Ministry of Health, Liberia
Community Health Program

Experience of Community Level Data Use and Integration into Broader Health Information Systems

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Overview of Liberia Health Care Delivery System

- Liberia's Health System is premised on a multi-tier system of service delivery consisting of the primary, secondary and tertiary levels
- The primary health care approach focuses on promoting physical health through prevention and also includes strategies for making health services assessable.
- The National Community Health Assistance Program is premised on the goal of extending the reach of the country's primary health care system to remote population through an integrated and standardized national community health model

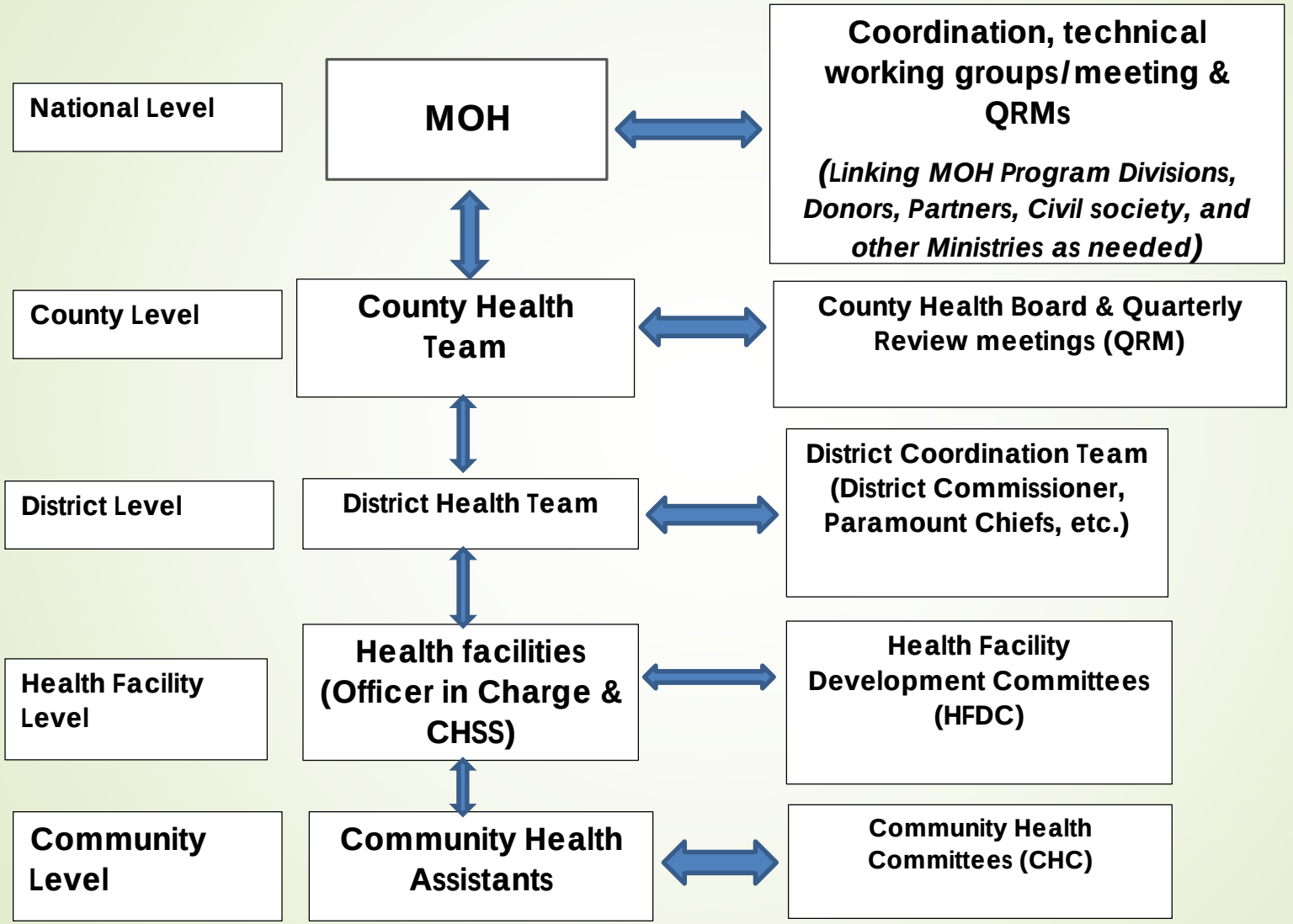
Liberia's National Community Health Assistance Program (NCHAP)

- In Liberia, about 1.2 million people live more than1 hour from the nearest health facility
- Launched in 2016, the NCHAP goal is to increase access to essential health services; especially to hard to reach communities
- Service packages include curative and preventive services

Service category	Interventions
Curative Services	Integrated Community Case Management (iCCM) focuses on identification and management of cases related to Malaria, Diarrhea, and Pneumonia
Promotive Services	Health education, screening for community cases, referrals, counselling, hygiene promotion, defaulters tracking for TB and HIV, vaccine compliance monitoring and tracking, etc.
Preventive Service	Community distribution of essential commodities (FP, LLITNs, etc.)

- **Capacity building, workforce motivation, commodity security and HIS are key underlying support system interventions of the NCHAP**

Community Stakeholders Structure



Accountability Mechanisms

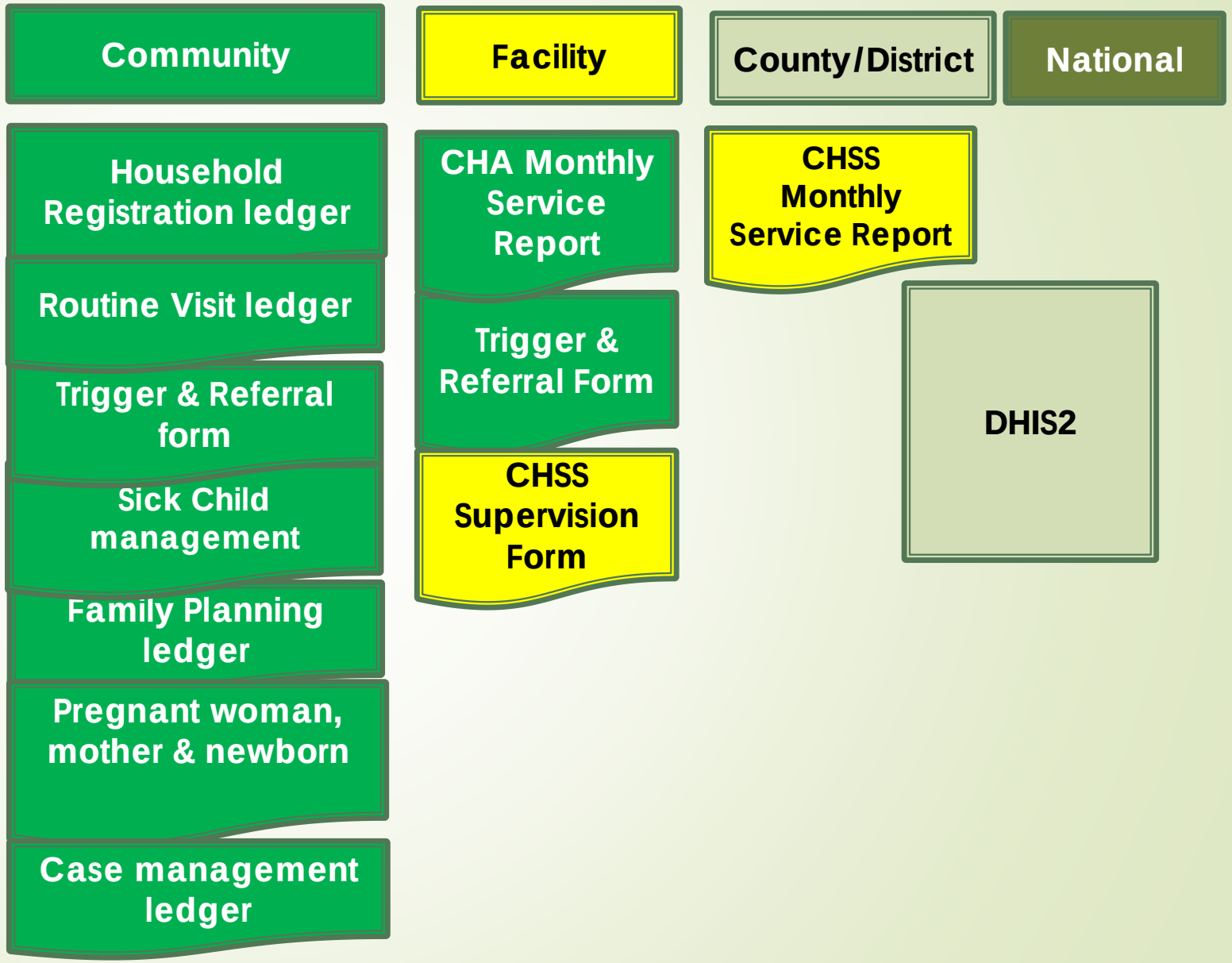
- **Tracking**: Monitoring framework with reporting tools developed, automated system in DHIS2, SOP and guidelines for reporting developed
- **Program review**: County health team quarterly review meetings, National quarterly review meeting

Routine Program Monitoring

- **Implementation fidelity monitoring/assessment** to gauge project adherence, document best practices and lessons learned during the course of implementation
- **Program Perception Study** to gauge service user and community stakeholders perception of the program effectiveness, barriers, etc
- Service Coverage analysis (DHIS2)

Status to Date

- Large amounts of data collected
- Reports produced
- Articles published
- Implementation feedback
- Dashboard produced
- Review meetings conducted



Data Use Status - Lessons from DQR, Liberia (2017)

	Trained staff	Guidelines	No stock outs of tally sheets, registers, and reporting forms	Received supervision and written feedback including on data quality	Analyze and use data	Mean availability of items	All items	Overall score	Total number of facilities that report health data to a MOH reporting system	Total number of facilities
Facility type										
Hospital	69%	56%	39%	62%	35%	53%	54%	46%	34	39
Health Center	76%	61%	35%	57%	39%	56%	59%	54%	49	51
Clinic	73%	52%	44%	62%	38%	55%	56%	55%	157	157
Managing authority										
Public	77%	56%	46%	59%	42%	58%	58%	56%	158	162
Private	58%	44%	30%	69%	21%	44%	46%	43%	82	85
Urban/Rural										
Urban	67%	59%	32%	69%	28%	51%	52%	48%	115	121
Rural	76%	50%	48%	58%	42%	57%	58%	57%	125	126
Total	73%	53%	43%	61%	38%	55%	56%	54%	240	247

Key Findings: Liberia Annual Data Quality Review – System Assessment (2017)

Success Stories

- How data use has influenced planning, policies and program design
- How data use has influenced quality of care
- How data use has improved collaboration
- What has been the role of feedback

The Case

- **Policy measures to secure commodities for iCCM:** The decision to allocate 20% - 25% of facility stock of essential iCCM commodity for CHA
- Health workforce capacity improvement interventions informed by identified capacity gaps and feedback from monitoring or fidelity assessment findings

Community Health Committee (CHC)

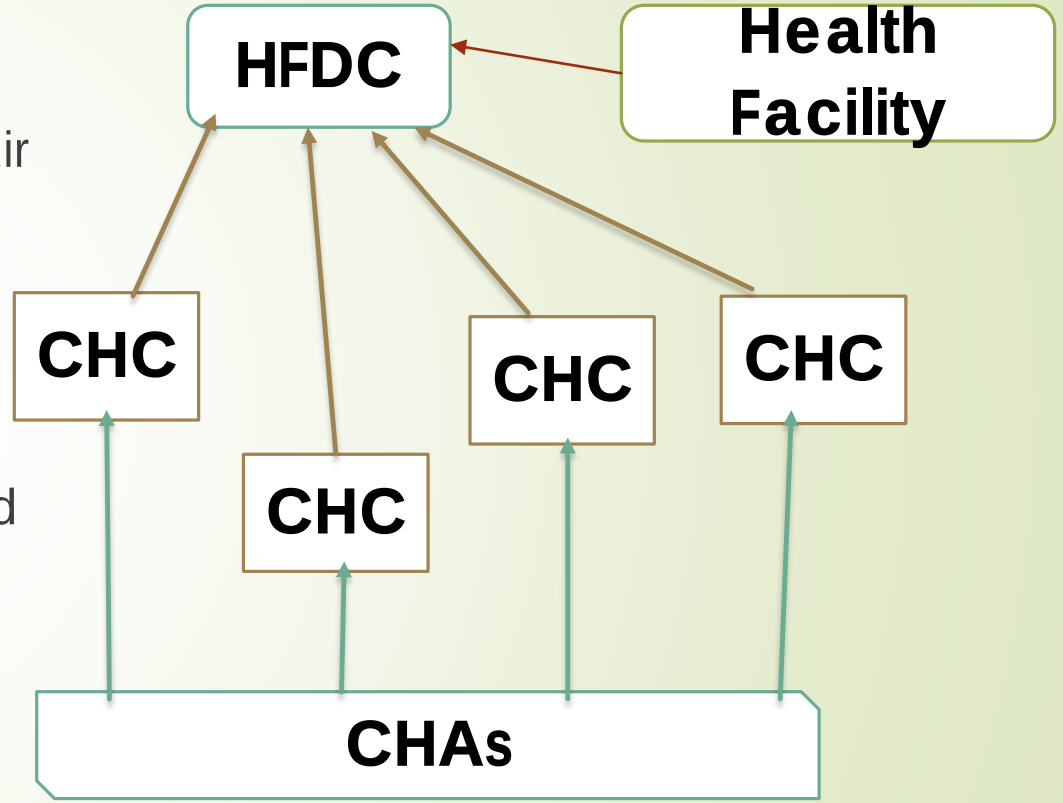
- **Decision and information needs**
  - Why are people not using the latrines
  - What is causing the running stomach (diarrhea)
  - When will we be ODF
  - What is causing the increase in mosquitos
  - Are people using their ITNs
  - Who is violating our public health laws
- Based on these information needs, the CHC meetings are held every month in communities to support the CHA and engage the community and the health facility through the HFDC.

Community Health Assistant (CHA)

- During their routine tasks, the CHA generates the information needed to answer the information needs of the community
- They use standardize MOH CBIS reporting ledgers to track services they provide to the communities. They also provide feedback on these data generated from the community through the CHC meetings
- Information generated by CHAs can be utilized by the CHA, CHSS, and Community Health Committee (CHC) for decision making around health education and interventions needed
  - For example, the CHA can present the number of incidents of diarrhea in the community to the CHC and work to plan an intervention on sanitation and clean drinking water

Health Facility Development Committee (HFDC)

- The HFDCs are primarily responsible to act as governing bodies for all CHCs in the facility catchment area. Each CHC is represented by its chair to the HFDC
- The HFDCs rely on feedback from the CHSS/OIC on health status of each community
- In the case of a high incidence of any condition in a specific community, nearby communities are advised to watch out and take preventative measures



County Health Team

- Data use practice
  - County-level quarterly review meetings (QRM) takes place ahead of national level meetings
  - Institutionalizing data review processes at the quarterly review meetings at the county level allows detailed program feedback to be routinely distributed to districts and facilities to best use it to improve program quality
  - Other data use fora include, county health board meetings, CHT coordination meetings and senior management meetings
  - County health board meetings are chaired by the Superintendent of the county and attended by other line ministries with the County Health Officer as the secretary of the meetings.

Central Ministry of Health

- National level quarterly review meetings (QRM) take place four times a year
- Another national level data use forum is the coordination and technical working groups meetings
- These fora are attended by the Ministry of Health, County Health Teams, implementing partner representatives and other line ministries such as Public Works, and Gender and Social Protection
- There are also sub-thematic technical working groups such as CBIS, Community Event Base Surveillance (CEBS), ICCM etc. that looks at specific areas of the CHA program

Data Use Practice at Central MOH

- During QRMs data are aggregated nationally, split by county and show change over time as appropriate; data presented by both county health team staffs and central level Ministry of Health staffs
- Data are presented quarterly to facilitate real-time program success and identification of program challenges and to support data-driven changes to the program
- The cross-learning nature of county representation at meetings encourages problem-solving and discussion between peers, as well as sharing of best practices from higher performing counties