

LIBERIA

Addressing severe malnutrition in Liberia

Liberia is one of the most impoverished countries in the world. According to the *National Human Development Report 2006*, more than 75 per cent of its population survives on less than a dollar a day. Close to 40 per cent of under-five children are stunted or too short for their age, indicating problems of chronic malnutrition. Nearly 7 per cent of children suffer from acute malnutrition.

One-year-old Zinnah Konneh, who is severely malnourished, lies in bed at a UNICEF-supported therapeutic feeding centre for under-five children. The centre, located in Virginia, Monteserrado County, is run by Aid for the Needy Development Programme, a local non-governmental organization. The centre also receives assistance from the Ministry of Health and the World Food Programme.

Zinnah came to the feeding centre yesterday. The baby immediately received a systematic treatment of folic acid, antibiotics and a check for malaria. "Most of the children have malaria since their immune system has completely broken down," says Cynthia Siapha, one of the two physicians at the centre. A number of children also suffer from tuberculosis. In addition to providing systematic treatment, the centre delivers general medical assistance. To optimize the chance for rapid weight gain the children receive a protein-rich milk blend, called F-100.

The ward is airy and clean – a simple open dormitory with mosquito nets suspended from the ceiling and mattresses on the floor. A radio plays music and mothers nurse their babies or chat with one another.

"We have a big problem with high numbers of teenage mothers in Liberia. They don't know how to take care of their children and most are single mothers. Many of them don't breastfeed. They don't want their breasts to sag, they say, or they feel tied down and want their freedom. We teach them the importance of breastfeeding. It will take some time but eventually the message will spread," says the centre's Director, William Dakel. "Education is what these young mothers need to fight the many faces of poverty," he adds.

Malnutrition is caused by improper or insufficient diet, but water supply, sanitation and hygiene are contributing factors. Children are generally more vulnerable to diarrhoea, and unclean drinking water and poor hygiene practices have a direct impact. Repeated or persistent diarrhoea makes their bodies unable to absorb essential nutrients from food. Not all mothers make this connection. "In illiterate communities it's common to blame spirits. The pot bellies, discolouration of the hair, the swollen body or skeleton-look are often thought to be witchcraft," says William Dakel.

The feeding centre has a screening team that goes into communities to identify malnourished children and their families. More than 85 per cent of admissions to the centre are due to the efforts of this team. If the mother is convinced of the acuteness of her child's condition, both mother and child will be admitted for an average duration of 26 days.

Three weeks ago Michael Clarke brought eight-month-old Princess to the feeding centre. He is one of the few fathers accompanying their malnourished child. "She was so small, almost half of her normal weight. She was very sick and her skin was hard, it was peeling, and she had a running stomach," says the father. Today Princess is astonishingly alert and playful, and shortly the little girl will be back in her community. "We do a lot of counselling. I encourage parents to find the root cause for their child's poor health. It is important that they know the severity of neglect before children are discharged. We don't want to see them return," says Cynthia Siapha.

Malnutrition can cause irreversible brain damage, muscle and tissue deficiency and blindness. If moderately malnourished children are not assisted, their case will become severe. Apart from identifying acute cases, the screening team issues referral slips for supplementary feeding to parents with moderately malnourished children. At a distribution point a few miles from the centre, mothers line up three times a week to receive F-100 rations. They are also given vitamin A, iron/folic acid and de-worming tablets. The mothers receive advice on how basic hygiene practices, such as using latrines and washing hands with soap, can make a difference.

UNICEF supports the therapeutic feeding centre with F-100, high energy biscuits as well as salary incentives for staff, a vehicle, medication, mosquito nets and rice for the parents who are admitted with their children. UNICEF also supports the operational costs of the centre and supplies a generator and fuel.