MCSP Liberia: Restoration of Health Services
Endline Assessment Findings – In Brief

March 2018

www.mcsprogram.org

Background

The Maternal and Child Survival Program (MCSP) is a global program with the ultimate goal of preventing child and maternal deaths within a generation. The Program seeks to improve the quality of health services from household to hospital by adopting and accelerating implementation of proven approaches to address the major causes of maternal, newborn and child morbidity and mortality. In Liberia, the MCSP Restoration of Health Services (RHS) project was designed to improve adherence to infection prevention and control (IPC) practices and restore quality health services in 77 health facilities across Grand Bassa, Lofa, and Nimba counties.

MCSP Key Facts

- Project start date: August 2015
- Project end date: June 2018
- Geographic focus: Grand Bassa, Lofa & Nimba Counties
- Scope: 54 public & 23 private health facilities

Project Goal: To restore confidence in the health care system by upgrading IPC practices critical for fighting Ebola and other infectious diseases and ensuring restoration of MCH services in target facilities.

Project Objectives:

1. Infection prevention & control practices at 77 health facilities are strengthened through training, intensive supportive supervision, triage, improvement of waste management and planning and management of essential IPC commodities and supplies.
2. Demand is generated and delivery of quality primary health care services is restored through the implementation of RMNCH as part of the Essential Package of Health Services (EPHS) in 77 facilities.

In order to assess the progress made toward achieving the goal and project objectives (see box), an endline assessment was conducted.

Methods

The endline assessment utilized a quasi-experimental design that allowed a consistent analysis of pre- and post-intervention facility readiness and quality of care in MCSP-supported facilities. This included the use of quantitative and qualitative methods: facility readiness assessment, quality of care assessment, and qualitative key informant interviews with Ministry of Health (MOH) managers and supervisors at the district and county levels.

Thirty-nine (50%) of MCSP's supported health facilities were selected using a stratified random sampling approach. We used convenience and purposive sampling to identify key informants for interviews. Quantitative data were double-entered and validated in CommCare. Cleaning and analysis were conducted in Excel. Detailed notes were written for all interviews; themes were summarized in Word. The endline assessment complements a baseline and midline that were completed in October –December 2015 and August 2016, respectively.

Key Findings

Facility Readiness

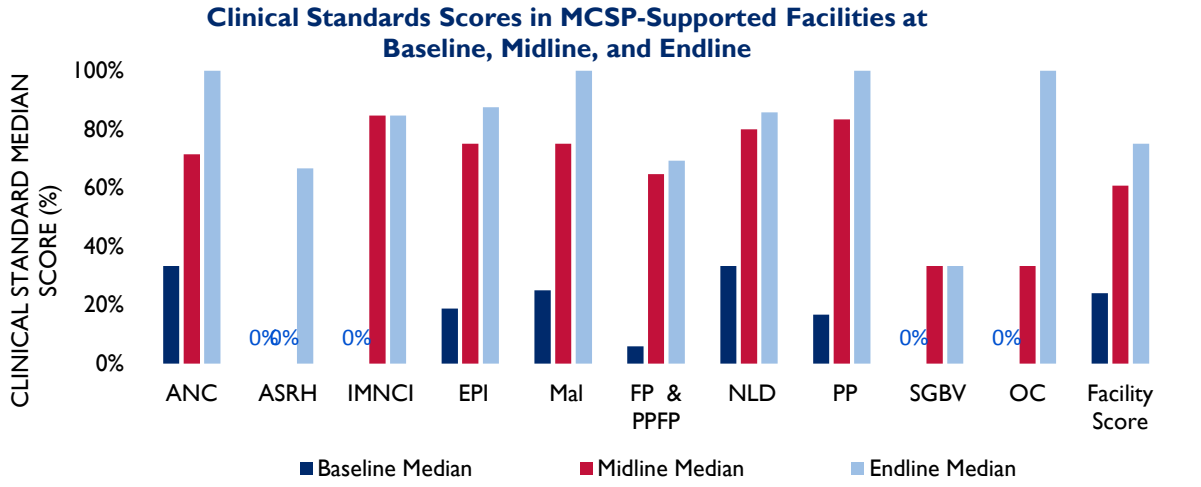
At endline, 95% of facilities had minimum staffing to provide essential RMNCAH services. Nearly all facilities were providing all services, with the exception of care for sexual and gender-based violence. The proportion of facilities with functional and safe waste disposal, an onsite water source, and a triage infrastructure increased significantly from the baseline period. Infrastructure indicators with the most remarkable improvements include: functional

incinerator (57% to 87%), functional triage (41% to 74%), isolation unit (27% to 74%), , and functional water source onsite (from 63% to 82%).

There was major improvement in availability of essential supplies and equipment for high-quality RMNCAH services. Most notably, the proportion of facilities with blood pressure apparatus and stethoscope increased from 38% at baseline to 89% at endline; with sterilized delivery kits and cord ties increased from 48% to 95%, with delivery bed and bed linen from 28% to 97%, with a newborn resuscitation table from 26% to 84%, and with hand washing facilities from 54% to 100%. While the availability of some commodities and most vaccines improved from baseline to endline, stock outs of malaria rapid diagnostic tests and anti-malarial drugs remain a major challenge.

Quality of Care

The median facility score on the clinical standards assessment was 75% at endline, compared to 24% at baseline. With the exception of care for sexual and gender-based violence, standard achievement improved by more than 50% from baseline to endline for all technical areas. From the time of the midline assessment (August 2016) to the time of the endline assessment (December 2017), the greatest improvements were noted in provision of adolescent sexual and reproductive services & obstetric complications (67% increase), antenatal care (29% increase), and malaria care (25% increase).



At endline the median score on the Safe, Quality Health Services (SQS) standards for facilities assessed increased to 82%, thus achieving the national target of 80%. Overall, the median facility score on six of the eight SQS categories was 100% at endline. This demonstrates an improvement and maintenance of adherence to IPC practices long after the immediate threat of Ebola had faded. Maintaining these practices improves the facilities' ability to prevent the spread of infection among clients and staff while providing quality RMNCAH services.

In addition, there has been a dramatic increase in the use of RMNCAH services at MCSP-supported health facilities since the inception of the project. This speaks to both the increased availability and quality of service provision, and restored confidence in the health system. For example, the numbers of women receiving IPT2+ and skilled delivery services, and the number of children receiving Penta3 vaccination and proper diagnosis and treatment for pneumonia, doubled between baseline (April–June 2015) and endline (October–December 2017).

In terms of using data for decision-making at the facility level, 92% of facilities reported reviewing performance, based on health management information system (HMIS) data, with a district or county supervisor during supervision visits, compared to 61% at baseline. Seventy-eight percent of facilities reported making a decision based on the RMNCH data, compared to only 53% at baseline.

Stakeholder Feedback on Project Impact

Respondents described smooth and cordial coordination with MCSP, emphasizing the importance of the project's broad range of support, including supply and distribution of IPC materials, essential drugs, delivery beds and other medical equipment. Stakeholders also observed improved CHT/DHT capacity to do supervision regularly, including

data validation, and to conduct periodic quality performance reviews. Respondents felt MCSP's support enhanced the level of quality of the services provided at the facilities, especially related to infection prevention and control practices, ambulance and referral support, and competent health workers at health facilities. Respondents also emphasized that the salary paid to government health workers was one of the most important aspects of the support provided. This motivated staff to stay at the facilities to provide services. Respondents noted that as a result of MCSP's work, supervisors were qualified and better equipped with required MOH supervision tools and logistics capacity to carry out high-quality, on-time supervision activities.

Conclusion and Recommendations

This endline assessment revealed tremendous improvement in MCSP-supported facilities between baseline and endline in the key areas supported by MCSP/RHS—availability of health workers and payment of salaries, basic equipment and supplies, basic infrastructure (e.g., wells, incinerators, triage, isolation units, and latrines), service provision for essential RMNCAH interventions, and adherence to clinical standards to ensure quality of care. MOH perception of the project was also very positive.

The endline assessment results demonstrate that MCSP/RHS has remarkably restored access to and utilization of health services and rebuilt confidence in the health systems at the facility and county levels, thereby contributing to improvements in RMNCAH outcomes in Liberia following the tremendous impact Ebola had on utilization of and confidence in the health system. The restoration of the system is evidenced by a combination of programmatic improvements in health service delivery in MCSP-supported facilities and the positive performance of key outcome indicators over the 34 months of the project.

To sustain and build upon the gains realized by MCSP/RHS, the program provides the following recommendations:

1. **Availability of both professional and non-professional staff** at every health facility is critical for EPHS provision. MOH/CHT should transition all staff paid by the project to the government payroll or any other alternative payment mechanism so that health facilities are staffed according to national standard to provide quality care.
2. Though improvements were observed in areas of Waste, Water and Triage features, MOH & all stakeholders should **prioritize and mobilize resources to make sure that all health facilities have triage, latrines, waste pits, and reliable water sources.**
3. The project procured and distributed medical equipment and supplies to health facilities but some still lack equipment such as the neonatal resuscitation table. MOH should work with all stakeholders to ensure the **availability of medical equipment at each health facility as per EPHS standard.**
4. Quality of health care without the availability of essential drugs at health facilities is unthinkable. Thus, MOH and partners need to work further to **ensure drugs are available at health facilities at all times.**
5. Despite high prevalence of SGBV in Liberia, few health facilities met the MOH SGBV standards. MOH and CHT should enable health facilities and staff to **provide care for SGBV survivors through training and establishing appropriate set up to provide quality SGBV care.**
6. Using data at all levels of health system for planning, reviewing performance, and implementing programmatic activities is critical. This practice needs to be more normalized and employed at all levels and in every health facility. Thus, MOH and partners should **reinforce and support the use of data for decision making at all levels including health facilities during supportive supervision & mentoring visits and performance review meetings.**