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MCH PROGRAM DESCRIPTION

Liberia



Overall MCH and health sector situation

Fourteen years of conflict have decimated the health infrastructure and health workforce in Liberia. The destruction of most classrooms and student dormitories and disruption of normal school and university schedules resulted in the downsizing of capacity and delays in educating the health workforce. Similarly, the destruction of buildings and operations during the long conflict resulted in a much-diminished Government of Liberia capacity to provide needed health services. The Sirleaf Administration, democratically elected in 2005, has made firm commitments to provide equitable and effective health care services as it rebuilds the country. The Liberian Government approved a National Health Plan (NHP) that commits the Ministry of Health and Social Welfare (MOHSW) to lead and manage health resources in support of a basic package of health services (BPHS), including reproductive health/family planning, HIV/AIDS, MCH, and the prevention and control of infectious diseases, such as malaria, polio, and tuberculosis. The government estimates that some 390 health facilities (18 hospitals, 55 centers, and 310 clinics) are presently

functioning, while another 130 are no longer operational. Survey estimates suggest that only 41 percent of the population has access to health services, 24 percent have access to safe water, and 26 percent have access to sanitation.

From the Liberia Demographic and Health Survey (LDHS) 2007 Preliminary Report, MMR is one of the highest globally at 994 per 100,000 live births. SBA rates are inadequate, with only 46 percent of women delivering with a skilled birth attendant. Referral services are difficult to access by the majority of pregnant women due to long distances, lack of transportation, poor roads and nonavailability of skilled health professionals to deliver care. Neonatal mortality has declined from 44 per 1,000 in 1986, to 32 per 1,000 live births in 2007; major causes of newborn deaths include preterm delivery (27 percent), infections (25 percent), asphyxia (19 percent), and tetanus (14 percent). Liberia has seen significant declines in child mortality since 2000, although levels remain high: IMR has declined from 117 to 72 deaths per 1,000 live births (LDHS 2007); U5MR has declined from 194 to 111 per 1,000 live births. Malaria, ARI, and diarrhea account for most of the under-5 mortality and morbidity. LDHS 2007 data show that 70 percent of children with ARI received treatment from a health provider, and 53 percent of children with diarrhea were treated with ORS. Thirty-nine percent of Liberian children aged 12 to 23 months are fully immunized, with 12 percent never having been immunized. Thirty-nine percent of children are stunted, and 20 percent are severely stunted.

The environment for assisting the Liberian health sector is in a period of transition, moving from a relief format to one of development assistance. Some 75 percent of the health care delivery system depends upon international NGOs that support staff and operations at mostly government-owned facilities throughout the country as part of an emergency humanitarian assistance effort. As a result, the MOHSW must still rely on NGOs that have been directly operating or assisting health service delivery to substantial numbers of the Liberian population. Currently, there are no alternative means for effective service delivery for those portions of the population receiving health care from NGOs. Consequently, the assistance planned for the health sector combines support for short-term improvements to health services through existing delivery channels and includes efforts designed to build longer-term capacities in the sector.

MCH interventions at the Mission level

Under the National Health Policy and Plan, the Liberian government has reaffirmed its commitment to working toward the achievement of the MDGs, with a particular focus on activities that will contribute to overall improvements in maternal and child survival. The MOHSW has the mandate to provide and make available affordable, accessible, reliable, and comprehensive health care in an equitable manner. MOHSW has identified primary health care as the foundation of the health system, a model for improving health care delivery, and the BPHS as the cornerstone of the national health care delivery strategy. In support of these efforts, USAID will expand programs to deliver key maternal, newborn, and child health services at all levels of the health care delivery system in selected counties of Liberia. These interventions will include increasing antenatal care (ANC) visits to 22,000; delivery by a skilled attendant and postpartum care, including IPTp and treatment of acute malarial infections targeting 115 health facilities; emergency obstetric and neonatal care services in seven facilities; AMTSL in 105 facilities; essential newborn care; community-based delivery and BCC components; improved management of childhood illness, including zinc for treatment of diarrhea and training of community health workers; and trained birth attendants (TBAs) in the community/household management of simple, uncomplicated childhood fevers, diarrhea, and ARI.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The overall objective of all components of USAID's assistance is to increase access to basic health services. The range of components and interventions envisioned were selected to address some of the most pressing health needs in the country and, as a result of their high potential, to realize measurable change within a 5-year period. In order to increase access to basic health services, the USG will support at least 105 primary health care health facilities and seven emergency obstetric care centers, targeting more than 1 million people in various geographic locations in Liberia. A social marketing, HIV/AIDS, and family planning program targeting out-of-school youths will be supported with Population Services International as the implementer.

Specific actions supported as part of the MCH approach

The overall objective of USAID assistance in building health systems in Liberia is to increase capacity in health financing, health policy and governance, human resources, and health information. More specifically, the anticipated outcomes from this assistance are 1) an established system of national health accounts; 2) a functioning process for exploring private sector partnerships to attract private funding and reduce the population requiring direct public health services; 3) an increase in the number of trained health economists and health planners; and 4) strengthened health financing and governance policies and policy development processes.

The USAID program's geographic focus

The USAID program will support primary health care clinics and emergency obstetric care services in six counties, and outreach immunization services in all 15 counties, and the trained nurses, midwives, and physician assistants will come from all parts of the country.

The Mission program's relationship to the country's health sector and development plans and strategies

The National Health Plan and the national health policies of the Liberian Government are considered the fundamental blueprint for design and implementation of all USAID assistance, and the programs currently under development by USAID will be consistent with and fully supportive of the national approach to health delineated by MOHSW.

Potential for linking Mission MCH resources with other health sector resources and initiatives

The USG collaborates with the Liberian Government and UN agencies, UNFPA, UNICEF, WHO, and national and international NGOs to address key health issues (e.g., maternal, infant, and under-5 mortality reduction strategies). The USG leverages its resources with those of the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as GAVI, in addressing MCH challenges. Malaria is the leading cause of morbidity and mortality in Liberia. The entire population of approximately 3.6 million people is at risk of malaria, including the estimated 565,000 children under 5 and 188,500 pregnant women. To address this problem, PMI is working with the government to support key activities in the following areas: malaria in pregnancy, procurement and distribution of ITNs, IRS, and malaria case management, including the purchase of ACTs and drugs for severe malaria.

Planned results for the Mission's MCH investments over the next 5 years

The USG will work with the Liberian Government and other development partners in lowering the MMR of 994/100,000 by 25 percent, increasing the rate of delivery by a skilled birth attendant from 49 to 60 percent, increasing overall childhood vaccination coverage to 75 percent, and providing in-service training related to the BPHS and include quality assurance, counseling techniques and patient communication for behavior change, for more than 300 nurses, midwives, and physician assistants in preservice institutions as a means of improving the quality and impact of health care. In addition, regional (30 over 2 years) and some 30 annual in-country scholarships will help in addressing the number of qualified health care workers Liberia needs to meet national goals for service delivery.

With humanitarian relief for health care services tapering down in 2008, the Government of Liberia and its development partners urgently need to ensure a responsive government role in planning, management, and delivery of services. USG FY08 funds will support capacity-building of health program management at all levels and delivery of a BPHS, including family planning, reproductive health, maternal and child health, HIV/AIDS, and malaria. In the coming 1 to 3 years, the primary objective is to roll out effective basic services that will reduce the spread of HIV; maternal mortality and morbidity; and deaths and disability days due to malaria. In FY08, solid increases in malaria, family planning, and MCH funds are essential for moving into transition and in meeting the challenges of poor health and a battered infrastructure. In partnership with the Liberian Government, USAID will make excellent use of these funds to roll out basic services to 70 percent of the population by the end of 2010. The long-term goal is to build the Liberian Government's ability to manage public resources and partner effectively with the private voluntary and commercial sector in stewarding health care for all.

MCH COUNTRY SUMMARY: LIBERIA	VALUE
MCH FY08 BUDGET	5,158,000 USD
Country Impact Measures	
Number of births annually*	140,000
Number of under-5 deaths annually	16,000
Neonatal mortality rate (per 1,000 live births)	32
Infant mortality rate (per 1,000 live births)	72
Under-5 mortality rate (per 1,000 live births)	111
Maternal mortality ratio (per 100,000 live births)	994
Percent of children underweight (moderate/severe)	19%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	79%
Percent of women with at least four antenatal care (ANC) visits	N/A
Percent of women with a skilled attendant at birth	46%
Percent of women receiving postpartum visit within 3 days of birth	N/A
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	N/A
Immunization	
Percent of children fully immunized****	39%
Percent of DPT3 coverage	50%
Percent of measles coverage	63%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	62%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months***	79%
Percent of children under 6 months exclusively breastfed	29%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	58%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	70%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	64%
Percent of population with access to improved sanitation**	32%
<p>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** State of the World's Children Report 2008 **** Fully immunized at any time before the survey (Unless otherwise noted, the data source is the 2007 Preliminary Demographic and Health Survey.)</p>	