Localizing Health Care Quality: Unveiling Innovative Solutions through Collaborating, Learning, and Adapting (CLA) Conferences in Liberia

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Context

- Program implementation requires continuous learning and adaptation, but engaging with healthcare workers and reflecting on innovations can be challenging.
- In Liberia, the 2022 Malaria Indicator Survey identified gaps in malaria prevention during pregnancy, including low (52.5%) usage of Insecticide-Treated Nets (ITNs) and inadequate (62.4%) Intermittent Preventive Treatment (IPTp). Healthcare tiers had varying performance levels, and knowledge exchange opportunities were limited.
- To address these challenges, prioritizing interactions with healthcare workers, creating learning opportunities, and fostering innovation and collaboration were crucial.
- The USAID/STAP project in Liberia organized Collaborating Learning and Adapting (CLA) Conferences to facilitate knowledge sharing. These conferences allowed healthcare providers to convene, exchange experiences, and learn from each other, aiming to cultivate a culture of collaboration and ongoing learning. The goal was to enable participants to adapt and refine their approaches for improved health outcomes.

Activity Impact

- Lesson one: The Barraken Clinic improved the documentation and tracking of Intermittent Preventive Treatment in pregnancy (IPTp3) by assigning a dedicated focal person for coaching and mentorship. Strategies such as aligning return dates with market days and conducting monthly tallying led to a remarkable increase in IPTp uptake from 45% in 2021 to 103% in 2022.
- Lesson two: LAC Hospital addressed the issue of delayed postpartum care by providing coaching and mentoring to enhance staff proficiency in data collection and reporting. With improved documentation processes and updated tools, the hospital achieved a significant increase in postpartum care from 57% in early 2021 to 100% in early 2023.
- Lesson three: Bomi County improved immunization coverage by integrating the COVID vaccine campaign with routine vaccination outreach efforts. Coordinated efforts, tracking mechanisms, and accurate data recording resulted in a substantial increase in fully immunized children from 61% in 2020 to 109% in 2022, while also reaching over 70% of the county’s population with the COVID-19 vaccine.
- These lessons demonstrate the effectiveness of targeted coaching, mentoring, and integration approaches in enhancing documentation practices, postpartum care, and immunization coverage.

Evidence

In Barraken clinic the percentage of women who received IPTp3 uptake increased from 45% in 2021 to 103% in 2022 following targeted onsite-coaching and mentorship to facility midwife through county champion supervisor.

Facilitators

- Promote county-level ownership: To ensure full embrace and ownership of lessons learned, active engagement and buy-in from county-level stakeholders are crucial. By building strong partnerships and involving county representatives from the beginning, a sense of ownership and commitment can be fostered.
- Encourage collaboration and stakeholder engagement: Engage a wide range of stakeholders, including frontline health workers, district and county health teams, donors, and partners, to foster collaboration and stakeholder engagement.
- Support from USAID: USAID can provide valuable support in the form of funds and technical guidance to enhance program implementation.
- Be adaptable and flexible: Recognize that programmatic challenges and contexts evolve over time. Stay open to adapting strategies based on new information and emerging needs. Regularly review progress, learn from both successes and failures, and make necessary adjustments.

Challenges

- Ensuring close monitoring for sustainability: A key challenge was maintaining consistent monitoring and follow-up on the lessons learned during the CLA process. This task can be particularly challenging in resource-constrained settings or when there is limited capacity for monitoring and evaluation. Sustaining the momentum and ensuring ongoing implementation of the lessons learned required dedicated efforts.
- Fostering county ownership of the lessons: Another challenge involved ensuring that the counties fully embraced and took ownership of the lessons learned through the CLA process. This required active engagement and buy-in from county-level stakeholders, which could be a complex and time-consuming endeavor. Building strong partnerships and involving county representatives from the outset were crucial to fostering a sense of ownership and commitment.
- Overcoming dependency on donor funding: The CLA conferences and related activities were primarily funded by donors, which posed a challenge in terms of sustainability. The potential risk was that these activities could come to a halt once the donor funding ended, disrupting the continuity of the CLA process and impeding further progress in learning and adaptation.

Lessons Learned

- Ensure sustainable monitoring: Maintain consistent monitoring and follow-up on lessons learned, even with limited resources, to sustain implementation efforts.
- Promote county ownership: Engage county-level stakeholders to foster their ownership and commitment to lessons learned. Establish strong partnerships and involve representatives for active participation.
- Encourage collaboration and stakeholder engagement: Involve a diverse range of stakeholders, including frontline health workers, district and county teams, donors, and partners. Foster open communication, knowledge sharing, and joint problem-solving to leverage expertise.
- Promote local ownership and leadership: Empower stakeholders to take ownership of outcomes. Build their capacity to lead and sustain the approach within their health systems.
- Remain adaptable and flexible: Acknowledge evolving challenges and contexts. Adapt strategies based on new information, regularly review progress, learn from experiences, and make necessary adjustments.