

# UNICEF HUMANITARIAN ACTION REPORT 2009

## LIBERIA

### FOOD INSECURITY RHYMES WITH MALNUTRITION IN LIBERIA

Momoh is one year old, but having lost much weight, he looks half his age. He is lucky as, already in a critical condition, he survived the hectic journey to the VOA therapeutic feeding centre in Brewerville, Virginia, on the outskirts of Monrovia. "He has been saved," says his young mother Baindu Gborlue, while she looks at her child in disbelief, reflecting on how she almost lost her son to acute malnutrition.

Recent increases in food prices globally are a cause of concern in Liberia, because of the country's heavy reliance on imports to meet national needs. Half of all imports into the country are for food and fuel. Sixty per cent of rice, the main staple food, is imported. In Greater Monrovia, the figure is close to 95 per cent. Over two thirds of the population live below the poverty line with less than US\$ 1 a day and 48 per cent fall below the extreme poverty line. As a result, more than half of the household income is spent on food, with rice accounting for the highest proportion of food expenditure. Malnutrition is already a problem in Liberia with 39.2 per cent of children under age five chronically malnourished due to prolonged periods of inadequate nutrition and repeated infections, and 8 per cent acutely malnourished due to recent weight loss as a result of illness or food shortage. The most vulnerable group includes the poor, especially those who do not produce their own food and who depend on casual labour and petty trade for income, pregnant and lactating women, children and people living with HIV/AIDS.

In Liberia, only one third of children below six months are exclusively breastfed. False beliefs and malpractices about breastfeeding exacerbate the nutritional status of children. The Government of Liberia and its partners are working to counter these negative beliefs. "Liberia has a very low rate of early initiation of breastfeeding, especially among teenage mothers," says Mrs. Jestina Johnson, the nutrition focal point in the Ministry of Health and Social Welfare. "Sixty per cent of our mothers do not practise early breastfeeding. This is a big challenge for the government and its partners. There is need to educate mothers in giving their babies early breast milk. Like malaria, malnutrition is a leading cause of deaths among children under age five in Liberia."

"I started feeding my son with breast milk late," says Baindu. "I felt my breast milk was not enough to feed him because I ate just bulgur wheat and oil due to hardship. Later my son came down with severe diarrhoea. I was then advised by one of the community health workers to bring my baby to this therapeutic feeding centre. With the help of staff members here, he is now doing fine."

Children are often rushed to health clinics or hospitals in a critical state, when they are already severely wasted, due to either food shortage or infections. UNICEF provides therapeutic milk (F100) and high-energy biscuits (BP5) for severely malnourished children; incentives to staff; vehicles to facilitate communication; essential medical supplies; and insecticide-treated mosquito nets. Caregivers receive rice and other food supplements from the World Food Programme (WFP). UNICEF also supports the operational cost of the centre with a generator and fuel.

The therapeutic feeding centre is one of five centres supported by WFP and UNICEF throughout Liberia. The centre also receives referrals from Gbarpolu, Cape Mount and Bomi counties. In 2006, it provided care to 690 severely and 1,321 moderately malnourished children through its supplementary feeding activities. In 2007, 709 severely and 2,263 moderately malnourished children were attended at supplementary feeding distribution points. Between April and May 2008, two of the centres recorded a 40 per cent increase in admissions of severely malnourished children.

UNICEF, in collaboration with the Ministry of Education, has reactivated the deworming programme for schoolchildren throughout the country. Vitamin A supplementation is being conducted nationwide, while growth monitoring and promotion have been introduced in targeted communities. A coordinated strategy has been developed to mitigate the impact of high food prices on nutrition security. The strategy includes implementing national nutritional surveillance; expanding access to treatment at both facility and community levels in order to keep acute malnutrition rates below critical values; strengthening activities to promote exclusive breastfeeding and appropriate complementary feeding in early childhood; and improving access of children and pregnant and lactating women to prevention services for the reduction of micronutrient deficiencies.