

SIERRA LEONE CASE STUDY MOH

EMERGENCY CONTEXT

- Post conflict food insecurity
- SAM: 5%
- Program initiated in 2007

INTERVENTION AREA

- CMAM began in November 2007 in four districts
- Western Area is urban, other sites are rural farming communities

CMAM SERVICE SITES

Implemented in MOH facilities and staffed by health facility staff. Community mobilization carried out by existing and newly selected volunteers. Supervised by district nutritionists.

- Inpatient care: 4
- Outpatient care: 20 (5 per district)
- Supplementary feeding or services for MAM: At most sites
- Active community outreach workers/volunteers: Yes

PROCESS OF INTEGRATION

- Many NGOs that previously supported nutrition services have left or are leaving since the end of the conflict. SAM continues to be high in many areas of Sierra Leone.
- CMAM was initially planned to be an MOH program, integrating NGO support into MOH services.
- MOH Department of Nutrition led process with support from UNICEF.
- UNICEF supported an orientation and assisted with development of national guidelines.
- Guidelines endorsed by MOH.
- Valid International returned to assist with training and set up of five pilot sites in each of the four districts.
- Inpatient care initiated in existing inpatient care centers.
- Current status of project (2008): Currently 705 children have been admitted in the CMAM program and 370 have been cured and discharged.

PROGRESS AND CHALLENGES IN INTEGRATION

Enabling Environment for CMAM

- MOH led and implemented process
- Many families cannot afford to pay for the antibiotics

Access to CMAM Services

- Community mobilization and screening carried out by existing volunteer network with some new volunteers.
- Challenge: Peripheral health units require at least two professional staff but not all meet this criterion.
- Not all districts have district nutritionists
- Cases referred to the hospital have difficulty obtaining transportation assistance (from NGOs when available)
- Volunteers used for sensitization often received remuneration in previous work and are not always willing to do screening without an incentive

Access to CMAM Supplies

- RUTF and drugs supplied by UNICEF, transported by MOH/UNICEF
- Reporting cards frequently run out of stock and are not replaced on time leading to lengthy rupture of antibiotics supply chain.
- Insufficient number of MUAC tapes, scales not functioning properly, damaged height boards.

Quality of CMAM Services

- Technical support from Valid International for set-up and initial mentoring
- District nutritionists do not have vehicles to supervise the program
- Need for better quality reporting by supervisors

Competencies for CMAM

- Orientation and in-service training from Valid International
- All pilot sites serve as model for their respective districts