Rebuilding RMNCAH Services in Liberia

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Dr. Birhanu S. Getahun
Technical Director, MCSP Liberia
Background

MCSP – Restoration of Health Services (RHS)

• September 1, 2015 – June 30, 2018
• **Quick response to Ebola outbreak**
  • Aligned to MOH Investment Plan: Universal access to safe and quality Essential Packages of Health Services
• Sought to address non-functional health facilities, low utilization rates due to loss of faith in the health system
• Three counties: Nimba, Lofa & Grand Bassa
  • 77 health facilities

MCSP – Human Resource for Health (HRH)

• April 1, 2016 – June 30, 2018
• Focused on **pre-service education for Midwives and Lab Technicians** following Ebola outbreak
• The program’s implementation strategy was designed to follow the Liberia Health Workforce Program Theory
• Four counties: Montserrado, Lofa, Bong & Grand Gedeh
  • 100% Midwifery schools (5)
  • 100% MLT schools (3)
**Liberia Context Before MCSP (Post-Ebola)**

**RHS**

Liberia RMNCAH Indicators worsened due to Ebola Crisis – thus, **MCSP RHS was set up to restore quality services**

- Facilities closed, no staff (57% of 77 open)
- Penta3 vaccination coverage 43%
- Clients not utilizing health services and had low confidence
- SBA dropped from 52.1% to 39%

**HRH**

*Human Resource Needs:*

Grand Bassa, Lofa and Nimba Counties (n=59 facilities)

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Available</th>
<th>Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/HC: Physicians</td>
<td>1</td>
<td>6</td>
<td></td>
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<tr>
<td>Hospital/HC: Physician Asst.</td>
<td>7</td>
<td>25</td>
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<tr>
<td>Hospital/HC: Nursing Staff</td>
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<td>19</td>
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<tr>
<td>PHC Clinic 2: OIC</td>
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<td>48</td>
<td></td>
</tr>
<tr>
<td>Lab personnel</td>
<td>31</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Midwives</td>
<td>62</td>
<td>73</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td>289</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: IPC Minimum Standards Assessment, May 2015
Facility readiness assessment (HR, Supply chain, Setting) & Clinical Standards Assessment

Provide targeted training, Fill HR gaps, Supply chain (IPC, equipment, drugs), Renovation works

Monthly and quarterly supportive supervision, Mentoring and coaching, review meetings

MCSP Technical Approaches

RHS

Facility readiness assessment (HR, Supply chain, Setting) & Clinical Standards Assessment

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Outcomes: Improved Clinical Standards

Source: Clinical Standard Assessment; Baseline: Dec ’15-Jan ’16; Midline: Aug-Sept ’16; Endline: December 2017

ANC – Antenatal Care
NLD – Normal Labor & Delivery
PP – Postpartum & Newborn
WM – Waste Management

ANC
DR
NLD
OC
PP
PPFP
WM

RHS

Midline Median (n=72)
Endline Median (n=39)
Outcomes

RHS: Improved Utilization

- Number of cases of child pneumonia treated with antibiotics
- Number of cases of child diarrhea treated with ORS and Zinc

HRH: Improvements in Key Performance Indicators

- Proportion of prospective graduates passing end of program objective structured clinical exam (OSCE)
- Percent of persons trained and proficient in key technical areas
- Percent of MCSP-supported pre-service institutions with skills labs that are equipped and staffed full time with at least one clinical instructor trained in skills lab management
**Sustainability**

**RHS**

• Planned, deliberate, and continuous engagement of county- and district-level MOH staff in training, supportive supervision, assessments, and program activities to ensure institutionalization of skills and local ownership of the approach
• Completion of capital investments (infrastructure upgrades and medical and non-medical supply distribution) to ensure improved health services delivery
• Enhanced health workforce capacity

**HRH**

• All the activities were done by engaging regulatory bodies, the MOH, and PSE institutions
• Enhanced capacity of faculty and preceptors of Midwifery and MLT schools
• The investment on the skill labs and computer labs including management and continuation will help to ensure the competency of prospective graduates
• Support provided in finalization of the accreditation standards for both categories of professionals
Conclusions

• **Impact on Liberia health system**
  
  • **HRH Legacy:** MCSP/HRH envisions that at the end of the program, *Liberia will have proficient midwifery and laboratory educators, prepared clinical teaching sites, and a larger and better prepared graduating class* with required practical skills, and better-equipped and managed pre-service training institutions. Together this will enable Liberia to have a more resilient health and laboratory workforce providing quality services positioned to address the country’s maternal and child health needs and prevent future outbreaks of Ebola and other infectious disease.

  • **RHS Legacy:** MCSP has worked to make the RHS program investments sustainable by equipping the Liberian health workforce and health system to *deliver high quality evidence based maternal, newborn and child health services*. In doing this, MCSP RHS has *restored the community’s confidence* in the Liberian health system.

• **Quick investments to restore confidence in health system at time of crisis** should be complemented with long term investments such as HRH and infrastructure upgrades.