



## Assessment of Reproductive Maternal Neonatal and Child Health in Liberia



### Intervention

Liberia is one of the low income countries in West Africa. Its Health and Demographic Survey 2013 reported few of the lowest health indicators even in Africa comparison - the life expectancy 53 years, under five mortalities 94 deaths per 1,000 live births, and maternal mortality 1,072 per 100,000 live births.

To create a bridge between underserved communities and formal healthcare systems, BRAC engaged frontline community health promoters (CHPs) in its health service delivery model. In cooperation with the Department for International Development (DFID), BRAC Liberia extended its *Health Programme* between 2013 and 2015 to offer reproductive, maternal, neonatal and child health (RMNCH) services. The project served 106,000 women 15 to 49 and 53,000 under-five children in Grand Cape Mount, Lofa, Marigbi, Montserrado, Nimba, Grand Bassa and Bong counties.

A total of 850 local women were selected and trained for community health promoters' (CHPs) and traditional birth attendant (TBA) roles. They educated village women on sexual and reproductive health (SRH), family planning, antenatal/postnatal care (ANC/PNC) and best practices within village meetings. Low cost basic preventive and curative products like oral rehydration solutions (ORS) and condoms were offered through weekly households visits. Health promoters sensitised household members on hygiene, prevention and nutrition. They also referred complicated cases to nearby health facilities and organised health campaigns on childhood diseases.



### Research

*Final Assessment Report for BRAC Liberia's RMNCH Programme* (Musoke and Nansamba, 2017, Monrovia: [BRAC IERC](#))



### Method

A *difference-in-differences* (DID) method was applied to estimate the project's effects on knowledge, health-seeking behaviours and other health outcomes. The comparison group was selected from the nearby non-programme counties with similar selection criteria. A total of 3,599 respondents (1,960 women) were followed to the endline survey.



▲ 18

pp delivery within health institutions

▲ 37

pp newborns exclusively breastfed in the first six months

▲ 18

pp under-five children received antimalarial drug within 24 hours

▲ 17

pp young women used contraceptives

▲ 9

pp mothers attended four rounds of ANC

The addition of RMNCH services made visible differences in most of the key indicators. At endline, about 70% of women in treatment areas gave birth within health institutions in the previous year, which was **18 percentage points (pp)** higher than in the comparison group. More than three-fourth (**77%**) of newborns in the treatment households born during the previous year were exclusively breastfed in their first six months, as opposed to only 40% in the comparison group. This good practice of breastfeeding by the treatment mothers was a significant (26 pp) improvement from their midline levels.

The intervention significantly improved health knowledge and preventive behaviours of mothers. Nearly all (92%) recognised malaria symptoms, which was by 29 pp lower in the comparison group. While 8 pp more knew that mosquito nets can be used as a prevention for malaria, 11 pp more knew about artemisinin-based combination (ACT) therapy. During the previous two weeks prior to the survey, 59% of under-five children received the antimalarial drug in the first 24 hours of the disease, which was by **18 pp** lower in the comparison group. If under-five children fell sick with diarrhea, 60% received ORS therapy, which was 5 pp higher than in the comparison group.

The uptake of contraceptives and family planning methods also increased among the treatment households. About half of the adult women (49%) and young women (48%) used contraceptives, which was an increase of 14 pp and **17 pp** respectively from their midline levels. Modern family-planning methods were taken up by 44% of treatment respondents, which was 11 pp higher than in the comparison group. Male respondents were, however, 11 pp less likely to use family-planning methods than female respondents in treatment areas.

This locally-owned initiative of delivering health services by health promoters (CHPs) significantly improved access to ANC services. Nearly all mothers (**98%**) in treatment areas attended four rounds of ANC in the previous year in comparison to 89% in the comparison group.

## ➤ Way Forward

The addition of RMNCH services to the BRAC's health programme successfully increased the maternal and child health (MCH) awareness and shifted the health-seeking behaviours of young and adult women. The results further demonstrate how local delivery of essential health products and services can help reduce risks associated with MCH and other essential health services. Future interventions may more focus to improve the capacity and motivation of the health promoters (CHPs). Similarly, including more male participants could bridge the gender gap in health outcomes.