



Family Planning, Reproductive, Maternal, New-Born, And Child Health Quality Assurance/Quality Improvement: The Liberian Scenario

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Introduction

Delivery of quality health services is critical to achieving universal health coverage (UHC) and meeting the health-related Sustainable Development Goals (SDGs). The success and value of UHC depends on the ability of the health system to provide quality services to all people, including the hard-to-reach and vulnerable populations. Therefore, there is an urgent need to place quality at the center of local, national, regional, and global actions regarding progress towards UHC.

In 2012, Liberia was one of the first countries in sub-Saharan Africa to achieve its MDG target of reducing the mortality rate of under-5 children to one-third of its 1990 prewar status. By 2015 however, Liberia's maternal mortality ranked among the highest in the world at 1,072 deaths/100,000 live births, with maternal and newborn deaths attributed mainly to preventable and treatable complications. There are major inequalities in the delivery of rural versus urban health services when it comes to accessibility, and healthcare providers lack access to knowledge, equipment, and commodities to address complications. In 2015, a population-based survey using 2012 data found that, for women living in the farthest quintile from the nearest health facilities, the distance lowers their odds of attending antenatal care (ANC), delivering in a facility, and receiving postnatal care (PNC); and children are less likely to receive care for fever, acute respiratory infection, and diarrheal disease, and receive deworming medications from a formal health worker [1].

The Liberia Investment Case for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), the current guiding document for MCH in Liberia, highlighted key areas in the

MCH realm requiring attention and noted several distinct gaps in the current framework for addressing MCH, recognized as one of its utmost priorities for which the Government has made well-intentioned strides. However, the country is lagging in addressing many factors that contribute to poor outcomes for mothers and children including inadequate supply chain management system that hampers quality of RMNCAH services in both private and public facilities; inadequate number and limited skills of health workforce providing RMNCAH services; and adolescents face multiple barriers to accessing healthcare, receiving appropriate care from trained youth-friendly service providers, and receiving sex education in school. Major access-related barriers include fear of being stigmatized by peers, timing of health facilities, and access to commodities.

Background

In Liberia, little is known about the quality-of-service provision at healthcare facilities especially private health facilities. This prompted research to identify weaknesses/gaps and formulate the appropriate interventions to facilitate quality improvement of services in the areas of Family Planning (FP), Reproductive, Maternal, Newborn, and Child Health (RMNCH). The study considered assessment of Quality Assurance and Quality Improvement (QA/QI) at the different healthcare facilities [2].

Methodology

The methodology comprised a mixed method (quantitative and qualitative) cross sectional design whereby medical records review, facility assessment, and service delivery process observation

were carried out. The records review was intended to ascertain whether services provided for clients were recorded correctly and completely in their respective medical records [3,4]. The facility assessment was carried out to obtain information about the physical infrastructure and services provision components of quality FP/RH/MNCH services (i.e., to gain insights on the readiness of facilities to deliver FP/RH/MNCH services). Direct observation of service delivery was carried out to ascertain information on the provider-client interaction; assess whether the providers adhere to evidence-based best practices during service delivery; have the requisite skills and knowledge in providing these services; as well as whether basic infection prevention and control commodities such as hand washing stations with supply of water and soap, hand sanitizer, and commodities for decontamination, sterilization/autoclaving, incineration and for other waste disposal procedures were available and appropriately utilized.

Key Findings

Our findings indicate that service providers were not appropriately recording clients' medical information in their medical records; significant proportion of health facilities (63%) operate 24 hours, 7-days a week; more than 50% of health facilities assessed did not offer FP services; MNCH services were not available in 25% of the health facilities assessed; most health facilities (71%) had network coverage and functional cellular phones; all health facilities (100%) had access to power supply from either the national grid or a community source with stand by generators; and providers in majority of the health facilities (83%) had knowledge of IPC and had an IPC system in place but lacked the required supplies.

Conclusion

There are serious gap in the provision of quality service delivery in the Liberia healthcare system especially at private facilities. Until these gaps can be addressed, the assurance of quality services delivery is questionable.

Key Recommendations

Considering the key findings above, ensure all service providers in the private health facilities are trained in FP and MCNH service delivery; and facilitate the implementation of continuous coaching, mentoring and on-the-job training, and supportive supervision for continuous quality improvement; facilities should have uninterrupted supply of commodities to ensure effective infection prevention and control and ensure that IPC protocols are followed by the service providers; and facilities must train all service providers on record keeping and reporting.

References

1. Remoteness and maternal and child health service utilization in rural Liberia: A population-based survey. *Journal of Global Health*. December 2015
2. Government of Liberia. Supply Chain Management Unit (2015) Supply Chain Master Plan 2015–2020. Liberia
3. https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_CONF4-en.pdf
4. Government of Liberia MOHSW (2011) Liberian EmONC Needs Assessment Report. Monrovia, Liberia