OVERVIEW OF THE NATIONAL COMMUNITY HEALTH ASSISTANT PROGRAM

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Presentation Outline

– Overview of the NCHA program
– Progress
– Challenges
– Opportunities
– Recommendations
How do we prevent illness and provide access to basic primary care in remote communities?

All people deserve access to health care, no matter where they live. Yet those who have the greatest need for primary health care are often the least likely to access it.

Today, the Ministry of Health (MOH) and its partners are implementing the National Community Health Assistant (CHA) Program that will serve the 29% of Liberians who live more than 5 kilometers from the nearest health center.
“Enhanced recruitment, training, supervision, and compensation of community health workers rapidly improved coverage with maternal and child health services in rural areas of Liberia.”*

- Director General, World Health Organization

The Ministry of Health’s vision for Liberia’s National Community Health Services is a coordinated national community health care system in which households have access to life-saving services and are empowered to mitigate potential health risks.

Source: Revised National Community Health Services Policy, 2016

Place a professional Community Health Assistant (CHA) in every remote community in Liberia
Following the recognition of the critical role played by Community Health Workers during the Ebola Outbreak, the Government of Liberia and partners revised the National Community Health Policy and Strategy:

- Deployed CHWs in remote communities
- Community Events Based Surveillance & Response
- National Community Health Services Policy

Register
Mobilize
Educate
Monitor
Key Features in Liberia’s NCHA Program

COMMUNITY HEALTH ASSISTANT (CHA)
- Recruited by and from his/her community
- Provides essential preventive, promotive, and services at the community level
- Creates link between community and facility

COMMUNITY HEALTH SERVICES SUPERVISOR (CHSS)
- Clinically trained
- Supervises the CHA
- Embedded at the Health Facility, spending 80% of time in the community
- Works closely with OIC to support referrals and outreach services

OFFICER IN CHARGE (OIC)
- Oversees clinic and catchment area
- Supervises the CHSS
- Supports referrals and patient care at the facility

COMMUNITY HEALTH FOCAL PERSON (CHFP)
- Member of the CHT
- Provides linkages with central MOH
- Oversees county community health programming
- Works with DHOs/OICs to supervise CHSSs and CHAs
CHA Program incorporated into health sector plans

Planning sub-groups work on Program design and launch funds unlocked

Revised Community Health Policy Finalized and Validated

Training Package and Sub-Group Deliverables Finalized

Prepare and support for Management and Oversight

Ensure Quality Implementation Across Partners

Lay groundwork for program sustainability & evolution

CHA Program Launched

July 2016

Priorities During Program Implementation

2017 & 2018 Priorities
Institutionalizing Community Health Services
National Community Health Assistant Program launched in July 2016

How Liberia Is Working To Deliver Healthcare to More Than A Quarter Of Its Population
From Policy to Program
NCHA Program Training Package

**MODULE 1 - DISEASE PREVENTION AND CONTROL**
- Community Entry
- Mapping/Registration
- Community Event-Based Surveillance
- Health Promotion and Behavior Change & Communication

**MODULE 2 - REPRODUCTIVE HEALTH**
- Care for the Pregnant Woman
- Mother and Newborn Care
- Family Planning

**MODULE 3 - CHILD HEALTH**
- Sick Child Management
- Vaccine tracking
- Nutrition
- Water, Sanitation, and Hygiene

**MODULE 4 - SPECIAL SERVICES**
- HIV
- TB
- Leprosy
- Mental Health
- First Aid
National CHA Program Scale Up

Scale-up of Liberia’s National Community Health Assistant Program continues to progress to serve over 1 million people living in remote communities across the country.

<table>
<thead>
<tr>
<th>RECRUITMENT AND TRAINING PROGRESS</th>
<th>JUNE 2017 GOAL</th>
<th>NOVEMBER 2017 ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clinical Supervisors Trained</td>
<td>200</td>
<td>350</td>
</tr>
<tr>
<td>Number of CHAs Trained in Module 1</td>
<td>2,000</td>
<td>2,903</td>
</tr>
<tr>
<td>Number of CHAs Trained in Module 2</td>
<td>2,000</td>
<td>2,896</td>
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<tr>
<td>Number of CHAs Trained in Module 3</td>
<td>2,000</td>
<td>2,890</td>
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<tr>
<td>Number of CHAs Trained in Module 4</td>
<td>2,000</td>
<td>2,455</td>
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Achievements & Impact

Access to care for iCCM diseases from a Trained CHA

*Data from Konobo District

Grand Gede: Facility Based Delivery Before & After (2012-2015) Interpret data

Impact: Percentage Treatment Increases in Grand Gede

- Before: 56.0%
- After: 96.0%

Data from Kono District

From 2015 to 2016, the CHT in Rivercess County implemented a Community Health Worker program in two phases (a demonstration for the NCHA program).

This graph shows that treatment of childhood illnesses by a qualified provider increased 41 percentage points in the immediate implementation areas and decreased 16 percentage points in the delayed implementation areas.

The total iCCM treatment rates increased from 28.5% to 69.3% in the intervention areas from baseline to follow-up and decreased from 59.9% to 44.4% in control areas.

**Community Based Surveillance by CHAs for NTDs**

Community NTD Case Detection for Maryland, Nimba, Bong, Lofa and Bomi Counties in 2017

<table>
<thead>
<tr>
<th>NTD</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leprosy</td>
<td>15</td>
<td>23</td>
<td>26</td>
<td>Ongoing</td>
<td>64</td>
</tr>
<tr>
<td>Buruli Ulcer</td>
<td>26</td>
<td>44</td>
<td>86</td>
<td>Ongoing</td>
<td>156</td>
</tr>
<tr>
<td>Lymphedema</td>
<td>0</td>
<td>6</td>
<td>92</td>
<td>Ongoing</td>
<td>98</td>
</tr>
<tr>
<td>Hydrocele</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>Ongoing</td>
<td>27</td>
</tr>
</tbody>
</table>
The Community-Based Information System (CBIS) was completed in June and integrated into the MoH Database, the DHIS2.

As the MoH rolls out the training to all counties, reporting rates are expected to increase, current reporting rate is less than 30 percent.

Data is coming in showing CHAs across Liberia conducting routine visits to households (outside 5 km of health facilities).

Source: DHIS-2 Liberia.
Data Quality Assurance measures will begin in February to ensure accuracy of treatment, reporting and entering.

Current data shows that CHAs are beginning to treat children under 5 for malaria, diarrhea, and pneumonia (outside 5 km of health facilities).

Source: DHIS-2 Liberia.
Value added integrated Service Delivery

Vertical Program Integration
• Consult with all MOH departments, divisions and programs, including EPI, NTDs and family health
• Identify opportunities for service delivery for health promotion, disease surveillance and chronic care

Training and Supervision Monitoring
• Developed training monitoring tools and conduct supervision at decentralized level
• Conduct on the job coaching and learning after each training session

Implementation Fidelity
• Use standardized supervision tools
• Quarterly and monthly visits to health facilities and communities
• Utilize newly designed national level database for program feedback
Monitoring, Quality Improvement and Learning

Health Information Systems

Monitor core service delivery data using CBIS.

Knowledge Management

Developed web based knowledge management, and communication systems

Operational and Implementation Research

Evidence and learning around determinants and barriers to program success and quality, from stakeholder perspectives at all levels through qualitative and quantitative methodologies
Supply Chain

Forecasting & Quantification
Planning for the inclusion of commodities, supplies, and equipment needs of the national CHA program in national quantifications, forecasts, procurement, and distribution plans

County Level Coaching and Operationalization
Training on standardized training materials and SOPs across counties and partners involved in implementing the national CHA program. Supply chain coaching via field visits with key county and national level stakeholders

Road Map & Sustainability Planning
Identification of opportunities for coordination around existing supply chain initiatives and design of a comprehensive, long term community health supply chain roadmap
Central and Decentralized Capacity Strengthening

Governance and Management Systems
Establishment of a national level steering committee and sub groups (recruitment & remuneration, training & supervision, supply chain, monitoring and evaluation) to ensure timely and streamlined decision-making

Quarterly Review Meetings
Convene implementing organizations, County Health Teams and program managers to discuss program outputs, trends, challenges, and opportunities for shared learning, accountability and program quality

Capacity Assessment & Building
Identify priority areas for capacity-building with short, medium, and long term plans that are tailored to the unique needs and opportunities present in each county
**Sustainable & Innovative Financing**

MOH and partners to conduct comprehensive costing of CHA program over 7 year period and explore new sources of domestic financing.

- Ongoing assessment of commitments and resource needs
- Prioritized sources of financing identified and advocated for
- Assessing new and innovating sources of financing

**Resource Mobilization**

MOH and partners to forecast resource allocation needs and communicate these needs to relevant stakeholders both within and outside the Government of Liberia.

**Advocacy**

MOH and partners identify champions and create coalitions across the Government of Liberia to establish shared principles and effective practices of advocacy including effective communication and messaging both domestically and internationally.
Quality Supervision at All Levels

CHSS to CHA

- 1 CHSS – 10 CHAs
- 1 CHA – 40 - 60 Household
- At least 2 visits monthly to collect, compile and submit CHA reports to OIC,
- Stock and restock; mentor the CHA

National and County Level

- CHFP and HPFP conduct monthly visits to health facility and communities to conduct supervision using standardized reports
- Central level staff conduct quarterly supportive supervision to CHT using standardized tools and to provide coaching to CHT staff

Tracking and Monitoring Feedback for Quality Improvement

Liberiamohdata.com

Liberia MOH: NCHA Supervision

This page is meant to be used by Liberia Ministry of Health staff and County Health Team staff to perform data entry of the Integrated CHSD/DEOH/NHPD Supervision Tools. This page can be accessed offline when no internet connection is present.

App last updated: Fri Nov 17 2017 19:37:27

Forms + Tools
- Download the latest forms and tools.

Data Entry / QA
- Perform data entry and data quality assurance.

Data Management
- To be used to manage and send completed

- Standardized data collection platform to analyze supervision visit data from central and county levels in order to inform quality program implementation
Overall Program Financing Shows Many Open Discussions regarding CHA Coverage

- Funding needs for 2018 looking positive but risk of interruption of services where CHAs are already deployed (Maryland and River Gee)

- In addition to immediate financing needs, need to work toward long-term financing plans including integration into broader health financing strategy

Key Assumptions: World Bank funding adequate to maintain current footprint and extended to 5 SE counties, parts of Gbarpolu, and parts of Grand Cape Mount through May 2020 (shown as "likely"); Global Fund Renewal of PLAN continues through 2021 with full coverage of Margibi (shown as "likely"); USAID's 2019 commitment gets approved by Congress (shown as "likely"). "Partial" reflects partial county coverage or a status that applies to only some districts of the county.
## Benefits of CHAs in Every Remote Community in Liberia

<table>
<thead>
<tr>
<th>Health Benefits</th>
<th>Reduced maternal and child mortality through improved access to health care in communities and through referral to health facilities</th>
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<tbody>
<tr>
<td>Economic Benefits</td>
<td>Job creation targeted at thousands of unemployed youth and women, creation of career pathways for existing volunteer Ebola responders</td>
</tr>
<tr>
<td>Social Benefits</td>
<td>Empowerment of women through educational and career opportunities, as well as engagement and development of communities</td>
</tr>
<tr>
<td>Household Productivity</td>
<td>Caretakers, particularly women, are able to remain at home rather than traveling long distances to seek care</td>
</tr>
<tr>
<td>Youth Mobilization for the Health Sector</td>
<td>Employment opportunities available in their communities attract youth, especially young women, to the health sector</td>
</tr>
<tr>
<td>Disease Surveillance and Response</td>
<td>Connection of remote communities through extension of health services can improve stability and can reduce social disruption caused by future outbreaks</td>
</tr>
<tr>
<td>Cost-efficient, Timely Service Benefits</td>
<td>Provides rapid, immediate life-saving services while longer term health-system strengthening initiatives (training of professional staff, building of facilities) are ongoing</td>
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</tbody>
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Key Challenges

Supply Chain:
• Significant stock outs across country for CHA program

Financing:
• Gaps in full county coverage into 2018 (Maryland and River Gee and gaps in partial county coverage (Grand Bassa, Bong, and some communities in Lofa)
• No funding commitments currently for Rural Monsterrado

Program Integration:
• Need for integration of other programs within MOH to include CHA service delivery package and alignment within the integrated HRH strategy and plan
Opportunities

• SDGs and UHC all call for equitable provision of health services
• Sustained interest in rebuilding Liberia’s health systems  World Bank
• Liberia GFF: Financial sustainability- Identifying CHW as needed to achieve improved RMNCAH outcomes -
• Political Environment 2018- opportunity to advocate for resources and buy in – pitching CHA program as an opportunity for job creation
We need to urgently invest in the training and building of capacity of health care workers at the community level.'

“...I could not agree more about building local capacity. Our 10-year health workforce plan is about building capacity at all levels, particularly at the bottom. It’s like a pyramid. We will train ... community health workers to provide basic services ... we are going to make the final push to fight Ebola now by supporting community workers to get the job done.”

Her Excellency Madame President Sirleaf
US Senate Foreign Relations Committee, December 2014

CHW’s play the most important and effective role in our fight against it; it is they who have reached the most vulnerable, ...and without much training to take the risk to go out in to the community and bring care
Implementing partners

– International Rescue Committee/PACS,
– Plan International,
– Medical Teams International,
– Samaritan’s Purse,
– Conseil Santé,
– Partners in Health,
– Last Mile Health

* Funding partners include: USAID, UNICEF, the Global Fund, the World Bank
Thank you!!!!!