

CHILD SURVIVAL

Relevant Millennium Development Goals (MDGs)

for child survival are 4, 5 and 6. The likelihood of attaining these goals at current implementation rates is:

Goal #4: Reducing child mortality - probably

Goal #5: Improving maternal health - unlikely

Goal #6: Combating HIV/AIDS – likely, malaria and other diseases - unlikely.

OVERVIEW

Considerable efforts to reduce childhood illnesses and mortality have been made by the Government of Liberia with the combined support of UN agencies, bilateral and multi-lateral partners and NGOs. However, despite this progress, morbidity and mortality in under-fives remains very high. Children still die from common diseases that are easy to prevent and treat such as malaria (42% of cases), diarrhoea (22%) and acute respiratory tract infections (12%). Malnutrition is also a problem. 27% of children are underweight and 39% are stunted – as has been the case for over a decade.

Accomplishments

- High immunization coverage: 88% of children received three doses of combined diphtheria / pertussis / tetanus (DPT3). Measles coverage of 97% - reducing measles to a negligible level.
- Provision of Primary Health Care (PHC) services to 10% of Liberia's population.
- Treatment of cases of acute and severe malnutrition nationwide through facility-based and community therapeutic feeding programmes.
- Prevention of Mother-to-Child [HIV] Transmission (PMTCT) through support to eight clinic sites.
- Procurement and distribution of long-lasting insecticide-treated bed nets to more than 300,000 under-five children and pregnant women; a 30% contribution to the national target.
- Development of safe water sources and sanitation facilities - contributing to nationally increased access to safe water by 6% and sanitation by 3%.

Challenges

Underlying causes of child mortality include limited access to adequate health and nutrition services, limited coverage of water and sanitation and poor household hygiene practices. All is compounded by a lack of knowledge and poor child-care practices at family and community levels. Women in Liberia risk a one in ten chance of dying from childbirth - compared to the one in 8,000 in developed nations. Less than half can access qualified birth attendants (46%) and a lack of emergency obstetric care leads to many deaths. Compounding this is the social impact of the recent conflict in Liberia, the prevalence of sexual and gender based violence and high rates of teenage pregnancy (31%).

Recent increases in global fuel and food prices have exacerbated an already-fragile food security and nutrition situation. In a population where 64% are classified as poor and 90% are vulnerable to food insecurity, acute malnutrition is expected to increase in the near future.

Major challenges to attaining the MDG for reduction of under-five and maternal mortality include poor infrastructure, eroded PHC management, inadequate financing of the health system (for free PHC, social welfare) and little integration at community level for child survival interventions.

FOCUS AREAS 2008-2012

To improve the environment for provision of health and nutrition services for children, Liberia's Government is supported in formulating policies on National Health and Social Welfare and to establish a National AIDS Commission (NAC) with a National HIV/AIDS Strategic Plan. A Child Survival Strategy is being developed to accelerate implementation of a basic child survival package nationwide and a transition plan to phase in national management of health facilities from NGOs is also being implemented.

UNICEF's continued support to the Government of Liberia in 2008-2012 will include:

Maternal and Child Health

- Immunization for children under-five, pregnant women and women of child bearing age.
- Delivery of a package of essential basic health and nutrition interventions at health facilities and communities.
- Large-scale distribution of insecticide-treated bed nets to household members and reinforced social mobilization.
- Scaling up of PMTCT services and paediatric care nationwide as part of quality comprehensive services provision.

Maternal and Child Nutrition

- Prevention and treatment of malnutrition and micronutrient deficiencies through the promotion of infant and young child feeding practices including breastfeeding, micronutrient supplementation and de-worming nation-wide, and support to treatment centres for severely malnourished children.

Water, Sanitation and Hygiene

- Fast track 'at scale' promotion of basic hygiene, sanitation and safe water usage at household level and in schools.

National Health Plan: Other strategic contributors

UNAIDS, UNDP, UNESCO, UNFPA, UN-HABITAT, UNHCR, UNIFEM, UNMIL, UNOPS, WB, WFP, WHO; USAID, DFID, EU, World Bank and NGOs including, AFRICARE, EQUIP, CAP, MSF (SWISS/Spain, Holland, Belgium, France), ACF, MERLIN, SC-UK, MDM, BAG, TDS, MERCI, HUMEDICA, IRC, ICRC, IMC, ELWA Hospital, Catholic Health Secretariat, PHEBE Hospital. AHA, ANDP and PMU.