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Liberia National Health System Capacity Assessment

County Report: **RIVER GEE COUNTY**

January 31, 2024

[...]

Findings Validation

Following submission of the draft central level report, consolidated report, and each county level report, DELTA held a validation workshop with MOH on December 19–20, 2023. Representatives of the central level MOH, county health teams, and partners attended. The objectives of the workshop were to:

1. Generate common understanding of NHSCA methodology and results among MOH and partners;
2. Receive specific, actionable feedback on central and county level reports from stakeholders;
3. Validate strengths, weaknesses and priorities among each report's target group;
4. Further observe and understand trends across counties, and links to central level MOH; and
5. Generate buy-in to NHSCA reports to prepare stakeholders for dissemination and use.

The DELTA Team took detailed notes of the feedback received during the validation workshop and incorporated it into each report as needed in the final versions. All final versions of the 2023 NHSCA reports were reviewed and approved by both MOH and USAID.

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Generally, the health outlook for River Gee is similar to that of other counties in the southeast (Grand Gedeh, Grand Kru, Maryland, and Sinoe). Malaria is one of the leading causes of death in Liberia among children under age five. River Gee has one of the highest prevalences of malaria (69 percent) in children 6 to 59 months old (LMIS, 2016). The percentage of married women currently using a contraceptive method in River Gee is 41 percent. The percentage of live births delivered in an HF is 91 percent (LDHS, 2019). Also, only 48 percent of children aged 12 to 23 months have received all basic vaccinations—one dose each of Bacillus Calmette-Guérin (BCG) and measles vaccines and three doses each of pentavalent (DPT-HepB-Hib) and polio vaccines. This result is a vaccination rate 3 percent lower than the national average of 51 percent (LDHS, 2019). Nutrition is also a major challenge in River Gee; 31 percent of children under five are reported as stunted (too short for their age), similar to the national average of 30 percent (LDHS 2019).¹

Nongovernmental organization partners are the major source of support to the River Gee CHT. They provide technical and logistical support at all levels of the health system. For example, USAID Government-to-Government Partnership and the Community Health Activity (USAID-CHA) are the major support systems for the county. The World Health Organization (WHO) and the Clinton Health Access Initiative provide technical assistance for surveillance and maternal health, respectively. UNICEF and Samaritan Purse support nutrition and surveillance activities, while the German development agency Deutsche Gesellschaft für Internationale Zusammenarbeit supports the training of staff in specialized areas such as laboratory science (Lab Aides).

¹ The DHS Program - Liberia: DHS, 2019-20 - Final Report (English)

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Human Resources: After the 2019 CHT Assessment, the county prioritized training on Human Resources (HR) policies and procedures for facility staff, CHT staff, and newly assigned staff. It also worked on institutionalizing annual performance appraisals for all staff. The team liaised with central MOH to provide contracts to CHSS and CHAs, and the HR Officer identified training needs and developed in-service training for all staff in the county. In the 2023 assessment, assessors reported improvements on some of the challenges reported as weaknesses from the 2019 CHT Assessment, which included: training of HFs staff and DHTs staff on HR policies, and the provision of contracts to CHSS in the county under the new USAID-sponsored Community Health Activity, although there is no updated health workforce database for community health workers. Also, as in 2019, some weaknesses remain unresolved, including the lack of a training needs assessment and review to develop in-service training for staff in the county. There is also no institutionalized annual performance appraisal for all staff, as was assessed in the 2023 NHSCA. The overall score for the HR Domain only slightly changed by 1.2 percentage points from 27.7 percent in 2019 to 28.9 percent in 2023.

Leadership & Governance: The priorities set by the River Gee CHT after the 2019 CHT Assessment relating to leadership and governance were to review and update the Operational Plan quarterly and provide feedback to stakeholders (supervisors, senior staff, partners, as well as the central MOH), develop terms of reference (TOR) and establish boards for all health districts in the county, and implement periodical action points coming from CHT Board meetings. Following the 2019 CHT Assessment, the 2023 assessment showed that the county had made improvements on some of the challenges identified. These improvements include updating the Operational Plan quarterly and providing feedback to stakeholders. Additionally, some but not all issues from CHT boards were addressed and closed between board meetings. However, the establishment of health boards for all districts in the county still remained a challenge, as assessed in 2023. The Leadership & Governance Domain catalyzes organizational function, oversight, and stakeholders' performance in the system. The domain scored an increase from 55.4 percent in 2019 to 72.8 percent in 2023. At the CHT level, the leadership and governance capacity grew from 55.4 percent in 2019 to 68.3 percent in 2023. However, the DHTs experienced a considerable decline from 93.8 percent in 2019 to 66.7 percent in 2023.

Service Delivery (Essential Health Services): The priorities set by the River Gee CHT following the 2019 CHT Assessment relating to health services were to strengthen supervision by conducting training of supervisors; ensure the enforcement of the referral pathway, support, and practice documenting referrals at the places of occurrences; and develop a plan for and reactivate the Quality Management Team (QRM). The 2023 assessment showed that the county has ensured the implementation of the referral pathway and shown that there are documented referrals, most of which are made from CHAs to the HFs. However, the lack of a plan for QRM or its reactivation still exists as a weakness from the 2023 assessment. The Essential Health Services Domain increased from 35.2 percent in 2019 to 51.6 percent in 2023.

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Baseline Analysis

Refer to this section to understand the *current state* of health system capacity. These data should be used as the new baseline to assess health system capacity from 2023 forward.

The overall score for River Gee was 44.5 percent (limited). As illustrated in Table 6, inclusive of all levels (CHT, DHTs, Facilities, and Communities) of the River Gee Health System, Leadership and Governance was the highest-performing domain at 72.4 percent (foundational), followed by Finance at 63.7 percent. The Service Delivery, Supply Chain, and M&E domains' scores are in the limited category with 49.0, 41.3, and 40.5 percent, respectively. HR scored 82.1 percent (limited), while the Operations Domain scored the lowest at 20.1 percent (absent). At the CHT level, the Finance and Leadership & Governance Domains obtained the highest capacity scores of 75.7 and 68.3 percent (foundational), respectively, meaning the county can rapidly respond to change and sustain itself because of credible systems, adequate resources, and viable programs. The Service Delivery, M&E, Supply Chain, and HR Domain scores were 50.0, 46.3, 39.9, and 27.6 percent, respectively, indicating that these domains have limited capacities and weaknesses in the system. At the DHT level, the capacity for HR and M&E was limited (44.8 and 41.3 percent, respectively), the score for the same domain at CHT was also limited (27.6 percent for HR and 46.3 percent for M&E), and the score at the Facilities-level HR was absent (19.8 percent). DHT capacity for Leadership & Governance showed a foundational score (66.7 percent); however, its Operations capacity score was 25.7 percent, which indicates weakness.

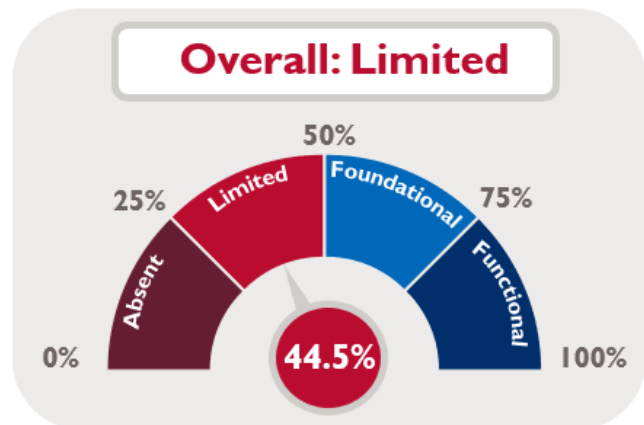
The facility level recorded functional capacity in Leadership & Governance (75.6 percent) and a foundational score in Finance (51.7 percent). However, the facility level recorded limited capacity in the Supply Chain Domain (41.5 percent), owing to the poor practices in commodities security and Supply Chain management. HR at the facility level scored 19.8 percent, while the capacity for Operations was absent (17.8 percent).

The assessment found a considerable difference in capacities between private and public HFs in River Gee, showing that public facilities scored higher than private facilities in all domains assessed. The Leadership & Governance score was functional (82.4 percent) for public facilities, but absent (0.0 percent) for Private facilities. The Supply Chain Domain scored 43.9 percent (limited) for public facilities, but capacity was absent (14.5 percent) for private facilities. Public facilities scored 20.9 percent in the HR Domain, while private facilities scored 7.4 percent (absent). The private facilities scored lower percentages in all domains (absent) as compared to the public facilities, with scores ranging from 19.3 to 82.4 across domains.

For the three types of HFs accessed, both health centers (76.7 percent) and clinics (76.3 percent) recorded functional capacity in Leadership & Governance, showing that there is a well-functioning leadership system in place. Hospitals scored slightly lower (66.7 percent) at foundational capacity. All the types of facilities in River Gee Health System have limited capacities in the Supply Chain Domain—health centers (47.6 percent), clinics (40.7 percent) and hospitals (36.1 percent). Hospitals have more capacity in Operations, though limited (47.0 percent), followed by health centers (31.1 percent) and clinics (11.6 percent). For all types, HR reported the following scores: health centers (33.3 percent), hospitals (25.9 percent), and clinics (16.0 percent). The Finance Domain was only accessed at hospital, with a score of 52.1 percent.

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Comparative Analysis: The first objective of the 2022–23 NHSCA was to measure progress on health system readiness, management, and response capacities from the 2019 baseline. Between



2019 (46.8 percent) and 2023 (53.0 percent), River Gee CHT showed minimal interest in percentage points but increased in capacity from a limited to a foundational level. Finance declined from 81.8 percent to 75.0 percent, Supply Chain slipped from 43.8 percent to 39.7 percent, and Monitoring & Evaluation dipped from 65.5 percent to 52.1 percent. However, three of seven domains experienced an increase in capacity, including HR from 15.1 percent to 28.9 percent, Leadership & Governance from 55.4 percent to 72.8 percent, and Service Delivery from 35.2 percent to 51.6 percent. However, there was a decrease in capacity for Leadership & Governance from functional (93.8 percent) in 2019 to foundational (68.6 percent) in 2023.

Results of the Assessment showed that River Gee County had implemented some priority actions from the 2019 CHT Assessment while some others were not improved upon. Under the Leadership and Governance Domain, the CHT reviewed and updated the Operational Plan quarterly and provided feedback to stakeholders (supervisors, senior staff, partners, as well as the central MOH), developed TOR, established boards for all health districts in the county, and periodically implemented action points coming from CHT Board meetings. However, there is no vehicle management system in place, no medical waste disposal plan, no policy or protocol for medical waste collected from HFs, or access to infrastructure and maintenance policy. In the Service Delivery Domain, the county has ensured the implementation of the referral pathway, and there are documented referrals, most of which are made from CHAs to the HFs. For the HR Domain, HF staff and DHT staff have been trained in HR policies; and for the M&E domains, roles and responsibilities of M&E staff are in JD. The Finance Domain improved PFM standards for petty cash, cashbooks, bank accounts, and bank reconciliation procedures. However, there were no monitoring and supervision visits by the CHT to review cashbooks, bank accounts, and bank reconciliation at facilities, including the hospital that receives GOL funding. In the Supply Chain Domain, as assessed in 2019 and similarly in 2023, none of the Supply Chain staff received training on the National Supply Chain Master Plan, there was frequent stockout of tracer commodities due to insufficient and late supply (including those for the CHA program), and there has still been no training to foster data use for improving Supply Chain management. However, regularizing quarterly supervision and monitoring visits reported in 2019 as a weakness was accessed as a strength in the 2023 NHSCA.

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