Jhpiego in Liberia

Quick Facts

- Estimated total population: 1
  4.4 million

- Maternal mortality ratio: 2
  771 per 100,000 live births

- Infant mortality rate: 2
  54 per 1,000 live births

- Under-five mortality rate: 2
  94 per 1,000 live births

- Total fertility rate: 2
  4.7

- Contraceptive prevalence: 2
  19.1% (modern methods)
  20.2% (all methods)

- HIV prevalence: 3
  1.5%

- Births with skilled provider: 2
  61%

Sources:
1 Population Reference Bureau
2014 World Population Data Sheet;
2 Demographic and Health Survey 2013 Preliminary Report;

Background

After the end of Liberia’s civil war in 2003, the country faced enormous challenges to rebuild the crippled health care system and provide adequate health services for its people. These challenges included weak logistics, transportation and communications systems, as well as insufficient access to care and poor referral networks, particularly in remote rural areas. Guided by visionary leadership, in only a few short years Liberia took bold steps to transition from an emergency relief model to a functioning, decentralized health system. In 2014, the nation was hit by an outbreak of Ebola Virus Disease (EVD) that resulted, as of January 2015, in more than 8,700 deaths. The epidemic has overwhelmed the country’s health care system, with health care personnel disproportionately infected by the virus.

After a long hiatus from its original support to Liberia’s national family planning (FP) program in the 1980s, Jhpiego began providing assistance to the Government of Liberia through two initiatives. Under the first, Jhpiego worked from 2008 to 2013 as one of three partners along with prime contractor JSI Research & Training Institute, Inc., on the Rebuilding Basic Health Services (RBHS) Project. Jhpiego’s main contribution to this project was to strengthen pre-service education at schools that train future health care providers. Under a second intervention, funded by the U.S. Agency for International Development (USAID) through the Maternal and Child Health Integrated Program (MCHIP), Jhpiego worked from 2010 to 2013 to strengthen the provision of FP services. MCHIP’s primary mission was to provide technical support to the Ministry of Health and Social Welfare (MOHSW) to train and build in-country capacity for service delivery, monitoring and training of clinic staff and community-based workers in FP and reproductive health (RH). MCHIP played an instrumental role in repositioning FP as an important service within postpartum care, improving the quality of FP service delivery and developing an integrated approach to FP. MCHIP also provided technical assistance to the Liberian MOHSW through interventions aimed at the reduction of postpartum hemorrhage and provided support to the MOHSW to help operationalize the national FP/RH Strategy and implement the Accelerated Action Plan to Reduce Maternal and Neonatal Mortality.

Currently, Jhpiego is being funded by USAID to support the Government of Liberia in its EVD response. This project is described in more detail below.

Current Program Highlights

Strengthening Essential Infection Prevention and Control Practices for EVD

This six-month, USAID-funded, capacity-building intervention is designed to strengthen essential infection prevention and control (IPC) practices at 264 health facilities in eight counties of Liberia to protect health facility staff and clients and thereby ensure safe, high-quality primary care and EVD services. Jhpiego is supporting the institutionalization of care based on IPC principles, best practices and
the quality improvement process. This support fits into the overall national approach to improve IPC at the facility and county levels, using the MOHSW-approved IPC package, and will complement and bolster current efforts of the EVD response.

Jhpiego, working with the County Health Services Division of the MOHSW, will strengthen county-level IPC through continuous supportive supervision and coaching to provide appropriate facility-level supervision. By improving IPC knowledge and skills, and restoring the confidence of clients—especially pregnant, laboring and postpartum women—to return to health facilities for services, this intervention will contribute to restoring basic health services and strengthening the overall quality of health care provision, focusing on women and children who are most vulnerable.

Key areas of intervention include: 1) contributing to national-level coordination, 2) building local capacity and sustainability, and 3) providing intense supportive supervision through Jhpiego’s IPC Specialists who collaborate with and mentor IPC focal points at the county health team, district health team and facility levels to ensure that appropriate systems are in place to reinforce IPC at all levels. Continual feedback and documentation is conducted to determine progress, challenges and lessons learned.

Key Accomplishments
The following accomplishments were achieved by Jhpiego under the RBHS project:

- Developed pre-service standards that were officially adopted as the National Standards for Nursing and Midwifery Education by the Liberian Board of Nursing and Midwifery and the MOHSW through the Division of Nursing.
- Developed clinical standards for six components and 17 sub-components under the BPHS. Clinical standards from 10 of the areas have been adapted by the RBHS and are being used for quality improvement in the 112 project-supported facilities by county health teams and nongovernmental organizations in five counties. These standards have also been adapted by the MOHSW for national use at public health care facilities for quality improvement.
- Developed competency-based curricula for five cadres of health workers (nurses, midwives, physician assistants, laboratory technicians and environmental health workers) after conducting a task analysis and updating and harmonizing the job descriptions and core competencies according to international standards, guidelines and competencies to meet national needs.
- Developed two Educational Development Centers and terms of reference for them.
- Initiated a standards-based quality improvement process at the schools and clinical sites, and assisted in creation of action plans for both schools. A follow-up assessment against the standards was conducted in October 2010 and revealed that 51% of standards had been met at the two schools—up from 39% 12 months earlier. Improvements were documented for classroom instruction, clinical instruction and institution management.
- Developed a career ladder for midwives that allows registered midwives with diplomas to enter a four-year degree program for a Bachelor of Science in midwifery. Upon completion of this degree, they will be able to provide diagnostic, treatment and prescriptive services for common medical and pediatric conditions seen in Liberia. They will also be able to teach midwifery, manage maternal and neonatal care programs in health facilities and, like registered nurses and physician assistants, they can be trained under the task-shifting program to provide obstetrical surgical services, including cesarean sections.
Established a computer lab with 15 computers for teachers and students; completed a Computer Literacy Workshop for teachers from the Tubman National Institute of Medical Arts (TNIMA) and the Esther Bacon School of Nursing and Midwifery (EBSNM) to use technology to enhance learning in the classroom. Also procured equipment and supplies for skills labs at the schools and advised on the architectural design for the skills labs.

Developed the Interdisciplinary Procedure Manual for registered nurses, registered midwives, physician assistants and environmental health technicians. The manual includes checklists, protocols and job aids to assist clinical providers in practicing and preparing to become competent health care providers.

Revised the in-service curriculum modules for mental health, emergency health and communicable diseases.

The following accomplishments were achieved by Jhpiego under MCHIP:

- Supported the RH Technical Committee to validate the national FP Strategy for 2010. The standards have been submitted to the MOHSW program committee team and have finally been approved and are awaiting printing.
- Improved demand for FP by bringing information and services closer to the community, using already proven, effective and innovative approaches. MCHIP created awareness and spread health promotion messages and worked with market peer providers, barber shop and beauty salon workers, and religious leaders to reach their clients and congregations to discuss misconceptions, lack of FP knowledge (especially in the postpartum period), teenage pregnancy, and healthy timing and spacing of pregnancy.
- Trained 25 national-level trainers, as well as representatives from three training institutions and the MOHSW, in long-acting and reversible contraceptive methods (implants and IUDs), and trained 19 providers in both postpartum FP services and postabortion care.
- Developed national FP standards with the RH Technical Committee and introduced the standards for pre-service and in-service training.
- In collaboration with UNFPA, the MOHSW and other partners, MCHIP played a key role in contributing to a number of much-needed strategies and training materials that will be used nationwide including:
  - National Community-Based Family Planning Training Materials
  - Adolescent RH Strategy
  - Community Health Policy and Strategy and Roadmap
  - Expanded Program on Immunization/FP Implementation Guide and Training and behavior change communication materials
  - National Kangaroo Mother Care (KMC) Guidelines
  - Chlorhexidine for Cord Care
  - National Implementation for Chlorhexidine
  - Postpartum Hemorrhage Clinical Guidelines
  - Prevention of Postpartum Hemorrhage Counseling Cards and Flipbooks for Trained Traditional Midwives
- Identified two hospitals (Redemption and Phebe Hospitals) for strengthening as “Centers of Excellence” for assisting in the effective and efficient management of comprehensive, high-quality FP counseling and services, and refurbished the FP counseling rooms.
Collaborated with the MOHSW and other implementing partners to develop and implement the community-based FP training course and the market contraceptive project.

Created the newborn situation analysis and conducted a review of Liberia’s readiness to implement and scale up newborn health interventions. MCHIP facilitated the training of 23 national KMC trainers from five hospitals where KMC was to be introduced. KMC units were established in all five hospitals, where a total of 26 preterm/low birth weight babies were attended to in the units.

To improve home visits by community health workers to pregnant women and newborns, supported the MOHSW in designing and printing counseling cards/booklets for the Home-Based Maternal Newborn Health Care Training Manual. A total of 25 midwives were trained as trainers and 120 community health workers were trained in rural Montserrado County using the curriculum; 43 newborns were visited during the postnatal follow-up visit.

Reviewed USAID’s portfolio within the context of the Liberian environment to produce an internal strategy, USAID’s Liberia Family Planning Roadmap to Support the MOHSW in Reducing Unintended Pregnancies. The strategy was based on the Best Practices at Scale in the Home, Community and Facilities (BEST) approach as strategic guidance for cooperating agencies to assist the MOHSW on implementation. Amended the RAPID model to assist the MOHSW to reposition and reprioritize leadership in their advocacy for additional resources and to merge FP outreach into the BPHS.

Carried out a demonstration project of immunization and FP integration in selected facilities in Bong and Lofa Counties. This approach involved vaccinators providing a few short, targeted FP and immunization messages and same-day FP referrals to mothers to bring their infants to the health facility for routine immunization. This effort resulted in an increase in new contraception users by 90% in Lofa and 73% in Bong Counties, with a total increase of 1,323 new contraception users. This approach was approved by the MOHSW for expansion and scale-up.

Conducted an initiative in Grand Bassa for the prevention of postpartum hemorrhage during facility and home deliveries. This introductory program was designed to increase use of uterotonic for all births. Misoprostol was distributed during antenatal care visits or by trained MOHSW clinical staff to women in the community who were at risk of not reaching the facility to give birth. Based on the data from this initiative, the MOHSW approved moving forward with the distribution of misoprostol at the community level as well as expanding this lifesaving initiative to additional communities in Liberia.

Partners and Donors

Jhpiego collaborates closely with the Government of Liberia through the MOHSW, and with the donor, USAID, and various local nongovernmental organizations.

References


