

**EVALUATION REPORT OF THE
NATIONAL HEALTH
PROMOTION DIVISION
OF THE
MINISTRY OF HEALTH AND SOCIAL
WELFARE
REPUBLIC OF LIBERIA**



Background

The new USAID funded Rebuilding Basic Health Services (RBHS) project, managed by JSI Research and Training (JSI) Inc., JHU/CCP supports the BCC component i.e. Health Promotion Division and MOHSW.

The purpose of this evaluation is to follow up on the prior assessment of the HPD; to review the status of the division and to assess the technical capacity, materials, and services provided by the Health Promotion Division in the Ministry of Health and Social Welfare in Liberia. The evaluation focuses on four key areas:

- 1) Personnel/staff technical capacity
- 2) Materials
- 3) Networks/partnerships with MOHSW divisions and health programs
- 4) Environment and resources

The key points and findings from this assessment will help to identify the areas where support and guidance are needed to help continue to build the capacity of the HPD and the Ministry in the areas of BCC and Health communication/promotion.

Process

Fourteen individual interviews were conducted with current HPD staff to assess their technical capacity, experience and review their current roles and activities in the HPD. The information gathered from these staff discussions included: thoughts about what the role of the HPD was within the ministry, what their personal views about the present activities being conducted by the HPD and the working relationships with partners and other MOHSW divisions. In addition, Staff members were asked to identify challenges that prevented the HPD from carrying out its role in the MOHSW and also challenges that prevented the staff from performing their duties. Staff were also invited to provide recommendations on how on how to improve the division and the divisions' role with in the MOHSW and with partnering organizations.

The following HPD staff Interviews were conducted:

- 1) Garmetta Tokpa, Asst. Supervisor for graphics and material development
- 2) Syedatu Smith, Supervisor for market health
- 3) Gladys Kollie, Assistant to HP Library
- 4) Teah Doegman, BCC Program Officer (Africare)
- 5) Jammie Kekulah, Health Promotion Officer
- 6) Klomah Seeblee, IEC/BCC Local Technical Advisor
- 7) Gabriel Hina, Material and message development supervisor
- 8) Mandain Jallah, Asst. Supervisor for School Health
- 9) Richard Zeon, Asst. Director of HPD
- 10) Benjamin Buwee, Administrator of HPD
- 11) Morris Tucke, memographer
- 12) Marietta M. Yekee, BCC Officer
- 13) Chris Dagobue, Director of HPD
- 14) Lahannah Ville, Librarian

In addition to individual interviews, the HPD staff met on two additional occasions for group meetings to identify the key strengths, weaknesses, opportunities and threats to of HPD division and to review and evaluate the materials and information produced by the MOHSW and other ministry partners and NGOs. In addition, site visits were conducted to several local print and media houses in Monrovia to assess the local capacity for materials development and the possibility of future partnerships with the HPD.

Meetings and interviews were done with representatives of various divisions and programs in the MOHSW to gain their perspective on the role of the HPD and the need for health promotion and behavior change communication (BCC) materials, trainings and information. Staff were asked to provide key challenges and barriers as well as expectations and identify suggestions for future work and partnership with the HPD.

The following partner meetings were held with:

- 1) Angie Tarr, Communications Officer, EPI
- 2) Karsor Kollie, Program Director, EPR
- 3) Dr. Jones, Director, NMCP
- 4) Mr. Yeahbah, Director, EHD
- 5) Abraham Johnson, Training Officer, MOHSW Training unit
- 6) Catherine Cooper, Program Manager, NTCP
- 7) BCC core team staff member, Joseph Tubman, coordinator for BAG
- 8) BCC core team staff member, Kao Davies, FHD nutrition education officer
- 9) Dr. Saye Bawam Director, FHD
- 10) Genevieve Barrows, JSI Scott Family Fellow, stationed in the MOHSW (had worked in the HPD for a time)
- 11) Jessica Duncan the Assistant Minister for Preventive Services for the MOHSW

Key Findings

1) Personnel- staff technical capacity

Large variation in staff technical knowledge, capacity and experience.

The HPD staff have a wide breadth of experience and educational background ranging from clinical, community development and social mobilization, mass communications, media (including radio, print and journalism), schools, research (including qualitative research, Focus Group Discussions and report writing), training and experience working in both local and international NGOs. Staff members have knowledge in various health areas including HIV/AIDS, family planning, immunizations, market health, hygiene, mental health, adolescent health, and maternal neonatal and child health. The division's knowledge and technical capacity in health promotion and BCC vary greatly. Several staff members have participated in the capacity and skills building in the areas of BCC and health communication under the Africare ICH project. During ICH several staff in the HPD participated in trainings delivered by CCP trainers in health communication, leadership, strategy development and research methodologies.

Key topics that staff had little or no exposure to include social marketing, advocacy and research/data collection.

Mixed levels of practical experience in the field and opportunities to utilize skills learned in trainings.

Despite having participated in these trainings, not all staff have the practical experience in utilizing the skills learned from these trainings. Furthermore staff lack the skills and exposure which prevent them from developing a sense of competency for practical application to conduct field work in the community. The majority of HPD staff list having experience in community mobilization and outreach with the MOH polio campaigns, yet their role did not seem to include trainings, capacity building or actual community mobilization, but rather observation and overseeing of immunization administration. A small group of staff clearly have more field experience than others citing examples such as community mobilization trainings and data collection (including FGDs and key informant interviews); this handful of staff appear more confident in their abilities to carry out field based trainings and workshops.

The HPD division appears to rely on the experience of these core staff members to conduct the bulk of trainings and field work as opposed to developing the skills and capacity of the entire HPD group.

Some staff when interviewed do not have a firm understanding of what was meant by health promotion, health communication and behavior change communication. The level of comfort with the technical material and topics varied greatly between staff members. It appears that some of the senior staff members of the HPD division lack understanding of key concepts of health promotion and practical experience in the community.

Several staff members were involved in the strategy development of a national health communication strategy and design, in addition to the development of the NACP and Malaria communication strategies. Despite participating in these sessions, little seems to have happened in terms of progress with the development and implementation of these strategies. Documents produced from these sessions have not been adapted. In fact, multiple staff expressed frustration in the delay in the ministry's approval of the national health communication strategy.

Need to train new staff and re-fresh skills of all HPD staff

New staff members are currently not receiving any sort of capacity building in health promotion. Staff of all levels expressed a desire and need for more training in HP and BCC. But in particular, more senior staff commented on the need to train and build knowledge and experience among newer and younger staff members in the division. At the moment, little to no teaching or knowledge sharing seems to take place between the more experienced and newer staff.

2) Materials

Limited materials available in the HPD and MOHSW

On Wednesday, March 25, 2009, thirteen of the HPD staff met to go through and assess the materials and resources the HPD office currently has in its possession. The staff catalogued the materials by the following thematic areas: Training, HIV/AIDS, EPR, Policy and Strategy documents and reports, malaria, child health and immunization/nutrition, water sanitation and hygiene, infectious diseases, community health, RH and FP. A total of 122 materials (including posters, pamphlets, reports, books, training guides, job aids, and other materials) were recorded. Many of the materials were out dated (a good number were even produced before the civil war).

After a quick assessment, the group came to consensus that the HPD did not have all of the materials that the MOHSW divisions and programs have produced. The group also admitted they did not have copies of many of the materials and messages being produced and distributed by local and donor agencies and NGOs. Most staff did not even know what types of materials local NGOs and international agencies were distributing in Liberia, much less have copies of those materials. It was evident that the HPD does not have adequate collections of health education and promotion materials.

Very few materials existed in electronic copy form, and for some there was no background information on where the materials were produced, who was the audience and how they were distributed. It was clear from this assessment that better record keeping and collection on existing materials both within the ministry and through out the NGOs and local agencies needs to be conducted.

There is a HPD staff person assigned as the focal point for particular divisions and programs in the MOHSW. This focal person is responsible to find out what new materials are being produced by the programs, partners and divisions. Despite these arrangements, there appears to be limited communication between the HPD and other partners and meeting between the HPD and other agencies to discuss materials production and collection, as very little information and materials have been collected for the HPD files.

As a result of this assessment and discussion, the HPD staff brainstormed a list of current organizations that they should follow up with to find out about the materials/information that is being disturbed by their NGOs, agencies and projects in Liberia. The team assigned persons responsible for the materials collection and who will follow up to contact the parnters.

Available Media and Materials production facilities locally

The HPD does not have the technical capacity, human or physical resources to produce its own materials and many staff knew where to get these services in the city. In the past, the division has worked with donor agencies to create and design materials but was not highly involved with the actual production and printing. The HPD currently has limited information on existing print and media facilities in and around Monrovia. The initial list of existing print and media houses provided by HPD was small and the contact information incomplete and technical capacity and quality unknown.

During the week of March 23-27th we conducted a small field assessment of local media and print houses in Monrovia. Eleven sites were visited; several of who appear to have potential and interest for future collaborations on the development of health materials and media promotions (See attachment). Two of the agencies visited had experience working with the HPD in producing materials under the ICH project. The quality of these materials was questionable and the continued collaboration with at least one of those agencies used was not recommended by staff due to issues with quality, cost and time frames.

When asked about their involvement in the production of media and materials, some HPD staff commented that for many agencies or NGOs they work with on the development of materials and content, they do not have direct input or contact with the actual production of the materials.

One challenge mentioned from HPD staff experienced with printing production and working with NGOs and local partners had to do with control of funding – when funding for materials production was coming from an outside source, the HPD staff felt that they have little or no control of the quality of materials produced since the printing house is paid from an outside agency. Some HPD staff expressed frustration with how in several cases materials have been produced separately, without knowledge or input from the ministry or division and then presented to the HPD only after their creation. Since the HPD has a very limited budget and problems accessing money for printing from the Ministry of Finance (MOF), they have very little opportunity to work with print and media houses to produce the quality of products they desire.

3) Networks/Partnerships with MOHSW divisions and health programs

Mixed opinion on what is the role of the HPD

There is a clear disconnect between what the HPD staff identify as the role of the division and what other partners within the ministry see as the key roles and responsibilities of the HPD.

The majority of the HPD unit holds similar views on what the role of the HPD should be in the MOHSW. Most staff see the HPD as the “clearing house” for all HP materials and Health communication information in the ministry. Staff agree that the HPD should work with all the other divisions and programs within the MOHSW, to be “cross cutting” all the health areas, reviewing all the materials produced by partners and programs- unifying the messages and materials prior to distribution and to be seen as a resource for materials development.

Partners’ responses were more vague as far as identifying the role of the HPD. In general, the HPD is seen as “promoting health at all levels”, including the development and creation of messages and awareness and disseminating these message to partners. Some believe the HPD should be responsible for the actual design and printing (graphics) of materials, while others think the HPD should be the providers of technical support and advice to MOHSW program and divisions, to help disseminate advocacy and “ensure that health messages are being

implemented.” Overall, partners do not seem to have a good idea about what the HPD does with in the MOHSW and what services they can provide to other divisions in the ministry.

Partner’s perceptions vary on the level of competency for services offered by HPD

Partner’s had mixed reviews on the competency level for services being offered by the HPD. Some partners seem very content with the type of support their division has received with from HPD while others feel there is a great lack in skill and collaboration. Many partners expressed a belief that the potential for capacity building and technical assistance is in the HPD, the skills need to be developed. Most partners expressed a desire to increase support and training to the HPD specifically in the areas of advocacy, health promotion and materials development.

Health Promotion and Health Communication in the MOHSW and collaboration with HPD with key partners

Almost all partners interviewed listed the level of need of Health Promotion and health communication in the MOHSW and with in their division as “high” to “medium-high.”

Almost all partners and even some staff in the HPD expressed a desire and need for the HPD unit to be more proactive in developing its relationship with ministry partners and offering its skills and services to MOHSW partners and other NGOs.

Currently, each member of the HPD is assigned to particular divisions or programs in the ministry. However, it is unknown to what extent these HPD relationships have been developed . Little initiative has been taken by the HPD to reach out to these partners despite the reported high level of need for BCC and health promotion. Interaction and collaboration between HPD and MOHSW divisions and programs is limited to when the partners request help with materials development.

When asked about their current health promotion needs, partners specifically addressed a need for:

- a dissemination strategy for the distribution of materials and awareness of TB and Leprosy health issues in communities;
- the development of new IEC materials for particular health intervention areas in Malaria; and
- capacity building of division/program staff in areas of BCC, IEC, Advocacy.

There are many opportunities for future partnerships and collaborations. The HPD staff created a list of all the current and potential partners (Local and Internationals) both within and outside the MOHSW:

International

WHO
UNICEF
UNMIL
UNFPA

Local

MOHSW divisions:

- EPR
- EPI
- FHD

UNFPA	• EHD
Clinton Foundation*	• NLTCP
Concern	• NACP
IRC	• NMCP
Care Intl*	• Community Health
Oxfem GB	*Ministry of Agriculture
ICRC	*Ministry of Youth and Sports
PSI*	*Ministry of Gender
Save the Children Federation	*Ministry of Information
IMC	Ministry of Education - School Health Division
Merci	CHTs
ACF (Action Contra la Femme)	BAG
PMI*	*CHAL – Christian Health Assoc. of Liberia
Solidarity	*EQUIP
Mentor	LNRCs- Liberia National Red Cross Society
MSF	LPMM – Liberia Prevention of Maternal Mortality
Africare	FPAL- Family Planning Assoc. of Liberia
IMC	Press Union of Liberia
	*Federation Transport Union
	LMA- Liberian Marketing Associations

*Agencies currently with no collaboration or relationship with the HPD

A need for stronger leadership in Health Promotion

The HPD lacks leadership to promote the division within the MOHSW and among key partners. It is not apparent what is causing this deficiency- whether it has to do with an inability to advocate for the necessary resources, failure to be proactive to seek out collaborations or more to do with a discomfort in technical understanding of the basic health promotion strategies and abilities to conduct trainings and informational sessions on health promotion, BCC, advocacy and other key areas.

Overall motivation of HPD is fairly low, with little incentives given to staff to develop new partnerships and seek out opportunities for collaborations and support. Many of the educated staff seem to be occupied with more mundane office task rather than networking or building relationships and collaborations among MOHSW programs and divisions. Staff have expressed a desire to learn and expand their technical skills and knowledge in the areas of health communication and health promotion but do not know how to advocate for the necessary support and resources. Modest amounts of communication and knowledge sharing occurs within the HPD.

4) Environment and resources

Mobility and access to the community

Currently, the HPD lacks a vehicle and are therefore are unable to independently go out to the field and work with the Community Health Teams (CTOs). A vehicle purchased for the ICP project by Africare is supposedly meant to go to the HPD at the completion of the project but as of March, no concrete plans for handing over the vehicle or knowledge of what vehicle or when the transfer was to take place was known by HPD staff, Africare or USAID. Until the HPD gets their own vehicle they will have to rely on the other division partners for transport to counties for any health promotion activities.

Facilities and Resources in the HPD office

The HPD offices lacks access to internet and many staff do not have updated computers or equipment. The division suffers from the regular issues of power outages and other structural or environmental challenges that afflict the other MOHSW office divisions. However, the lack of support or funding is visible in the conditions of the office (lack of air condition and office space). The HPD does not have a location or system for maintaining a media/materials resource library.

The resource library that is located within the MOHSW compound has been occupied by external auditors and inaccessible to HPD staff and the public since September 2009. Two of the individuals interviewed were suppose to be working or supporting this library but cannot access it. .

Challenges

Many challenges were identified by both the HPD staff and Partner in the MOHSW. The key challenges listed by key staff and partners include:

- Limited Mobility- the HPD does not currently have a vehicle.
- Limited monetary resources- the division lacks funds to develop materials and conduct trainings. The division reportedly has a budget of \$20,000/year for operations. In addition, funds are slow to be released from the ministry of Finance, and many expressed frustration with the paperwork and time needed to get available funds released.
- Lack of awareness of what the HPD does and the services the division can provide to other divisions within the MOHSW. Although several documents have been created during the ICH project such as the National HC strategy, and paper outlining the purpose and role of the HPD in the MOHSW but these documents have yet to be widely distributed or shared among partners and staff both within the MOHSW and within the HPD itself. Essentially there is little to no advocacy or self promotion of the HPD division within the MOHSW and among key partners.
- Lack of resources and equipment – the HPD division office does not have access to internet, many staff do not have updated software or computers, nor is there a central location or library to store resources, materials or information that can be used to

strengthen both HPD staff capacity and shared with MOHSW partners seeking HP information.

- Varying abilities and capacity of HPD staff- Limited training is done for newly hired staff in health promotion and BCC in addition, the more experienced staff are retiring (or being forced into retirement due to bureaucracy and pension requirements). In addition, staff who have received training are not kept up to date on information and new advances in the field of health promotion and health communication nor are they given enough practical experience in the field to build competency.
- Lack of harmonized or uniform messages from the Ministry. The materials and messages currently going out from the HPD and MOHSW divisions and programs do not follow one approval or development process. While some materials have been developed collaboratively between the MOHSW partnering division and the HPD, many materials do not. Therefore there is no one division or central source reviewing and approving the messages that are distributed to the communities.

Recommendations

Increase the technical skills and capacity building of the HPD division in health promotion, advocacy and BCC.

There is a need to build awareness of HP and BCC among new staff. At the same time, all staff can benefit from refresher trainings and courses in basic principles of health promotion, BCC and advocacy. All staff expressed more training and capacity building so they can feel qualified to do their job. Areas where all staff could use capacity building are in:

- Health Communication and message harmonization
- Advocacy
- Social Marketing
- Health promotion and community mobilization
- Skills building in conducting trainings and workshops

However, it is recommended that in addition to trainings and capacity building, staff in the HPD have opportunities to utilize and practice their skills and information in the field and communities.

Improve the leadership and management of the Health Promotion Division

HPD should take the lead role to support to all of the Ministry programs and divisions in HC and BCC. This role begins with strong leadership from within the HPD.

The HPD should also work to build communication and collaboration among its internal staff. Because staff are assigned to work on different project with various ministries and programs, it is

vital that the HPD team communicate regularly among each other so that everyone is aware of what each other is doing.

Most importantly, the HPD needs to be PROACTIVE in looking for partnerships and funding and work instead of waiting for partners to come to them. This process begins with the division promoting itself and extending its hand out to partners.

Create a Resource Library or Database that contains all available health materials, messages and technical information on Health Promotion and Health communication.

HPD staff can keep their skills and technical knowledge fresh by having access to current materials by creating and maintaining a database or resource library. Such a library should contain resources on basic theories, tools and approaches for health communication, health promotion, BCC, advocacy and other health areas. These resources should be readily accessible to all HPD staff and shared with new staff and colleagues.

The HPD should build upon the materials assessment exercise and continue to gather health information/materials and create a system for cataloguing and filing the materials so they are easily referenced by all staff and available for other partners. Perhaps the division can seek to use the MOHSW library as a place for storing resources, distributing information and perhaps housing some HPD staff who can serve as librarians or health educators.

At the very least all in coming materials should be catalogued and kept in a single location in an organized and user-friendly format so that anyone in the HPD and their MOHSW partners seeking information and resources can access them. Electronic copies of all materials (or scanned copies where electronic files are not available) should be made so that records can be kept on computer file and copies of files can be easily shared among staff.

Look to build future capacity health promotion division through identifying new public health professionals to train in Health promotion, education and communication.

The MOHSW and HPD should continue to look for ways to train new hires and ministry staff in Health Promotion by:

- Collaborating with public health institutions and training facilities in and around Monrovia- seeking to add HP/BCC to the curriculum and training programs.
- Helping to identify university students or recent graduates interested in public health in the school who could go for training in public health, HC/BCC and other HP areas (or even possibly be a part of the refresher trainings given to the HPD staff.)
- Identifying qualified health and communication professionals to seek some of the USAID scholarships available to send Liberians abroad for graduate training in health communication, advocacy and health promotion.

Increase the visibility and promotion of the HPD with in the MOHSW and among key partners

The HPD needs to do a better job advocating and promoting itself among ministry divisions and partners. First steps could include:

- The finalization and distribution of the document outlining the Role of the Health Promotion Division, perhaps a small flyer or information sheet could outline the information and services available within the division.
- The review and distribution/publishing (perhaps posting on the website) and making available to the public and partners a national health communication strategy and national health promotion policy. If the need for health communication and promotion is approved and authorized by the ministry officials, the HPD may develop a stronger reputation among partners and also receive much needed validation for its work and services. Such documents will also move to help create a better understanding of Health Promotion and its role among the ministry and communities.

The HP division and staff need to develop stronger links and relationships with partners. Specifically having the HPD staff:

- Begin to actively make connections with the ministry partners and advocate for services that the HPD can provide and pursuing meetings with other ministry divisions and health programs- instead of waiting for the divisions to come to them.
- Start to engage local organizations and NGOs outside of the ministry who are producing materials and messages so that the HPD gets a sense of what information is being distributed to the community.
- Develop a one pager brief or overview of key talking points on the division, the services and skills it can provide, and the value of health promotion and health communication so that all members of the HPD feel comfortable presenting and advocating for partnerships and being proactive in developing collaborations.
- “Practice” making links with Partners- Maybe some Advocacy drills- like developing an elevator speech on the importance of health promotion and BCC in health programs.
- Continue to gather information from partners (documents, materials, needs assessment) to help build the materials library so the HPD can be the “clearing house” for all health promotion materials and messages.

Increase presence of the HPD in the Communities and in particular the Community Health Teams and districts.

The HPD should look to build a greater community level presence in the counties. A solid first step would be to follow through with the HPD plan to identify individuals centrally located in the CHTs that can be trained to be community Health Promotion Officers. The HPD can work with these individuals to help disburse messages and materials and be the direct link to the counties and communities, these Health Promotion Officers could represent the HPD in local CHT meetings and work with local health providers and facilities to help disburse uniform messages from the ministry.

Utilize a collaborative approach to the development of all health promotion messages and materials for all divisions of the Ministry.

The various MOHSW should involve the HPD with the materials development and design from the beginning as part of the approval process. The departments would provide technical information/facts on the subject, and HPD will assist the department with the development of appropriate awareness and behavior change messages and also provide examples and resource from other agencies and work. The HPD should be used as a resource by the other MOHSW divisions with their materials development so make sure that all the messages that come out the ministry are uniform and harmonized- especially when the programs and divisions are working on an overall MOHSW initiative like the BPSH..

Potential Role of the RHBS project with the HPD

The RBHS has a unique opportunity to help both increase the capacity and technical skills of the Health Promotion Division in the MOHSW and also help to encourage the HPD to take a more centralized role in connecting and integrating the different health initiatives and cooperating MOHSW divisions and programs (such as NACP, Family Health, Malaria, Environmental Health, Emergency Preparedness and Response, Infectious Diseases, Community Health, School Health and Ministry of Gender) and unification and harmonization of health messages- in particular those around the Basic Package of Health Services. As RBHS is linked directly to the various divisions in the ministry and plays a central role in the support to several Community Health Teams (with the placement of RBHS supported Community Coordinators) within the targeted regions, it provides an opening to help build and initiate the collaboration between all the collaborating ministry divisions.

If the HPD is seen as “the clearing house” for all key health messages and materials and works to collaborate and connect the various health programs and initiatives within the ministry and also those conducted by NGOs and other organizations in the communities then it can help to ensure that messages and materials are not conflicting in their information and overlapping in target audiences and areas.

Of course much of these outcomes depend on the commitment of the MOHSW to support the HPD, and more importantly the leadership and the capacity and motivation of the HPD staff to step up to take advantage of the opportunities and help establish and provide quality services to its partners and sustain collaborative working relationships with the various MOHSW divisions

and programs and to extend its presence outside of the ministry to local partners and NGOs who implement community health initiatives and develop materials and messages.