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Improving Adolescent Sexual and Reproductive Health Care Services in Liberia

MCSP/RHS Liberia Case Study

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Summary

The USAID Maternal and Child Survival Program’s Restoration of Health Services Project (MCSP/RHS) in Liberia aimed to increase the quality of adolescent sexual and reproductive health (ASRH) services offered at facilities in Liberia by adapting a useful counseling tool to the Liberian context and building capacity of healthcare workers to provide quality services to adolescents and youth. MCSP worked with the Ministry of Health (MOH) Family Health Division to deliver an engaging training of trainers for county and district supervisors across three counties, which was later rolled out to health facility staff. MCSP then reinforced the training during supportive supervision and mentoring conducted over the life of the project. At the time of the endline survey, more than 50% of sampled facilities were meeting standards 1,3, or 4 for providing quality ASRH services. The percent of facilities meeting each standard increased from baseline. The MOH can build on this success by rolling out the counseling tool and training program to health facilities nationwide.



A 19-year-old mother seeks counseling for family planning at an MCSP-supported health facility. Photo credit: Josephine Wachekwa/MCSP.

MCSP/RHS 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
- Technical areas: Essential primary health services & infection prevention and control

Background

MCSP/RHS worked with the Liberia MOH to improve the delivery of quality maternal and child health services and restore confidence in the health system following the Ebola outbreak. MCSP works in 77 health facilities in three counties (Nimba, Lofa, and Grand Bassa).

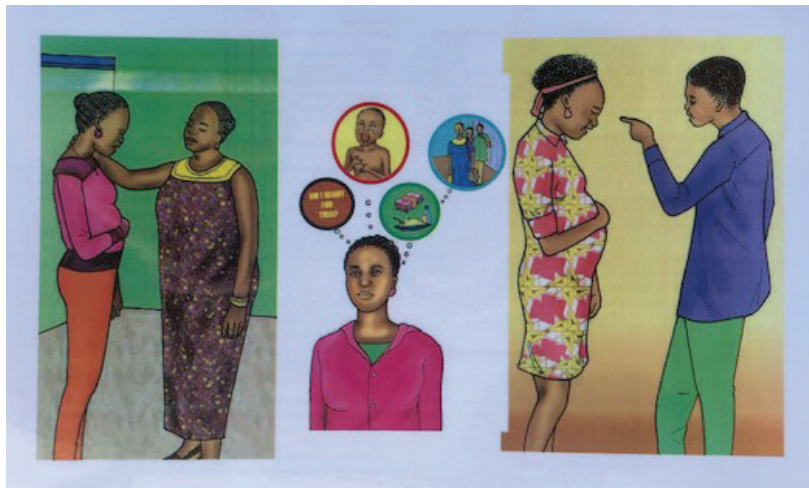
One of MCSP’s objectives was to increase accessibility of ASRH care in the project’s supported health facilities. Prior to the project’s start, adolescent clients were often reluctant to access services because of a fear of discussing personal issues with health workers and because at times they were treated poorly by health facility staff. In addition, health workers did not have the appropriate skills to target care to the

adolescent population. To address these issues, MCSP implemented the interventions described below, including introducing a counseling tool to aid health workers in providing care, providing training for health workers, and providing monthly supportive supervision and mentoring for health facility staff.

Methodology

Adapting the Age and Life Stage Counseling Tool

In January 2017 MCSP worked closely with the Family Health Division of the MOH and other partners to review and adapt the Age and Life Stage Counseling Tool originally developed by Save the Children to the Liberian context. The tool includes 23 counseling cards on different issues affecting adolescents, including body changes for boys and girls; gender-based violence; dangers of drug use; emotional well-being; healthy eating; safe sex; and care before, during, and after pregnancy. Each card includes essential information on a topic, a list of questions an adolescent might ask with answers, and a set of potential next steps. Most cards also include illustrations to use during counseling. The tool helps health workers to provide appropriate counseling and treatment to adolescents who come into the health facility based on their needs and medical history.



Illustrations from a counseling card from the Age and Life Stage Tool on preventing early and unintended pregnancy

Building Health Worker Capacity in ASRH Services

Once the tool was approved by the MOH for use in health facilities, MCSP organized trainings on its use in January and February 2017 for health workers in the project's supported facilities. First, MCSP in cooperation with the MOH conducted a two-day training of trainers for 21 district and county supervisors and selected a group of training facilitators from among participants based on their performance. These training facilitators conducted two-day trainings in each of MCSP's three counties; each of MCSP's supported facilities sent one clinician to participate in the training. All trainings included an interactive component, requiring participants to role-play the parts of both counselors and adolescents seeking care to practice counseling and to have an opportunity to experience counseling from an adolescent's perspective. Training participants were instructed to lead training sessions with other clinicians in their own facilities to ensure that all professional staff were educated in the use of the tool. At the end of each training, MCSP gave each participant a bound and laminated copy of the tool to bring back to his or her facility.

Conducting Supportive Supervision and Mentoring Visits

To enable supportive supervision and mentoring visits at the health facility level, MCSP first developed a checklist based on the MOH ASRH standards of care. The standards require health workers to do the following:

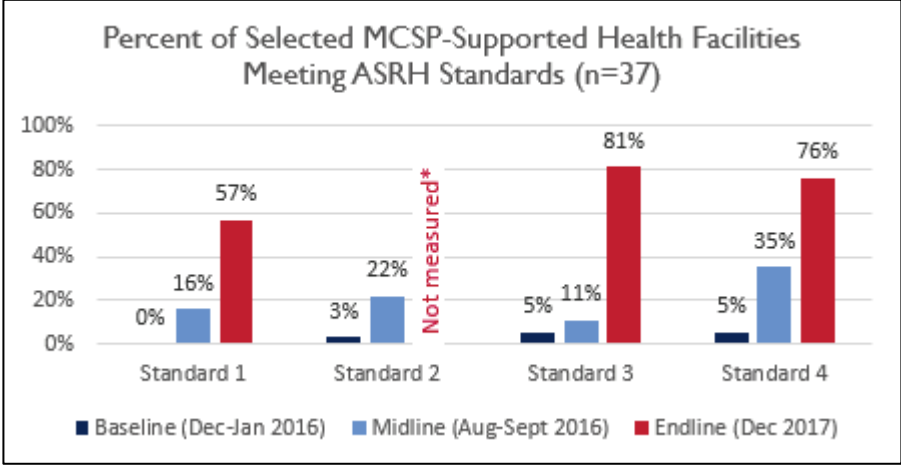
- Standard 1: Provide and promote utilization of adolescent-friendly services (by greeting adolescents warmly, designating an area of the facility for adolescents, designating certain times for adolescent care, etc.)
- Standard 2: Provide adequate information on the full range of youth-friendly sexual and reproductive health services

- Standard 3: Ensure appropriate distribution and placement of educational posters on ASRH
- Standard 4: Provide quality adolescent pregnancy, labor and delivery, postpartum, and newborn health care services

In 2016 MCSP’s county-level staff and county health supervisors began conducting monthly supportive supervision visits to each of MCSP’s supported facilities, while MCSP central-level staff based in Monrovia backstopped these visits on a quarterly basis. During the visits, they used the checklist to ensure that health facility staff were meeting MOH ASRH standards, and they ensured that clinicians were effectively using the Age and Life Stage Counseling Tool. If standards were not met, supervisors would provide mentoring support to explain the issue and teach the health worker how to fulfill the required criteria.

Results

MCSP’s monitoring and evaluation efforts show significant improvements in facility performance based on ASRH standards. MCSP’s baseline assessment (conducted December-January 2016) showed that only 3 of the 37 sampled health facilities met *any* of the ARSH clinical standards. By the endline assessment (conducted December 2017), the average-scoring facility met two-thirds of the standards (endline median score = 67%).



*Endline assessors determined that standards 2 and 3 assess similar parameters. Standard 3 was chosen for the assessment as it is more comprehensive.

Most facilities had ASRH educational posters placed throughout their facilities (standard 3 at 81%) and met the standard for provision of quality adolescent health care for pregnancy, labor and delivery, postpartum, and newborn care (standard 4 at 76%), compared to only 5% at baseline. In addition, over half of facilities (57%) were providing and promoting use of adolescent-friendly services, where none of the 37 sampled facilities were providing such services at baseline.

Anecdotal evidence also indicates improvement in health worker skills and attitudes toward ASRH and in adolescent patients’ attitudes toward seeking care in health facilities. When interviewed during supportive supervision visits, health workers indicated that use of the Age and Life Stage Counseling Tool has enabled them to provide ASRH counseling in a more friendly and standardized manner. Adolescents attending care in facilities told supervisors that they felt more comfortable seeking care and were becoming more knowledgeable about health information related specifically to their needs.

Lessons Learned and Recommendations

The counseling tool and standards have provided a framework for health workers to deliver ASRH services in a more structured, adolescent friendly way. Ultimately, MCSP believes that continued implementation of these improved services will create an environment in which adolescents feel more comfortable seeking health information and care in facilities, resulting in increased ASRH among populations served by facilities implementing these interventions.

Several elements contributed to the success of MCSP’s ASRH work. First, MCSP conducted all activities in close cooperation with the MOH and other relevant stakeholders. Second, MCSP used a simple, easy-to-

understand tool to promote ASRH services in facilities. Third, MCSP implemented interactive trainings with role-playing components to help health workers practice and experience care from an adolescent's perspective. Finally, MCSP implemented regular supportive supervision activities to ensure that health workers were implementing standards and using the tool and to provide an opportunity for continuous feedback and mentoring.

To continue the progress that MCSP made, the MOH should consider rolling out this approach nationwide with trainings, tool distribution, and supportive supervision and mentoring in facilities around the country. In addition, the MOH should consider training community health workers on ASRH care to enable them to educate community members on ASRH issues and encourage adolescents to seek care in facilities when needed. Facility staff can also conduct community outreach activities during free time. Finally, the MOH should consider a more comprehensive campaign to share health information with adolescents and their caregivers, using radio talks, jingles, posters, community members, and other relevant channels.

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