

## Ministry of Health and Social Welfare

# **GAVI, the Global Health Initiatives: More than Just Medicines and Vaccines**

The case of Liberia in new disbursement strategies for strengthening health systems.

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MOH&SW Republic of Liberia



# Country Overview

- West African country bordered by Sierra Leone, Guinea, and Cote d'Ivoire
- Population: 3.6 million
  - 48% of population under 15
  - 3.4% of population is 65+
  - Growth rate is 2.6%
  - Total fertility rate is 6.7%
- 15 counties
  - Counties broken down into districts
  - Districts subdivided into chiefdoms



# Economy Overview

- Traditional sector is mainly agrarian and subsistence farming
  - 70% of labor force
  - Poor production techniques
  - Inadequate roads decrease market access
- Major economic activities include:
  - Petty trading
  - Currency exchange
  - Small service businesses
- Illiteracy is estimated at 63%
  - 50% of males
  - 73% of females
  - 75% of rural inhabitants
  - 39% of urban inhabitants



# Health Sector Overview

- Maternal mortality is 994/100,000
- Infant mortality is 72/1,000
- Under five mortality is 111/1,000
- Contraceptive rate is 12.9%
- Access to health care estimated at 40%. Low access is due to:
  - Brain drain
  - Damaged/destroyed infrastructure
  - Poor road conditions
  - Lack of essential drugs and supplies
  - Low salaries and incentives
  - Migration of health workers to Monrovia



The Global Alliance for Vaccines and Immunization (GAVI) has traditionally supported Liberia in immunization systems and injection safety.

- Over the past three years, DPT3 coverage has increased from 35% to 88%.
- Gains made in immunization could be jeopardized if resources to support and strengthen the entire health system are limited

In 2007, GAVI approved Liberia's Health System

Strengthening proposal:

- \$4.088 million dollars over 4 years to strengthen Liberia's health care system
- Four major areas of focus:
  - (1) Strengthening Health Management Information Systems (HMIS)
  - (2) Establishing a Monitoring and Evaluation (M&E) Unit
  - (3) Establishing a Human Resources and Training Unit
  - (4) Implementing the Basic Package of Health Services (BPHS) including strengthening community health

# (1) Health Management Information Systems

## Progress Update:

- Partnered with Health Information Systems Program (HISP) and WHO to develop an integrated HMIS from the facility level to the county and national levels
- Contract signed with BASICS to provide 2 year technical assistance for HMIS
- Provision of data management tools and refresher training

## (2) Establishing an M&E Unit

### Planned Activities:

- Establish an effective National M&E Unit
- Hire a National M&E Director
- Develop a 5-year National M&E Plan
- Integrate Vertical Programs into National M&E Plan
- Develop National M&E guidelines
- National indicator data set developed
- Train program staff on M&E

## (3) Establishing a Human Resources and Training Unit

### Progress Update:

- Human Resources Unit developed and established
- Human Resources Director recruited and hired
- Payroll in all counties being updated

## (4) Implementing the Basic Package of Health Services

*The BPHS is the cornerstone of the National Health Policy. It is a set of standards outlining minimum health services at each facility level.*

### Progress Update:

- District and county micro-plans have been created in collaboration with stakeholders
- Treatment protocols & guidelines, including those for health promotion & behavioral change, have been revised
- Training manuals for the BPHS drafted, including materials for training institutions
- **Conducted a Community Health Services Assessment**

# Community Health Services Assessment: Background

- Community health workers (CHWs) and trained traditional midwives (TTMs) have been providing community level services and promoting health in Liberia for many years.
- More recently, these community-level health workers have been supported by international NGOs and the MOHSW.
- The BPHS outlines the preventative and curative (i.e. ORS administration) services to be performed by CHW/TTM/TMs at the community level.

# Study Objectives

## Community Health Assessment

### General Objective:

To inform a national Community Health Policy with data from a comprehensive set of sources that will further the implementation of the BPHS

### Specific Objectives:

- Identify types of health workers, roles, organizational links and selection criteria
- Identify BPHS and non-BPHS health services being provided
- Understand workload, community perceptions of performance and compensation
- Understand health facility supervision, health committees and coordination of services
- Describe training, equipment and supplies
- Identify communities' health concerns and behaviors

# Study Methodology

In April, three teams spent two weeks in the field and visited two counties each (6 counties total).

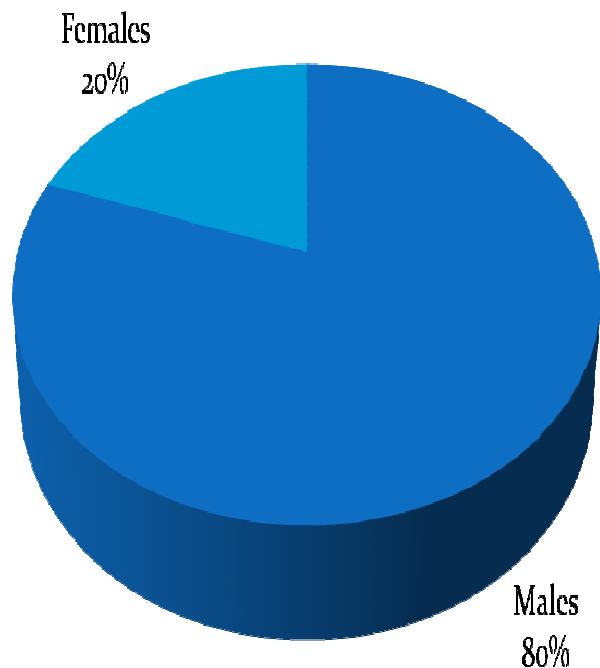
Methods for data collection included:

- Qualitative (Focus group discussions)
  - Community members
  - Community Health Workers
  - TTMs and TMs
- Quantitative (Questionnaires)
  - Community Health Workers
  - TTMs and TMs
  - Health facilities
- Photos

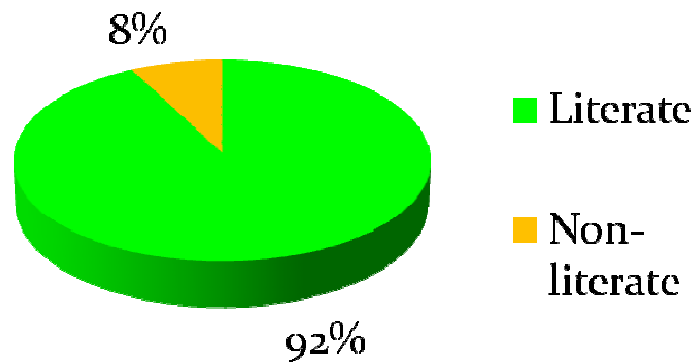
# Results

Community Health Workers are predominately male and generally literate.

**CHWs Males to Females Ratios**

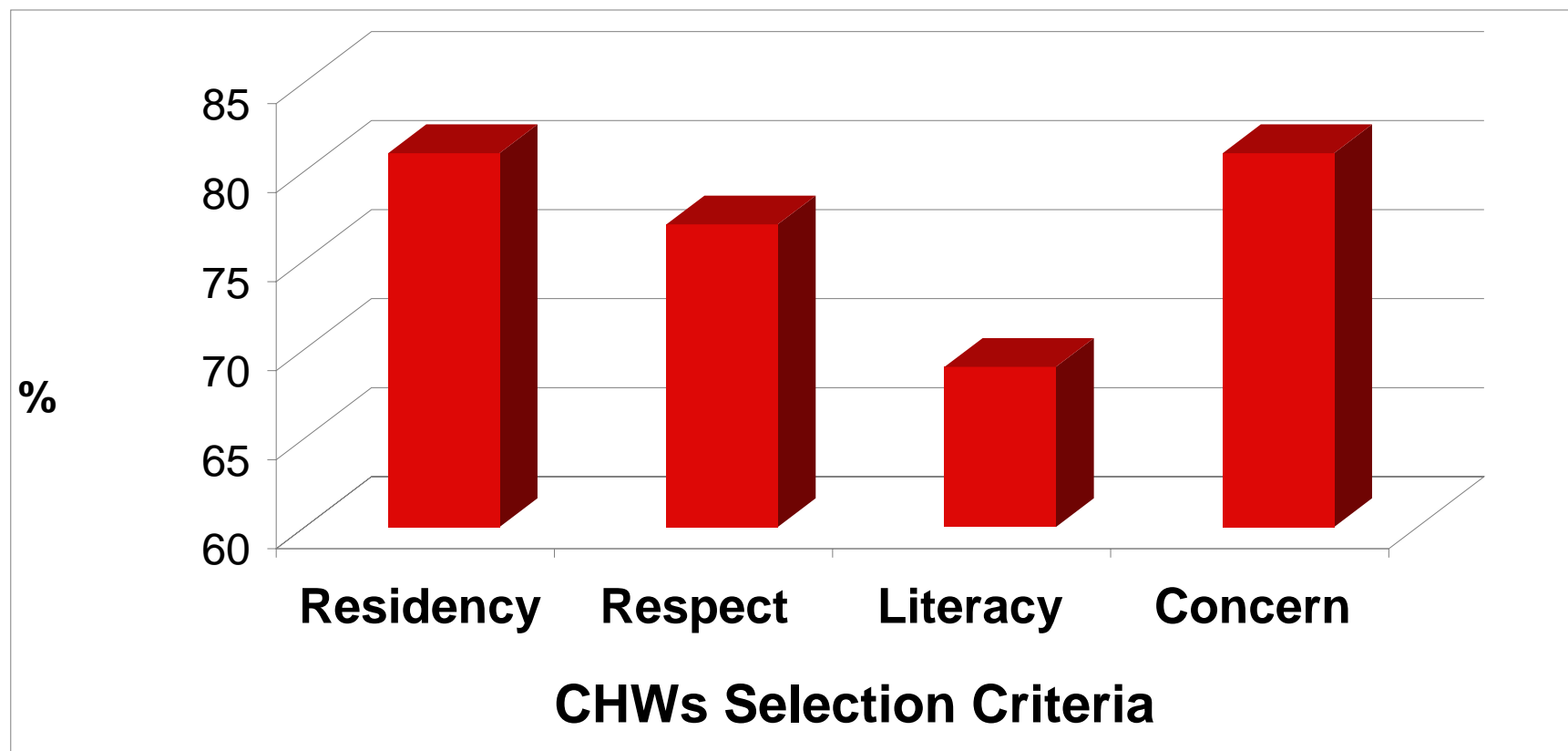


**Male CHWs Literacy**



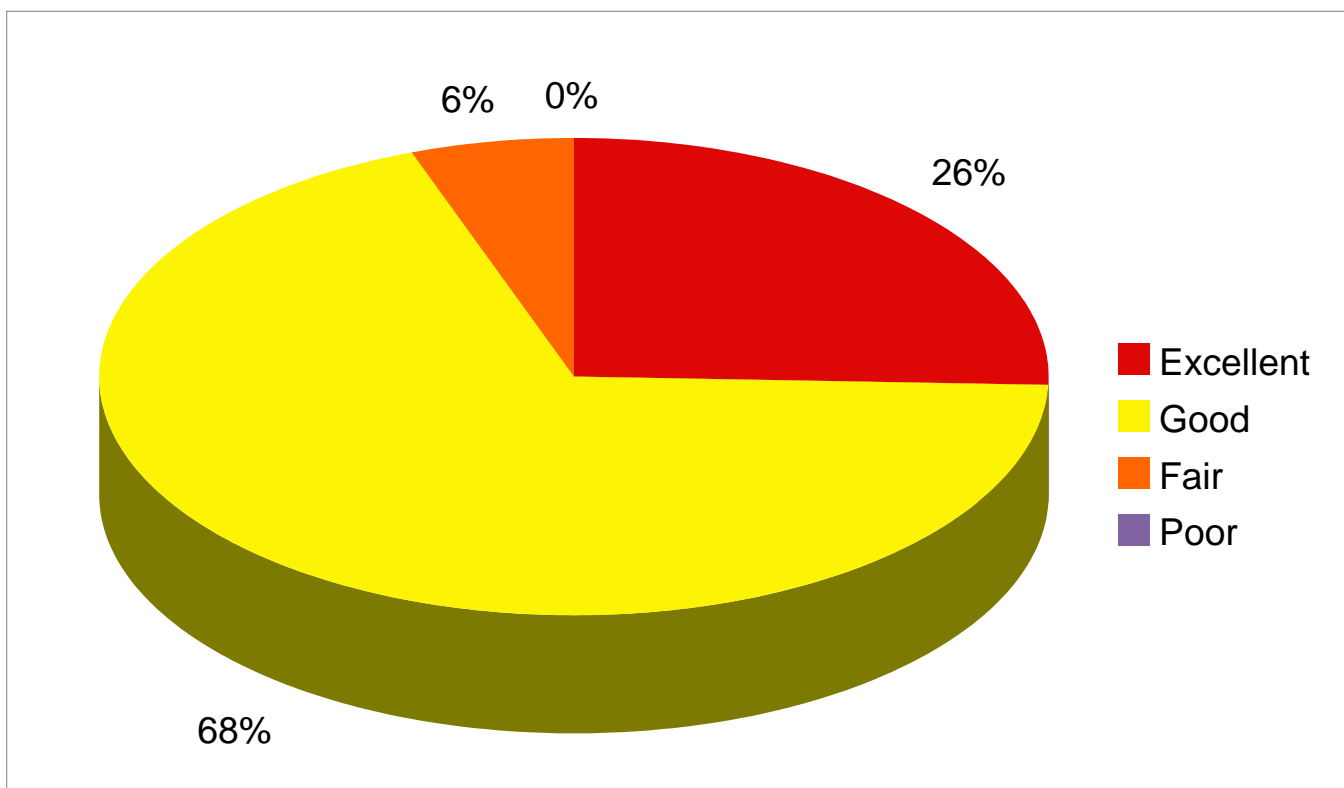
# Results

Community Health Workers are selected based on their length of residency and concern for the community.



# Results

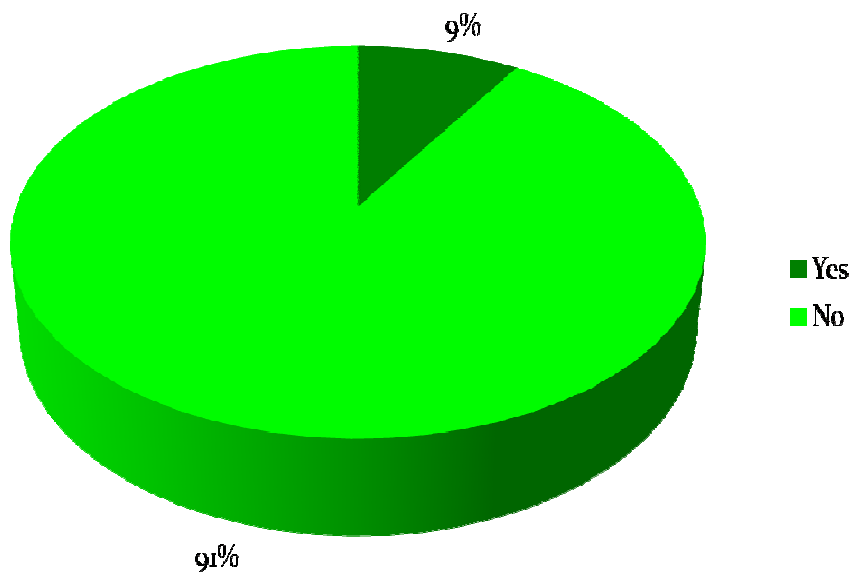
The performance of Community Health Workers is perceived as good or excellent by the community and community leaders.



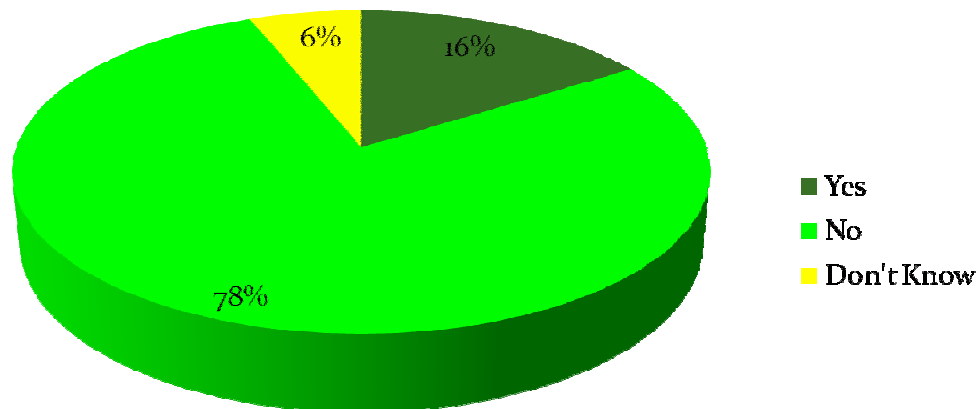
# Results

By in large, CHWs are not compensated for their work.

### CHWs Financial Compensation

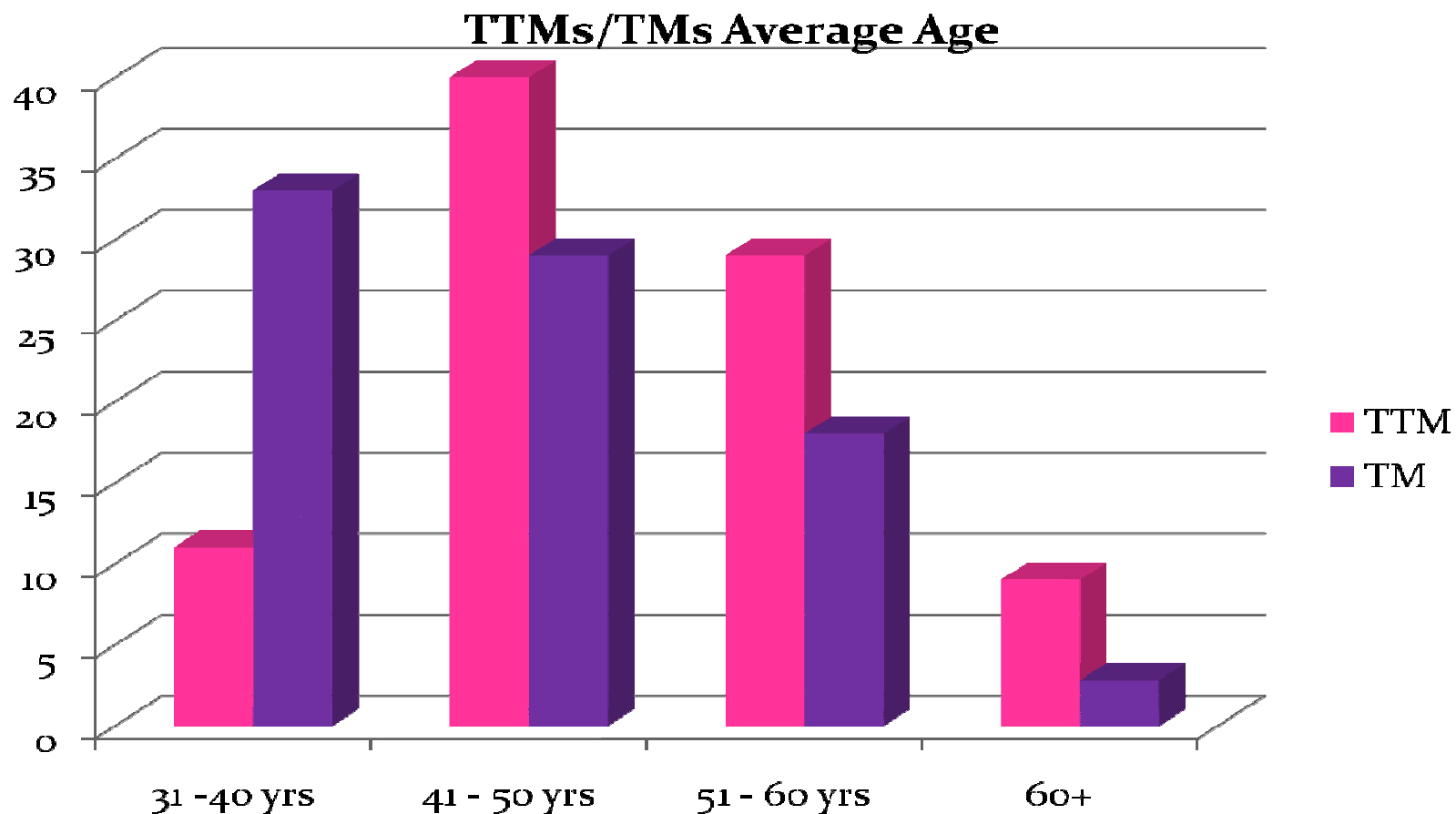


### CHWs Non-financial Compensation



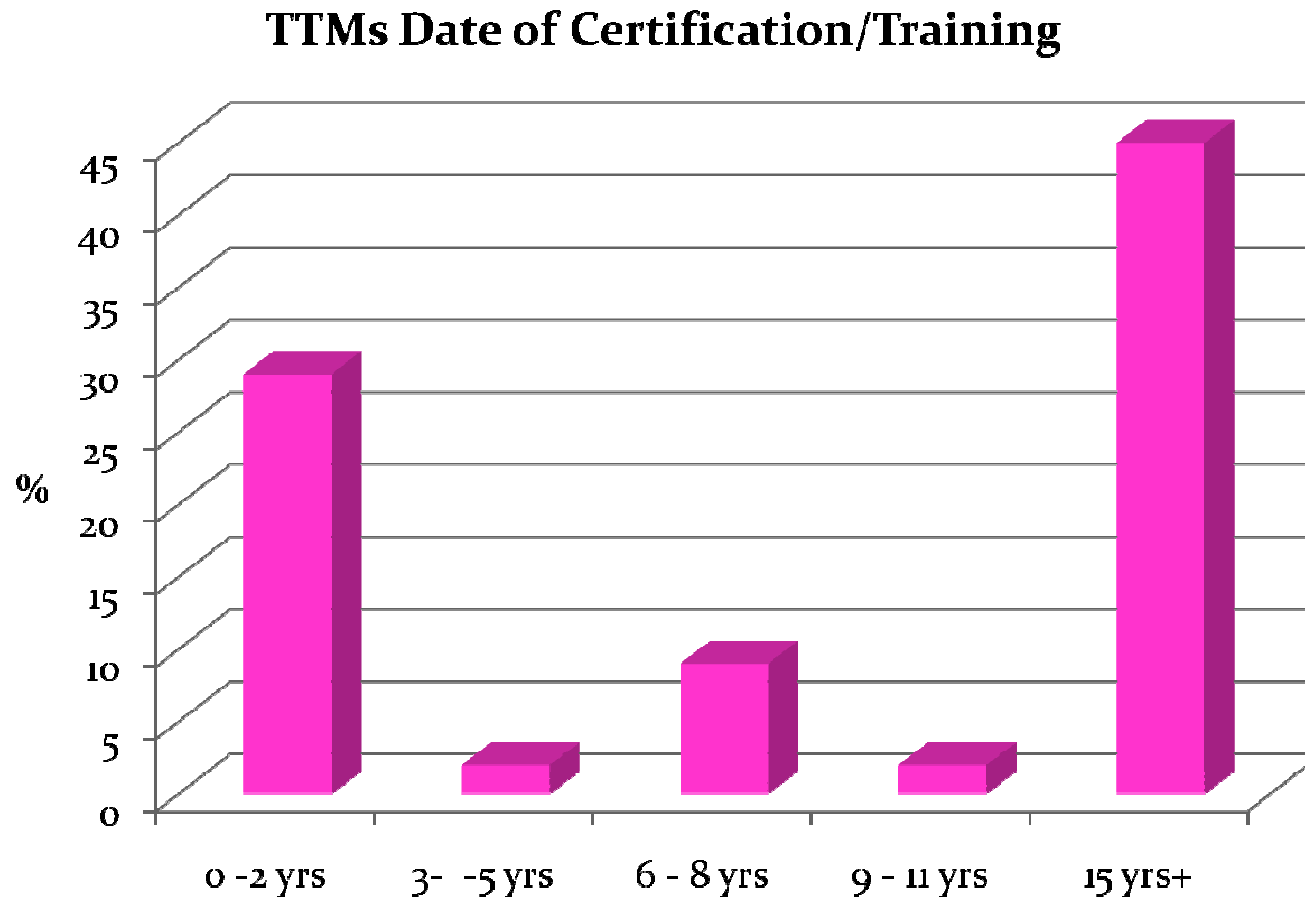
# Results

TTMs and TMs are female and generally older than CHWs.



# Results

Many TTMs received their initial training before the war.



## Results cont.

- The MOHSW supervises their activities and provides training and certification
- Communities do not perceive a need to compensate the CHWs or TTM/TMs. This is generally believed to be the government's responsibility.
- Malaria and diarrheal diseases are the communities foremost health concerns.
- Communities desire clean surroundings, hand pumps and pit latrines.
- CHWs desire rain gear and bicycles, while TTM/TMs requested maternity houses.

# Discussion

- Develop a National Community Health Policy and Plan based on the assessment's findings
- Harmonize training materials for CHWs and TTM/TMs
- Sensitize communities to the need for community-based CHW/TTM/TM compensation
- Integrate community-based care into other, GAVI-supported health systems
  - Monitoring and Evaluation
  - Health Management Information Systems

THANK YOU.