



# **ECONOMIC EMPOWERMENT AND MATERNAL HEALTH: THE BRIDGE PROJECT**

**Sierra Leone Red Cross  
CASE STUDY**

Pictured: Volunteer Coaches in Kenema – Veronica T Tengbeh (left) and Salamatu Vandi (right) supervise community volunteers in selected communities in the BRIDGE Project.

## Context

In Sierra Leone, communities face significant challenges in maternal health care access and livelihoods. Women often encounter barriers to healthcare, particularly during pregnancy and childbirth, while simultaneously having limited economic opportunities. The Sierra Leone Red Cross Society (SLRCS), with support from the Finnish Red Cross and Icelandic Red Cross, recognized these interconnected challenges and implemented solutions within the four-year BRIDGE project across six districts in the country.

## Project Overview

The BRIDGE project operated in 62 communities across six districts in Sierra Leone: Bo, Bonthe, Kenema, Kono, Moyamba and Pujehun. As one of many integrated components, the project sought to improve community resilience by addressing both maternal health and economic empowerment simultaneously. Though livelihood activities were not explicitly part of the initial project design, they emerged as a critical component that enabled the success of health interventions, particularly through the establishment of obstetric emergency funds and the creation of Village Savings and Loan Associations (VSLAs).



## Key Components

### Obstetric Emergency Funds

The establishment of obstetric emergency funds in each community served as a community-managed resource specifically designated to support pregnant women needing access to health facilities for delivery. The funds addressed a critical gap in maternal healthcare by providing transportation and other necessary support for women experiencing pregnancy complications. Complementing this initiative, SLRC raised awareness among community members by improving knowledge and recognition of danger signs that indicate when pregnant women should seek healthcare. The obstetric emergency funds strengthen the referral system, especially in communities where access to health services was limited due to the distance to health facilities.

In one community in Kenema (Blama), these funds enabled four pregnant women to access the nearest health clinic for safe delivery. Similarly, in Togie community in Bonthe District, seven women were successfully referred for delivery using these emergency resources. This direct impact on maternal health was immediately visible to community members, who consistently identified the emergency obstetric funds as one of the most beneficial interventions of the project.



The sustainability of these funds was strengthened through their connection to community economic activities. In many cases, the Village Savings and Loan Associations helped replenish the obstetric emergency funds, creating a regenerative system that could continue beyond the project's official conclusion. Community leaders in Vaahun community, Moyamba District, expressed confidence that these emergency funds would continue benefiting their community even after the project ended, demonstrating the success of the model in building sustainable community resilience.

## **Village Savings and Loan Associations (VSLAs)**

Though not initially central to the project design, Village Savings and Loan Associations emerged as a powerful component of the BRIDGE project. These community-based financial groups allowed members to save money collectively and access loans at reasonable interest rates. Community members particularly valued that these associations operated within their own communities, eliminating the need to travel to neighboring areas where they might face exploitative interest rates or be forced to surrender valuable resources like palm oil stock to secure loans.

The VSLAs served multiple functions within the project ecosystem. They provided women with access to capital for starting small businesses, contributed to the replenishment of obstetric emergency funds, created a sustainable financial infrastructure within communities, paying schools fees and cost of uniforms for children to continue going to school, but also to support vulnerable community's member affected by disasters. The training associated with these groups equipped women with financial management skills that extended beyond the project's duration, allowing them to continue supporting themselves and their families. In addition, community member interviewed during regular monitoring visits mention that the VSLA scheme has provided them easy access to loans to solve family problems, restoration of their dignity as creditors no longer harass them for loan repayment with high interest, and they have enhanced community cohesion.

A total of 97 Village Savings and Loan Associations (VSLAs) have been successfully established and trained across 62 communities during the four year of project implementation. Due to the high demand, 35 new VSLAs groups were established in communities with high population, thereby providing supplementary support to the 62 groups that were initially formed.

Community members interviewed during the mid-term review in 2022 highlighted the VSLAs as one of the SLRCS's most successful interventions. They especially valued the skills development component, which gave them confidence in their ability to manage financial resources independently and how the scheme contributed to community development and social cohesion. According to VSLA members interviewed in Kaipor community in Pujehun during the endline survey of 2024, neighboring communities have established their own VSLA scheme after having seeing the benefits in their community. The strong community ownership of these financial structures contributed significantly to their effectiveness and sustainability. This was verified and confirmed by VSLA members during the endline survey. For instance, in Kaipor in Pujehun members mentioned that they felt well prepared to carry out their responsibilities after the project ends. They will continue with their regular meetings.

## **Mothers' and Fathers' Clubs**

The BRIDGE project established mothers' and fathers' clubs that became central to both health education and economic activity. These clubs received agricultural support in the form of seeds and tools, enabling them to develop food production activities. The resulting products served multiple purposes: improving family nutrition while also generating income that could support other community health initiatives and education of children.

These clubs became important social institutions beyond their economic function. They served as platforms for discussing and addressing community health priorities, including malaria prevention through mosquito breeding site cleaning and bednet usage. The combined focus on health and livelihood activities made these clubs particularly effective in creating tangible, visible outcomes that resonated with community priorities.



Pictured: Adolescent girl and the reusable menstrual pad she made

## **Support for Teenage Girls and Boys**

The project included specific interventions targeting girls who had dropped out of school. By supporting initiatives like menstrual hygiene businesses, the project simultaneously addressed health needs and created economic opportunities. These dual-purpose interventions demonstrated the SLRCS's responsiveness to community-identified priorities, even when they fell outside the initially defined result areas. Intergenerational dialogues have been conducted in the 62 communities to discuss problems such as early and forced marriages in their communities.

## Why it works

### Community Ownership

The BRIDGE project's success stemmed largely from its emphasis on community ownership. Rather than imposing external solutions, the project built upon existing community structures and responded to locally identified priorities. The obstetric emergency funds, VSLAs, and mothers' and fathers' clubs were all managed by community members themselves, creating a sense of investment and responsibility that enhanced sustainability.

The project recognized that community members were best positioned to identify their own needs and priorities. By supporting activities that communities themselves valued—like livelihood initiatives—the project gained greater acceptance and generated more sustained engagement than might have been possible with a strictly health-focused approach.

"Livelihood support provided to women has been key as it allows women to participate and contribute to the household economy. Because women are part of this now, there is better understanding between husband and wife on many issues."

*Female community member  
in Pujehun district*

### Integration of Economic and Health Outcomes

Perhaps the most innovative aspect of the BRIDGE project was its recognition of the interconnectedness between economic empowerment and health outcomes. By supporting livelihood activities even though they weren't explicitly part of the initial project design, the SLRCS created pathways for sustainable health improvements. Women who could contribute economically to their households gained not only financial resources but also decision-making power that could be directed toward health priorities.

## **Addressing Multiple Community Priorities**

The project's responsiveness to diverse community priorities enhanced its overall impact. While maintaining a focus on health outcomes, interventions like clean water installation (under WASH activities), obstetric emergency funds, food provision through mothers' and fathers' clubs, and malaria prevention addressed the most pressing community concerns. These initiatives tackled key causes of mortality and morbidity—diarrheal disease, malaria, and malnutrition—in ways that created visible, tangible outcomes for community members.

Importantly, these initiatives didn't require ongoing Red Cross presence to maintain. Instead, they represented "resources, skills and behaviours that are community owned and respond to their priorities," as noted in the 2022 mid-term review. This orientation toward community capabilities rather than external dependencies strengthened the project's sustainability.

## **Promoting Gender Equality**

Both women and men reported that the BRIDGE project fostered environments of gender equality within their communities. The promotion of VSLAs and mothers' clubs supported women's economic contribution and enhanced their decision-making power within their

homes. Community members perceived a clear link between women's economic empowerment and their household authority, suggesting that the project's economic components were creating social impacts beyond their immediate financial benefits.



Pictured: Issa Swaray, a volunteer with the BRIDGE Project

## Outcomes

The BRIDGE project's integrated approach generated significant positive outcomes across multiple communities. The endline survey conducted in December 2024 highlighted the obstetric emergency funds as a particularly successful intervention that enhanced community resilience. The consistent positive feedback across multiple communities underscored the project's effectiveness in improving maternal health outcomes while building sustainable community capacity.

The economic components of the project, though not initially central to its design, emerged as critical success factors. The VSLAs provided accessible financial services that community members valued highly, while also supporting the sustainability of health-focused interventions like the obstetric emergency funds. Women's increased economic participation translated into greater household decision-making authority, creating conditions more favorable to health-promoting behaviors.

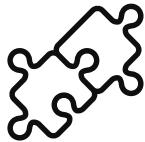
Perhaps most significantly, community leaders expressed confidence that key project elements, like the VSLA and obstetric funds would continue benefiting their communities even after the project's conclusion. This sustainability represents the true measure of the project's success—not just immediate improvements in health outcomes, but lasting community capacity to maintain and extend those improvements independently.



Pictured: Focus group discussion held in 2024 to discuss impact of the BRIDGE project

## Lessons Learnt

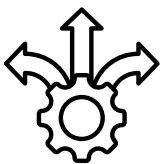
The BRIDGE project offers several valuable lessons for future community development initiatives:



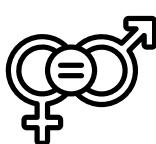
The integration of economic and health interventions creates more sustainable outcomes than either approach in isolation. The project demonstrated that economic empowerment serves as a foundation for health improvements by giving women both the resources and the decision-making authority to prioritize health care.



Community ownership is essential for long-term sustainability. By building upon locally identified priorities and leveraging existing community structures, the project created interventions that communities themselves were motivated to maintain beyond the project's duration.



Flexibility in program design allows for more responsive and effective interventions. Although livelihood activities weren't explicitly part of the initial project design, the SLRCS recognized their importance to community priorities and incorporated them effectively into the overall approach. This adaptability allowed the project to address interconnected challenges in ways that resonated with community needs.



Gender equality promotion yields benefits across multiple domains. By enhancing women's economic participation and household decision-making authority, the project created conditions more favorable to positive health behaviors while simultaneously addressing social inequality.

## Looking forward

As the BRIDGE project concludes, the Sierra Leone Red Cross Society is working on including the lessons of this project in other interventions, replicating the community-based approach used by BRIDGE.

The sustainable structures established through the project provide a foundation for continued community resilience. The project's success in integrating economic empowerment with health outcomes offers a valuable model that could be adapted and scaled in other contexts facing similar challenges.

The consistent positive feedback from community members suggests that these efforts are likely to be sustained even without ongoing external support. By building genuine community ownership and addressing priorities identified by community members themselves, the BRIDGE project has created lasting change that extends beyond specific health metrics to encompass broader community resilience and well-being.

