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# Strengthening Human Resources for Health Policies for Pre-Service Education in Liberia

## MCSP/HRH Liberia Case Study

January 2019

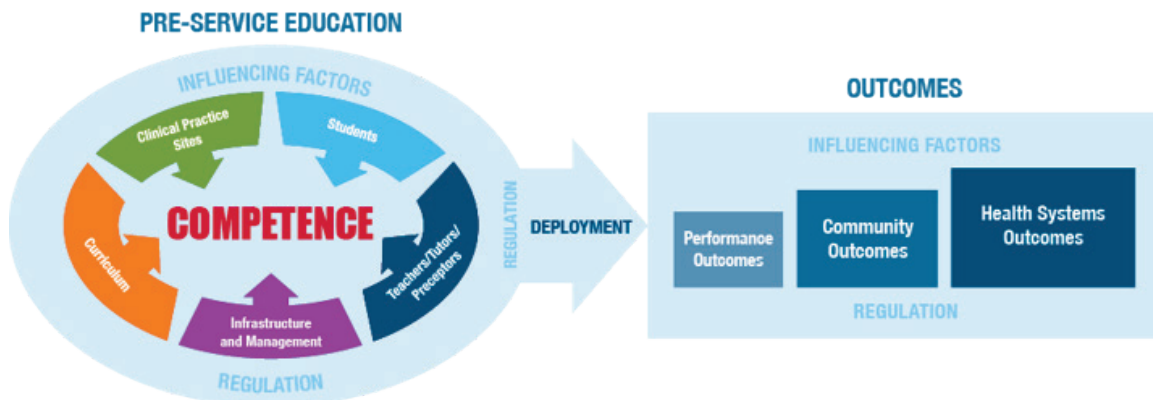
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### Background

The United States Agency for International Development’s flagship Maternal and Child Survival Program’s Human Resources for Health Project in Liberia (MCSP Liberia/HRH) worked with the Ministry of Health (MOH) to accomplish two key objectives: build the capacity of pre-service education (PSE) faculty and educators and strengthen the PSE learning environment. When MCSP began its work in 2015, Liberia was facing a major health worker human resources crisis, with insufficient numbers of health workers to meet the country’s need. The crisis was exacerbated by the Ebola epidemic that peaked in 2015–2016, during which many health workers either left their positions or were victims of the disease, and insufficient numbers of qualified PSE faculty were available to ensure student competencies by graduation. It became clear that as part of rebuilding the country’s health system, the PSE system would need to be transformed so that it could produce a fit-for-purpose, productive, and motivated health workforce that equitably and optimally delivers quality health services upon graduation.

MCSP’s work in PSE is based on the conceptual framework (Figure 1) developed by MCSP’s lead implementing partner, Jhpiego, based on an integrative literature review. The conceptual model identifies direct and indirect factors that influence graduate competence and points to the expected outcome of quality PSE.

**Figure 1. Conceptual Model: The Health Impacts of PSE**



A strong PSE system depends on influencing factors, such as policy, financing, and regulation. Among the factors contributing to gaps in the Liberian PSE system was the lack of a supportive policy environment, as the National Human Resources Policy and Plan (NHRPP) developed in 2011 was never implemented as

intended. Regulatory authority and policies for human resources for health (HRH) were managed through different MOH departments, health worker needs were not tracked and documented at a national level, scholarships and financial aid were not consistently available to potential new students, and health worker employment policies (related to salary, gender equity, leave, expectations, etc.) were not clearly established.

To improve the policy environment to strengthen PSE and other factors contributing to the human resources crisis, in 2016, the MOH developed the Health Workforce Program (HWP), a seven-year program intended to increase the number and quality of health workers. MCSP and other key partners advised and contributed to the program through the HWP Technical Working Group (TWG) set up by the MOH. This case study describes MCSP's efforts under the HWP to support the MOH and regulatory bodies; these efforts have resulted in significant improvements in policy, regulation, and financing required for a strong PSE system.

## Methodology

### Supporting the MOH HRH Division

In order to institute the HWP, the MOH understood that the different components of human resources management needed to be housed under a single division within the ministry. The MOH wanted to ensure that this division supported the production of health workers in various cadres through the PSE institutions rather than supporting in-service training alone. MCSP and other partners advised the MOH on creating this new HRH division, which combined management of personnel, training, planning, and scholarships into one office. Before, those functions were managed by three separate offices, and all functions related to health worker production were not managed through the MOH at all but instead by the schools' regulatory bodies. By providing technical input into the creation of this new HRH structure, MCSP supported the MOH in making lasting changes, especially related to PSE, that will increase its self-reliance.

### Updating the NHRPP

To support updates to the NHRPP, MCSP and other partners conducted a situation analysis. The HWP TWG reviewed and validated findings and then worked with the MOH to update the NHRPP in August 2017. The HWP TWG then made recommendations on ways to implement the policy, including increasing the quantity of all cadres of health workers and ensuring that facilities meet a minimum of 75% of the quality of care standards set by the MOH. To inform this effort, MCSP supported the MOH to adapt and use the World Health Organization's Workload Indicators of Staffing Need survey tool. MCSP and other partners then worked with the MOH to identify risks and mitigation measures related to supply chain, service quality, and health worker skills and to translate the TWG's recommendations into a validated action plan. This plan will ensure that the Government of Liberia can implement a strong human resources policy, an important component for a resilient health system.

### Updating MOH Scholarship Guidelines and Developing a Financial Aid Plan

Insufficient PSE financing leads to student attrition and impacts the quality of education. To address financing needs, MCSP worked as a member of the MOH Scholarship Committee to update its scholarship guidelines and develop a financial aid plan. The Scholarship Committee, with MCSP participation, also put regulations in place to ensure that all health worker scholarships in the country are managed and approved through the MOH. MCSP also drafted guidelines, which became policy in July 2017, to enable certain priority cadres of health workers (midwives and medical laboratory technicians [MLTs]) to get financial aid for PSE if they do not meet the standards for scholarships but meet program requirements set by the Liberia Board of Nursing and Midwifery (LBNM) and the Liberia Association of Medical Laboratory Technology (LAMLt). Funding for the financial aid program comes from various MOH partners and donors; financial aid is expected to start in 2019. Students receiving scholarships and financial aid are now required to serve in Liberian health facilities for a certain period of time following their graduation, an important strategy for health worker retention.



A group of nurses sit at the ob-gyn station at Phebe Hospital. Photo Credit: Erica Chin, MCSP.

### Developing the MOH Employee Handbook

MCSP, under the HWP TWG, provided technical assistance to the MOH to develop its first-ever employee handbook, which was finished in November 2017 and is now being rolled out through trainings in each of Liberia's counties. The handbook clearly states employee roles and responsibilities and the roles and responsibilities

of the MOH as an employer, and it establishes clear employment policies on issues such as work hours, leave time, pathways to promotion, and performance appraisal. The handbook is key for PSE policy improvements, as it regulates human resources policies for preceptors in clinics who oversee onsite trainings and observe PSE students. MCSP through the TWG helped ensure that the handbook addressed issues affecting faculty and staff in the PSE institutions rather than just MOH staff in health facilities.

## Addressing Gender Policies in Schools

In Liberia, a gender disparity exists in midwifery schools, where most students are female, and MLT schools, where most students are male. In addition, female student attrition is typically higher than male student attrition in low- and middle-income countries.

In November 2016, MCSP conducted a gender assessment in midwifery and MLT PSE institutions to determine what barriers existed to attracting, training, and retaining students and to reduce gender disparity in both programs. Based on the findings, MCSP successfully advocated with the regulatory bodies—the LBNM and the LAMLT—to address gender-specific issues as part of their educational institution accreditation standards. MCSP also trained staff members from each school on gender issues and implementation of gender activities, aided schools in developing policies that address sexual harassment and support pregnant students, supported schools in identifying gender focal people, and improved data systems to ensure that data are sex disaggregated and that data on gender issues are collected and analyzed. These efforts resulted in male midwifery students increasing from 5% in 2016 to 18% in 2018 and female MLT students increasing from 28% to 35% in the same time period. Gender-focused training and policies will result in sustained improvements and gender-responsive education.



A group of students in their first year midwifery class.  
Photo Credit: Erica Chin, MCSP.

## Strengthening the Midwifery and MLT Regulatory Bodies

Regulation of the health professions is critical for ensuring educational quality and protecting the public. MCSP coordinated with partners to support the LBNM in updating its National Quality Improvement PSE Standards, which link to formal educational accreditation standards. The LBNM now includes standards related to gender, preceptor management and coordination, simulation center management, and faculty development in its PSE accreditation and monitoring processes. MCSP also worked in coordination with other partners to adopt the standards into quarterly monitoring tools for the schools and conducted monitoring visits and feedback sessions at the LBNM's request to support the midwifery schools in maintaining their accreditation.

MCSP also facilitated a process enabling the LBNM to support the LAMLT to establish regulatory processes never before in place for that cadre. MCSP supported the establishment of an MLT PSE TWG, which created educational accreditation standards, processes, and procedures for licensure of new MLTs. MCSP also assisted the LAMLT to restructure, ensuring that key stakeholders are represented within the body and that it is appropriately structured to effect change. The licensure and accreditation processes were completed in January 2018, and MCSP trained the LAMLT in conducting accreditation visits and supported it in conducting its first visit. These interventions will ensure that the LAMLT is empowered to regulate educational institutions and continue to improve the quality of MLT education.

## Key Results

Through the interventions described here, MCSP, the MOH, and other partners improved the enabling environment for PSE and other HRH interventions to begin producing more and better-qualified health care workers to serve Liberia's population. In addition to the results mentioned in the previous section, key results related to policy, financing, and regulation include:

- Policies are now in place to address national health priorities, including HRH management, workforce staffing needs assessments, and PSE scholarships and financial aid.
- Structures are in place to support continued policy updates, discussions, and decision-making around PSE and HRH, including the MOH HRH Division, the HWP TWG, the Scholarship Committee Secretariat, and their subcommittees.

- Scholarships and financial aid target priority cadres and require service commitments upon graduation.
- Sustainable improvements to address gender equity and reduce female student attrition are in place, including gender incorporation into standards for school accreditation and identification of gender focal people in each school, who will implement actions to meet the standards and monitor their effectiveness.
- Liberia now has an infrastructure and process in place for licensure of MLTs at graduation and an educational accreditation process for the MLT PSE institutions.
- The MOH is now working closely with the regulatory bodies and the HWP TWG to ensure that PSE targets health worker cadres that are most needed in the country. This enabling environment should contribute to measurable changes in the number and quality of targeted health workers developed through PSE schools in the coming years.

## Lessons Learned

Through this experience, MCSP identified the following lessons learned:

- Facilitating communication between the MOH, which leads policy, and the regulatory bodies, which regulate educational quality, is important to ensure that PSE issues (such as funding for teachers in national health budgets) are sufficiently considered in HRH planning.
- Although the regulatory bodies are autonomous from the MOH and are primarily responsible for regulating their professions, it is important to recognize the leadership role of the MOH and to coordinate closely with it to ensure that effective and sustainable solutions are in place.
- Developing PSE policies and structures was new for Liberia, and leaders at times needed support in understanding key technical issues to inform decision-making. MCSP found that it was important to stay consistently engaged with MOH stakeholders through working groups and one-on-one meetings.
- Liberia was going through an election cycle during this policy change period, which, along with the new government transition period, delayed a number of decisions and interventions. Future programs should consider the political cycle when planning for policy and advocacy efforts.
- Policies can be difficult to implement if other structural components, such as medical facility infrastructure and funding for health worker salaries, are not in place. MCSP continued to advocate for those improvements through the HWP TWG, and another MCSP Liberia project called Restoration of Health Services funded the salaries for certain health workers.

## Recommendations

To continue the progress made on human resource policies for PSE, MCSP recommends the following:

- Partner engagement must continue through the HWP TWG and its subcommittees to support the government in moving forward with policy implementation. The HWP TWG should develop clear guidance to enable partners to effectively implement its policies consistently.
- The HRH Division and the HWP TWG should assert their authority in managing staffing issues in all technical areas, rather than allowing them to be managed only through MOH technical units.
- The MOH and the HWP TWG should focus on finding sustainable sources of funding for the HWP to ensure that it can continue its operations.
- The LAMLT should create a continued professional development policy or implementation plan to support efforts to link re-licensure to continued professional development requirements, which is a best practice. The LBNM policy can serve as a template.

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States Government.