

# MCHIP Country Brief: Liberia



## Health Areas:

- Family Planning
- Newborn Health
- Maternal Health

Selected Health and Demographic Data for Liberia	
Maternal mortality ratio (deaths/100,000 live births)	770
Neonatal mortality rate (deaths/1,000 live births)	26
Under-5 mortality rate (deaths/1,000 live births)	94
Infant mortality rate (deaths/1,000 live births)	54
Contraceptive prevalence rate	19.1
Total fertility rate	4.7
Skilled birth attendant coverage	61.1%
Antenatal care, 4+ visits	66%
Sources: *World Bank; **Liberia DHS, 2013; *** UNICEF; ^WHO.	

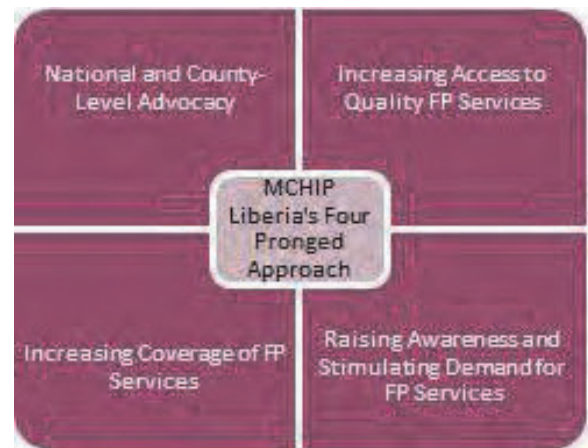


<b>Program Dates</b>	September 2009–December 2013					
<b>Total Mission Funding</b>	Redacted					
<b>Geographic Coverage</b>	<b>No. (%) of counties</b>	80%	<b>No. of districts</b>	80	<b>No. of facilities</b>	80
<b>Country and HQ Contacts</b>	Marion Subah, Comfort Gebeh, Nyapu Taylor, Varwo Sirtor-Gbassie, Alishea Galvin, Emmanuel Otolorin, Gahan Furlane, Anne Pfitzer, Gbenga Ishola, M&E Advisor, Technical Support: Holly Blanchard, Chelsea Cooper, Rebecca Fields, and Jeffrey Smith					

## INTRODUCTION

In Liberia, although important achievements have been realized in maternal, newborn and child health (MNCH), there is still need for improvement. Postpartum hemorrhage (PPH) remains the leading cause of maternal mortality in Liberia and accounts for about 34% of maternal deaths.<sup>1</sup> The maternal mortality ratio decreased from 994/100,000 live births in 2007 to 770/100,000 in 2013, while neonatal mortality decreased from 32/1,000 live births in 2007 to 26/1,000 in 2013.<sup>2</sup> The contraceptive prevalence rate (CPR) increased from 10.3% in 2007 to 19% in 2013. Continued dedication and support to address MNCH programming is necessary to sustain and replicate successes. As is outlined in Liberia's National Health Policy 2007–2011 and the Essential Package of Health Services, the government of Liberia (GOL)/Ministry of Health and Social Welfare (MOHSW) is committed to comprehensively address MNCH programming to improve health outcomes for pregnant women and their families.

The original goal of USAID's Maternal and Child Health Integrated Program (MCHIP) in Liberia was to address the country's provision of FP services by updating the skills of all cadres of health workers for providing a wider range of family planning and reproductive health (FP/RH) methods, in particular hormonal and long-acting methods, as well as advocate and provide public education to support a positive and stronger FP/RH environment. The scope was later expanded to initiate a program to reduce postpartum hemorrhage for women who deliver at home and improve newborn health by assessing and developing a plan to address gaps in essential newborn care. Since then, MCHIP has been providing support to the MOHSW to help operationalize the national FP/RH Strategy and implement the Accelerated Action Plan to Reduce Maternal and Neonatal Mortality, thereby contributing to significant reductions in maternal, newborn and child mortality toward the Millennium Development Goals (MDGs) 4 and 5.



### MCHIP/LIBERIA Project: Goals and Objectives

Objective 1: Support the MOHSW in implementing the national RH/FP program and advocating for the FP agenda;

Objective 2: Increase access to high-quality FP services;

Objective 3: Increase knowledge of and demand for FP services at the community level;

Objective 4: Expand coverage of FP services and reach to the community through innovative approaches;

Objective 5: Reduce the incidence of PPH at home births through a prevention of PPH program that includes use of misoprostol at home births; and

Objective 6: Contribute to improvement of newborn health by working with the MOHSW and implementing partners to access and develop a plan to address gaps in essential newborn care, including management of newborn sepsis.

## KEY ACHIEVEMENTS

MCHIP was well-positioned to support the Liberian MOHSW to address MNCH interventions, drawing on technical and programmatic expertise from previous



One of 25 national trainers learns IUD insertion during training.

global programs. MCHIP Liberia’s FP strategy took a four-pronged approach, including national- and county- level advocacy, increasing access to quality FP services, increasing coverage of FP services, and raising awareness/stimulating demand at the community level for FP services.

MCHIP ensured an approach of no missed opportunities and advocacy in supporting high-impact and evidence-based interventions, as well as building the country capacity in MNCH and FP by working with the MOHSW at the national level and with the Montserrado, Margibi, Grand Bassa, Lofa and Bong county health teams (CHTs) at the facility and community levels. Thanks to the strong partnership with the Liberian MOHSW and other implementing partners and support from USAID, many achievements were observed throughout the duration of the project.

MCHIP supported and worked with the Reproductive Health Technical Committee (RHTC) to revise the service delivery guidelines and standards for FP and developed an FP training course, including all natural, short and long-acting reversible methods, for providers that is endorsed by the MOHSW and is the basis for pre-service FP training. Using this course, MCHIP held the first MOHSW-sponsored FP technical updates for frontline health care providers since the war ended. Building on these technical updates, MCHIP strengthened Redemption Hospital to create an FP “Center of Excellence” as a teaching institution to further develop competent FP providers.



In further support of the Liberia National Family Planning Strategy and the Accelerated Action Plan for the Reduction in Maternal Mortality, MCHIP amended the RAPID model to help the MOHSW at the central and county levels to reprioritize and strengthen its leadership to advocate for additional resources and the integration of FP into the basic package of health services. Additionally, at the request of USAID, MCHIP reviewed USAID’s portfolio within the context of the Liberian environment to produce an internal strategy, *USAID’s Liberia Family Planning Roadmap to Support the MOHSW in Reducing Unintended Pregnancies*, based on the Best Practices at Scale in the Home, Community and Facilities (BEST) approach as strategic guidance for cooperating agencies to assist the MOHSW on implementation.

Over the course of the project, MCHIP has also played a key role in contributing to a number of much-needed strategies and training materials that will be used nationwide including:

- National Family Planning Strategy
- National Family Planning Standards
- National Community-Based Family Planning Training Materials
- Adolescent Reproductive Health Strategy
- USAID’s Liberia Family Planning Roadmap to Support the MOHSW in Reducing Unintended Pregnancies
- Accelerated Action Plan for the Reduction of Maternal and Neonatal Mortality in Liberia



A patient is counseled on FP methods after being referred through immunization services, Lofa County.

- Community Health Policy and Strategy and Roadmap
- WHO home-based maternal and newborn care training materials for curriculum of community health volunteers, including trained traditional midwives (TTMs), adapted for the Liberian context
- EPI/FP Implementation Guide and Training and BCC materials
- National Kangaroo Mother Care (KMC) Guidelines
- Chlorhexidine for Cord Care
- National Implementation for Chlorhexidine
- Postpartum Hemorrhage Clinical Guidelines
- Prevention of Postpartum Hemorrhage Counseling Cards and Flipbooks for TTMs

In an effort to improve demand for FP, MCHIP worked to bring health education information and services closer to the community in rural and urban areas, using already proven effective and innovative approaches. As part of this effort, MCHIP conducted behavior change communication (BCC) strategies at the community level to work with religious leaders, barber shop and beauty salon workers, and market vendors, aimed at addressing the many cultural practices and accessibility issues that result in early teen pregnancy and low use of modern methods of contraception. One market volunteer provider stated: *“We are grateful, because this program is really good for us. It helps us to space our children and it also makes it easier for us to get our refill without taking much of our time because we are busy people.”* In total, 100,367 people have been reached with these healthy timing and spacing messages from all community-level activities.

Through the MOHSW, MCHIP carried out a demonstration project of immunization and FP integration in selected facilities in Bong and Lofa counties. This approach involved vaccinators providing a few short, targeted FP and immunization messages and same-day FP referrals to mothers bringing their infants to the health facility for routine immunization. This effort resulted in an increase in new contraception users by 90% in Lofa County (517 to 983) and 73% in Bong County (1,182 to 2,039) for a total increase of 1,323 new contraception users. Service providers and clients reported that the integrated service delivery process had increased their knowledge and changed their views about FP. Moving forward with the expansion and scale-up of activities will include the reinforcement of reminder messages about the next vaccination to clients by vaccinators and community midwives (CMs) at every point of contact and to remind EPI-referred clients about the child’s return date for the next vaccine before they leave the FP room to help mitigate the potential dropout of EPI clients.

To contribute to the prevention of PPH, which is the leading cause of maternal death in Liberia, MCHIP conducted an initiative in Grand Bassa for the prevention of PPH for both facility and home deliveries. This introductory program was designed to increase use of uterotonics for all births. Misoprostol was distributed during antenatal care (ANC) visits or by trained MOHSW clinical staff to women in the community who were at risk of not making it to the facility to give birth. Using this approach, the project was able to reach only 22% of women who delivered at home because of long distances to communities, limited road infrastructure and transportation.



TTMs hold misoprostol distribution job aids, Fenutoli Clinic, Bong County.

Misoprostol as a PPH prevention intervention was embraced by pregnant women. Based on the data from this initiative, the MOHSW approved moving forward with the distribution of misoprostol at the community level as well as expanding this lifesaving initiative to additional communities in Liberia. To improve newborn survival and reduce under-five mortality, Liberia's MOHSW has focused its efforts on addressing the leading causes of newborn deaths. In 2012, MCHIP supported the MOHSW to undertake a newborn situational analysis (SITAN) and conducted a review of Liberia's readiness to introduce and scale up select newborn health interventions. Several RHTC working groups were formed to facilitate the rapid review, approval and implementation of KMC, chlorhexidine for umbilical cord care, and home-based MNH care. MCHIP facilitated the training of 23 national KMC trainers from five hospitals where KMC was to be introduced. KMC units were established in all five hospitals, where a total of 26 preterm/low birth weight babies were attended to in the units. To improve home visits by community health workers (CHWs) to pregnant women and newborns, the MOHSW was supported with the design and printing of counseling cards/booklets for the Home-Based Maternal New Born Health Care Training Manual. A total of 25 midwives were trained as trainers and 120 CHWs were trained in rural Montserrado County using the curriculum. Forty-three newborns were visited during the postnatal follow-up visit.

## **WAY FORWARD**

Based on the lessons learned from the MCHIP programs as well as the Liberian priorities, MNCH needs to continue to be a focus to ensure that the momentum and work that MCHIP has done to date to improve the technical competencies of frontline health care workers and community volunteers is maintained. MCHIP leaves a legacy of competent frontline health care workers and empowered community members, as well as training materials for how to implement facility- and community-level MNCH initiatives and scale up facility- and community-based distribution of misoprostol for PPH reduction and EPI/FP programs. In addition, MCHIP has provided all the training materials to MOHSW at the national and county levels as well as to other implementing partners so they can continue to implement the program long term. In the near future, intense efforts will be needed to maintain quality MNH and FP care while combatting the emerging Ebola epidemic.