FAITH–BASED ORGANIZATIONS &
HEALTH SYSTEMS STRENGENTHING

COUNTRY: LIBERIA

✳ CCIH
Christian Connections
for International Health

Understanding the Contributions of Faith-based Health Facilities to the Liberian Health Care System

Acronyms and Abbreviations

ACHAP	Africa Christian Health Association Platform
ADMIN	Administrator
BSC	Bachelor's in Science
CEO	Chief Executive Officer
CHAL	Christian Health Association of Liberia
CHT	County Health Team
DHIS2	District Health Information System
DHT	District Health Team
ELWA	Eternal Love Winning Africa
EMR	Electronic Medical Records
EPHS	Essential Package for Health Service
FBOs	Faith-based organizations
HIV	Human Immunodeficiency Virus
HTN	Hypertensive
LMHRA	Liberian Medicines and Health Product Regulatory Authority
MD	Medical Director
MOH	Ministry of Health
MW	Midwife
OIC	Officer in Charge
OPD	Outpatient Department
PA	Physician Assistant
RBHS	Rebuilding Basic Package for Health Services
RN	Registered Nurse
SARA	Service Availability and Readiness Assessment
SBCC	Social and Behavior Change Communication
SCMP	Supply Chain Operating Procedure
SDA	Seventh day Adventist Cooper Hospital
TB	Tuberculosis
TOR	Terms of reference

FAITH-BASED HEALTH SYSTEM IN LIBERIA

Introduction and Objectives

Liberia, a tiny West African country with a population of approximately five million[1] people is the oldest African republic.[2] The country has a land area of 43,000 square miles (111,369 square kilometres). Monrovia is its capital city accounting for about a third of the country's population of over 1.5 million people. The country's healthcare system was destroyed as a consequence of a 14-year civil war, (1990-2004). The health system was further affected by the Ebola outbreak, which affected Liberia, Guinea, and Sierra Leone in 2014-2015.[3]

Out of Liberia's 550 pre-war health facilities, only 354 facilities (12 public hospitals, 32 public health centers, 189 public clinics, 10 private health centers, and 111 private clinics) were functioning by the end of 2003. [3] About a quarter of the functional hospitals belong to faith-based organizations. Healthcare delivery is one of the major challenges confronting the country.[4]

Since 1990 the main health care services providers are faith-based health facilities. Despite the numerous and outstanding contributions made by faith-based facilities to the Liberian health care system, there is limited documentation on the roles of faith-based health facilities to the Liberian healthcare system. This document outlines the status, the roles and contributions of faith-based health systems in the wider Liberian health care delivery system.

Ownership & Operating Health Facilities and Services

Despite the conflicting accounts of the number of faith-based health facilities in Liberia, all faith-based health facilities are either owned by faith-related institutions or individuals associated with religious institutions. According to the survey that was conducted by Catholic Relief Services (CRS) in 2016, there are 753 health facilities of which 100 are faith-based facilities, 194 are privately operated facilities, while 459 are Government health facilities. However, the 2020 updated Ministry of Health listing indicates that there has been an increment of 150 health facilities amounting to a total of 20% increase over the last four years.

Faith-based health facilities are spread in both rural and urban populated counties. It is estimated that based on their strategic locations, faith-based facilities are providing healthcare services to about 13.28% of the total population in Liberia.[4] Unlike public health services provided by the national government through the Ministry of Health, services provided at all faith-based health facilities are chargeable to ensure regular service availability and sustainability. Various payment methods are applied for the collections of these fees. These methods include but are not limited to: direct cash payment, healthcare insurance or arranged fees payment.

Out of 100 faith-based facilities, 25 are Catholic-based, 20 are Pentecostal, ten are Methodists, nine are Lutheran, ten are Baptists, seven are Episcopal, one is Seventh Day Adventist, one is Islamic, one is Presbyterian and eight are Anglican. One hundred ninety-four (194) are privately operated facilities, while 459 are Government health facilities. Most of the faith-based health facilities are located in both rural and urban populated counties. It is estimated that based on their strategic locations, faith-based facilities are providing about 13.28% of the healthcare services in Liberia. Unlike public health provided by the national government through the ministry of health, faith-based health facilities charge services fees for sustainability.

Leadership and Governance of Healthcare Facilities

The Ministry of Health is responsible for the overall policy, and technical and policy oversight of health services provision in Liberia. They also provide health services through their health facilities. Government hospitals are headed by medical directors and their appointments are made directly from the Ministry of Health.

All Government facilities directly report to the Ministry of Health mostly through the various county health offices. Health Centers and Clinics are headed by Nurses or Physician Assistants as Officer in Charge (OIC) which report to the Ministry of Health through the County Health offices.

The MOH in Liberia does not have direct control over Faith-Based facilities beyond the provision of the overall policy, technical and strategic direction. Faith-based health facilities have different leadership and management structures that ensure their effective and efficient operation. On top of the tier are the governing boards or boards of trustees, who are responsible of the overall strategic, policy direction and general oversight.

The day-to-day operations of the hospitals is done by management teams headed by a CEO (Administrator or Medical Director) appointed by the board. Beside Phebe Hospital in Monrovia, other faith-based hospital administrative structures are headed by administrators who are not medical personnel. Most faith-based health facilities have a functional governing structure in place, which has led to the provision of better-quality health services compared to public health facilities.

Supply chains and drugs procurement (access/quality of essential medicines and supplies)

In general, the MOH's Central Medical Stores, (CMS) formerly National Drug Service (NDS) supplies all accredited health facilities (including faith-based hospitals) with malaria, communicable disease medications, such as TB, HIV/AIDS and leprosy, and vaccines. The CMS provide other essential medications often in limited quantities, to government-owned health facilities.

Most faith-based health facilities procure essential medications and medical supplies from the private market (recognized local and international vendors). In some instances, faith-based health facilities also rely on donations of drugs other supplies from local and overseas religious organizations.

Health facilities that are affiliated with the Christian Health Association of Liberia (CHAL) acquire most of their essential medications and supplies through CHAL. Facilities that are affiliated with CHAL make annual dues payments. Faith-based health facilities desirous of procuring medical supplies from CHAL make a list of needed medical supplies.

The lists are reviewed, those supplies that are available are priced and submitted for payment. The payments are either made in cash or cheques. In some instances, payment schedules can be made. Members buying for the first time are provided with an initial supply without payment (Seed Fund). These supplies are sold to patients or clients to financially empower member institutions for subsequent purchases.

Data and Health Management Information System

Health management information systems (HMIS) consists of various subsystems designed for data collection, processing reporting and use for areas of improvements in health services. HMIS also improves effectiveness and efficiency through planning and management at every level of the healthcare delivery system.

At the primary level, county HMIS activities emphasize data quality, timely reporting and regular feedback and system responsiveness, upon receipt of feedback. Facility level staffs are trained and supervised to review facility generated HMIS reports for effective monitoring of self-performance (EPHS, 18-19).[5]

HMIS in Liberia is inadequate as much information is lacking. HMIS data are generated from the health facilities at the county level. At the county level, the HMIS Unit compiled the data per facility and submit to the Ministry of Health. The information generated is based on service delivery for each month. Information is not available per provider ownership (government or private or faith-based) but based on service provided.

Despite the importance of HMIS for improved services, there is no institutionalized structure for submission of data by the faith-based hospital. Therefore, most faith-based health facilities, including hospitals do not provide HMIS data to the central health ministry for informed decisions making.

Human Resource for Health

For the provision of quality health care services, human resource for health is an important element of the health system in any country. The health workforce cadres vary from country to country; the core health workforce density considers four specific cadres; physician/Doctors; Physician Assistants (PA); nurses; nurse-midwives and midwives.

According to WHO, the density target for this core health workforce cadres should be 23 per 10,000 population. However, according to data collected by Service Availability and Readiness Assessment (SARA) revealed that Liberia health workforce cadres are 11.40 per 10,000 population. This implies that few health workers are available to attend to many patients especially in the rural areas.

According to the 2016 Health Workforce Census conducted by the Ministry of Health there were 16,064 health workers out of which 6,141 (38%) comprises a core, clinical health workers. Similarly, out of the total number of the core workers 6,141, about 785 (13%) are employed by faith-based health facilities. Other clinic staff are 3,886 of the total workforces, where faith-based facilities account for 428. In addition to the core clinic and other clinic workforce, there is a non-clinical workforce of about 6,037 of which faith-based facilities account for 571 personnel. Of the total workforce of 16,064, the Government facilities account for 14,280 (89%) while Faith-Based facilities account for 1,784 (11%).[4]

Health Training Institutions

There are 16 institutions providing core clinical professional training in Liberia. Five (5) are managed by the Government of Liberia, four (4) by the private sector and seven (7) by the Faith-Based organizations, namely:

Table 1.1

Number	Training institution	Degree offer	Location	Religious affiliation
1	Phebe Training Program, PTP	Diploma	Gbarnga, Bong County	Lutheran
2	Curran Lutheran School of Midwifery	Diploma	Zorzor, Lofa County	Lutheran
3	United Methodist College of Nursing	BSc	Ganta, Nimba County	Methodist
4	Mother Parthern College of Health Sciences	BSc	Monrovia	Catholic
5	Adventist University	BSc	Marshal, Margibi County	Adventist
6	Baptist School of Physician Assistant	BSc	Gbarnga, Bong County	Baptist
7	Free Pentecostal College	AA	Voinjama, Lofa County	Pentecostal

Out of the 16 health training institutions in Liberia, only one (managed by the Government) provides training for medical doctors and pharmacists. The other health training schools train other cadres of health workers including nurses, midwives, etc. In Liberia, there are available core clinical professional seeking employment but cannot get jobs because of lack of funding. Most of the Nursing and Midwiferies schools are graduating students especially nurses but the government cannot employ them. This indicates that there are available health workforce to reduce the gap but funds are not available to employ them.[6]

Financing of FBOs

Unlike Government health facilities that offer free services, all faith-based health facilities require service fees. Based on the underprivileged status of the population of Liberia, over 60% cannot afford to fully underwrite the cost of their health expenditures. To continuously provide services, faith-based facilities charge fees for services and sometimes these are complemented by donations and gifts from their churches and other humanitarian organizations. On the other hand, Government facilities are providing free services to patients even though most services are not available due to funding gaps leading to the lack of essential medications, basic consumables, and services.

All healthcare providers in Liberia are providing services based on the healthcare policy of the Government of Liberia. At the community level, the clinics provide basic primary healthcare and make a referral to local health centers or hospitals at the county level. From the county level, referrals are made to other hospitals based on conditions.

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