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# Red Card/Blue Card Strategy for Improved Facility Readiness in Nimba, Liberia

## MCSP/RHS Liberia Case Study

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### Summary

Following the Ebola outbreak in Liberia, the USAID Maternal and Child Survival Program's Restoration of Health Services Project (MCSP/RHS) supported the Liberian Ministry of Health (MOH) to improve delivery of reproductive, maternal, newborn, and child health (RMNCH) services. During monthly & quarterly supervision visits to MCSP's 77 supported health facilities in three counties, supervisors and MCSP staff assessed facility readiness to provide RMNCH services and staff performance based on quality of care criteria established by the MOH. However, in 27 of 30 facilities in Nimba county, these visits continued to find low immunization service delivery performance; inconsistent adherence to national protocols while performing clinical duties; and the lack of clean, tidy, and organized service delivery points despite repetitive mentoring and coaching. To accelerate progress in these facilities, MCSP and county and district health teams (CHT's and DHT's) developed an innovative visual strategy to help facility staff understand how they would be assessed, what criteria had been met, and what were still lacking. During supportive supervision visits, supervisors completed the checklists together with health facility staff in each service delivery point, giving each criteria either a blue check or a red "X." Supervisors then discussed any criteria that were not met with staff to help them understand what they did wrong and how to improve. Two months after strategy implementation began, all facilities scored 75% or better, and 24 facilities received a score of 100%. Average scores increased from 21% in October to 97% in December. The rapid progress demonstrated by the Nimba experience suggests that the approach would be very successful when implemented in other areas and contribute to a robust and effective supportive supervision program.

#### 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 works with the Liberian 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), where a baseline assessment conducted by MCSP in 2015 showed that health facility staff lacked the knowledge and skills required to effectively provide health services, and many health facilities were not staffed at all. MCSP worked with the CHT to recruit staff and with the central MOH to design and deliver training packages for health workers to build their capacity.

Following a training of trainers and roll out training in April 2016, MCSP's county-based staff together with members of the DHT began conducting monthly supportive supervision visits to each health facility while the MCSP central staff with the CHT conducted quarterly integrated supportive supervision. During the visits, supervisors assessed facility readiness and staff performance based on quality of care criteria established by the MOH clinical standards tool.

### **Facility Readiness Includes Adequate:**

- Staffing
- Medical Equipment and Supplies
- Supply of Essential Medicines
- IPC Structures and Supplies
- Space for MCH Services

While health facilities in Lofa and Grand Bassa were showing improvements, 27 of the 30 facilities in Nimba continued to exhibit poor quality of service. Supportive supervision visits continued to find low immunization service delivery performance; inconsistent adherence to national protocols while performing clinical duties; and the lack of clean, tidy, and organized service delivery points despite repetitive mentoring and coaching. The challenges there were understandable: when MCSP started working in the county, 18 of the 30 facilities were not functioning at all, and the 12 that were functioning had staff that were often not salaried and had received no training after their pre-service coursework.

To accelerate progress in Nimba, MCSP, the CHT and DHT developed an innovative red card/blue card strategy in October 2017 for use alongside the standard monthly supervision checklist. Under this strategy, supportive supervision visits focus on a limited number of quality of care criteria at each service delivery point. Supervisors post the criteria on a poster with an index card showing either a blue check mark “✓” indicating that the facility met all the criteria or a red “X” indicating that the facility did not meet one or more of the criteria. The strategy allows health workers to clearly understand and focus on a few key areas for improvement, thus empowering them to make changes and increase the quality of their services.

## **Methodology**

### **Design and Set-Up**

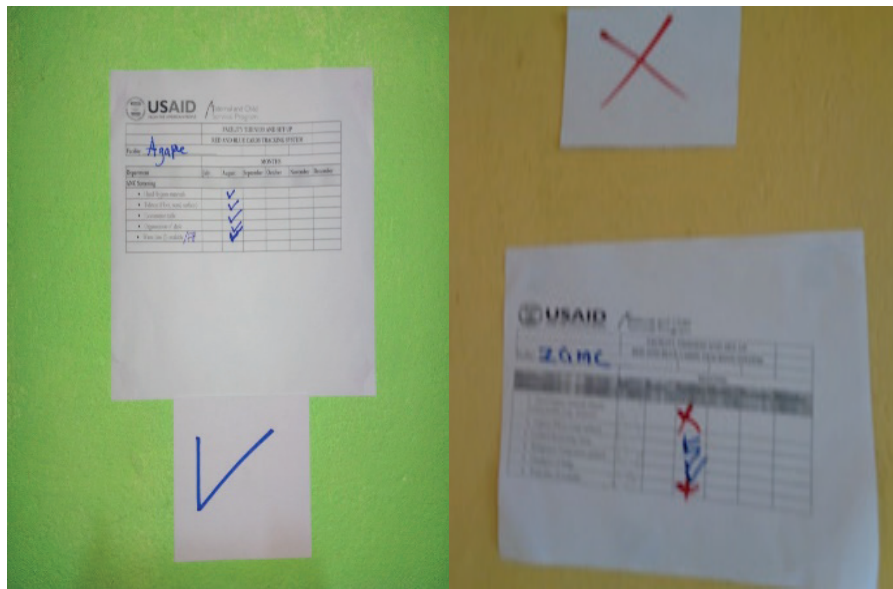
The Nimba MCSP team, CHT, and DHT developed the red card/blue card strategy and presented it to health facility staff (along with several other options) to get their feedback and buy-in and ensure their understanding of the process. MCSP procured the posters and index cards for the facilities.

MCSP, the CHT and DHT, and facility staff developed facility-specific checklists showing the quality of care criteria that each facility was struggling with at each service delivery point. They posted the checklists on the walls at select service delivery points including the antenatal care area, the delivery room, the postpartum care area, the EPI area, and the drug store room and dispensary. The checklists helped staff understand the key criteria for evaluation: availability of hygiene materials (hand washing bucket, soap, sanitizers), updated monitoring charts, updated refrigerator temperature tracking charts, refrigerator cleanliness, availability of waste bins, availability of staff, filing of patient records, availability of a weighing scale, set-up of patient seating, updated stock cards, and cleanliness of service delivery points.

### **Implementation**

During supportive supervision visits, supervisors completed the checklists together with health facility staff in each service delivery point, giving each criteria either a blue check “✓” or a red “X.” If all criteria were met, supervisors posted an index card with a blue check mark in the service delivery point; if not, supervisors posted an index card with red “X.” Supervisors would then discuss any criteria that were not met with staff to help them understand what they did wrong and how to improve.

After each supportive supervision visit, supervisors held a feedback session with all facility staff to review their scores for the month and talk about key areas for improvement and roles and responsibilities in making those improvements. During the feedback sessions, health facility staff were also able to work as a team to discuss how to improve their performance. Staff who performed well during the month were also recognized in these sessions, motivating them to continue their good work and encouraging others to improve their performance.

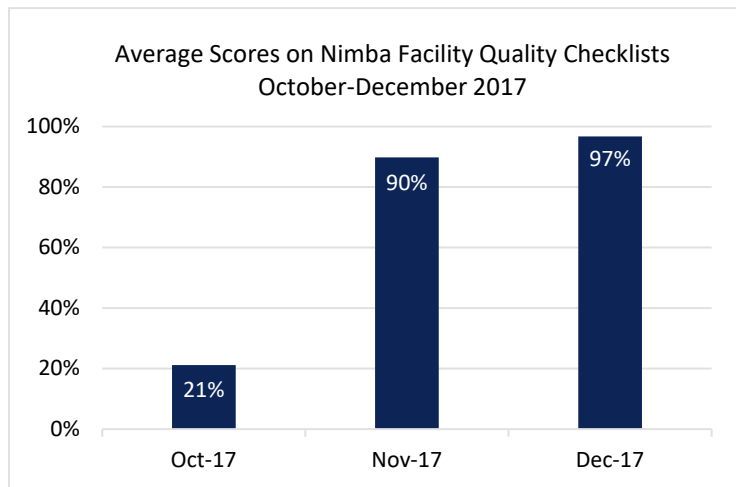


Sample display of red card/blue card postings in two MCSP-supported facilities in Nimba

## Results

The graph shown here clearly illustrates the effectiveness of the red card/blue card strategy in increasing health facility performance on selected quality of care criteria. While in October, only three facilities scored 75% or better (and the other 27 facilities scored 38% or lower), by November, 26 facilities scored 75% or better, and all facilities scored more than 50%. By December, all facilities scored 75% or better, and 24 facilities received a score of 100%. Average scores increased from 21% in October to 97% in December.

The red card/blue card experience in Nimba also produced some promising qualitative results. Feedback from health facility staff during supportive supervision visits indicated that the approach helped them understand more clearly what areas they needed to work on to improve their quality of care, and it provided an opportunity for clear feedback on how to meet quality standards. Facility staff indicated that it helped to establish clear roles and responsibilities for meeting criteria, and it helped create a sense of teamwork among health facility staff. Finally, staff said it helped to motivate them and allowed them to be recognized for their accomplishments.



## Lessons Learned and Recommendations

MCSP's experience found that several components of the red card/blue card approach were key to its success. First, it was highly visual; by putting the criteria up on the wall for everyone to see and denoting achievement or areas for improvement through an easy-to-understand symbol (the blue check or red "X"). The red card/blue card approach made it very easy for facility staff to understand what they should be doing and the degree to which they were meeting standards. Second, the approach focused on only a few criteria in each service delivery area, meaning that health facility staff could work on a few key interventions to see real

improvements. Third, the approach was participatory and created an environment of engagement and teamwork, helping health facility staff to feel that they had ownership in the process and could make changes themselves to improve service delivery. Finally, it allowed for immediate feedback on performance so that staff could easily see progress and discuss where further improvements could be made. This immediate feedback also allowed an opportunity to recognize successful staff and motivate others.

Other programs implementing this kind of approach should keep in mind that it is important to plan for funding to print the posters and purchase a regular supply of index cards. They should also understand that some facilities will take longer to understand the process and may need additional support.

Going forward, MCSP recommends that the red card/blue card approach be incorporated into supportive supervision visits in other counties. Although the approach was not tested in other counties, the rapid progress demonstrated by the Nimba experience suggests that the approach would be very successful when implemented in other areas and contribute to a robust and effective supportive supervision program.

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