

**GOVERNMENT OF LIBERIA**

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**NATIONAL NUTRITION POLICY**

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**Monrovia, Liberia**

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## FOREWORD

Malnutrition rates in Liberia are among the highest in the world, and constitute a serious health problem. More than a third of Liberian children are stunted, one fifth is underweight and more than half suffer from micronutrient deficiencies. Malnutrition increases vulnerability and risk of death from infections such as diarrheal diseases, malaria, pneumonia and measles. Unless policies are developed and priorities changed, the scale of the problem will preclude the achievement of the Millennium Development Goals and our objectives for poverty reduction.

There are also new dimensions to the malnutrition problem. Liberia is now experiencing the double burden of malnutrition compelling the fragile health system to cope with the high cost of treating diet-related non-communicable diseases and at the same time fighting undernutrition and the traditional communicable diseases. Malnutrition is also linked to HIV and AIDS. The malnutrition-infection cycle impacts negatively on the process and progress of HIV infection. Inadequate nutrition causes poor resistance and increased severity of infection; similarly, the infection causes deterioration of nutritional status.

The major developmental disruption caused by malnutrition takes place in utero and in the first two years of life. The resulting damage is irreversible, causes lower intelligence, and reduces physical capacity. These in turn reduce economic productivity and perpetuate poverty. As Liberia transitions from emergency to development, it is apparent that many MDGs will not be reached unless malnutrition is appropriately addressed. Further, we need to establish and expand programmes to prevent and treat malnutrition with a focus on infants and children, particularly those less than two years of age.

The policy recommends a number of strategies for achieving our goal of improving nutrition in Liberia and recognizes the crucial role of nutrition as a fundamental component of any national development plan. These include long term strategies such as those to improve household food security and short quick routes such as health and nutrition education, micronutrient supplementation and care of pregnant women and children.

This policy also provides the framework to help government prioritize its nutrition actions in line with our limited human and financial resources. It will also enable us forge new partnerships - between governments and communities, non-governmental organizations, development partners and the private sector - that are critical if we are to successfully transition to development oriented nutrition programming and develop the appropriate capacity and institutional arrangements to manage such programs.

On behalf of the government of Liberia, I wish to thank the United Nations Children's Fund and World Food Programme for supporting the formulation of this policy. I also wish to thank members of the Technical Working Group for their commitment and effort throughout the policy formulation process.

Walter T Gwenigale  
Minister of Health and Social Welfare

## LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BCG	Bacille Calmette-Guérin vaccine
BFHI	Baby Friendly Hospital Initiative
DHS	Demographic Health Survey
DPT3	Diphtheria, Pertussis (whooping cough) and Tetanus vaccine
EPI	Expanded Programme of Immunization
GDP	Gross Domestic Product
GOL	Government of Liberia
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illnesses
LISGIS	Liberia Institute for Statistics and Geo-Information Services
MGDs	Millennium Development Goals
MOHSW	Ministry of Health and Social Welfare
NCC	National Nutrition Coordinating Committee
NCD	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
ORS	Oral Rehydration Solution
ROL	Republic of Liberia
UNICEF	United Nations Children's Fund
VAD	Vitamin A Deficiency
WFP	World Food Programme
WHO	World Health Organization

## EXECUTIVE SUMMARY

The priority of the Government of Liberia is to fight poverty, improve the living conditions of the most vulnerable in the population and achieve sustained economic growth. To reach these goals, the government has developed a Poverty Reduction Strategy Paper 2008-2011 that outlines its objectives, policies and programs to revitalize the economy, rehabilitate infrastructure and basic services, and enhance national security and good governance. The government recognizes the importance of improved nutrition to ensure the human capital to reach these goals. This national nutrition policy is a coherent set of goals, objectives, strategies and priority decisions for contributing to poverty reduction and sustainable human development that encompasses all partners working in development. The implementation of the policy will involve the key social sectors such as Health, Agriculture, Education, as well as non-governmental organizations and the private sector.

The goal of the policy is to ensure adequate nutritional intake and utilization for all people living in Liberia, especially the most vulnerable to ensure health and well-being for sustainable economic growth and development. The objectives of the policy are:

- To reduce the prevalence of malnutrition in all its forms, including micronutrient deficiencies.
- To reduce, through the planning and implementation of preventive programmes, the levels of morbidity, cost of treatment of diseases and mortality due to malnutrition.
- To improve infant and young child feeding and caring practices for women and children.

These will be realized through the following twelve priority policy areas:

- Mainstreaming Nutrition Goals and Objectives into Development Policies, Plans and Programmes.
- Improving National and Household Food Security
- Protect Consumers Through Improved Food Quality and Safety
- Preventing and Managing Infectious and non-infectious Diseases contributing to the development of malnutrition
- Promoting Breast Feeding and Adequate Complementary Feeding for Children Under Two Years
- Preventing and Managing Micronutrient Deficiencies / Disorders
- Preventing, Treating and Managing Acute Malnutrition
- Caring for the Nutritionally Vulnerable
- Promoting Appropriate Diets And Lifestyles
- Assessing, Analyzing And Monitoring Nutrition Situations
- Communication to Improve Nutrition for Health and Development
- An Enabling Institutional Arrangement for the Planning Coordination, Implementation, Monitoring and Evaluation of Effective Nutrition Interventions

The Nutrition Policy will complement the National Health Policy and the Food Security and Nutrition Strategy which are supportive of public action to improve nutrition. To reduce the sectoral bias of nutrition as a health or agriculture issue, nutrition considerations will be incorporated into other policies for

economic growth and development and poverty reduction and mechanisms established to promote effective inter-sectoral cooperation and coordination.

Food security will be improved through collaboration with the Agriculture sector to increase food production and diversification. The policy will advocate for the provision of infrastructure and incentives for production, processing, storage and distribution of locally preferred nutrient-rich foods. Government structures for food quality and safety will be strengthened to ensure enforcement of appropriate legislation, standards and codes of practices on food. The formation of consumer protection groups will be encouraged as well as public awareness-raising on the importance of food quality and safety and environmental sanitation.

Maternal and infant mortality rates will be reduced through the promotion of improved caring and feeding practices and the prevention of communicable diseases and micronutrient deficiencies. Access to quality treatment of malnutrition will be enhanced and nutritional care and support as part of the integrated management of childhood illness and management of childhood illness and in the context of HIV will be promoted.

The widespread problem of micronutrient deficiencies will be addressed through the provision of vitamin and mineral supplements as well as the promotion of consumption of locally produced micronutrient-rich foods. Legislation on food fortification, especially for iodized salt, will be supported and enforced as applicable.

The emerging problems of obesity and diet related communicable diseases will be tackled through a combination of nutrition and health education and actions to promote health, diet and lifestyle changes. Caring for the socio-economically and nutritionally vulnerable will be improved through advocacy on equal rights and opportunities for women, greater male and community involvement as well as efforts to reduce women's workloads and strengthen nutrition and health services to reach adolescent girls.

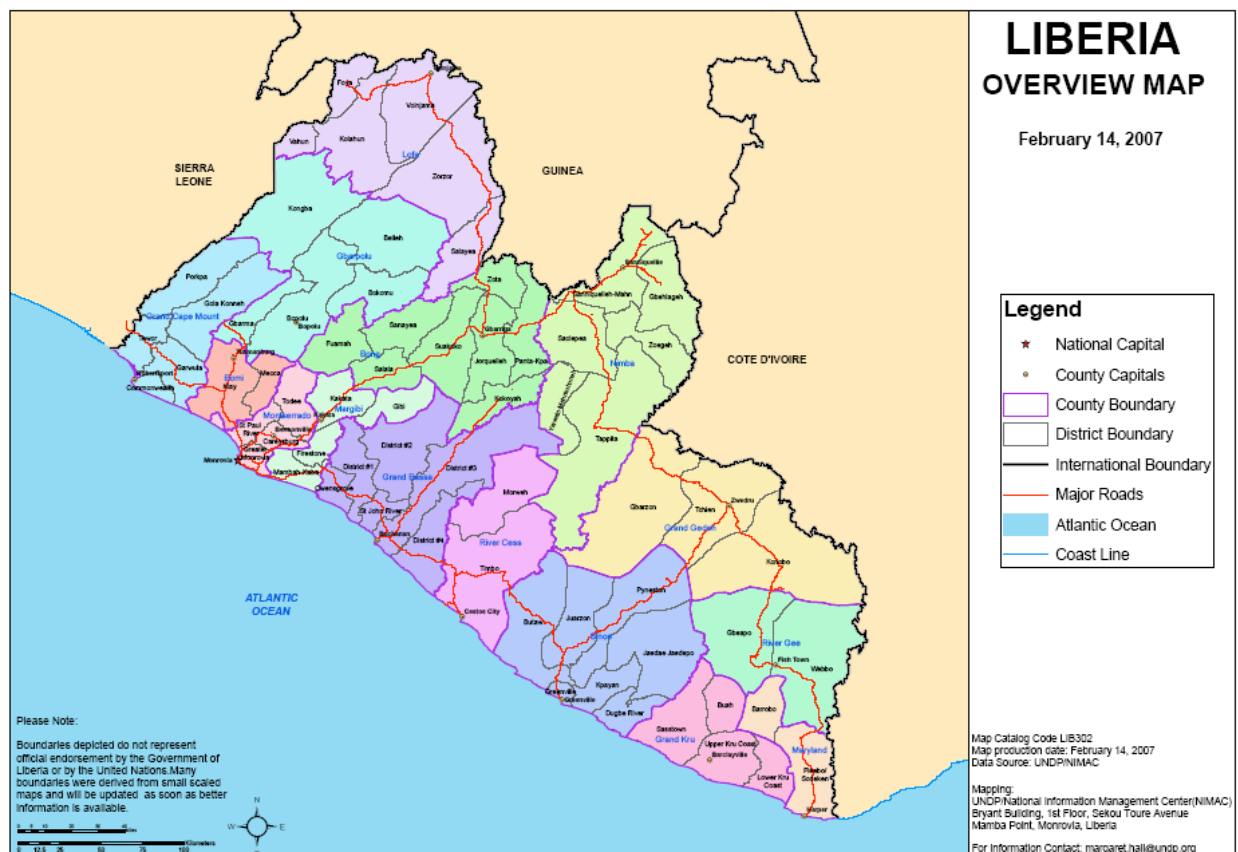
The operationalization of the nutrition policy will rely on a joint collaborative implementing framework that will emphasize government capacity building at all levels for the implementation of focused interventions for sustained improvement in nutritional status. An appropriate multi-sectoral mechanism will be identified for effective coordination.

## Introduction

### 1.1. Location & Demography

Liberia is situated in the southern part of West Africa, bordering the North Atlantic Ocean, Sierra Leone, Guinea, and Côte d'Ivoire. The country has a land area of 111,370 sq km and only about 4 percent of the total land area is arable. The terrain consists of coastal beaches and mangroves, fading into semi-deciduous shrubs and wooded hills that transitions into the interior dense tropical rainforest and highland plateaus. The climate is tropical with a wet season from May to October and a dry season from November to April. The average annual rainfall is 4,150 mm and average temperature ranges from 22 degrees Celsius to 27 degrees Celsius.

Liberia is divided into 15 counties: Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, Rivercess, River Gee and Sinoe. Monrovia, the administrative, commercial and financial capital, is Liberia's largest city.



The Government of Liberia has just completed a national census in April 2008, and preliminary results place the population at approximately 3.49 million with a growth rate of 2.1 percent. With a population density of 93 per square mile, 70 percent of the population lives in four out of the fifteen counties with the South-East very sparsely settled. An estimated 40 percent reside in the capital city, Monrovia, due to high migration from other counties during the 14 year civil war and more recently for economic reasons.

Liberia is a young population, with 47 percent of the population under the age of 14 and 19 percent under the age of 5 years. Women make up half of the population of which 42 percent are of reproductive age (15-49 years). Life expectancy at birth is estimated at 42 years, and the total fertility rate is 5.2. Early childbearing has increased over the last few years. Thirty two percent of women aged 15 to 19 years have begun child rearing with the proportion higher in rural adolescents compared with their urban counterparts. This pattern of early childbearing, coupled with the high parity rates attained by Liberian women at the end of their childbearing years, indicates that most women of childbearing age are involved to some degree in child bearing and or rearing.

The war resulted in profound levels of social disruption. More than 250,000 people were killed and up to 80 percent of the rural and urban population was displaced at least once during the course of the 14-year conflict. It is estimated that more than two-thirds of the displaced population were women and more than a half were under the age of 15. The majority of returnees arrived before 2005 and by end of 2006 only 7 and 3 percent were still displaced in rural Liberia and Greater Monrovia respectively. The resettlement of refugees continues with the on-going process of refugees returning from Ghana.

## 1.2. Literacy

Liberia is one of only two countries in the world where the young people are less literate than their parents. Low literacy levels, particularly among girls, have major implications for the nutritional status of Liberians. Latest literacy rates show a national literacy rate of 55 percent. In rural areas, 31 percent of adult males and 62 percent of adult females have no schooling. Age appropriate net-enrolment rates are low at 37 percent at primary level and 15 percent at secondary school level; and 44 percent of girls aged 6-18 years have never attended school. There is now gender parity in school enrolment in the early years of primary school, with enrolment rates lower in rural compared to urban areas. A gender disparity begins to appear at secondary school level in favor of males.

## 1.3. Health, Water and Environmental Sanitation

Liberia's health services which were severely disrupted during the conflict is slowly being revitalized, but the health situation is still poor. Forty percent of the population has access to health care services and some 80 percent of the population has to walk for an average of three hours to reach the closest functioning health facility. In 2006, only 36 percent of the nation's 555 pre-crisis health facilities were functional. More than two-thirds of women of child bearing age receive prenatal care from a skilled provider and have four or more prenatal visits. However, only 46 percent of births are delivered by a health professional and even fewer (37 percent) deliveries take place in health facilities. According to 2007 EPI Administrative Records, coverage rates for BCG, measles and DPT3 reached 86 percent, 95 percent and 88 percent respectively. However, only 39 percent of children 12 to 23 months are fully vaccinated and 12 percent have received no vaccination at all. Tetanus toxoid coverage is high among pregnant women in Liberia, with 78 percent of babies fully protected against neonatal tetanus.



Malaria, acute respiratory tract infection, and diarrhea, are the leading cause of morbidity and mortality in both adults and children. The most recent information put the HIV prevalence rate at 1.5 percent among the adult population (15 – 49 years), with prevalence rates higher in women (1.8%) than men (1.2%). However, sentinel surveys conducted in 2006 and 2007 show an HIV prevalence rate of 5.7 percent and 5.4 percent respectively among women of child bearing age attending antenatal clinics

Between 2000 and 2007, infant mortality rate fell from 117 to 72 deaths per 1,000 live births, while under-five mortality fell from 194 to 111 deaths per 1,000 births. These declines are considered to be linked with the end of the conflict, the restoration of basic services in some areas and increased immunization. On the other hand, maternal mortality remains high and appears to have increased by 71 percent from 580 to 994 deaths per 100,000 live births from 2000 to 2007. The main health factors contributing to the high level of maternal mortality include the acute shortage of skilled labor, inadequate emergency obstetric and neonatal care and inefficient referral systems, poor nutritional status of pregnant women, high fertility rates and extremely high numbers of teenage pregnancies.

The war significantly undermined the delivery of water and sanitation services, but these are slowly being improved. Only 25 percent of households in Liberia have access to safe drinking water and 14 percent have access to human waste collection and disposal facilities. More than two thirds of households in rural Liberia and a quarter in Greater Monrovia, do not have access to sanitary facilities.

#### 1.4. Food Security and the Economy

The Liberian economy has been in decline since the 1980s, due to extreme social and political upheaval and mismanagement. The war destroyed productive capacity and physical infrastructure, especially schools and health facilities, on a massive scale, resulting in economic decline and the deepening of national poverty. The per capita gross domestic product (GDP) declined by 87 percent from US\$1,269 in 1980 to US\$135 in 2007. External debt rose to an estimated US\$3.7 billion – about 800 percent of the GDP - and the local currency significantly depreciated from parity with the US\$ in the early 1980s to approximately LD60 to US\$1 in early 2007.

The 2007/2008 budget is projected at US\$199 million, a 48 percent increase over the previous year, with only 7 percent devoted to core nutrition related sectors of health and agriculture and less than 0.01 percent to direct nutrition interventions in the health sector.

The economy is slowly recovering, due to investments in physical infrastructure, donor inflows and a gradual improvement in security. The poverty incidence remains high at 64 percent with a greater proportion residing in the rural areas. Forty eight percent of the population is considered extremely poor, meaning they are not able to meet the cost of food needs based on a food basket providing 2,400kcal/person-day.

The above factors, coupled with an agriculture sector characterized by low production, make it difficult for many households to meet their food needs. Liberia is a net food importer with 58 percent of consumption of the main staple rice, met through imports. A half of households in rural Liberia and 14 percent in Greater Monrovia are either vulnerable to food insecurity or food insecure. The 5 counties of the south east lag behind the rest of the country in terms of socio-economic development.

#### 1.5. Nutrition Situation

Malnutrition continues to be a major public health problem in Liberia, exacerbated by poverty, food insecurity, poor dietary practices, low literacy levels and poor access to basic social services. The most vulnerable groups include women and children, the elderly, people living with HIV and tuberculosis patients.

Chronic malnutrition is endemic affecting 39 percent of children under-5. 19 percent of children are underweight and 7 percent are acutely malnourished. 14 percent of women of child bearing age in rural areas and 7 percent in urban areas are undernourished. Male children under the age of 5 years are more likely to be underweight, wasted or stunted than female children of the same age group, and children aged 6-23 months are most affected. There is also marked difference in prevalence of nutritional status across the country with the best situation prevailing in the western part of the country and the worst in central and south eastern counties. Nine counties have “critical” levels of stunting based on WHO criteria of more than 40 percent, of which eight are in the central and south eastern parts of Liberia. In four counties, the prevalence of underweight, based on WHO criteria, is also “critical”, exceeding 30 percent.

Ten percent of Liberian women have a body mass index of less than 18.5. Women aged 15-19 years are twice as likely to be thin than older women, and rural women more likely so than urban women.

The only available data from 1999/2000 on micronutrient deficiencies indicate that iron deficiency anemia and vitamin A deficiency (VAD) are of public health significance. 59 percent of non-pregnant women aged 14-49 years and 62 percent of pregnant women had iron deficiency anemia 87 percent of children aged 6-35 months were anemic. The prevalence of VAD in children aged 6-35 months at 53 percent was ‘severe’ by WHO standards.

Poor breast feeding and complementary feeding practices explain the progressive increase in the levels of malnutrition in Liberian children. Although breastfeeding is universally practiced in Liberia, only 29 percent of children are exclusively breast fed for the first 6 months of life. Seven out of ten infants are given water, fluids and other foods as early as 2 months, a practice that deprives infants of the full benefits of breast milk and exposes them to infectious diseases that can cause death. The median duration of any breast feeding is 20 months; rural children are breast fed longer than urban children. Breast feeding duration is also associated with education and economic status with poorer, less educated women more likely to breast feed their children for longer. The feeding of children 6 to 24 months is also

far from optimal. Over a third of infants aged 6 to 9 months are not fed complementary foods and very few are receiving fruits and vegetables and protein-rich foods such as meat and eggs are rarely consumed.

## 1.6. Justification

A recent analysis of the socio-economic consequences of malnutrition in Liberia has revealed that malnutrition is the underlying cause of 44 percent of child deaths, representing the single most important cause of child mortality in the country. In the absence of adequate policy and action, malnutrition will be the underlying cause of an estimated 74,000 deaths by the year 2015. The analysis also revealed that if levels of micronutrient deficiencies go unchanged, 4,100 women of reproductive age will die as a result of anemia and 87,000 children will be born with varying degrees of mental retardation as a result of intrauterine iodine deficiency. In relation to the economy, inadequate action to address chronic malnutrition, anemia and iodine deficiency disorders will result in future productivity losses equivalent to \$431 million by the year 2015.

The government's priority is to fight poverty, improve the living conditions of the most vulnerable in the population and achieve sustained economic growth. To reach these goals, the government has developed a Poverty Reduction Strategy Paper 2008-2011 that outlines its objectives, policies and programs to revitalize the economy, rehabilitate infrastructure and basic services, and enhance national security and good governance.

The government recognizes the importance of improved nutrition to ensure the health human capital needed for sustained economic growth and poverty reduction. This national nutrition policy is a coherent set of goals, objectives, strategies and priority decisions for contributing to poverty reduction and sustainable human development.

## 2. Policy Foundations

### 2.1. Vision & Goal

The Liberia National Nutrition Policy is founded on the following vision and goal.

Vision: Improved nutritional status for both physical and mental health for all people living in Liberia.

Goal: Adequate nutritional intake and utilization for all people living in Liberia, especially the most vulnerable, to ensure health and well-being for sustainable economic growth and development.

### 2.2. Specific Nutrition Objectives

1. To reduce the levels of morbidity and mortality due to malnutrition.

2. To reduce the prevalence of malnutrition in all its forms, including micronutrient deficiencies.
3. To improve infant and young child feeding and caring practices for women and children.

### **3. Guiding Principles**

The principles guiding the policy are as follows:

#### **3.1. Nutrition as a Universal Human Right**

Adequate food, health and care for the vulnerable are universal human rights and primary to ensuring nutritional wellbeing for a full and active life of dignity for all human beings. The Government of Liberia acknowledges the role of nutrition as a precondition for sustainable social, economic and human development and is committed to invest adequate resources, capacity and political capital to promote and protect the right to nutrition as a moral imperative, particularly in nutrition emergency situations, in order to prevent and reduce hunger, malnutrition and death.

#### **3.2. Political Will and Awareness of the Importance of Nutrition at all Levels**

Firm political commitment to address the problem of malnutrition as a development priority is contingent on the recognition of the role of nutrition in human development and poverty reduction. The lack of awareness of nutrition issues among those who make major economic and social policy decisions has hampered progress with improving nutritional levels in Liberia. The nutrition policy will seek to raise the awareness of policy and decision makers at all levels, on the importance of nutrition as central to development. Public awareness of nutrition issues is also low, thus generating little demand for improved nutrition-related services as well as safe and high quality foods.

#### **3.3. Adequate Financial Resources**

To achieve the objective of nutrition well-being, it is essential that adequate financial resources are provided for effective implementation of programs. Given the resource gap crippling the development sector, interventions that achieve maximum nutrition outcome at minimal cost will be prioritized. This will include interventions that are not only affordable but manageable within the context of a constrained capacity and institutional framework. Advocacy efforts will be conducted for large scale effort and financial support from external partners combined with a progressive increase in government allocation to direct nutrition-related activities to 1 percent of the annual national budget.

#### **3.4. Intersectoral Partnership and Coordination**

Improved nutrition requires the coordinated efforts of a wide range of government ministries and agencies as well as the cooperation of research and training institutions, the media, NGOs and the private sector.

Presently, nutrition related services are provided and supported by a multitude of humanitarian programmes and partners motivated by a range of different mandates and resources. This approach is reflected in the Government of Liberia multi-sectoral national food security and nutrition strategy that states the national priorities to be addressed in a harmonized manner to ensure food security and good nutrition for all Liberians.. A joint Government/UN programme on Food Security and Nutrition has also been signed to boost government's efforts. Existing national intersectoral coordination mechanisms will be reinforced to ensure concerted implementation of a balance of curative and preventive interventions in a resolute, efficient, effective and sustainable manner guided by the principles of the national nutrition policy. The nutrition cluster approach will be adopted to improve coordination of a multi-sectoral response to enable appropriate and timely attention to emerging nutrition issues.

### 3.5. Decentralization

The Government of Liberia has adopted a policy of decentralization within the public service structure as a means of increasing efficiency in public service provision in response to local needs and de-concentrating management responsibilities at central level. The implementation of the policy will draw on frameworks that government is putting in place for consultation, prioritization, and planning at district and county levels and will see county authorities equipped to assume responsibility for delivery of nutrition services, with the central level focusing on policy development, resource mobilization and allocation, planning, setting of standards and regulations.

### 3.6. Community Participation and Involvement

A people-focused approach for nutrition improvement acknowledges the fact that people's knowledge, practice and opinions are important driving forces for social change. Community participation is a prerequisite for addressing the immediate and underlying causes of malnutrition. Special effort will be made to ensure the participation of all people, particularly the poor and marginalized, in all stages of planning and implementation of community-based interventions in order to foster ownership and empowerment. Community actors will also be engaged in the identification and response to perceived community needs for improved nutrition and long-term sustainability.

### 3.7. Prioritize the most Nutritionally Vulnerable

In Liberia, infants, young children, adolescents and pregnant and lactating women are among the most nutritionally vulnerable. Other groups that are at risk include the elderly and people living with HIV, and victims of man-made and natural disasters. Priority will be given to protecting and promoting nutritional well-being of these vulnerable groups. Within the country, the situation is poorer for most nutrition indicators in the geographically isolated and underserved counties of the southeast. This will call for targeted and sustained support to proposals to address nutrition in these counties within the framework of other development policies and programs.

### 3.8. Focus on Women

The role of women in Liberia as food providers and care givers gives them a fundamental control over health and nutritional well-being at the household level. As individuals, and in accordance with Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women, to which Liberia is signatory, women are also entitled to adequate nutrition, firstly to ensure adequate nutrition during pregnancy and lactation, and secondly to break the intergenerational cycle of malnutrition. Special attention should be given to women and girls to allow for equitable access to education and economic opportunities, and increased access to reproductive health and nutrition services.

### 3.9. Adequate and Capacitated Human Resources

Adequate and qualified human resources are necessary to plan, manage and evaluate appropriate activities, as well as provide services. Liberia lacks a critical mass of skilled personnel in relevant disciplines, particularly, food and nutritional specialists. A long term capacity development plan coherent with sectoral human resource policies that involves both program-oriented in-service training, short courses on priority strategic orientations, on-the-job mentoring and access to job aids would strengthen capacity for effective policy and program implementation. Teaching of nutrition in pre-service public health and other concerned educational institutions will also be reviewed and strengthened in a systematic manner.

Equally important is to up-grade institutional capacity in line with sectoral reforms to give greater visibility for nutrition.

### 3.10. Evidence-based Planning

Choosing appropriate options that are locally appropriate and effective is critical to meeting nutritional objectives. An evidence-based approach to planning will be adopted that involves the use of the best available up-to-date evidence to guide informed decision making to develop and implement effective, programs and policies. This approach means being attentive to the most recent developments in the nutrition field, supported by locally generated research, evaluation and epidemiological information. Information will be pursued in a pragmatic way making maximum use of global recommendations and contextually adaptable information.

### 3.11. Integrated Essential Nutrition Actions Approach

The Essential Nutrition Actions Approach is based on promotion of key behaviors that are cost-effective and do-able to be integrated into health structures, development and community programmes with a proven impact on maternal nutrition and child health, survival and development. The approach focuses on the delivery of specific actions at specific points in time and assures quality services, adequate coverage and integration into routine services. The targeted actions include: Exclusive breastfeeding,

complementary feeding to breastfeeding, feeding of the sick and malnourished child, women's nutrition, control of vitamin A deficiency, anemia and iodine deficiency disorders.

#### **4. Priority Policy Issues**

##### **4.1. Mainstreaming Nutrition Goals and Objectives into Development Policies, Plans and Programmes.**

###### *Preamble*

Nutrition is both an input for and an output of sustainable development. Improvements in nutrition can result from the incorporation of nutrition considerations into policies for economic growth and development, poverty reduction, food and agriculture, health care, education and social development. This will require effective intersectoral collaboration and cooperation by all supported, where necessary, by appropriate legislative measures.

###### *Goal*

Mainstream nutrition related issues into national development policies and relevant programs.

###### *Objectives*

1. Increase awareness of policy makers on the importance of nutrition for sustainable development and poverty reduction.
2. Incorporate clear nutrition goals into national development policies, sectoral plans, programmes and projects.

###### *Strategies*

1. Establish where necessary, strengthen and expand nutrition training in agriculture, health, economic and education sectors.
2. Increase knowledge and awareness of policy makers, planners and the community of the extent, causes and consequences of malnutrition and the role of nutrition for development.
3. Advocate for increased financial support for nutrition intervention activities at the community level.
4. Build and strengthen technical capacity for policy analysis, development and monitoring at all levels.
5. Ensure development policies and plans give priority to vulnerable groups such as pregnant and lactating mothers, children under five years, PLWH, the elderly, and the food insecure.
6. Incorporate clear nutrition goals into national development policies and sectoral plans, programmes and projects.
7. Establish mechanisms to promote effective intersectoral cooperation and coordination

## 4.2. Improving Household Food Security

### *Preamble*

Food security is defined as access by all people at all times to the food they need for a healthy life.

The agriculture sector is characterized by low levels of production for both plant and animal products, in part as a result of the collapse of the sector during the civil war, poor access to factors of production and marketing infrastructure, low-level technology and pest infestations resulting in high levels of pre and post harvest losses. Sixty percent of the rice needs of households in Liberia are met through imported rice, and due to pervasive poverty, households spend approximately 66 percent of their total income on food. The current trend of rapidly rising food prices will negatively impact on the food and nutrition security of the most vulnerable groups.

The government of Liberia has developed a cross-sectoral food security strategy that outlines the priority actions to be undertaken to ensure that all people living in Liberia are able to have reliable access to the food they need and to utilize that food to achieve good nutritional status. The implementation of the strategy is led by the Ministry of Agriculture in collaboration with multiple sectors and agencies of government, working with local and international partners, both in civil society and in the private sector.

### *Goal*

1. All people living in Liberia are able to have reliable access to the food they need

### *Objectives*

1. To ensure stable and sufficient supply and utilization of a diversity of safe foods of high nutritional value.
2. To ensure accessibility and affordability of food nationwide.
3. To mitigate the effects of economic and other shocks on nutrition.

### *Strategies*

1. Exploit all opportunities to improve food production by addressing production constraints such as access to agriculture inputs, credit and other essential services.
2. Promote food production diversification and improve rural technologies for production and processing of nutrient-rich crops.
3. Advocate for improved incentives for production, processing and marketing of preferred local foods.
4. Advocate for strategies to maintain predictable and stable food imports including cost reduction measures and establishment of strategic food reserve mechanisms.
5. Establish and promote joint public-private sector partnership initiatives for improved handling and storage, food processing, preservation and value-added marketing.
6. Advocate for increased access to markets especially for underserved areas.



7. Broaden secure access to work opportunities and factors of production especially for women and vulnerable groups.
8. Strengthen and expand food security monitoring and emergency preparedness and early warning systems.
9. Strengthen social safety nets and support targeted feeding programs for vulnerable groups
10. Develop understanding and response to economic shocks that affect diet diversity, nutritional status and health of populations, especially the poor.
11. Increase access to quality formal and informal education and enhance employment opportunities especially for women and girls.

#### 4.3. Protect Consumers Through Improved Food Quality and Safety

##### *Preamble*

Safe food and water supply of adequate quality is essential for proper nutrition. An effective food safety and quality control system across the food supply chain is necessary to ensure that consumers have access to food of appropriate nutrient content that will not endanger health.

With a large proportion of the Liberian population residing in the urban areas and the slow reestablishment of the agriculture and local marketing sector, there is a heavy reliance on imported food. Government structures and measures to control the quality and safety of food are out-dated and not vigorously enforced. This factor compounded by the high proportion of the population with inadequate access to safe water and poor knowledge of hygienic practices and food safety measures places a lot of Liberia's population at risk of food and water borne diseases.

##### *Goal*

1. Ensure that all consumers have access to high quality and safe foods.

##### *Objectives*

1. To raise awareness on the dangers of unsafe and sub-standard quality food.
2. To formulate and enforce food safety and control measures
3. To ensure the existence of a sanitary environment for proper food production, processing, preservation, distribution, preparation and consumption

##### *Strategies*

1. Sensitize and inform the public and key decision makers on the importance of food quality and safety.
2. Promote regional and international co-operation in the area of food standards, safety and quality control.
3. Review, update and or formulate legislation, guidelines, standards and codes of practice on food quality and safety.

4. Strengthen institutions involved in the implementation of sanitary and phytosanitary measures including enforcement capacity for quality control of both local and imported food products. .
5. Develop simple cost-effective technologies for food safety and quality control.
6. Develop simple systems whereby consumers can express grievances and make suggestions for improvements in food safety.
7. Promote multi-sectoral involvement to protect public health and the environment.

#### 4.4. Preventing and Managing Infectious Diseases

##### *Preamble*

The interaction between malnutrition and infection, known as the malnutrition-infection cycle, has a significant impact on health status. Inadequate nutrition causes poor resistance and increased severity of common infections; similarly, infections cause deterioration of nutritional status. This is a major causal factor in the high morbidity, mortality and disability rates among infants and children under five.

In Liberia, the infectious diseases of public health importance are malaria, diarrhea and acute respiratory tract infections. Other diseases contributing to this malnutrition infection cycle include parasitic infections, tuberculosis, HIV/AIDS and vaccine preventable childhood diseases such as measles and meningitis.

Preventing, controlling and appropriate management of diseases through concurrent intrasectoral activities will improve nutritional well being and markedly enhance productivity of the adult population.

##### *Goal*

To reduce the morbidity, disability and mortality rates of infectious diseases among the population.

##### *Objectives*

1. To improve nutrition case management of childhood diseases.
2. To improve access to quality health services, safe water, environmental sanitation and waste disposal systems.

##### *Strategies*

1. Promote immunization of infants, young children and women of child bearing age.
2. Support the appropriate treatment of infectious diseases.
3. Strengthen infant and young child feeding component as part of the Integrated Management of Childhood Illnesses (IMCI) Approach at health facility and community level.
  - Promote optimal infant and young child feeding practices particularly exclusive breastfeeding for the first six months, and age appropriate nutritionally balanced and locally available foods for children 6-24 months
  - Increase awareness on importance of adequate food intake during the management of infectious disease episodes, especially diarrheal diseases.

- Control malaria and promote the use of impregnated bed nets.
  - Control parasitic infections among vulnerable groups, especially children.
  - Promote the use of oral rehydration solution (ORS) and other safe rehydration therapies to prevent dehydration due to diarrhea.
4. Raise awareness on the role of personal hygiene, food hygiene and safety, clean and safe water and environmental sanitation, and proper waste management in the prevention and control of infectious diseases.
  5. Increase access to clean and safe water and sanitation including to schools and health facilities.
  6. Strengthen the nutrition component of pre-service training for service providers in public health training institutions.
  7. Facilitate early detection and management of growth faltering through growth monitoring and promotion.
  8. Update and enforce legislation governing food quality and safety including importation, preparation, storage and sale.
- 4.5. Promoting Breast Feeding and Adequate Complementary Feeding for Children Under Two Years

*Preamble*

Appropriate infant and young child feeding practices is essential for optimal child growth and development and long term socio-economic development. In Liberia, sub-optimal feeding practices in the first years of life account for more than 80,000 cases of diarrhea and acute respiratory tract infection and more than 1,800 child deaths. Less than a third of children are breast fed exclusively for the first six months of life. The provision of other milks and fluids, inappropriate and unprescribed medication and home remedies in the first two months of life is common and complementary feeding frequently begins too early or too late with foods that are nutritionally inadequate and unsafe. Social, economic and cultural factors strongly influence child feeding and caring practices and accurate information on optimal feeding practices is lacking.

*Goal*

1. To promote, protect and support optimal infant and young child feeding.

*Objectives*

1. To create an environment that will enable mothers and other care givers to practice optimal infant and young child feeding practices.
2. To strengthen capacity to provide sound and culture-specific nutrition counseling for mothers of young children.
3. To improve rates of exclusive breastfeeding.

### *Strategies*

1. Develop policies, protocols and standards on infant and young child feeding, based on sound and up-to-date epidemiological and scientific evidence, and in the context of national policies and programs.
  - Develop and provide guidance to support feeding of infant and young children in exceptional circumstances, e.g. in the context of HIV and in emergencies.
  - Support formative research on common perceptions and factors influencing infant and young child feeding behaviors.
2. Revitalize and expand the Baby Friendly Hospital Initiative (BFHI) - to protect, promote and support breast feeding - to all health facilities.
3. Strengthen capacity of all health workers and social workers at facility and community levels on infant and young child feeding counseling.
4. Incorporate appropriate information on infant and young child feeding issues into pre-service curricula for all health and social workers and community health volunteers.
5. Establish community support structures to help ensure appropriate infant and young child feeding, for example mother-to-mother support groups, peer counselors, establishment of early child-care facilities.
6. Promote good nutrition for pregnant and lactating women and strengthen linkages between breastfeeding and family planning programmes.
7. Promote the adequate intake of micronutrients through access to suitable local foods and where necessary, micronutrient supplements.
8. Review, adopt and enforce the Liberia Code of Marketing of Breast-milk Substitutes.
9. Review, adopt and monitor application of the national policy of maternity entitlements, including workplace initiatives.
10. Increase awareness, at all levels, on the importance of optimal infant and young child feeding, especially breastfeeding.
11. Promote growth monitoring and promotion for infants and young children.
12. Improve access to nutrition, health and education support for adolescent girls.
13. Advocate and support research and extension services on time and labor-saving technology for women.
14. Promote male and community involvement and responsibility in appropriate feeding for infants and young children.

#### 4.6. Addressing Micronutrient Malnutrition

##### *Preamble*

Micronutrient deficiencies owing to insufficient dietary intake or in combination with infections which impair their absorption and/or utilization have an impact on the nutritional status, health, educational and productive potential of all segments of society. In Liberia, the specific micronutrient deficiencies of

serious public health concern are vitamin A deficiency, iron deficiency anemia and to a lesser extent iodine deficiency disorders. Women of child bearing age and children are particularly vulnerable.

Low-cost and effective interventions now exist to achieve the elimination of vitamin A and iodine deficiencies and a reduction in iron deficiency.

### *Goal*

To minimize the extent and magnitude of iron, iodine and vitamin A deficiency on pregnancy performance and outcome, the growth and development of young children and the productivity and efficiency of adults.

### *Objectives*

1. Eliminate iodine deficiency disorders amongst the general population.
2. Reduce the prevalence of vitamin A deficiency and iron deficiency anemia in women and children.
3. To increase the consumption of foods rich in micronutrients.

### *Strategies*

1. Conduct assessments on the extent and epidemiology of micronutrient deficiencies.
2. Formulate and implement integrated and multi-sectoral programmes to prevent and control micronutrient deficiencies.
3. Promote the production, processing, preservation and consumption of micronutrient-rich foods at community level.
4. Develop and implement appropriate micronutrient supplementary programmes directed at the appropriate vulnerable groups (such as, but not limited to, pregnant and lactating women, infants and young children).
5. Promote optimal breastfeeding practices including exclusive breastfeeding for up to six months.
6. Advocate for the enactment and enforcement of legislation on micronutrient fortification of locally produced and imported foods and water where feasible.
7. Ensure that the nutrient content of food commodities used for food aid meets nutritional requirements.
8. Incorporate appropriate information on micronutrient nutrition into school curricula and pre-service training programmes for health and social workers and community health volunteers.
9. Raise awareness and knowledge on the types and importance of foods rich in micronutrients, at all levels.
10. Strengthen micronutrient surveillance capabilities including salt monitoring.

#### 4.7. Treatment and Management of Acute Malnutrition

### *Preamble*

Malnutrition is a major killer and accounts for 44 percent of all children's deaths in Liberia.

Approximately 7 percent of children in Liberia suffer from acute malnutrition and are at high risk of

death or severe impairment of growth and psychological development. However, access to quality treatment is limited and the majority of children with moderate and severe acute malnutrition never reach health facilities.

The application of the WHO management guidelines and protocol coupled with improved access to treatment through the introduction of community-based management of severe acute malnutrition will increase program coverage and the number of children who are treated successfully.

### *Goal*

To reduce mortality due to acute malnutrition and its long term adverse effects on growth and development.

### *Objectives*

1. To improve access to facility and community based management for acutely malnourished children.
2. To improve quality of care and case management of acute malnutrition including both physical and psychological perspectives.

### *Strategies*

1. Develop and implement harmonized policies and protocols for the management of acute malnutrition at both facility and community level.
2. Improve access to high-quality residential units for management of severely malnourished children.
3. Strengthen capacity for case management, follow-up, supervision, and monitoring to assure quality of care for severely malnourished children.
4. Ensure uninterrupted supply of essential supplies for management of acute malnutrition.
5. Ensure access to safe drinking water for all facilities treating malnourished children.
6. Promote proper hygiene and feeding practices.
7. Strengthen capacity at community level for active case finding and referral of moderately and severely malnourished children.
8. Support the local production and/or procurement of supplementary and ready-to-use-therapeutic foods.
9. Integrate the management of severe acute malnutrition into the Integrated Management of Childhood Infections, at all levels.
10. Promote and ensure good care practices and a positive relationship between mother and child.
11. Ensure identification and care for psychosocial issues that affect the nutritional status of children and adults.

#### 4.8. Caring for the Nutritionally Vulnerable

##### *Preamble*

Care refers to the provision in the household and community of time, attention, support and skills to meet the physical, mental and social needs of socio-economically deprived and nutritionally vulnerable groups. These include children, adolescents, women, victims of man-made and natural disasters, the elderly and HIV infected and affected individuals and tuberculosis patients. The provision of adequate care and basic nutritional requirements is essential to the well-being and dignity of these vulnerable groups.

Due to the complex interactions between nutrition and HIV/AIDS, and the increased risk of opportunistic infections and malnutrition, adequate food and nutrition is of critical need for people living with or affected by HIV and tuberculosis.

##### *Goal*

1. To improve care and access to adequate, well-balanced and safe diets for nutritionally vulnerable groups

##### *Objectives*

1. To improve nutrition care and support for individuals with chronic diseases.
2. To improve maternal nutrition during pregnancy and lactation.
3. To increase access to health and nutrition services for adolescents and the elderly.

##### *Strategies*

1. Advocate for the enforcement of legislation on equal rights and opportunities for women, laws on marriage and family, child-labor laws and laws on employment and conditions of work for women.
2. Promote optimal infant and young child feeding practices for children under five years.
3. Increase access to nutrition and health information for adolescents, especially adolescent girls.
4. Ensure access to health care for women through the Basic Package of Health Services.
5. Promote adequate dietary intake during pregnancy and lactation.
6. Advocate for increased access to appropriate labor and energy saving devices to reduce women's workload.
7. Strengthen capacity of health and social workers respectively, in the nutrition care and support of people living with HIV and TB patients.
8. Adopt the nutrition cluster approach to ensure timely, coordinated and appropriate response to humanitarian and emergency nutrition situations.
9. Establish social safety nets and other traditional forms of family support for the nutritionally vulnerable, especially the elderly.
10. Promote male and community involvement and responsibility for the nutritional well-being and support of their families.

11. Raise knowledge and awareness on the importance of nutrition during pregnancy and lactation, at all levels.

#### 4.9. Promoting Appropriate Diets and Lifestyles

##### *Preamble*

The double burden of malnutrition, where diet-related non-communicable diseases (NCDs), such as diabetes, hypertension, coronary heart disease, obesity and some forms of cancers, co-exist with undernutrition is a reality in post-conflict Liberia with immense social and health care costs. Factors such as changes in diets and lifestyles, especially in urban settings, have contributed to the increased prevalence of these diseases posing a challenge for the health care sector as it strives to achieve a balance between prevention, promotion and curative care for the more predominant public health conditions.

##### *Goal*

To minimize the extent and magnitude of chronic, diet related non-communicable diseases.

##### *Objectives*

1. To contribute to the prevention of diet-related non-communicable diseases.
2. To maintain health and quality of life of individuals with diet-related non-communicable diseases.

##### *Strategies*

1. Increase awareness on the relationship between diet and lifestyles and NCDs particularly targeting groups most at risk.
2. Incorporate information on food safety, food preparation and healthy diet and lifestyles into the curricula of school children, and for the training of health professionals and agriculture extension workers.
3. Promote consumption patterns that support nutrition well-being, at all levels.
4. Ensure adequately trained personnel for the prevention and management of diet-related NCDs, at health facility level.
5. Encourage the formation of pressure groups such as anti-smoking, anti-drug and anti-alcohol abuse groups, to enhance capacity to combat the problem/s.
6. Develop and disseminate clear dietary guidelines for people with NCDs, taking into consideration food habits and the nutritional value of locally available food.
7. Advocate for the establishment of fitness and recreational facilities targeting children and high-risk groups throughout the country.



#### 4.10. Assessing, Analyzing and Monitoring Nutrition Situations

##### *Preamble*

Timely, relevant and accurate nutrition information is essential for the development, implementation, monitoring and evaluation of effective policies and programmes to improve nutrition and to provide early warning of impending nutritional emergencies and for ongoing program management..

A simple but efficient nutrition surveillance system for generating timely and relevant information for program planning and decision making shall be developed with appropriate mechanisms for flow of information from community to central levels. Comprehensive nutrition surveys will be conducted as required. For more efficient use of resources, a multi-sectoral coordinated approach to nutrition monitoring will be adopted.

##### *Goal*

To establish an effective and efficient nutrition information system that will support policy analysis and programming.

##### *Objectives*

1. To enhance national capacity to assess, analyze, use and monitor nutrition and nutrition related situations.
2. To ensure the use of nutrition information to inform policy and decision making

##### *Strategies*

1. Strengthen the national nutrition surveillance program, at all levels.
2. Strengthen existing institutional systems and capacity to collect, analyze, report and monitor nutrition situations.
3. Use community based information systems to support local problem identification analysis and action.
4. Encourage a coordinated multi-sectoral approach to data collection, analysis and presentation to identify the priority nutrition problems, extent and causes and monitor trends.
5. Strengthen growth monitoring and promotion within the BPHS and support expansion to the community level.
6. Support the integration of nutrition indicators into the health information system.
7. Support the use of nutrition information for decision making and policy analysis.

#### 4.11. Communication to Improve Nutrition for Health and Development

##### *Preamble*

Cultural beliefs and human behavior are major factors influencing nutritional status. Nutrition-related behaviors are based upon the local availability of foods and related products, as well as deeply ingrained

traditions, household dynamics, and social norms. Strategies to affect practices, in addition to knowledge and attitudes, must address these underlying factors and offer feasible, acceptable alternatives in order to achieve long-term, sustainable changes in diet, lifestyle and nutrition.

A multi-channel communication strategy aimed at influencing the actions of families and communities, health and other extension workers, as well as policy makers to move the Liberian population toward healthier daily nutrition practices and promote nutrition improvement will be developed. Information shall be targeted; evidence based and scientifically sound, adapted to local practices and beliefs.

#### *Goal*

To promote the adoption of positive attitudes and behaviors,- for improved nutrition for health and sustainable development.

#### *Objectives*

1. To institutionalize and develop capacity for nutrition information, education and communication
2. To raise knowledge and awareness on the importance of good nutrition for health and development among all ages.

#### *Strategies*

1. Develop a multi-level, interactive multi-channel communication strategy to increase knowledge and promote positive nutrition behaviors.
  2. Facilitate and encourage community participation planning, implementation, monitoring and evaluation of communication activities:
  3. Advocate and support integration of nutrition communication into pre-service training of public health and extension worker training curricula.
  4. Strengthen community and facility based service provider skills in nutrition counseling.
  5. Explore and test innovative approaches for information exchange at the community level.
- 4.12. An Enabling Institutional Arrangement for the Planning, Coordination, Implementation, Monitoring and Evaluation of Effective Nutrition Interventions

Good nutrition is an outcome of interrelated social, economic and health processes. Nutrition related services are heavily donor-funded, provided predominantly by humanitarian relief organizations and international NGOs. The operationalization of the nutrition policy will rely on a joint collaborative implementing framework. This will be guided by a multi-level coordination mechanism to progressively build government capacity at the national and decentralized levels for the implementation of focused interventions to achieve sustained improvement in the nutritional status of vulnerable groups, particularly women and children

## *Objectives*

1. To strengthen intrasectoral and intersectoral coordination of nutrition related policies and plans.
2. To improve capacity for effective nutrition policy development and analysis, program planning, implementation, monitoring and evaluation at all levels.

## **Coordination mechanisms**

An appropriate multi-sectoral coordination mechanisms that brings together line ministries, the private sector, representatives from bilateral and multilateral agencies, and civil society groups that are active in nutrition will be identified to consider major policy issues and strategic directions for nutrition and advise the respective implementing sectors accordingly.

The national nutrition coordinating committee (NCC) comprised of government sector, NGOs and other development partners, led by the Ministry of Health and Social Welfare will coordinate the implementation of the policy and national plan of action. The main functions of the NCC shall include:

- To ensure a unity of purpose by all nutrition stakeholders through a common vision and set of priorities;
- To improve service delivery and optimum use of available human and financial resources
- To facilitate information sharing
- To enable periodic review and re-planning based on monitoring and evaluation results
- To enable appropriate and timely attention to emerging nutrition issues, such as non-communicable diseases and urban food safety issues

## **Program management**

The core sector involved in the provision of nutrition related services for addressing the immediate causes of malnutrition is the Ministry of Health and Social Welfare. The section responsible for the health sector nutrition program shall be located in the Family Health Division and shall be referred to as the Nutrition Unit.

### Organization and functions:

Nutrition programs will be organized and integrated with other services provided at the three levels of the health service delivery system, which are the central, county and community levels.

#### *The Central Level Nutrition Unit:*

The central level shall coordinate and regulate all nutrition activities in the health sector. Its functions shall include:

1. Analysis of the nutrition situation in country including analysis of epidemiological data, program activities, requirements for human resources development and research
2. Advocate for nutrition and nutrition program related activities at all levels.
3. Assume leadership and coordination of nutrition activities within the health sector.
4. Conception and formulation of nutrition policies and plans of action, protocols and guidelines within the health sector.
5. Conception and formulation of nutrition goals and objectives with development policies and plans
6. Management of the following nutrition program activities (planning, implementation, monitoring and evaluation):
  - a. National Nutrition surveillance
  - b. Growth monitoring and promotion
  - c. Integration of the Essential nutrition actions into the Basic Package of Health Services
    - i. Promotion of infant and young child feeding practices
    - ii. Prevention and control of iron deficiency and vitamin A deficiency diseases and iodine deficiency disorders
    - iii. Feeding of the sick and malnourished child
    - iv. Promotion of adequate maternal nutrition
  - d. Prevention and control of diet-related non-communicable disease
7. Capacity building to ensure that health workers at all levels meet the standards of quality for nutrition services contained in current international and national protocols or guidelines for nutrition interventions.
8. Conduct operations research to test innovative approaches for improving effectiveness and efficiency of nutrition programs and interventions.
9. Regular monitoring and evaluation of nutrition programs and interventions.

*Nutrition Focal Point as part of County Health Teams*

The functions shall include:

1. Development of county level plans of action for nutrition, based on the national nutrition policy and action plan.
2. Facilitate information gathering, utilization for decision making at county and community level and sharing across all levels.
3. Support capacity building of community based service providers in nutrition and involvement of community based actors in planning and implementation of nutrition activities at the county and community level.
4. Ensure inter-sectoral action in nutrition at the county level.
5. Resource mobilization at county level.
6. Monitor and supervise county level and community based nutrition related activities.

### *The Community Level:*

Community based service providers shall perform the following in their communities:

1. Participate in needs assessment and planning for community based nutrition interventions.
2. Conduct community based growth monitoring and promotion exercises and information exchange for decision making to improve nutrition situation.
3. Support implementation of community based communication activities and interventions to address nutritional problems.
4. Community based delivery of essential nutrition services, such as distribution of micronutrient supplements, bed nets, de-worming.
5. Monitoring and evaluation of community based interventions.
6. Resource mobilization at community level.

### **Programme Personnel**

The minimum of trained personnel required shall be as follows:

#### *Central*

One public health nutritionist

One monitoring and evaluation specialist

One nutrition communication specialist and trainer

#### *County level*

One nutrition focal-point

The integration of programmes is promoted at the county level. To this end, the roles and responsibilities of the nutrition focal point will be assumed by the Reproductive Health Supervisor or the Child Survival Supervisor.

#### *Community*

Trained community or village health workers and traditional midwives; depending on size and population of area.

### **Capacity Building**

Adequate human resources are critical for planning, implementing and evaluating nutrition programs and resolving Liberia's nutrition problems. Such human resources are lacking both in number and appropriate training to prioritize, design and manage successful and sustainable programs. Decisions makers, program planners and nutrition service providers will be provide with capacity building a broad spectrum of nutrition related topic, supported, and deployed to accommodate the priorities established by the policy. Short, medium and long-term capacity development strategy will be developed to produce a critical mass of qualified professionals that can occupy positions at all levels in all sectors.

Interventions that shall be employed to recruit, hire, support and train nutrition program planners, managers and service providers are:

1. Undertake an assessment of the capacity and training needs for implementing the national nutrition policy and other relevant nutrition related structures in line with proposed institutional structures.
2. Develop a national database on the status of non-governmental and private sectors human resources in nutrition.
3. Strengthen existing nutrition units based on assessment of the nutrition-relevant competencies required for the implementation of the nutrition policy and action plan.
4. Coordinate with public health training institutions to strengthen nutrition content of pre-service curricula of all cadres of health service providers.
5. Design and launch a rapid training program for nutrition program/middle level managers to upgrade knowledge and skills in priority areas as identified in the needs assessment.
6. Design and implement in-service training activities on priority technical issues and progressively absorb into a comprehensive institutionalized in-service training program under the Planning, Research and Development Department of the MOHSW
7. Facilitate exchange of experiences, best practices and lessons learned at local, regional and international levels.
8. Improve access to international data-bases on nutrition and scientific, policy and program updates and resources.
9. Establish a staff exchange program with other countries and institutions, including scholarship programs and study tours.

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