, and women and children still eat after men, meaning they get less food. During the rainy season, women can also be expected to work in the fields. It may be necessary for their family to eat or to be paid. Sometimes pregnant or lactating women can also be expected to work, which is not healthy for them or for their children (Mallett).

Malnutrition is a complex issue and is widespread in Sierra Leone so it will take a lot of resources and many solutions to ever solve. One solution that has been created is Mothers' Support Groups. This is a community group that gets together to discuss infant and child advice and information on malnutrition. They meet once a week and discuss how they can make sure their families are healthy. The leaders have been trained and inform parents on breastfeeding and also how to give children a healthy and balanced diet. These groups also encourage people to create their own gardens to feed their family. This program was created by the Development Initiative Programme and aided by USAID. They have created 1,400 of these groups in the Port Loko District of Sierra Leone (Mason).

Another example of a program in Sierra Leone combating malnutrition is a supplementary feeding program that is being run by the World Food Programme, partnering with the Sierra Leone Government. This program provides support for malnourished kids. The WFP gives them rations of food and other supplies once a week. There are 63 supplementary centers in Sierra Leone and the program has reached out to almost 50,000 kids. These locations also give information on nutrition and health, provide vaccinations, and monitor child growth (Boima). Welthungerhilfe is a German program whose goal is to improve the state of food and nutrition security. They started working in Sierra Leone after the Civil War was over. They have 178 workers in Sierra Leone that work with the government, society, and private programs. Linking Agriculture and Natural Resource Management towards Nutrition Security is a program with a goal of improving nutrition throughout Sierra Leone. This includes improving hygiene,

encouraging management of natural resources, and providing educating about nutrition. Another section of Welthungerhilfe works with smallholder farms to better the production and nutrition of food on their farms, including which crops they should be planting (Sierra Leone Strategies).

The Hunger Project is an organization that has programs in over 16,000 communities with the goal of ending hunger. They work with the entire community to create a sustainable way to end hunger. They work in many countries, one example being Ghana. In Ghana, they have created 45 epicenter communities. An epicenter is a building built by the community that is the location for people to learn about hunger and start to act. Nearby villages all come to one epicenter to address hunger and poverty move on to the point where it requires no assistance from The Hunger Project. This program is based on self-reliance and focuses on empowering people to get involved and help their communities. It has reached over 324,000 people and has been in Ghana since 1995 (Ghana).

Action Against Hunger is a widespread organization that has saved thousands of people suffering from hunger, malnutrition, and other diseases. They have been in Nigeria since 2010 and have helped over 2 million people. They have programs about health/nutrition, hygiene, helping displaced persons, and sustainable food security. For children under five and mothers, AAH has created supplementary feeding programs and educated families on the importance of nutrition. Cash transfers are given to the most vulnerable households to pay for food. Porridge Moms is a program that has been created to focus on cooking. This includes how to cook nutritious meals. Community Led is another initiative that appoints local people to be in charge of sanitation in their homes/communities (Nigeria).

Malnutrition is an imbalance in nutrients and can lead to weight loss, fatigue, stunting, wasting, and sometimes death. Long-term, malnutrition can cause disease and chronic health issues. In Sierra Leone, it is primarily caused by lack of access to food and specifically nutritious food. Sierra Leone has very high rates of infant and child mortality and half of these deaths are because of malnutrition (Malnutrition). The first 1,000 days of a child's life includes the pregnancy up until their second birthday. Nutrition during this time has a huge impact on the future of the child. Health during this time affects brain development, how well they grow, and how strong their immune system is. Future health problems can sometimes be affected by how nourished a child is in the first few years of their life. Malnourished mothers can give birth to malnourished children and the cycle goes on for generations in a family, making it hard to break the trend. Malnutrition can have a large effect on the country as well, as the government spends millions to end hunger (Why).

A program focusing on the first 1,000 days would be very beneficial to Sierra Leone. Focusing on the first two years of a child's life will set them up to succeed in the future. This initiative would center around pregnant mothers and the two years after birth. This could include educating mothers on nutrition and food, giving supplies/food to the families, ensuring children are breastfed for the first six months, and periodical access to a physician. This program would focus on districts with the highest rates of malnutrition and areas that do not have easy access to these types of resources. Many areas in Sierra Leone are remote, with little access to markets or supplies. These families are growing their own food and often do not get the necessary nutrients. As of 2008, only 6 in every 1000 people had a vehicle (Sierra Leone Motor). Educating mothers and families on nutrition is very important to ensure both the mother

and infant eat enriched foods. This would include what foods to eat, why it is important, and the possible repercussions.

Many women are still very active during their pregnancy because they need to cook meals, take care of the house, and help with farming. It is important to also inform mothers on how to keep fed, hydrated, and safe while pregnant and still working. If needed this program would also give supplies to families, which would include food, supplements, medical supplies, and hygienic items. Nutritious food would be one of the top priorities when giving out supplies. It is important for babies to be breastfed for the first six months as breast milk has the proper nutrients required by infants. At times it may be necessary to give the mother access to a doctor, based on distance or ability to get to the nearest doctor. One problem that may arise is when the mothers would have time to be educated about nutrition or if they live near a town or village. Some pregnant women are still expected to help the family or work in the fields. Members of the program may need to work with families on what time or season would work for them.

This project would need to be led by an organization like UNICEF, The United Nations, USAID, or a non-profit organization that would work with the government of Sierra Leone or a Sierra Leone based organization. The program would need to collaborate with the government to learn of areas needing the most assistance and how to properly execute the plan in a way that will be effective and sustainable. Sierra Leone's previous president introduced the National Food and Nutrition Security Plan which was implemented in 2012 to 2016 (Policy). This Plan worked with the Food and Agriculture Organisation, the United Nations Children's Fund, the World Food Programme, and the World Health Organization. This program shows that the government is aware of and willing to lessen the effects of malnutrition and that there are organizations that are willing to work with them. Fundings could include donations or grants. In order to promote awareness for this program, media like a website or social media platforms could be utilized. Advertising through the organizations that assisted would also be beneficial. Within a community, pregnant women/mothers could come together to discuss what they have learned from the program, what they need, or have meetings with the workers that are from the project. One way of implementing this program without the need of funds would be community meetings. If the women or families continue to meet after the program has already talked with all of them, they could continue to advise each other in the best ways to stay healthy.

Sierra Leone is a small country in western Africa currently led by Julius Maada Bio. Their Civil War ended less than 20 years ago, so the economy, people, and government are still recovering. The Ebola outbreak in 2014 helped to impede any progress that had been made since the end of the war. Both of these events have led Sierra Leone to be one of the poorest countries in the world, which has led to very high malnutrition rates (Sesay). Although there have been many solutions created, it will take an enormous amount of resources and time to ever solve this crisis. A program focusing on the first 1,000 days of a child's life would not only help children live to their second birthday but would help them be healthy for the rest of their life.

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