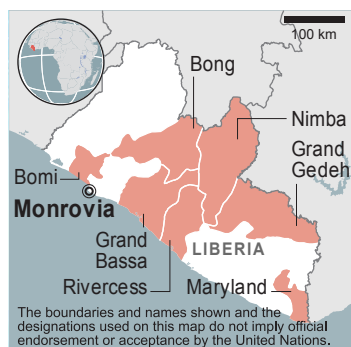


Reduction of maternal morbidity and mortality in Liberia



UN Trust Fund for Human Security



Fast Facts

Country: Liberia

Duration: May 2008 to December 2009

Implementing UN Agencies: UNFPA; WHO

Other Implementing Partners: Ministry of Health and Social Welfare

Budget: \$3,416,867.29

Key Words: Healthcare; maternal morbidity and mortality; sexual and reproductive health

BACKGROUND

In 2008 Liberia's healthcare system remained weak, making a slow recovery after being affected by years of political unrest and civil war. Although the Government did take strides in improving healthcare, it also identified that having better maternal health facilities could positively influence the country's development. Access to quality maternal care was very low, with less than 10 per cent of the population being able to benefit from healthcare. As a result, 75 per cent of births took place outside health facilities with unskilled birth attendants performing the vast majority of deliveries. Maternal mortality, which in 2007 stood at approximately 994 out of 100,000 live

births, was a sign of fragile health conditions for women. Obstetric emergencies, mainly due to incomplete and unsafe abortions; a shortage of skilled health workers; and a weak health infrastructure all contributed to high levels of maternal morbidity and mortality. This was more prevalent in rural areas where, largely due to civil unrest, there were severe disruptions to the delivery of healthcare over long periods of time. Overall, the poor state of maternal, newborn and child healthcare services reached a near-crisis situation requiring an urgent response by the Liberian Government and its partners.

PROGRAMME OVERVIEW

GOALS AND OBJECTIVES

The overall goal of this project was to reduce maternal and newborn morbidity and mortality in seven counties with the lowest levels of health infrastructure, access to healthcare, and trained health workers. The project advanced top-down protection and bottom-up empowerment measures that aimed to (i) improve access to quality maternal health services in general

and in particular in the largely neglected and critical area of emergency obstetric services; (ii) promote knowledge on sexual and reproductive health and behaviour among vulnerable groups including adolescents; and (iii) bolster the capacity of local and national authorities to manage, plan, monitor and evaluate maternal health services.

BENEFICIARIES

The direct beneficiaries included 301,044 women of childbearing age living in Bomi, Bong, Nimba, Grand Bassa, Maryland, Grand Gedeh and Rivercess counties. It was estimated that a further 100,000 women from nearby counties would also become

indirect beneficiaries. In order to improve reproductive health delivery, traditionally trained midwives (TTMs) and health workers within those counties also received tools for capacity building services.



NOTABLE ACHIEVEMENTS

- (i) The project improved the quality of maternal health services by expanding the knowledge of existing maternal health providers, the number of skilled attendants, as well as the availability of appropriate instruments. It focused specifically on ensuring that TTMs were able to educate pregnant women on how to identify complications and risks leading to maternal morbidity and mortality.
- (ii) Moreover, within the seven counties, the project also significantly improved access to quality services by closing a critical gap in maternal health services through linking community level care with formal healthcare services. Access to prenatal, natal and

postnatal care services; basic and comprehensive essential obstetric care; and family planning services were greatly improved on both ends of the healthcare continuum.

- (iii) The project also implemented empowerment measures, which aimed to increase knowledge and awareness on sexual and reproductive health education including sexual and gender-based violence, particularly among adolescents. Furthermore, it emphasized broadening the scope of home-based life saving skills at the community level. Such measures ensured that individuals and communities could actively participate in improving their health.

LESSONS LEARNED

The project revealed the importance of establishing an integrated network of diverse stakeholders for addressing the issue of maternal health insecurity in a post-conflict context. Furthermore, such an integrated approach also highlighted the combined impact of poverty, displacement and poor health infrastructure on maternal health insecurity and emphasized the need to strengthen institutional capacities with empowerment measures which, when combined, could

help improve the protection and empowerment framework needed for advancing maternal health security. Tackling all of these elements required bringing together a variety of actors (communities, traditional community healers, health providers, NGOs and Government ministries) and developing solutions that focused on coherence among their activities.