

Visualizing Success: Empowering Healthcare Workers Potential with Reusable Wall Charts for Data-Driven Decision Making

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HEALTH SYSTEMS
STRENGTHENING
ACCELERATOR

Context

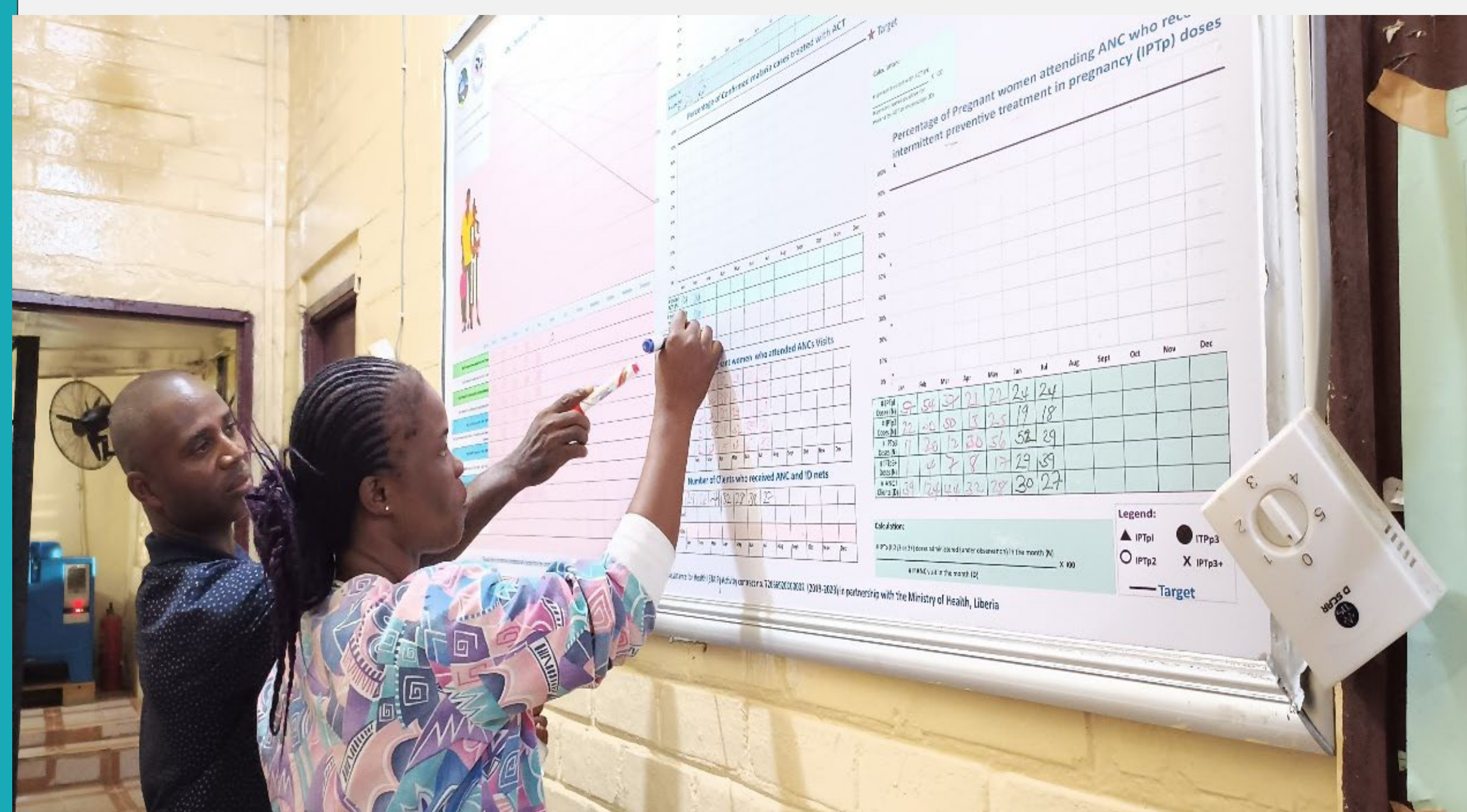
Liberia's turbulent history and multiple Ebola outbreaks disrupted the Health Information System (HIS) and limited access to timely and quality data, especially in rural areas. The Ministry of Health (MOH) uses DHIS2, a web-based platform, but faces challenges due to limited computer and internet access in healthcare facilities.

Under the USAID/STAIAP Activity, 806 durable wall charts were distributed to 403 public healthcare facilities in 12 counties. These charts, made of high-quality aluminum board material, focused on critical malaria and Reproductive and Maternal Child Health indicators, improving data visibility and decision-making.

To enhance wall chart utilization, the project provided job aids and on-site coaching to healthcare facility staff, strengthening their capacity in data recording, interpretation, and tracking. Monthly "pause and reflect" sessions were conducted to assess performance, identify strengths and weaknesses, and foster continuous improvement in healthcare facilities.

Activity Description

Constructed from high-quality aluminum board material, these reusable charts measured 95 by 47 inches each. They were distributed to 403 public HF across 12 supported counties out of a total of 15. Each HF received two charts, one highlighting critical malaria indicators and the other focusing on Reproductive and Maternal Child Health indicators.



Lorpu Jallah, a nurse at Unification Town Health Center with Siafa Momo, STAIAP CSIO. Photo Credit: Lawrentine N. Momoh, CMA-STAIAP

Activity Impact

The utilization of wall charts has been instrumental in empowering healthcare workers, fostering a positive mindset and strong motivation to adopt a data-driven approach for effective adaptation.

Based on data collected from 100 healthcare facilities during the initial pilot of the wall charts, the following trends were observed:

- Attendance of pregnant women at the fourth Antenatal Care (ANC) visit has increased from 20,654 in 2020 to 26,977 in 2022.
- The number of pregnant women receiving the third dose of Intermittent Preventive Treatment in pregnancy (IPTp) has increased from 24,260 in 2020 to 29,470 in 2022.
- The number of pregnant women receiving Insecticide-Treated Nets (ITNs) during ANC has risen from 36,148 in 2020 to 42,977 in 2022.
- Deliveries performed by healthcare professionals have risen from 30,053 in 2020 to 33,174 in 2022.

These findings highlight positive progress and improvements in maternal healthcare indicators as a result of the interventions facilitated by the utilization of the wall charts.

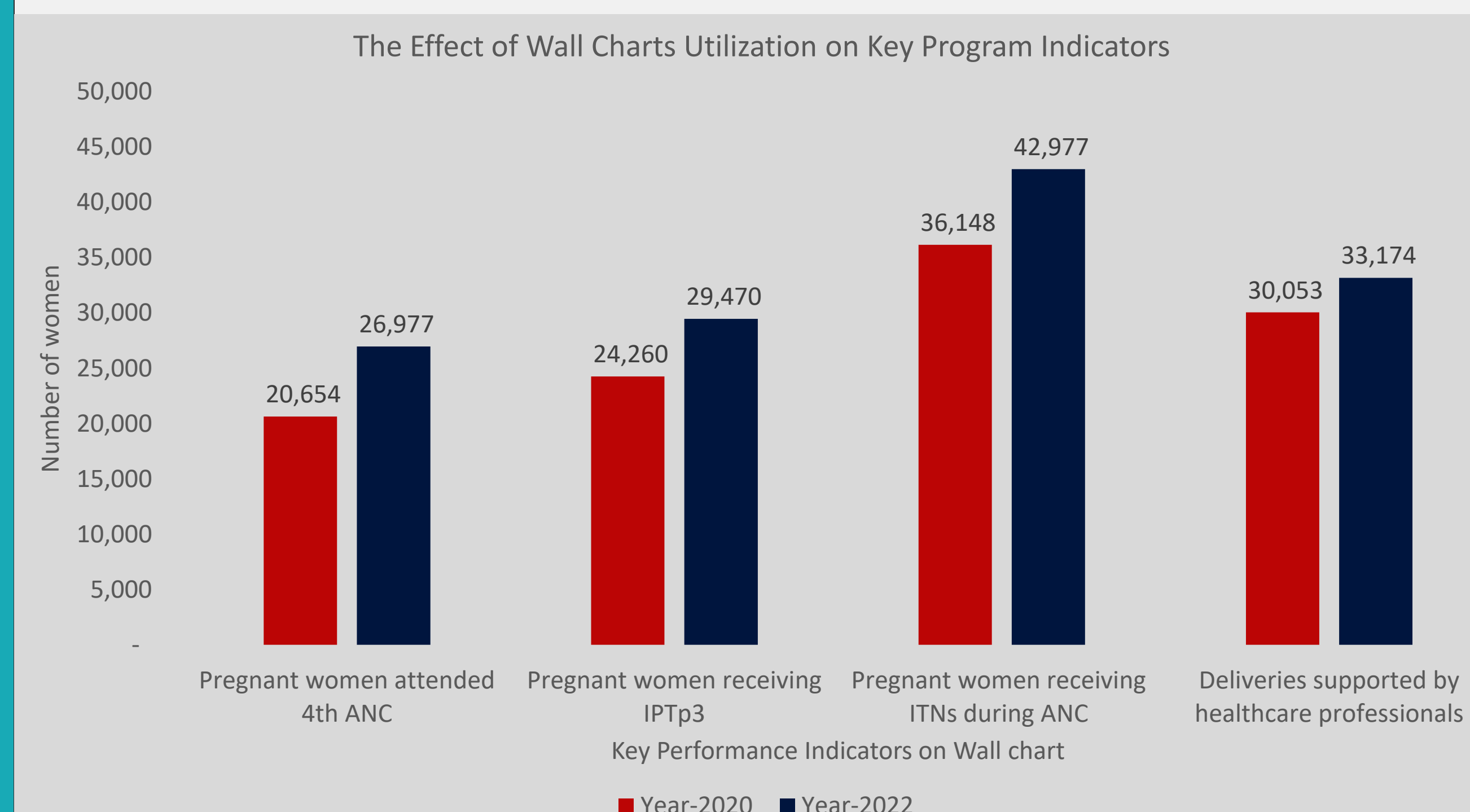
Facilitators

- The successful implementation of the wall charts was attributed to the effective collaboration with key stakeholders, including the Technical Working Group and relevant units within the Ministry of Health. This collaboration facilitated efficient coordination, communication, and decision-making, ensuring the alignment of efforts and the successful implementation of the wall charts.
- The presence of technical working group, played a vital role in streamlining coordination and leveraging expertise and resources.
- The project received valuable support from USAID, which provided essential technical and financial resources, further enhancing the implementation process.
- Collectively, the collaboration with stakeholders, the involvement of working groups, and the support from USAID fostered a conducive environment for coordination and resource mobilization, ultimately leading to improved healthcare outcomes

Challenges

- Inadequate infrastructure in many healthcare facilities. This posed difficulties in transporting the charts, leading to instances where they were damaged or broken along the way, requiring the charts to be reprinted.
- Constrained space within healthcare facilities, hindering the ability to hang the charts for optimal visualization. Certain health facilities were insufficiently spacious to accommodate the placement of two wall charts.
- Insufficient staffing at healthcare facilities posed a significant challenge during the implementation of the wall charts. In some instances, health facilities had only one qualified healthcare provider responsible for a wide range of tasks, such as providing routine health services, recording information on national tools, and updating data on the wall charts.
- The high client load and the sheer number of recordings overwhelmed these healthcare workers, leading to challenges in maintaining the quality of data collected

Evidence



Lessons Learned

- Ensuring sustainable maintenance and support for wall charts is crucial. This involves fostering government ownership, addressing chart replacement, training new staff, and integrating the charts into healthcare systems for long-term effectiveness.
- Stakeholder collaboration is essential for successful implementation. Engaging government units and external partners from the early stages ensures alignment, support, and effective coordination.
- Infrastructure considerations are vital. Adequate transportation and storage facilities are necessary for smooth distribution and protection of wall charts. Early identification and addressing of infrastructure gaps prevent delays and damage.
- Staff capacity and training are key. Providing healthcare workers with effective training and support in data recording, interpretation, and utilization maximize the impact of wall charts on healthcare decision-making.
- Continuous monitoring and evaluation are important. Regular assessment by the government enables ongoing effectiveness evaluation and identifies areas for improvement, ensuring project responsiveness to evolving needs.