The United Nations Joint Vision at Work in Sierra Leone

Consolidating the Gains

The United Nations Joint Vision is a part of the international community’s response to the needs set out in Sierra Leone’s national recovery strategy, the Agenda for Change. The UN Joint Vision for Sierra Leone aims to enhance the UN’s contribution to the recovery strategy by fully integrating all of its available assets and resources in the country into the following five key areas:

- Consolidation of peace and stability
- Integration of rural areas into the national economy
- Economic and social integration of the youth
- Equitable and affordable access to health
- Accessible and credible public services

United Nations Support to an Equitable and Affordable Access to Health

Ensuring sustainable delivery of priority health interventions that people can afford is central to improving Sierra Leone’s indicators for morbidity and mortality. Along with our many partners, through the Joint Vision, we support the delivery of health services country-wide with the following objectives:

- Improving emergency obstetric and newborn care
- Increasing capacity to carry out vaccination campaigns
- Increasing the rate of breastfeeding
- Ensuring universal coverage of Long Lasting Insecticide-treated Nets and improving the malaria surveillance, monitoring and evaluation capacity of the Ministry of Health
- Increasing training of health personnel
- Strengthening health institutions capacity to plan, budget and procure, monitor and evaluate using appropriate information systems
- Improving supply chain management
- Developing a national reference laboratory
- Providing livelihoods to people living with HIV
- Strengthening government capacity to respond to HIV patients needs and to prevent HIV infection

Sickness from malaria strikes this rural Sierra Leonean community much more rarely since they have received treated bednets and their houses have been sprayed with insecticide. Photo: UNICEF/Olivier Asselin
Hearing the voice of the Youth

Young people under the age of 25 make up 55% of the population in Sierra Leone. The way they chose to channel their energy will shape the nation’s future direction. The views below on peace and security were gathered at a meeting in Makeni, Sierra Leone, during June 2011.

“Now everyone can get help and medication. It feels great.”

“I now feel secure that my sister will get help when she is gonna deliver her baby.”

“It is a very positive change.” “It has had a big impact and changed the mindset of many people here in Sierra Leone.”

“I have a child, and I am happy that I know I can get help for her at all times. And that I don’t have to pay for it.” “Before we could never afford health care for our younger brothers and sisters, now we do.”

“Health is the foundation of everything, so I am happy that they are pushing for a better health care in Sierra Leone.”

“The future is looking bright. It is a great start.”

Indicators of progress

→ In 2010, 50.2% of pregnant women gave birth in institutions (source: MICS4 2010), which is a 25.4% increase since 2009 (source: SLDHS 2009)

→ From 2008 to 2010, the proportion of children having Global Acute Malnutrition using the measurement of weight and height has decreased from 10.2% to 6.9% (source: Nutrition Survey 2010 and SLDHS 2008)

→ From 2008 to 2010, the proportion of underweight children has decreased from 21.1% to 18.7% (source: Nutrition Survey 2010 and SLDHS)

→ 30.3% of all children under five sleep under insecticide-treated bed nets at night, which is an increase by 4.5% since 2009 (source: SLDHS 2009/MICS4 2010)

“For Sierra Leone to be able to reap the benefits of agriculture, tourism and natural wealth, transparency is crucial; transparency by both companies and government in order to maintain credibility, ensure efficient bureaucratic processes and equity and to provide a fair return for the government, the people and the companies investing the country”

The Honourable Henry Bellingham, United Kingdom Minister for Africa
A nation’s future depends on a healthy next generation. Sierra Leone faces a major acute malnutrition problem: of every three children, one is underweight. The United Nations Joint Vision seeks to combat this poor nutrition status which is contributing to the country’s very high rates of child mortality. The story shows how community members are trained to identify children failing to thrive, and are providing the therapeutic feeding, nutritional supplements and know-how needed for recovery and prevention.

Six or seven women sit or sprawl on the iron bedsteads and bare mattresses in the small, hot room known as the Stabilization Centre at Tonkolili, Sierra Leone. Each has a tiny, cloth-wrapped bundle. Some women are lethargic, others have tense, drained faces. Fold back the brightly patterned cloth of any of the bundles and the cause of their exhaustion is revealed: a sick baby, with a red, anguished face and the shrivelled frame that indicates severe malnutrition. Abdullahi Sukuray is the Community Health Officer in charge. “If the women come here too late, the babies die,” he says. “It makes me very sad when that happens. Sometimes I cry. I don’t eat and my wife worries that I find this job really difficult to cope with.”

**A major acute malnutrition problem**
The evidence of malnutrition, low birth weight and stunting clearly demonstrates Sierra Leone’s poverty, marked by its place at the very bottom of the Human Development Index league table. One in three children in the country is underweight, while 284 of every 1000 babies born will die before they reach the age of five.

The UNICEF-supported Stabilization Centres are one part of a massive country-wide effort to change this. The overarching aim is to reduce prevalence of malnutrition and halve the current infant mortality rate. UNICEF is one of 16 agencies working with the UN’s Integrated Peace Building Mission in Sierra Leone on a Joint UN Vision.

**Weight gain in a matter of days**
Mothers usually stay 10 days at a Stabilization Centre while their babies receive therapeutic feeding. As the reinforced foodstuffs start taking effect in days, the babies are regularly monitored for the signs of vital weight gain. For the mothers there is a daily teach-in on subjects such as hand washing with soap and exclusive breastfeeding. Each morning they assemble round the stove in the courtyard and learn about making weaning foods using locally available vegetables and cereals.

Sukuray lists the inevitable precursors of the babies’ malnourished state: the malaria bouts, the frequent diarrhoea attacks. These stem from the conditions in the villages, he says. In some cases mothers are too poorly nourished themselves to have much breast milk (18.7 per cent of Sierra Leone’s children are underweight).

**Outreach and rapid referral saves lives**
Sukuray acknowledges, “It’s not their fault that they don’t know what to do - but these problems should be spotted earlier in the community.” To increase knowledge and help to handle cases better at the village level, a country-wide Community Management of Acute Malnutrition scheme is being supported by UNICEF. Community Management of Acute Malnutrition is implemented at Outpatient Therapeutic Programme sites which receive supplies of Ready to Use Therapeutic food.

“I want to believe that we in Sierra Leone can handle these health problems ourselves. We must make sure all women have a source of clean water, learn about good hygiene and know where to get help when they’re pregnant or have a sick baby.”

Abdullahi Sukuray, Community Health Officer

Therapeutic feeding with specially fortified food - if given to a malnourished child in time - is a life-saving intervention, able to turn round a child’s nutritional status in a matter of days. 

Photo: UNICEF/Olivier Asselin
Community involvement and knowledge is the key

At the Outpatient Therapeutic Programme mothers or caregivers receive a regular distribution of “Plumpy’Nut”, a high-calorie food. Plumpy’Nut helps maintain weight gain in conjunction with the improved diet the mothers have learned to provide. As Sierra Leone moves toward fulfilling the vision of free healthcare for women and children launched by the Government in 2010 Sukuray says, “I want to believe that we can handle these health problems ourselves if we have more prevention at village level and make sure all women have a source of clean water, learn about good hygiene and know where to get help when they’re pregnant or have a sick baby.”

“I love being an entrepreneur,” she says. “People respect me now. I have my own salary and many regular customers; and I have done it all on my own.”

Networking and mutual help

An important part of the project is the network created by the youth involved, a group of about 20 young micro-franchisers. They meet every month to discuss their business problems and possible solutions. Each contributes a small amount to a savings pool used to help out members having financial difficulties. “We take care of each other,” Halima says. Halima’s plan is for her brother to work at the kiosk while she’s getting her business diploma. “I am teaching him how to run it - but it is still my shop!” she says, laughing.

Shifting from supply- to demand-driven

About 400 youth, in four different districts of the country, have gone through the same training as Halima. Other UN-run labour-intensive projects, managed by ILO throughout Sierra Leone, are targeting over 10,000 youth with many gaining skills in construction and road-building. The aim is to shift from supply- to demand-driven support for youth employment. With the current programmes the UN is working to foster an environment where skills’ training is directly linked to labour market demands.

Story from cover page:

“Our family now sleeps under these,” says Marie Misalie, 36, pointing to the two long-lasting, insecticide-treated nets she has received. Marie has three children alive, but lost three to illness, most likely malaria, which in Sierra Leone causes 38 per cent of deaths of children under 5. Marie says once she blamed the deaths on witchcraft but admits, “Now I know I was wrong.” Awareness came with the nets distribution to every household in the community, part of intensified interventions by the government and its partners. Marie’s house – like her neighbours’ - has been sprayed in an Indoor Residual Spraying programme piloted by the Ministry of Health and supported by the United Nations Joint Trust fund, through WHO “If one of us gets ill, it’s really serious,” Marie explains, “since my husband and I work together on our land and our family survives on what we produce…. Thankfully, hardly anyone around here complains of being sick of malaria nowadays,” she adds.
Whilst many country level indicators are slowly improving, it is important to remember where the country was a decade ago in order to put its recovery into perspective. The eleven year civil war (1991 – 2002) devastated Sierra Leone: over 50,000 people died, the country’s infrastructure was destroyed and about one third of its people displaced. Today, celebrating its 50th year of independence, Sierra Leone has experienced peace for just a decade. Safety and security in the country grows and, for a post conflict country, crime is relatively low. In September 2010 the UN Security Council lifted the arms embargo and the last remaining sanctions imposed on the country since the war because the Government had fully re-established control over its territory and all former rebel fighters were disarmed and demobilized. Investor confidence is gradually growing and the country is moving forward to another round of free and fare elections. From a country that received UN Peacekeeping troops to a country that now deploys Peacekeeping troops (to Darfur under UNAMID) Sierra Leone has made remarkable progress.

About Sierra Leone

- population: 5.4 million
- life expectancy at birth: 48 years
- % population female: 51
- % of adults literate: 40
- % of women with no education: 65
- % of women aged 15-49 having undergone Female genital cutting: 94
- % of women married before 18: 62
- % of population under 15: 42
- % of population in urban areas: 40
- % of urbanization per year: 3
- % of undernourished people: 47
- % of children underweight: 30
- % of children stunted: 40
- % births attended by skilled health personnel: 42
- maternal mortality rate: 857 per 100,000 live births
- Under five child mortality rate (per 100 live births): 192
- teenage pregnancy rate: 34%
- Contraceptive prevalence rate: 7%

Remaining Challenges:

- **Poverty and unemployment.** Unemployment is particularly high among youths and ex-combatants. About two thirds of the population engages in subsistence agriculture, which accounts for 52% of national income. Rural to urban drift is a problem as youths seek work in the cities.

- **International crime, drugs and corruption.** Drugs cartels, many from Columbia, increasingly try to use Sierra Leone as transit point to ship drugs to Europe fueling corruption and undermining earlier security and transparency gains.

- **Management of natural resources:** Political stability has attracted back investment in mining and the country is seeing a revival in many areas, notably in bauxite, rutile and iron ore. Off shore oil discoveries were recently confirmed. Minerals are a blessing for any economy, but managed badly they can also be a curse.
Sierra Leone is a successful example of a multi-lateral approach to conflict resolution. Under the general guidance of the UN Security Council, ECOWAS, Nigeria, the EU and the UK played important roles in bringing peace to the country. The focus today is shifting from peace and security and humanitarian operations to recovery activities and long term development.

Whilst many institutions are back on their feet, progress is not uniform and many challenges remain. Donor commitment must not ease off now, since it is crucial to invest in the success achieved, maintain positive momentum and complete what is almost a great triumph for peace in the West Coast of Africa. The shift from peacekeeping to peacebuilding is complete. The UN Joint Vision signifies the start of the next shift from peacebuilding to ongoing recovery and further development. Traditionally this second shift is problematic and difficult to fund. The UN Joint Vision offers 20 well established and Government approved programmes that make a strong contribution to the peace dividend and continued development. Be part of the success through investing your country's voluntary contributions in the UN's Joint Vision for Sierra Leone!

"As a remarkable success story for post conflict reconstruction of Sierra Leone is taking tremendous strides forward. But sustained assistance is still needed to complete this process and consolidate the gains the country has made”

Ambassador McNee, Canada's Permanent Representative to the UN and Chair of the Peacebuilding Commission's Configuration for Sierra Leone

This brochure is a series of five describing how the United nations Joint Vision priorities 1-5 are working in Sierra Leone. To obtain more copies of this brochure, or a full set, or more information on the actual programmes within the Joint Vision please contact: The Strategic Planning Unit, United Nations Integrated Peacebuilding Office in Sierra Leone, Hotel Cabenda, 14 Signal Hill, Freetown, Republic of Sierra Leone.