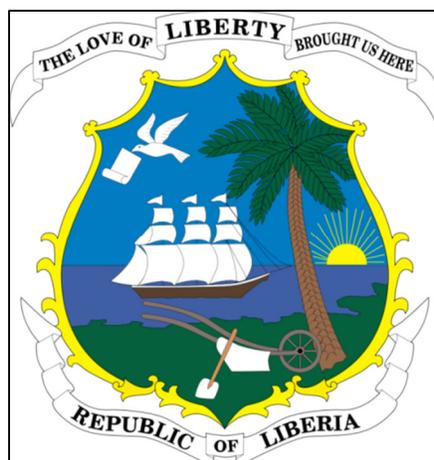


LIBERIA

CONTRACTING IN GUIDELINES

SUMMARY OF SYSTEMS, PROCEDURES AND CORE COMPETENCIES FOR THE COUNTY HEALTH AND SOCIAL WELFARE TEAM (CHSWT)



Republic of Liberia
Ministry of Health and Social Welfare

May 2013

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ACKNOWLEDGEMENTS

“Guidelines for Contracting In: A Summary of Systems, Procedures and Core Competencies for the County Health and Social Welfare Team (CHSWT)” has been developed to help counties prepare to effectively implement performance based contracts with the central ministry. Contracting In is viewed as a major implementation mode for decentralization and as such requires intensive collaboration across all departments of the Ministry of Health and Social Welfare (MOHSW). That collaboration was evident in the development of these guidelines and will continue to be successful as the Ministry moves forward with contracting-in with counties. This process also generated a parallel document titled ***“Background and Context to Performance Contracts between the MOHSW and CHSWT”***. The detailed compilation and analysis warranted a stand-alone document, whose references can be updated over time.

The development of the guidelines was highly participatory and included 1) Review of key documentation including policies, plans, guidelines, protocols, and reports generated by the MOHSW and international organizations; 2) Findings from the February 2012 assessment of the Bomi CHSWT’s decentralization Performance-Based Contracting Pilot; 3) Information gathered during the mid-year National Health Sector Review meeting of 2012; 4) Consultative meetings held in Liberia in October 2012 with the MOHSW senior management, CHSWT teams, county Superintendents, Non-Governmental Organizations (NGOs), and international partners.

On behalf of the senior management of the MOHSW, I would like to extend our heartfelt thanks and appreciation to all institutions and individuals, within and external to the MOHSW that participated in and supported the process of developing these guidelines

In particular I would like to express my gratitude to the United States Agency for International Development (USAID) who, through RBHS, provided the resources for the development of these guidelines.

To all CHSWTs, I reaffirm our commitment to empower and enable the county led and managed delivery of quality health services to all Liberians.



Dr. Bernice T. Dahn, MD, MPH
Deputy Minister/Chief Medical Officer
Ministry of Health & Social Welfare
Republic of Liberia

ACRONYMS

ANC	Antenatal care
BPHS	Basic Package of Health Services
BMR	Budget Management Report
CBO	Community-Based Organization
CHC	Community Health Committee
CHDD	Community Health Department Director
CHDC	Community Health Development Committee
CHO	County Health Officer
CHSD	Clinical Health Service Director
CHSWT	County Health and Social Welfare Team
CHV	Community Health Volunteer
CM	Certified Midwife
CMO	Chief Medical Officer
CSA	Civil Service Agency
CSO	Civil Society Organization
DHIS	District Health Information System
DHO	District Health Officer
DHS	Demographic and Health Survey
DIP	Detailed Implementation Plan
EOI	Expression of Interest
EPHS	Essential Package of Health Services
EPI	Extended Program for Immunization
FBO	Faith-based Organization
FPPM	Financial Management Policies and Procedures Manual
gCHV	General Community Health Volunteer
GoL	Government of Liberia
EPHS	Essential Package of Health Services
EPSS	Essential Package of Social Services
HF	Health Facility
HMIS	Health Management Information System
IAS	International Accounting Standards
IP	Implementing Partner
ITP2	2nd dose of Intermittent Preventive Treatment
LIPA	Liberian Institute for Public Administration
LMIS	Logistics Management Information System
LMHPRA	Liberian Medicines and Health Products Regulatory Authority
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MIA	Ministry of Internal Affairs
MOF	Ministry of Finance
MOHSW	Ministry of Health and Social Welfare
MOPEA	Ministry of Planning and Economic Affairs
NDS	National Drug Service
NGO	Non-Governmental Organization
NHSWPP	National Health and Social Welfare Policy and Plan

NFP	Not For Profit providers
OFM	Office of Financial Management
OIC	Officer in Charge
PAN	Personnel Action Notice
PBC	Performance-based Contracting
PBF	Performance-based Financing
Penta3	3rd dose of Pentavalent Vaccine
PC	Procurement Committee
PHC	Primary Health Care
PFP	Private For Profit providers
POD	Proof of Delivery
PPCC	Public Procurement and Concessions Commission
RBHS	Rebuilding Basic Health System project
RFP	Request for Proposal
RN	Registered Nurse
SCM	Supply Chain Management
SDP	Service Delivery Point
SOP	Standard Operating Procedure
SOW	Scope of Work
SPG	Standard Treatment Guidelines
TTM	Trained Traditional Midwife
UNICEF	United Nations Children’s Education Fund
USAID	United States Agency for International Development
WHO	World Health Organization

CHSWT CORE COMPETENCIES FOR CONTRACTING IN WITH MOHSW

During this second phase in the development of the Liberian health system, the MOHSW is focusing its efforts on empowering the County Health and Social Welfare Team (CHSWT) through a de-concentration process, while building their capacity to lead the health sector in the county. De-concentration to the county level and empowerment of the CHSWT changes the relationship between the central and county levels of the health system and newly defines the functions of the CHSWT.

The Ministry is transitioning from Performance-Based Contracting “out” to Implementing Partners (IPs) to a model whereby the central MOHSW hires individual CHSWTs directly through performance contracts. The fundamental purpose for performance contracts is to ultimately improve performance of the Liberian Health System.

MOHSW DECENTRALIZATION POLICY

“The MOHSW will intervene in strengthening the operational capacities of County health bodies such as the CHSW Board, the CHSWTs, the Community Health Development Committees (CHDCs) and general Community Health Volunteers (CHVs).”¹

The Ministry wishes to clarify that because the CHSWT is not an independent legal entity separate from the MOHSW, the CHSWT may not legally bring suit against the MOHSW. Therefore the term “contract” may have multiple meanings depending upon requirements of particular donor agencies or funding sources. Nevertheless, the CHSWT is obligated to, under a “performance contract”, to perform in accordance with contract terms, and financial incentives in the form of bonuses will be provided depending upon performance.

What are the Objectives of these Guidelines?

In order to gradually move from the present health service delivery system, to one where counties are contracted by the central MOHSW and held accountable for their performance against jointly negotiated indicators and targets, CHSWT capacity needs to be strengthened. Capacity, as it is used in these guidelines, refers to the ability of the CHSWT to provide reasonable assurance that funds flowing from the central MOHSW through a performance contract with the CHSWT will be 1) properly and transparently utilized for their intended purpose; and, 2) accounted for in accordance with the MOHSW Office of Financial Management (OFM) and Government of Liberia (GoL) reporting requirements. The MOHSW intends to continue to support the CHSWTs as they work to build their capacity to be contracted by the central level of the ministry. It is for this reason that the Contracting In Guidelines in support of the CHSWT were developed.

These Guidelines are intended to:

- ✓ Guide the CHSWT on the systems, processes and procedures it must have in place to be contracted;
- ✓ Provide a consolidated inventory or “one stop shop” of the main highlights of the Liberian health and social services systems, processes, and procedures;

- ✓ Serve as a functional tool to strengthen the health system¹ at the county level; and,
- ✓ Further strengthen the Liberian health system and promote effective service delivery and transparent use of Government of Liberia (GoL) funds.

How are the Guidelines Organized?

The Guidelines are organized around six core functions that are adapted from the six building blocks of a health system as defined by the World Health Organization (WHO)². These guidelines encompass the WHO building blocks, and the various functions within each building block, to focus specifically on the key competencies necessary for good public administration of GoL funds, including:

- County Leadership and Governance
- Financial Management and Procurement
- Human Resource Management
- Service Delivery, and Competitive Procurement of Health Services and/or Management
- Monitoring, Evaluation and Use of Health Management Information System
- Supply Chain Management for Essential Medicines and Supplies

The content of these guidelines may change somewhat as the MOHSW modifies and/or updates its policies, plans, procedures, and guidelines. However, the essential elements, concepts and processes contained in these guidelines will remain similar in nature.

¹ Health System includes the institutions, human resources, financing, commodities, information, management and governance strategies, systems, and processes.

² World Health Organization. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Available at: <http://www.who.int/healthinfo/systems/monitoring/en/index.html>

LEADERSHIP AND GOVERNANCE

Fundamental to good public sector management is transparency in decision-making and in the use of GoL funds. A CHSWT with strong leadership, relationships with local government and community, accountability mechanisms in place, processes to foster transparency, management based upon delegation of responsibility, coordination, and clear communication are essential for proper CHSWT functioning. In order to formalize CHSWT practices that lead to strong leadership and management, governing documents are to be available and consulted with on a regular basis, management processes and procedures are to be put into place, a number of action-oriented meetings are to take place, and clear communication avenues and venues are to be created.

“CHART A COURSE FOR EVERY ENDEAVOR THAT WE TAKE THE PEOPLE’S MONEY FOR, SEE HOW WELL WE ARE PROGRESSING, TELL THE PUBLIC HOW WE ARE DOING, STOP THE THINGS THAT DON’T WORK, AND NEVER STOP THE THINGS THAT WE THINK ARE WORTH INVESTING IN.”

- WILLIAM J. CLINTON UPON SIGNING OF THE U.S. GOVERNMENT PERFORMANCE AND RESULTS ACT OF 1993

Why is it Important to Interface with County Government and how is this done?

The Superintendent’s Office is an important ally to the health and social welfare sector.

CHSW BOARD MEETINGS

The Superintendent’s office is required by law to prepare annual county development plans and budgets for submission to the President of the Republic³. Under Liberia’s Administrative and Governance policy⁴ regular reporting by the CHSWT to the Superintendent’s office is mandated. Reporting is done through quarterly CHSW Board Meetings chaired by the Superintendent or his/her designee, whose purpose is to advise on county-level policy and planning, assist with resource mobilization and coordination, and monitor CHSWT performance.⁵ The County Health Officer (CHO) serves as the secretary to the board; the CHO or County Health Services Administrator (CHSA) participates in these meetings, and is responsible for taking meeting minutes; copies of the minutes are given to the Superintendent’s office and County Health Services at the central MOHSW, and the original kept on file at the CHSWT office.

COLLABORATION WITH COUNTY GOVERNANCE AUTHORITIES

Share with the Superintendent’s office a copy of the CHSWT Operational Plan, the contract between the MOHSW and the CHSWT once one is in place, the current budget under which the county is operating, and information about which technical assistance partners and International Organizations are working in the county. Discuss with the Superintendent’s office any concerns regarding new health care

³ Part III, Sect. 3.4.1, 3.4.2 Liberian National Policy Decentralization and Local Governance. Governance Commission. Jan. 2010.

⁴ Part III, Section 3.4.3. Liberian National Policy on Decentralization and Local Governance, Governance Commission. Jan. 2010.

⁵ Chapter II, Section 2.10. NHSWPP. 2011-2021 MOHSW.

providers, types and locations of new clinics private or public, recent disease outbreaks, health campaigns / activities planned, and/or any development activities taking place in the county outside of the health and social welfare sector that may affect the sector.

A copy of any important technical reports generated by, for, or of the county pertinent to the health and social welfare sector is to be provided to the Superintendent as Chair of the CHSW Board. Likewise, any reports or financial documents corresponding to the work of the CHSWT in the county are to be submitted to the Superintendent for optimal county planning and to identify gaps in and need for greater social development funding, which is managed by the Superintendent's office.

CHSWT Best Practice
Frequent communication between County political/administrative government and CHSWT helps facilitate getting the work done.
- BOMI

Work with the Superintendent's office on any procurement of new construction, whether it is renovation of an existing HF, or location and building of a new HF. The purpose of these discussions is to elicit their cooperation and support as the highest public authority in the county in order to work together as a unified front. If the Superintendent's office uses County Development and Social Funds to construct any health facility, maternal waiting rooms, or other public health project, the Superintendent's office can require construction firms to build accommodations for health workers under construction contracts⁶.

Likewise, enlist the support of the Superintendent's office when planning activities (e.g. health campaigns, vaccination outreach, child health days, or dissemination of public health information in the face of an epidemic or other crisis, etc.), as this office has a direct link to the Community Health Development Committees (CHDCs) through the participation of Paramount Chiefs, Clan Chiefs, and Town Chiefs⁷. In terms of actual regular interface and communication, the District Health Officers (DHOs) are to work directly with the District Commissioners; the Officers In Charge (OICs) and the County Health Development Committees (CHDCs) are to work on a regular basis with the Paramount Chiefs, Clan Chiefs and other Sub Chiefs. Figure 1 below depicts the working relationships and communication channels between county government and the health and social welfare sector.

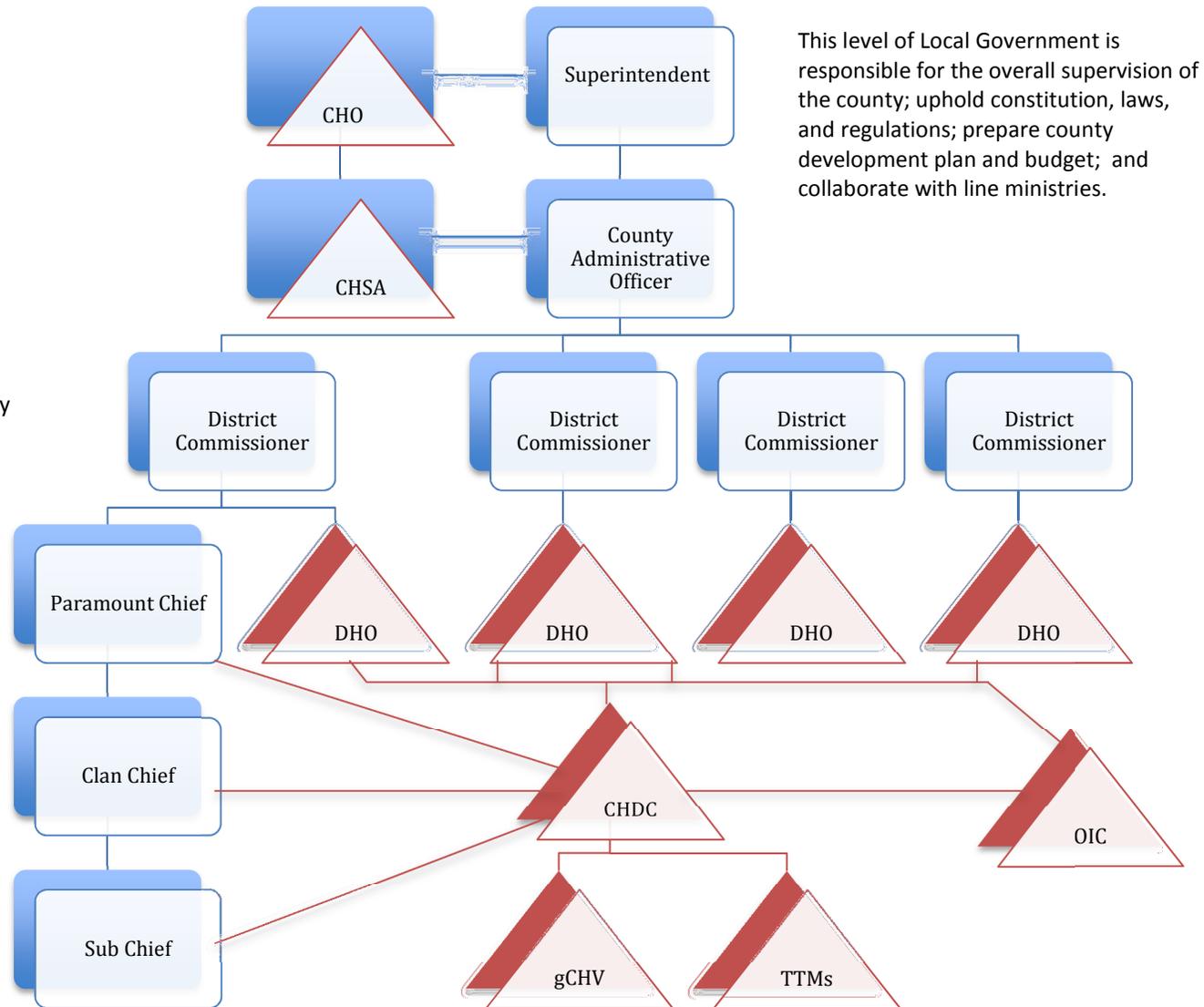
⁶ As stated in the 2012 National Health Conference lunch meeting with Superintendent representatives.

⁷ Part V, Section 5.4.4, 5.4.5. Liberian National Policy on Decentralization and Local Governance, Governance Commission. Jan.2010.

FIGURE 1. FORMAL AND INFORMAL RELATIONSHIP BETWEEN LOCAL GOVERNMENT AND THE HEALTH AND SOCIAL WELFARE SECTOR AT THE COUNTY LEVEL

(NATIONAL POLICY ON DECENTRALIZATION AND LOCAL GOVERNANCE, JAN, 2011)

At the District level of Government and below, implementation of county policies and programs, grass-root based priority setting, and project identification take place.



Why is the CHSWT Best Suited to Perform Regulatory Oversight?

ACCREDITATION OF ALL HEALTH FACILITIES AND PROVIDERS

The role of the CHSWT is to ensure that all facilities, including private for profit, faith-based and non-governmental not for profit, meet GoL standards for operation. Only fully licensed and accredited private providers may provide facility-based health services in the county.⁸

The CHSW team members live and work in the county on a daily basis, and are, therefore, most keenly aware of private facilities, new providers, and new facilities in the county. As the public authority guiding the health and social welfare sector in the county, it is the responsibility of the CHSWT to maintain an up-to-date list of all non-GoL facilities in the county. Include the location, affiliation, level of care, services offered, catchment population, and contact name and mobile number for each. At a minimum, CHSWT staff visits non-GoL HFs to ensure that they have the proper standards in place including staffing, treatment guidelines and protocols, etc. All private HFs are required to submit monthly reports on births, deaths, and facility utilization.

How will Planning Make the CHSWT Work Easier?

Planning is a part of public health management that helps the public health functionary to determine future priorities of the CHSWT and how to address those priorities. Planning, when used as a tool, serves to guide the CHSWT to apply a process that leads the county to determine WHAT to do, HOW to do it, and HOW to evaluate what will be done before it has been done.

To the extent possible, involve as many of the CHSWT senior staff as possible when creating countywide plans and activities. Ultimately, the more people involved in planning the more work will be accomplished as a team; this is done through delegation of responsibilities and a feeling of ownership and pride in the work on the part of team members. Pay particular attention, as well, to the DHOs involvement in planning activities, as their involvement will directly trickle down to improvement in planning at the facility level. The strategic plan provides broad overall direction of the CHSWT's work, whereas the operational plan involves work planning and budgeting processes.

OPERATIONAL PLANNING

It is important to develop a plan that serves the CHSWT as a functional (e.g. operational) tool. The county has a 10-year Strategic Plan that sets priorities and targets, and includes strategies for achieving those targets over the long-term. As such, strategic plans do not have sufficient detail to be functional. Rather, the one-year Operational Plan that details all of the CHSWT's activities, corresponding budget, and negotiated realistic and attainable targets serves as a practical action-oriented plan. The Operational Plan essentially explains *HOW* the CHSWT will work, during a given year, towards attaining long-term goals and focused priorities. Any planning activity is to have a corresponding budget attached to it, so that activity implementers know what resources they have for operations. Figure 2 below compares Strategic versus Operational Plans.

⁸ Chapter 6. Section 6.2.1. NWSWPP. 2011-2021 MOHSW

FIGURE 2. STRATEGIC PLAN VERSUS OPERATIONAL PLAN

STRATEGIC PLAN		OPERATIONAL PLAN
Long-term (5-10 years)	➡	Short-term (1-2 years)
Financial projects / estimates	➡	Actual real budget
Sets priorities	➡	Follows priorities
Sets long-term targets	➡	Sets one-year targets
Defines goals and objectives	➡	Focuses on objectives
Focuses on strategies	➡	Focuses on activities / results
Focuses on overall health system	➡	Focuses on programs

The process of producing an operational plan follows the same planning cycle that was used for the 10-year strategic plan⁹.

- ✓ Update situational analysis with any new information;
- ✓ Establish annual priorities;
- ✓ Set realistic objectives for next year based upon actual resources available (e.g., human, financing, infrastructure, technical assistance partners, etc.);
- ✓ Set annual targets;
- ✓ Develop strategies to achieve annual targets;

⁹ The CHSWT's annual operational plan covers the period from July 1 – June 30 of the following year; and is to be finalized by June 30 of each year and submitted to the MOHSW. The plan includes quarterly activities, budget for each activity, indicators to measure progress, and targets.

- ✓ Develop estimated budget (e.g. all resources necessary to implement annual plan); and,
- ✓ Develop actual/planned budget (e.g. compare planned needs against actual and prospective funding, and include GoL, technical assistance partners, international organizations, and other).

Operational planning is done using the *Guidelines for Utilization of the Planning Tools*, including a set of five Excel workbook tools provided by the Ministry. The workbook tools include: Analysis, Targets and Strategies, Needs and Budget, Facility Costing Tool, and Log frame. It is especially important to ensure that the calculation of indicators and subsequently intended targets for the planning period is done according to Ministry guidance. Another useful tool for planning, to be used in conjunction with the Excel workbook tools, is the *Guidelines for the Utilization of County Data Analysis Tool*, a workbook comprised of eight spreadsheets and offers a step-by-step method for calculating indicators.



PARTICIPATORY PLANNING

Any targets included in the operational plan are calculated through consultation with those who are responsible for meeting those targets, including the OICs and the DHOs. Targets are to be consistent with those set in other official documentation, such as performance contracts between the MOHSW and the CHSWT, performance sub-contracts between the CHSWT and IPs, and any Detailed Implementation Plan (DIP) developed by the county under performance contracts. While the plan can show some degree of unmet need, it is to focus on what will be done with the funds that are realistically available.¹⁰

Operational Plans and more detailed Work Plans include *multi-stakeholder input* from business, civil society, local governance, and the health sector. The extent to which these plans are developed with attention to detail makes them useful tools for CHSWTs to not only plan, but also to manage their activities and budgets for these activities. In this way, operational plans, and particularly work plans, are used as a management tool and include monthly targets, expected results, responsible staff members, partners involved, and budget requirements for all activities.

How does Communication with the MOHSW Help the CHSWT fulfill its Role?

The greater the communication of the CHSWT with the central MOHSW, the easier it will be to obtain support from the central level, be it monetary, commodities, technical assistance, training, or other.

QUARTERLY REPORTING REQUIREMENTS

1. WRITTEN OVERVIEW OF COUNTY PROGRESS OVER QUARTER (1/2 PAGE)
2. LIST OF OBJECTIVES AND PLANNED ACTIVITIES FOR THE QUARTER
3. ACHIEVEMENT AGAINST EACH PLANNED ACTIVITY
4. CHALLENGES AND CONSTRAINTS AGAINST EACH PLANNED ACTIVITY
5. LESSONS LEARNED AND RECOMMENDATIONS FROM EXPERIENCES THAT QUARTER
6. PERFORMANCE FRAMEWORK TEMPLATE FOR THE REPORTING PERIOD

¹⁰ County Annual Operational Plan Guidelines for the Utilization of the Planning Tools. MOHSW undated.

REPORTING TO THE MOHSW

The narrative report on CHSWT activities is to be developed and submitted quarterly to the County Health Services Coordinator in the MOHSW by the end of the following month (e.g., if the quarter ends on March 31, narrative report is due by April 30). The report follows the approved MOHSW standard reporting format categories.

GUIDELINES FOR CHSWT QUARTERLY REPORTING CAN BE OBTAINED FROM THE OFFICE OF COUNTY HEALTH SERVICES IN THE MOHSW.

How does Management Coordination Make Work Easier for the CHSWT?

An investment in action-oriented meetings geared towards problem solving and planning makes implementation of activities run smoothly and efficiently, and helps participants to work together as a team with clear lines of responsibility and delegation of tasks. The overarching principles of the meetings are to:

- ✓ Share updates, issues, and changes;
- ✓ Problem-solve as a team;
- ✓ Determine action steps; and,
- ✓ Discuss following through on actions.

Each meeting starts with an agenda, a review of the previous week's meeting minutes, and a brief discussion of progress against action steps that were taken to address issues raised during the previous meeting.

The most efficient way for the CHSWT to achieve transparency in decision-making is to record its decisions and discussion points in the written form of meeting minutes. Written minutes are taken at every management meeting with action steps and responsible parties identified. Someone on the CHSW Team is assigned to record minutes of each meeting, including the names of participants, which can be obtained through a sign up sheet. All meeting agendas and minutes are filed at CHSWT headquarters, and easily accessible to CHSW Team members.

CHSWT Best Practice
*Regular, participatory, action-oriented meetings effectively transmit information at all levels:
Weekly - CHSW management team;
Monthly – OICs; Quarterly – partners
-BOMI*

REGULAR WEEKLY MANAGEMENT MEETINGS OF THE CHSW TEAM

Good management practice includes regular communication, coordination, and collaboration amongst CHSW Team members. Although the majority of counties hold monthly staff meetings, regular Monday morning team meetings of CHSWT senior staff are recommended for good public management, and so that team members understand the tasks that need to be addressed during the week. The weekly CHSWT management team meetings include supervisory report on gaps identified during visits from the

prior week, and a discussion on proposed action. The CHSWT model of weekly management meetings is easily replicated at the facility level.

REGULAR QUARTERLY MEETINGS WITH THE OICs AND CHSWT

Although on a monthly basis OICs are responsible for submitting Monthly Integrated Reporting forms to the CHSWT, it is also important to hold regularly scheduled face-to-face meetings with all of the OICs for in-depth discussion, problem-solving, and planning. Each quarter, two weeks after the submission of that quarter's report, a meeting chaired by the CHDD and M&E officer and the DHOs and all HF OICs is to take place (e.g., report submitted March 31, and quarterly meeting held on/about April 15). The Hospital OIC does not participate in this meeting, as the purpose of the meeting is to focus on Primary Health Care (PHC).

The methodology for these meetings is similar to those of the weekly CHSW Team staff meetings. The objectives of these meetings are to:

- ✓ Review any pending human resource issues;
- ✓ Schedule visits and transport of commodities;
- ✓ Analyze recent morbidity and mortality cases; and,
- ✓ Discuss any upcoming activities.

During the meeting the CHSWT also takes the opportunity to communicate new policies, plans, or procedures to the OICs. Issues that arise are discussed, solutions identified, and action steps agreed upon. Active participation by the OICs is encouraged during these meetings in order to foster ownership over accomplishments and problem solving.

REGULAR MONTHLY MEETINGS OF HEALTH AND SOCIAL WELFARE PARTNERS

Likewise, a regularly scheduled monthly meeting of all partners working in the county (e.g., IP, staff from health projects and technical assistance partners, major private or religious providers, etc.) is to be held with the CHO, CHSA, the CHDD, the Clinical Health Services Director (CHSD), and the county M&E Officer. The purpose of these meetings is to:

- ✓ Communicate new policies, plans or procedures to the partners;
- ✓ Receive a verbal update as to any issues that partners have faced over the proceeding month;
- ✓ Discuss and problem-solve around issues; and,
- ✓ Agree on action steps to resolve issues.

REGULAR REPORTING BY IMPLEMENTING PARTNERS

In order to promote transparency and coordination, all IPs under contract in the county, through central level contracts (e.g. Pool Fund, FARA, EC, other) or through direct sub-contracts with the CHSWT, are required to submit quarterly written narrative reports to the CHSWT. These reports are to mirror those submitted by the CHSWT to County Health Services of the MOHSW, and are submitted two weeks after the end of each quarter (e.g. quarter January – March submission by April 15). These reports are to contain both technical reporting as well as expenditures.

What are Some Other Ways to Encourage Active Ownership of the Health and Social Welfare Sector at the County Level?

MAINTAIN COPIES OF ALL OFFICIAL MOHSW POLICIES, PROCEDURES, GUIDELINES, PROTOCOLS, AND NORMS

As representatives of the GoL and hence representatives of the MOHSW, it is the responsibility of the CHSWT to not only implement, but also to understand, the health and social welfare sector's official policies, plans, processes, procedures, norms, and guidelines.

In order for this process to begin at the county level, the CHSW team headquarter office is to have an area or shelf assigned to store all official Ministry documents. A list of the documents and a sign out sheet are created so that any CHSWT member may easily access them and ensure that documents are returned. It is the responsibility of the CHSWT to ensure that copies of all Ministry policies, procedures, guidelines and protocols are obtained from the MOHSW if the county does not have a certain document. A listing of the Official Laws, Policies, Plans and Procedures of the MOHSW and GoL can be found in Table 1 below.

TABLE 1. OFFICIAL LAWS, POLICIES, PLANS AND PROCEDURES

DOCUMENT TITLE	AVAILABLE IN CHSWT OFFICES		COMMENTS
	Yes	No	
Civil Service, <i>Civil Service Agency Personnel Employment Record Form</i> .			
Civil Service Agency, Civil Service Standing Order			
County Annual Operational Plan Guidelines for the Utilization of the Planning Tools, five Excel Workbook tools.			
Governance Commission Civil Service Agency & Liberia Institute for Public Administration, <i>MFR and Restructuring of Ministries and Agencies a Streamlined Framework</i> (May 30, 2010)			
Governance Commission, <i>Liberian National Policy on Decentralization and Local Governance</i> (January 2010)			
Government of Liberia, <i>Executive Order #38 - Establishing an Administrative Code of Conduct for members of the Executive Branch of Government</i> (January 6, 2012)			
Liberian Ministry of Health and Social Welfare, <i>Basic Package for Mental Health Care Service</i> (January 2010)			
Liberian Ministry of Health and Social Welfare, <i>Essential Package of Social Services 2011-2021</i> (Draft) (Monrovia, Liberia)			
MOHSW, <i>County Annual Operational Plan Guidelines for Utilization of the Planning Tools</i> (2011)			
MOHSW, <i>National Health and Social Welfare Policy and Plan</i> (2011-2021)			
MOHSW, <i>Term of Reference for MOHSW Personnel</i> (various drafts and dates)			
Republic of Liberia, <i>Financial Management Policies and Procedures Manual</i> (January 2012)			
Republic of Liberia, <i>Public Procurement and Concessions Commission (PPCC) Act of 2005</i>			

DOCUMENT TITLE	AVAILABLE IN CHSWT OFFICES	COMMENTS
Republic of Liberia, Liberia National Policy on Decentralization and Local Governance, Governance Commission (Paynesville, Liberia, January 2011).		
Republic of Liberia Ministry of Health & Social Welfare, <i>National Community Health Services Strategy and Plans 2011-2015</i> (2011)		
Republic of Liberia Ministry of Health and Social Welfare, <i>National Decentralized Management Support Systems Implementations Strategy & Plan</i> (Draft) (November 2008)		
Republic of Liberia Ministry of Health & Social Welfare, <i>National Health and Social Welfare Decentralization Policy/Strategy</i> (Draft) (2011).		
Republic of Liberia Ministry of Health and Social Welfare, <i>National Health and Social Welfare Policy and Plan 2011-2021</i> (2011)		
Republic of Liberia Ministry of Health & Social Welfare, <i>National Health Policy National Health Plan (2007-2011)</i> (2007)		
Republic of Liberia Ministry of Health & Social Welfare, <i>National Human Resources Policy and Plan for Health and Social Welfare 2011-2021</i> (2011)		
Republic of Liberia Ministry of Health and Social Welfare, <i>National Mental Health Policy</i> (Monrovia, Liberia, 2009).		
Republic of Liberia Ministry of Health and Social Welfare, <i>National Monitoring and Evaluation Policy and Strategy for the Health Sector 2009-2011</i> (January, 2009)		
Republic of Liberia Ministry of Health and Social Welfare, <i>Partnership and Coordination Manual</i> (September 2009)		
Republic of Liberia Ministry of Health & Social Welfare, <i>Revised National Community Health Services Policy</i> (2011)		
Republic of Liberia Ministry of Health and Social Welfare, <i>Stock Balance Reporting and Requisition Form</i> (2011)		
Republic of Liberia Ministry of Health & Social Welfare, <i>SUPERVISION: County-Level Policy and Procedure Manual, Decentralized Management Support Systems</i> (2009)		
Republic of Liberia Ministry of Health & Social Welfare, <i>Supply Chain Master Plan: A ten year plan for one, efficient, and effective public health supply chain in Liberia</i> (2010)		
Republic of Liberia Ministry of Health & Social Welfare, <i>Supply Chain Strategy 2015: A five year plan for an efficient and effective public health supply chain in Liberia</i> (July 9, 2010)		
SUMMARY		

INSTITUTIONALIZE HEALTH FACILITY AND INDIVIDUAL PERFORMANCE REWARDS

The creation of regular monthly recognition of high performing HFs and individual staff members has served to motivate health workers, as well as CHSW Team members, to feel greater ownership and interest in their work. Such an incentive program to motivate health workers and county team staff requires prior planning and creative budgeting in order to ensure sufficient funding for this system.

CHSWT Best Practice
Participatory team approach to decision-making fosters ownership and empowerment throughout all levels of the system.
 -BOMI

Senior CHSW Team members are to discuss amongst themselves alternatives to raise funds for these initiatives.

There are a number of ways that the CHSWT and Hospital senior staff can provide recognition to HFs and individuals for a job well done, for example:

- ✓ For HFs, recognition could be in the form of a certificate presented to the staff during an informal event at the HF where refreshments are served; the certificate would be posted on the wall of the facility. Another motivation could be provision of a small amount of funds for the HF to purchase things that they (the HF team) deem important to enhance their work environment.
- ✓ For acknowledgement of individuals - on the CHSWT, in the hospital, or in lower level facilities - a certificate of recognition along with a cash bonus is presented to the individual, and he/she is publically recognized for a job well done.

CHSWT Best Practice
Funds generated through Hospital charges to the local Concessionaire are used to fund individual staff bonus recognition.
 -BOMI

When creating both health facility and individual staff recognition initiatives, ensure that the criteria for good performance is clearly understood by the staff beforehand, so as to remain as transparent as possible and avoid any misunderstanding.

CONDUCT AN EXTERNAL TEAM-BUILDING WORKSHOP

The success of the county health system depends largely upon individual members working as an effective team under strong leadership. The CHSW Team works together to achieve the same goal and oversee the implementation of health care activities. Ideally, the CHSWT brings in an external facilitator to conduct a one-day team-building workshop. Seek out support from one of the International Organizations or technical assistance partners.

The overall goal of the workshop is to expose the team to delegation of authority, team roles and responsibilities, and individual team member roles. The objectives of the workshop are to a) increase recognition of the potential of individual team members; b) discuss challenges on the job; c) strengthen feedback, communication skills, reporting, and management; and, d) agree upon specific actions to enhance good functioning of the CHSWT.

CHSWT Best Practice
A “Weekend” bonus is given to each HF by the CHSWT as an incentive to encourage and compensate health workers for outreach work and to maintain one health worker on weekend duty and holidays.
 -BOMI & GBAROLU

Some of the principles of the workshop include: create a unified, cohesive, and loyal team; understand the purpose of the team; understand individual team members’ roles and responsibilities; accept team members’ differences; encourage flexibility and teamwork; and, agree upon standards of interaction with HF staff, IP and private providers, community groups and members, and official administrative and governance representatives.

FINANCIAL MANAGEMENT AND PROCUREMENT

Fundamental to transparent, accountable, and effective public sector financial management is the use of clear financial and accounting procedures and processes. The Financial Management function of a CHSWT requires competency in finance and accounting, including:

- ✓ Accounting systems and audit;
- ✓ Management of expenditures and obligations;
- ✓ Payment systems for civil servants, contract staff, procurements;
- ✓ Budgeting;
- ✓ Resource allocation and reallocation; and,
- ✓ Planning.

Ultimately, the CHSWT is responsible for health service delivery in the entire county at all levels of the health care system, and likewise responsible for accurate financial management of the CHSWT/primary health care system and hospital financial management. All systems, processes, and procedures contained in this section pertain to both CHSWT and hospital funds. Transparent leadership at the county level includes a participatory budgeting process and communication of budget decisions to staff.

What Core Administrative Positions are Essential for Effective Financial Management?

Key CHSWT administrative positions and reporting lines for proper financial management of GoL funds and procurement of goods and services that are non-negotiable include:

- ✓ County Health Officer (CHO) – Deputy Chief Medical Officer (DCMO)/Curative MOHSW
- ✓ County Health Services Administrator (CHSA) - CHO
- ✓ Finance Manager/Accountant (degree in accounting, business management, or economics) - CHSA
- ✓ Junior Accountant/Bookkeeper/Cashier (degree in accounting or Administrative Assistant certification) - Finance Manager
- ✓ Procurement Officer - CHSA
- ✓ Hospital Medical Director – CHO
- ✓ Hospital Administrator - Hospital Medical Director

**CREDENTIALS AND FULL TERMS OF REFERENCE CAN
BE FOUND IN THE OFFICE OF PERSONNEL AT THE MOHSW.**

Flexibility in staffing is important in some of the less populated counties where staff may need to take on a dual role (e.g. procurement and logistics). Or, in order to ensure that staff productivity is at its maximum, in some of the smaller and less populated counties that may have a smaller workload, there would be no need for a second accountant. Rather, a Finance Manager/Accountant reports to the CHSA and a Procurement Officer also reports to the CHSA. The Finance Manager/Accountant pays the bills.

The CHSWT and Hospital are to each have their own Financial Managers/Administrators who keep entirely separate accounts, records, and systems from each other.

What are the Procedures for Effective and Transparent Financial Management?

There are a number of important measures required for proper public sector management practice to ensure transparency in the use of Government of Liberia (GoL) monies. These measures are created to enable the CHSWT to effectively manage funds while avoiding confusion over their use.

BANKING¹¹

There are to be two separate accounts each kept and managed for both the CHSWT and the Hospital, one in Liberian dollars and the other in US dollars (four in total). All checks and cash received are deposited into the Bank within 48 hours upon receipt. Any other funds (e.g. donor, project, etc.) coming into the county are managed in one of these four accounts depending upon where the funding is going to and type of currency provided.

TABLE 2. ACCOUNTING SIGNATORIES

Signatory Authority

Proper signatory authority on checks requires signatures from different individuals in order to ensure that there are no misunderstandings in the use of public monies. Two signatories are required for all checks from each institution, one from each of the “A” and “B” categories shown in Table 1. All checks over US \$1,000, or its equivalent in Liberian dollars, are signed by the CHO/CHSA in the case of the CHSWT and/or, by the CHO/Hospital Medical Director in the case of the Hospital, or his/her delegate. In addition, any procurement below US \$2,000, or its equivalent in Liberian dollars, is to have sufficient internal controls with a minimum of two signatories, one of which is to be from Category “A” and one from Category “B.” Any procurement greater than US \$2,000 is to have prior approval from the MOHSW. Table 2 reflects the signatory requirements at the county level.

CHSWT		HOSPITAL	
CATEGORY A	CATEGORY B	CATEGORY A	CATEGORY B
CHO	Finance Manager	CHO	Hospital Administrator
CHSA	Accountant / Bookkeeper / Cashier	Medical Director	CHSA

Bank Reconciliation

All bank accounts are to be reconciled on a monthly basis.

ACCOUNTING¹²

The following documents form the prime financial records of the CHSWT and are to be generated by the Finance Manager and team:

¹¹ Section 4.1.2 and 4.1.3 page 17. Financial Policies and Procedures Manual. January 2012. MOHSW

¹² Sections 13.1 – 13.8, pages 43 – 44, 58-62 Financial Policies and Procedures Manual. January 2012. MOHSW

Departmental Cash Books

To be maintained for all funds (GoL, Program, Pool, FARA, International Organizations, other).

- ✓ All transactions are entered in the cashbook as soon as funds are received, or payments are made. There is to be only one departmental cashbook kept for each bank account.
- ✓ Cashbooks are kept in columnar form to allow for different sources of funds.

Petty Cash Books

CHSWTs and Hospitals are each to operate a separate petty cash imprest system to meet day-to-day transactions, and to make payments.

- ✓ All payments are entered into the petty cash book following the accounting code structure, and monitor imprest balance.
- ✓ All payments and refunds are entered in the petty cash book immediately upon payment.
- ✓ Each county is to maintain one bank account for all US\$ transactions, and one for all Liberian Dollar transactions.
- ✓ Petty cash balance is monitored to avoid running out of imprest.
- ✓ The petty cash balances are not to exceed US\$ US\$1000 for CHSWTs and Hospitals.

BOOK OF ACCOUNT	CHSWT	HOSPITAL
Departmental Cash Book		
Monthly Report Form A		
Monthly Report Form B		
Monthly Bank Reconciliation Account		
Fixed Asset Register		
Income Ledger		
Advances Ledger		
Revenue and Expenditure Budget Ledger		
Petty Cash Book		
Stock Register		
General Provision		
Receipt Book		

Advances Ledger

- ✓ Payment advances are to be accounted for in an advances ledger and describe the individual and the advance. Liquidations are entered against the individual in the advance ledger. Counties are to keep an advances ledger to monitor their advances.
- ✓ The advances ledger is to be updated each time an advance is made, and the balances are to be reviewed weekly to avoid the accumulation of long-term un-cleared advances.

Revenue and Expenditure Ledgers

- ✓ The expenditure ledger is a summary of transactions analyzed by category. The income ledger is used to record all receipts. To ensure the accuracy of the analysis of expenditure and receipts, all transactions are correctly coded using the chart of accounts (account codes).

Stocks Ledger

- ✓ All issues and receipts of stock are recorded in the stock ledger and reconciled periodically with the physical stock in stores.

Fixed Assets Register

- ✓ All assets purchased are recorded in the assets register as soon as they have been accepted. The register maintained is promptly updated to reflect acquisitions, disposals, losses, write-offs, and

handovers.

General Provision

- ✓ All financial documentation is kept for a minimum of seven years at the CHSWT office.
- ✓ Payment requests are filed according to county/program/donor as appropriate.
- ✓ All electronic files are saved to the server and backed up per the OFM Backup Policy.
- ✓ All account coding information and details are found in the chart of accounts of the ministry.



How will Timely and Accurate Reporting Help the CHSWT?¹³

With prompt recording of all financial transactions and timely submission of financial reports, real-time financial data are generated to provide useful management information to assist the CHSWT in avoiding a shortage of cash flow as well as in decision-making based upon real financial information.

In order for the CHSWT to receive funding on a timely basis, all expenditure and obligation reporting is to be based upon actual liquidation of funds prepared as instructed by the MOHSW OFM and submitted on time. Any delay in submission of these documents either by improper preparation or late submission will result in an interruption in cash flow, causing a delay in incentive payment to health workers, procurements, and overall county activities and operations.

The Public Financial Management Act of 2009 requires the OFM in the MOHSW to submit a quarterly activity report to the Comptroller General of the Republic of Liberia based upon data from the CHSWTs. This report is to be prepared once the CHSWTs submit their quarterly reporting forms to the OFM.

Three forms are filled out quarterly and are required for disbursement of next quarter's funding (Budget Monitoring Report (BMR), Disbursement Schedule, and Assets Register Table), and they document the CHSWTs financial history of transactions and current financial situation.

Budget Monitoring Report (BMR)

The BMR reflects quarterly expenditures and subsequent requests for disbursement. It is to be consistent with the narrative Quarterly Report submitted to County Health Services of the MOHSW. The financial part of the Quarterly Report includes a signed request for additional funds (pro-forma invoice) in accordance with the planned disbursement schedule and based upon cumulative expenditures. It is accompanied by all supporting expenditure documentation to substantiate the line items in the report. Supporting documentation is separated by organization (if, for instance, there is a sub-contract in the

¹³ Adapted from sections 12.1 – 12.3 pages 40-43 Financial Policies and Procedures Manual. January 2012. MOHSW

county using GoL funding or in the case of direct donor funding to the county) and summarized by line item category. The summaries clearly link to the financial report, and the financial report links to the request for additional funds.

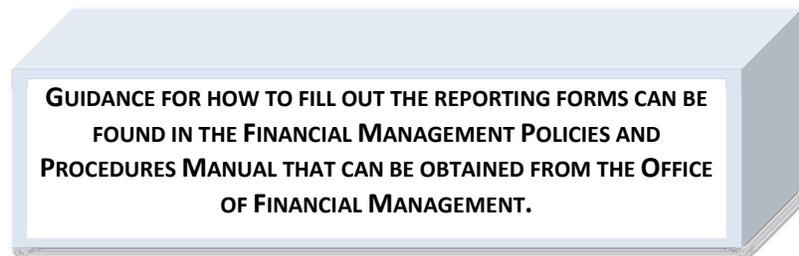
- ⇒ Data for the BMR are derived from the *Revenue and Expenditure Budget Ledger*.¹⁴
- ⇒ Data for the *Revenue and Expenditure Budget Ledger* are derived from *Cash Book*¹⁵ and the *Petty Cash Book*¹⁶.
- ⇒ *Form A*¹⁷ and *Form B*¹⁸ are derived from the *Revenue and Expenditure Budget Ledger*.

Disbursement Schedule

The disbursement schedule reports on total approved budget for the quarter, cumulative expenditures to date, buffer funding for two months, estimated disbursement for following quarter, estimated balances by quarter over subsequent quarters, and funds received to date by budget line item.

Assets Register Table¹⁹

The MOHSW defines an asset as any item with a purchase value of over US \$500 and a lifespan greater than one year. Although the Fixed Asset Ledger is updated on a regular basis at the county level, it is required by the OFM that the CHSWT submit an Assets Register Table quarterly. The Fixed Assets Register includes vehicles, computer equipment and accessories, office equipment, furniture and fittings, and all other assets based upon the above definition.



What are the Proper Procedures to Make Payments?²⁰

The Financial Management Policies and Procedures Manual also contains instruction as to how to make payments at the county level. The Manual includes payment instruction for the following:

¹⁴ Section 17.11 page 60. Financial Policies and Procedures Manual (FPPM). January 2012. MOHSW

¹⁵ Section 17.10 page 58. FPPM January 2012. MOHSW

¹⁶ Section 17.11 pages 59 - 60. FPPM January 2012. MOHSW

¹⁷ Section 17.13 page 61. FPPM January 2012. MOHSW

¹⁸ Section 17.14 page 62. FPPM January 2012. MOHSW

¹⁹ Sections 10.1 – 10.6 pages 36-27. FPPM January 2012. MOHSW

²⁰ Adapted from sections 91 – 9.3 pages 34-35. FPPM January 2012. MOHSW

✓ **Vendors²¹**

A vendor is another term for a supplier; it is the party in the supply chain that makes goods and services available to the CHSWT in exchange for payment.

✓ **Civil Servants**

A civil servant is a person in the public sector employed by a GoL ministry or agency.

✓ **Contract Employees and Incentive Allowances²²**

A contractor is a person who works under contract for the CHSWT. This individual is hired for a specific job at a specified rate of pay. Unlike civil servant employees, contract employees are engaged for a set term with a contract that includes a provision for renewal under specific circumstances.

It is important to note that taxes are withheld from allowances (“top-ups”) paid to civil servant senior managers and health workers as well as to employees (non-civil servants) contracted by the CHSWT in accordance with the *Tax and Revenue Code of Liberia*. Taxes are withheld from incentives paid at the rate established by the MOF for contracted workers (currently 10%) and be paid to the MOF.

What is the Purpose of Budgeting?

The preparation of a CHSWT budget is more than merely projecting obligations (money “in”) and disbursements (money “out”) for a given year. The CHSWT budget provides a financial plan for the management team, the Office of the Superintendent, and taxpayers, which identifies the operating costs considered as essential to the successful operation of the sector for a given period.

Indirectly, every budget provides some statement of the community goals. At a minimum, the allocation of resources amongst different functions and activities reflects the particular goals that the CHSWT, which represents the citizens of that county, hopes to attain and the relative priorities assigned to each goal. By programming funds for certain activities and by reducing or omitting other functions, the CHO and senior management team indicate those services, which the CHSWT will (or will not) provide.

The budget is a management tool that:

- ✓ Reflects the objectives of the CHSWT’s work;
- ✓ Informs what will be done; and,
- ✓ Establishes expectations (and avoids misunderstanding) of what actions are taken.

All activities of the CHSWT are reflected in the budget, which makes it a comprehensive tool. The CHSWT budgets are to reflect all sources of funding, including those from donors, International Organizations, partners and GoL. Since virtually all health and social welfare governmental activities are funded through the budget, and because the budget is a continuous process, it is an effective and transparent tool for the public official.

²¹ Section 7.3 page 30 . FPPM January 2012. MOHSW

²² Adapted from section 9.2.1 Financial Management Policies and Procedures Manual. January 2012. MOHSW

BUDGET CREATION

The current year budget is used as the basis of future budgets in the county as the MOHSW works towards design and implementation of a performance contracting approach between the MOHSW and the CHSWT. Budgets are based upon planned activities, inputs, and resource levels. To the extent that those closest to the HF and community are able to participate in the budgeting exercise, the budget is grounded in the real needs of the county.

The budget is developed by the CHSA and CHO together with the Finance Manager for the CHSWT. Likewise, the Hospital Budget is developed by the CHSA together with the Hospital Administrator and reviewed by the Hospital Medical Director. The Annual Operational Plan budget is to be broken out in detail with month-by-month activities and corresponding budgets for each.



BUDGET MONITORING

Monthly work plan activities with their corresponding budget allocations are important for proper budget tracking. These monthly budgets provide guidance for the preparation of cash flow (inflow and outflow) that is required to monitor utilization of funds. The approved budget is essentially a control tool to ensure that spending is in line with work plans and budget amounts. Although the Finance Manager is ultimately responsible under the supervision of the CHSA for budget monitoring, in order to delegate responsibility to the CHSWT managers, the activity managers are directly responsible for monitoring their respective activity budgets on a regular basis to ensure that there are sufficient funds available for implementation and that there is no shortfall in funding.

What are the Rules of CHSWT Procurement in Liberia?

The procurement function within the CHSWT is important to maintenance of transparent financial interactions and decision-making. All procurement by the CHSWT is to adhere to the Public Procurement and Concessions Commission (PPCC) Act of 2005 and its subsequent amendment of 2010 Form as the standard for all procurement in Liberia. And while the PPCC states that it is intended to “decentralize public procurement [from the Public Procurement Agency] to procuring entities [within the line ministries]” and “promote the growth of indigenous Liberian Private sector,”²³ it also leaves many of the procurement decisions up to the central line ministries. In this case, the PPCC provides the MOHSW with decision-making as to what level of authority the lower levels (e.g., CHSWT) of the health system will have over procurement.

²³ Part I, objectives h and i. Schedule A Bill, The Public Procurement and Concessions (PPCC) Act. 2005. Republic of Liberia

In order to separate management of finances from payment of salaries to contractors, and for goods, services, and works, a Procurement Officer is hired to work at the county level. The Procurement Officer is to have completed at a minimum the six- to eight-week procurement course offered at the Liberian Institute of Public Administration (LIPA). If the CHSWT does not have a Procurement Officer on staff, a high performing staff member with an interest in this field could be nominated to attend LIPA training (e.g., Logistician, Human Resource Manager, or other administrative staff who does not handle finances), or this position could be recruited from within the county.

THE PPCC ACT OF 2005 AND THE 2010 AMENDMENT CAN BE FOUND ON THE MOHSW WEBSITE AND IN THE OFFICE OF PROCUREMENT AT THE MOHSW.

NOTE: An individual with sufficient experience in procurement procedures in Liberia, and familiarity with the PPCC law, would serve as a satisfactory alternative in lieu of formal LIPA training with the understanding that LIPA training would be sought in the near future. In the meanwhile, this individual would be supported by the MOHSW with on-the-job training by the Procurement Department. See the section under Human Resource Management and Capacity-Building in these guidelines for detail as to how to solicit support from the MOHSW for such training of personnel; the section on Human Resource Management provides for a more detailed description of the duties of a Procurement Officer.

The following are key expectations for procurement of goods, works, and services using GoL funds:

- ✓ Any purchase request or requisition is initiated by an “activity manager” or “technical focal point” and is to be approved by the individual’s direct supervisor.
- ✓ All requests are to indicate the budget line on the request or requisition.
- ✓ Competitive bidding is encouraged, although not required, in procurement. In the case of competitive procurement, three vendors are contacted to provide quotes for the good or service. In the case of a sole source procurement for a good or service that is not offered by multiple vendors in the county, the Procurement Officer is to write a memo to the CHSA with a copy to the file justifying why goods or services were sole sourced.
- ✓ Bid analysis and evaluations are to take place in order to summarize and compare offers/ proposals as well as provide justification for selection of a supplier. Criteria are to be set for each evaluation.
- ✓ If procurement is to take place under a performance contract with the MOHSW, the CHSWT’s Procurement Officer is to develop a procurement plan for goods, works, or services to be purchased under the contract.
- ✓ Delivery notes are obtained from vendors upon delivery of goods.
- ✓ Invoices are submitted from vendors for all deliveries.
- ✓ Goods are to pass through the warehouse and/or enter inventory.
- ✓ A complete filing system of all procurement transactions is kept and maintained on a regular basis. All documentation with respect to a particular purchase is kept in a sequential order.

Goods, Civil Works, and Services

The procurement function is defined as the acquisition of goods, civil works, and services and includes the following general steps:

1. Identify needs
2. Obtain three vendor quotations
3. Select vendor
4. Prepare and award contract

Contract Personnel

In the case of procurement of contract personnel to work on a full-time basis with the CHSWT utilizing “incentive” payment, a similar process takes place. Procurement or hiring of contract personnel to serve in the county requires the Human Resource Manager to work together with the Procurement Officer on the steps outlined below.

1. Identify needs
2. Develop Scope of Work or Position Description
3. Advertise position
4. Convene interview panel
5. Evaluate and rank interviewees based upon pre-determined criteria
6. Select individual and make offer
7. Prepare contract

STANDARD PROCUREMENT OPERATING PROCEDURES²⁴

The MOHSW has its own Standard Procurement Operating Procedures (SoPs) that give directives on MOHSW-specific procurement above the sum of US \$500²⁵. All records and procurement reports are to be kept on file for “a period of six years following the date of final completion of the procurement contract, or from the date of rejection of all bids, or cancellation of the proceedings...”²⁶



**STANDARD PROCUREMENT OPERATING PROCEDURES ARE IN THE
FINANCIAL MANAGEMENT POLICIES AND PROCEDURES MANUAL IN
THE OFFICE OF FINANCIAL MANAGEMENT OF THE MOHSW.**

²⁴ More details on the Competitive Procurement Cycle, particularly pertaining to CHSWT sub-contracting out to IPs for health service delivery and/or management can be found later on in these guidelines.

²⁵ Part 8.1 -8.2. Schedule A Bill, Financial Management Policies and Procedures Manual. January 2012. MOHSW

²⁶ Part 4, Records and Reports of Procurement, 43.1 Schedule A Bill, PPCC. 2005. Republic of Liberia

How can the CHSWT Ensure that Contractors will deliver?

All service and goods contracts between the CHSWT utilizing funds from the MOHSW for performance contracts with the county are to be performance based. This means that contractors are not to be paid unless services are adequately delivered, or supplies are received in good form. This includes not only service delivery and management contracts with IPs, but also service and goods contracts with operations contractors such as auto repairs, transportation, office supplies, construction, etc.

What is the Role of Operational (non-medical) Logistics Management?

The CHSWT Logistician is responsible for warehousing, transportation, ordering, receiving, and inventory. The Logistician signs for receipt of goods, records all serial numbers, and ensures that goods, with the exception of drugs, are delivered to HFs. All assets are properly coded and inventory is to be taken on a regular basis. The cashier (or junior accountant) on staff conducts the monthly inventory check to ensure that items are not found to be missing.

In the case of drugs and medical supplies, it is the responsibility of the Pharmacist to ensure proper storage and delivery in and from the county depot to the HF. Drug supply is covered further on in the Supply Chain Management of Essential Medicines Section of these guidelines.

HUMAN RESOURCE MANAGEMENT

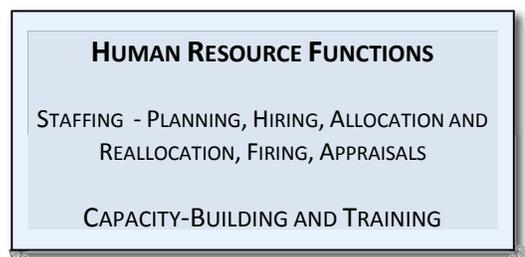
There are to be a sufficient number of qualified professional staff at the county level with the technical, financial, and institutional capability to effectively implement the county health and social welfare system. The Human Resource (HR) Function within the CHSWT pertains to both civil servant (public servant employees paid with GoL funds through the MOF) and contract employees (paid with “incentive” funds).

What are the HR Functions at the County Level?

The HR Function covers staffing planning, hiring, allocation and reallocation; completing performance appraisals and promotions; and firing or dismissing employees. It also covers management of staff capacity-building and training. Salaries and benefits are determined at the central MOHSW.

The Human Resource Manager has the authority to enforce Personnel Policy with support from the CHSA and in compliance with the employment regulations established by the Ministry of Labor. In the event of performance contracts with the MOHSW, and subsequent sub-contracts between the CHSWT and an IP, all sub-contract recipients are to abide by Liberian labor laws.

With support from the MOHSW, the CHSWT Human Resource Function as realized by the Human Resource Manager, spans elements of health professional workforce planning including allocation and reallocation of resources, capacity-building and training needs, and a balance between demand and supply of healthcare practitioners.



CIVIL SERVANTS

For Civil Service Employees, the Human Resource Manager is charged with the following²⁷:

- ✓ Recruitment and assignment of Health Workers;
- ✓ Issues related to supervision and disbursement of salary payment;
- ✓ Personnel appraisal and record keeping;
- ✓ Handle minor personnel complaints in consultation with the MOHSW legal section;
- ✓ Implement rules and regulations governing behavior and performance of all employees in accordance with Civil Service Guidelines;
- ✓ Enforce proper identification (e.g. cards) of all staff;
- ✓ Inform central through written communication regarding all issues relating to Insurance so that once all documentation is certified, the MOHSW may proceed on behalf of the employees; and,
- ✓ Seek the welfare and benefit of employees.

All civil servants are required by the Civil Service Agency (CSA) to fill out a *Personnel Employment Record Form*. This form is attached to the *Personnel Action Notice (PAN)* of each person under consideration for appointment, promotion, or transfer where the employee has had a change in qualification that is not reflected in the current CSA records.

**ALL FORMS PERTAINING TO CIVIL SERVICE EMPLOYEES CAN BE OBTAINED
IN THE CIVIL SERVICE AGENCY (CSA) AS WELL AS THE OFFICE OF
PERSONNEL WITHIN THE MOHSW.**

RECRUITMENT AND HIRING OF CIVIL SERVANTS

As a general principle, recruitment processes are to be open and transparent. Positions are to be posted publicly and selection processes are to be participatory and well documented.

The CHSWT follows the same recruitment process as central level but at the county level.

1. Identify a gap in staffing;
2. Develop the terms of reference;
3. Advertise the position;
4. Create a short list of qualified candidates;
5. Set up an interview panel (including representative from the MOHSW); and,
6. Conduct interviews and evaluate candidates.

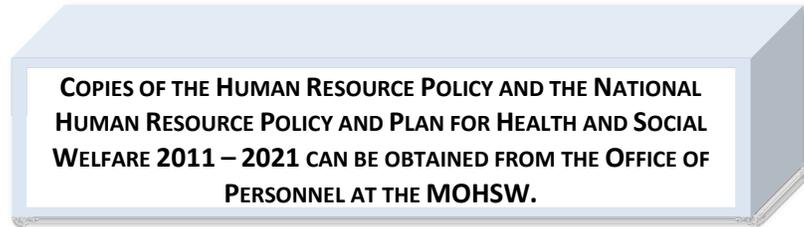
CLASSIFICATION

Consistent with Liberian Labor Law, civil service staff in the county is clearly classified separately from

²⁷ Adapted from the MOHSW website and expanded upon.

contracted, non-permanent staff. This allows determination of their appropriate entitlements under law as well as tax obligation withholdings.

In the case of IPs under sub-contract with the CHSWT to deliver health services, if the contract with an individual includes the payment of incentives to facility staff then the personnel policy requires distinguishing these health workers as MOHSW civil servants for which the recipient is provided monetary incentives.



EMPLOYEE PERFORMANCE MONITORING PROCESS^{28 29}

On a yearly basis, all supervisors on the CHSWT are to conduct a performance appraisal with their direct reports utilizing the *Employee Performance Appraisal Form*. In accordance with the Human Resources Policy³⁰, an *Employee Performance Monitoring process* is carried out for all CHSWT and HF staff.

The following steps are used on an annual basis to fill out the Employee Performance Appraisal form:

1. The employee carries out a self- evaluation based upon his/her understanding of his/her duties and responsibilities, and records it on the form;
2. The employee self identifies up to five objectives or activities he/she plans to achieve over the next year, and records it on the form;
3. A verbal discussion of the employees' self-appraisal takes place with the supervisor;
4. The supervisor provides the employee with his/her verbal assessment of the individual's performance over the last year, including both positive feedback as well as areas to improve upon, and records it on the form.
5. The supervisor completes the appraisal form by both filling in the evaluation criteria listed on the form as well as any general or specific comments he/she wishes to include.

Not only are supervisors to carry out yearly performance appraisals that go into the employee's official records, they are to make an effort to provide feedback and input into an employee's performance on an ongoing basis, so that any issues identified can be rectified immediately.

²⁸ The Human Resource Policy and Plan for Health and Social Welfare 2011-2021 MOHSW says that, "The MOHSW will monitor workforce performance using a comprehensive Human Resource Information System (HRIS) and a Human Resources Observatory that will be linked to the Health Management Information System (HMIS)."

²⁹ NOTE: This current payment system for civil servants makes it very difficult for the CHSWT to retain authority over health workers given that there is little control over a civil service employee's performance without the ability to make decisions on removal from post²⁹.

³⁰ Chapter 4 Sections 1 and 2. Human Resource Policy. MOHSW

COPIES OF THE *EMPLOYEE PERFORMANCE APPRAISAL FORM* CAN BE FOUND IN THE MOHSW OFFICE OF PERSONNEL.

DISCIPLINARY ACTION³¹

It is important to be familiar with the *Liberian Civil Society Standing Order* for disciplinary action as well as the MOHSW's personnel procedures. It is only through application of these official procedures that the CHSWT leadership can remove a civil servant from employment in the case of misconduct or general inefficiency in an employee's actions. All notification of disciplinary action is done in writing and includes a statement as to why the action is taking place. Disciplinary action includes, demotions, dismissals, suspensions, fines, reduction in salary, and letters of formal reprimand.

PROCEDURES FOR PROPER DISCIPLINARY ACTION CAN BE OBTAINED FROM THE CSA OR FROM THE OFFICE OF PERSONNEL AT THE MOHSW.

Are there Terms of Reference for CHSWT Staff?

Terms of Reference for CHSWT staff can be found in the ***Contracting In Guidelines - Additional Reference Documents***.

COPIES OF TORs FOR INDIVIDUAL CHSWT MEMBERS CAN BE OBTAINED FROM THE OFFICE OF PERSONNEL IN THE MOHSW.

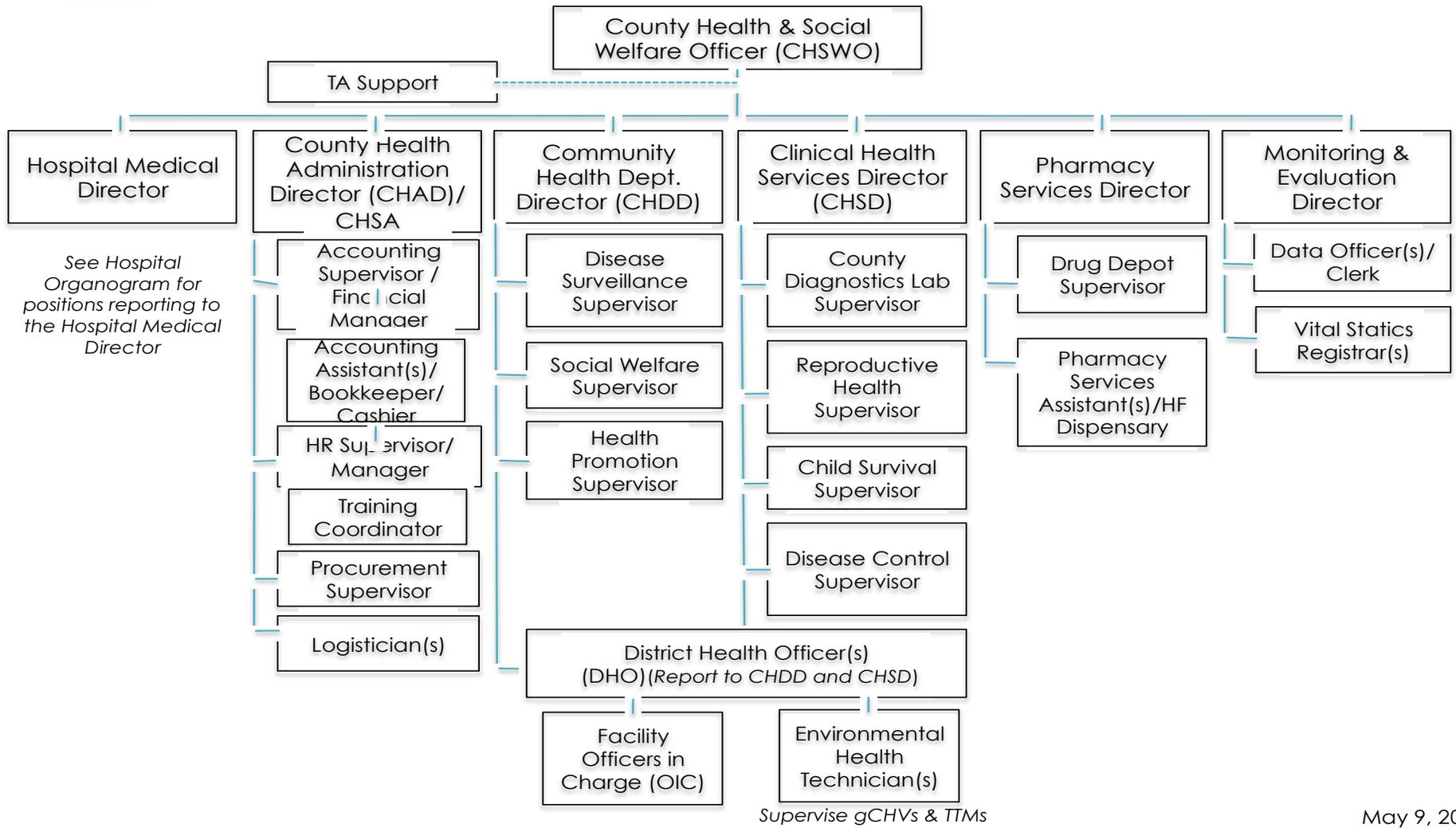
What is the Organizational Structure for the CHSWT³²?

The standard CHSWT Organizational Chart can be found in Figure 3 below.

³¹ Chapter 4 Discipline. CSA.

³² The Senior Management Team, led by the CHO, is comprised of Line Managers and Supervisors. The financial and administrative positions were discussed earlier in these guidelines in the Financial Management and Procurement section. The District Health Officers (DHOs) and District Environmental Health Technicians (EHTs) report to the Community Health Department Director (CHDD). The DHOs play a critical supervisory role to health facilities and serve as liaisons between the health facilities and the CHSWT. Under the DHOs is the Health Facility Level. Each facility is run by an Officer in Charge (OIC) who is a Registered Nurse (RN), Certified Midwife (CM)/RN, or Physician Assistant (PA). Each facility, depending upon its size and catchment population has both professional and support staff supervised by the OIC. Under each facility are the Community Health Volunteers (CHVs). There are two main types of volunteers, general CHVs (gCHVs) and Trained Traditional Midwives (TTMs). Below the CHVs, each facility is associated with a Community Health and Development Committee (CHDC).

FIGURE 3. COUNTY HEALTH & SOCIAL WELFARE TEAM (CHSWT) ORGANIZATIONAL CHART



How will planning for CHSWT Staff Development Take Place?

The Human Resource Manager, with input from all CHSW Team members, keeps a running inventory / list of all human resources working in the county under the jurisdiction of the CHSWT. Based upon this list, the Human Resource Manager develops a list of gaps in knowledge, skills or experience by employee. Gap identification can be done in one of two ways or through a combination of both: a) include on the weekly management meeting agenda areas to improve upon, and/or, b) apply the MOHSW Capacity Assessment Tool that can be found in the ***Contracting In Guidelines – Additional Reference Documentation***.

These gaps are the basis of a CHSWT capacity-building plan, and are to identify the following:

- ✓ Specific functional areas and within each area sub-categories for improvement/strengthening;
- ✓ Resources, technical support / technical assistance / advisors available for each functional area;
- ✓ Funding sources for capacity-building if easily identified;
- ✓ Timeline for provision of capacity-building;
- ✓ Responsible MOHSW office or/and partner for ensuring capacity-building is provided; and,
- ✓ Monitoring and evaluation of capacity-building activities.

Once gaps are identified, the Human Resource Manager together with the CHSWT develops a capacity-building plan designed to improve upon the core competencies of county staff. Table 3 below contains an example of a CHSWT Capacity-Building Plan Matrix.

TABLE 3. ILLUSTRATIVE EXAMPLE OF A CAPACITY-BUILDING PLAN MATRIX

CORE COMPETENCY (INTERVENTION)	TARGET RECIPIENTS	RESPONSIBLE FROM CHSWT	MOHSW	TECHNICAL PARTNER	TIME FRAME	SOURCE OF FUNDING
LEADERSHIP AND GOVERNANCE Workshop on health planning; On-the-job mentoring	DHOs	HR, CHDD, CHSA	Co Health Services	RBHS	3/2013	RBHS
HEALTH SERVICES Reporting, planning, outreach. Quarterly OIC/CM meetings	HF – OIC and CM	RH Focal Point, CHSA	_____		4/2013	CHSWT
FINANCIAL MANAGEMENT Budgeting, short workshop; with on-the-job follow up mentoring	DHO and HF	CHSA	OFM	CHAI	9/2013	OFM & CHAI
HEALTH SERVICES Supportive Supervision to HF ½ day workshop on provision of supervision feedback to HF	CHDD, CHSD, focal points -	CHDD	County Health Services -		10/2013	County Health Services
HEALTH SERVICES Supervision Community Refresher training in Community Health and Clinical Supervision	DHOs	HR Manager with back up CHDD	Community Health Division	TBD	9/2013	MOHSW
HEALTH SERVICES Supervision of Community Health, hold 2-hour workshop	DHOs	HR Manager & CHDD	Community Health Division	TBD		MOHSW
SUPPLY CHAIN MANAGEMENT Drug Inventory & Projections ½ day training	Pharmac, Dispensari es	CHO	SCMU	USAID DELIVER	9/2013	USAID DELIVER

In addition, a quarterly report on Human Resource Development is developed by the Human Resource Manager and signed by the CHO and the CHSA. This report includes:

- ✓ Total number employees working in the county and identified as civil servants or contract staff;
- ✓ Monthly payroll remuneration for each;
- ✓ Any reallocation of those employees between health facilities; and,
- ✓ A listing of human resource capacity needs.

This report is sent on the 10th day of the proceeding month (e.g. if the quarter ends March 31, send report by April 10) to the Deputy Minister of Administration with a copy to the Assistant Minister of Curative Care.

HEALTH SERVICE DELIVERY MANAGEMENT

Implementation of the Essential Package of Health Services (EPHS) and the Essential Package of Social Services (EPSS) is the responsibility of the CHSWT in the county. The CHSWT is expected to operationalize the EPHS, while the MOHSW is developing strategies for operationalizing both the EPSS and the mental health aspects of the EPHS as mandated by Liberia’s Mental Health Policy.

What is the Role of the CHSWT in Service Delivery?

The CHSWT provides oversight of all service provision in the county, whether it is hospital-based, primary care facility-based, or community-based; all services are to be delivered in accordance with MOHSW treatment standards. The primary responsibility of the CHSWT is for service delivery of the EPHS and EPSS in GoL facilities; however, the county team also has a responsibility to ensure that non-public providers (e.g. NGOs, FBOs, FPP, concessionaires, etc.) abide by MOHSW standards.

A copy of all official MOHSW treatment guidelines, norms and protocols are to be kept on a shelf in the CHSWT Headquarter office. All HFs in the county are also to have a copy of each. Table 3 below is a listing of the MOHSW Official Treatment Guidelines, Norms and Protocols.

TABLE 3. COPY OF TREATMENT GUIDELINES, NORMS AND PROTOCOLS

CATEGORY	DESCRIPTION OF THE PROTOCOL AND GUIDELINE	DATE/EDITION
MNCH		
Reproductive Health, Adolescent Health and Family Planning	Labor and Delivery protocol and Guidelines	Aug 2009
	New Born Health Protocols and guidelines	
	Antenatal Care Protocols and Guidelines	
	Pre- Conception/pregnancy protocols	
	Post Partum Protocol and Guidelines	
	National Sexual and reproductive Health policies	Feb 2010
	BLSS Training Guidelines and HBLSS Guidelines	
	LSS (Life Saving Skills)	Nov 2008
	Resuscitation Guidelines	Oct 2010
	Oxytocin Guidelines	Oct 2010
	Episiotomy	Oct 2010
Child Health		
ENA	Job Aids for facility	
	Job Aid on ENA for Community Health Volunteers and workers	
IMNCI		
	Integrated management of childhood illness (high HIV Setting)	
Malaria		
	National Technical Guideline Malaria Case Management	Aug 2005
	Technical Guidelines for Malaria in Pregnancy Malaria Control	2011
	Job AID on Malaria in Pregnancy	
	National Malaria Control Technical Guidelines	2011
HIV/AIDS		
	Liberia Integrated Guidelines	Nov 2010
	Liberia Integrated Guidelines 3 rd Ed	April 2011
	Liberia Pediatric Guidelines	April 2011

CATEGORY	DESCRIPTION OF THE PROTOCOL AND GUIDELINE	DATE/EDITION
	PMCT 2 nd Edition Guidelines	April 2011
	STI Guidelines	2009
HIV/STIs		
	National Protocols for HIV/AIDS and ARV Care in Liberia	June 2005
Community Health		
	Diarrheal Training Guidelines	
	Malaria Training guidelines	
	ARI Training Guidelines	
	National Strategy and policy	
	Community health training facilitator guidelines	
Nutrition		
	IPF -- quick reference	2012
	OTP – SEP quick reference booklet	2012
	Magnesium Sulfate Protocol	
TB		
	User friendly TB Guidelines	Jan 2013

How does the CHSWT Provide Oversight?

ENSURE ALL HEALTH FACILITIES AND HEALTHCARE PROVIDERS HAVE PROPER ACCREDITATION

NATIONAL HEALTH AND SOCIAL WELFARE POLICY AND PLAN

“ALL HEALTH AND SOCIAL WELFARE DELIVERY AND TRAINING INSTITUTIONS, BOTH PUBLIC AND PRIVATE, SHALL BE PERIODICALLY ASSESSED AND WILL BE LICENSED AND ACCREDITED BASED UPON SET STANDARDS OF OPERATION. THE SAME CRITERIA ARE APPLIED TO PUBLIC AND PRIVATE PROVIDERS. INSTITUTIONS BELOW PAR WILL BE REQUIRED TO CONFORM TO STANDARDS WITHIN A SPECIFIED TIME PERIOD TO AVOID.... HAVING THEIR LICENSES REVOKED OR CLOSED DOWN.”¹

All HFs in Liberia, as well as healthcare professional providers, are to have proper licensure to operate. This is done through HF accreditation and licensure. The accreditation process, led by the MOHSW, fosters not only facility-level improvements in quality of care, but also system-level strengthening. It is the responsibility of the CHSWT to identify any private facilities that may not be operating up to MOHSW standards and to notify the Medical Council in Monrovia to recommend assessment of the HF. Likewise, if the CHSWT believes that a

private facility is breaching any official agreements or Memorandums of Understanding (MOU) with the GoL, such as selling of MOHSW-provided drugs or incorrect application of clinical norms and standards, it is the responsibility of the CHO to notify the MOHSW and the Medical Council. In the case where the CHSWT does not believe that a HF or provider has proper licensure or accreditation, it is the responsibility of the CHO to notify authorities at the central level in order for sanctions to be enforced. This will help the CHSWT to ensure the quality of care offered within the county’s jurisdiction.

ENSURE ALL HEALTH FACILITIES ARE PROPERLY STAFFED

All HFs are to be properly staffed in accordance with MOHSW staffing guidance found in the EPHS. County managers are to make sure to reallocate staff between facilities as needed in order to ensure

coverage at all HFs. Official MOHSW staffing pattern for health facilities states that, “the EPHS encourages the use of flexible staffing patterns based on each facility’s workload”.³³

HAVE A SUPPORTIVE SUPERVISION SYSTEM IN PLACE

Supportive supervision and oversight of the health service delivery system are a large part of the CHSWT’s daily work. The essential functions of supervision include:

- ✓ Manage
- ✓ Educate
- ✓ Support
- ✓ Set expectations
- ✓ Monitor performance / provide feedback
- ✓ Ensure supplies
- ✓ Solve problems
- ✓ Address training and professional development
- ✓ Motivate and support providers³⁴

Across all levels of the system staff are to understand the importance of supervision and expect it to take place to such a great degree that regular supervision and oversight of all HFs (e.g. partner-managed as well as GoL) becomes part of the institutional “culture” of the health service delivery system. The nature of each visit is to provide both oversight and to “mentor” HF staff.

There are a number of venues and approaches to supportive supervision, including routine on the job observation, participation in community fora, and feedback during scheduled meetings. Throughout all of these “supervisory” opportunities constructive and useful feedback are provided. Feedback is intended to help identify gaps in skills and is to be followed up on during the next visit. It is important for supervisors to provide positive feedback for work well done, encourage and facilitate facility-based problem solving with HF staff, and recognize health workers as leaders in their community.

The following are important to strong supportive supervision of the HF:

- ✓ Line supervisors and managers from the CHSWT and the DHOs make regular monthly “integrated” supervisory visits, utilizing the MOHSW national checklist, to all health facilities in the county, including private, FBOs, concessionaire health centers, partner-managed HFs, and GoL HFs. An “integrated” visit is one where line supervisors go together on a visit.

³³ Section 3.1.1 EPHS.

³⁴ Nino Berdzuli, et al, Supportive Supervision: Training of Trainers and External Supervisors (Slides) USAID contract GHS-I-05-03-00026-00 JSI. June 2008

- ✓ A routine schedule for HF supervisory visits is developed each month and posted on the wall of CHSWT headquarters. The schedule identifies HFs, line supervisors and managers to visit, and, date and times.
- ✓ Weekly supervisory visits are made by the DHOs, which allow the Clinical Health Services Director (CHSD) and the Community Health Development Director (CHDD) to obtain more frequent real time information from the field. The CHSD and the CHDD ultimately have oversight responsibility over health facilities through the DHO.
- ✓ Joint Supervision, as defined by supervision visits by both the CHSWT and the IP supervisor (in counties where there are IPs operating under contract), occur on a quarterly basis to each facility. These visits are routinely discussed at the regular partner meetings. In the case of counties without IPs, joint supervision is not required.
- ✓ Visits are constructive and action-oriented and provide immediate guidance, direction, and mentorship; they also provide discussion on solutions and timeline for corrective action. These action steps are recorded in written format in facility-based ledgers (or forms) at the time of the visit. When the next visit takes place, the supervisor reviews the ledger, which is kept in the HF, and inquires as to progress made on the actions identified previously. The supervisor has one week to enter the supervision information into the CHSWT computer system.
- ✓ Gaps in service delivery or quality of care are identified during routine supportive supervision, and plans to address those gaps are developed and followed up on by CHSWT staff.

ENSURE AN EMERGENCY REFERRAL SYSTEM IS IN PLACE

All primary care facilities are to be able to perform basic lifesaving interventions. Each facility is to have an appropriate system to triage emergency patients. The CHSWT is to ensure that facilities that cannot rapidly transfer acute cases needing urgent intervention are appropriately equipped and staffed to manage these patients until transfer is arranged. In order to facilitate communication and transfer, the CHSWT is to have a vehicle available, as well as radio, cell phone, and scratch cards for Emergency Response available at all times. Likewise, the HF is to have radio, cell phone and scratch cards for communication in an emergency.³⁵

FOSTER COMMUNITY ORGANIZATION

Each community selects the members of its Community Health Committee (CHC). The Community Health Development Committee (CHDC) is composed of one member of the CHC from each of the catchment communities. It is the role of the District Health Officer (DHO), in close collaboration with the OIC, to support the HFs in the creation and active participation of the CHDCs.

PRIORITIZE DISEASE SURVEILLANCE

In order to strengthen the county's surveillance activities, the CHVs need to be trained in priority disease case definitions. The standard reporting channel from the CHVs to the OIC and the DHOs on opportune

³⁵ Section 2.9 Page 15, EPHS.

and timely identification of priority diseases needs to be clearly articulated and communicated to the DHOs, the OICs, and henceforth the CHWs.

What are the Health Facilities Responsibilities?

The OICs are to hold regular weekly meetings with all HF staff to discuss any issues encountered the previous week, patterns in morbidity, and any other HF-specific issues related to implementation of the EPHS. The OIC is supervised by the DHO, and the DHO by the CHDD.

ACTIVE SURVEILLANCE

HF staff are to accurately record all morbidity and mortality cases in the HF ledgers on a daily basis; they are to notify the CHSWT immediately upon suspicion of priority diseases³⁶. In close coordination with HF staff, the DHO in a county will oftentimes serve a dual function as the District Surveillance Officer (DSO) responsible for active case search on priority diseases, investigation of cases/specimen collection, training/sensitization of health workers, and data analysis.

PROVIDE OUTREACH

Staff from HF provide direct guidance, supervision, and monitoring of the work of the Community Health Workers (CHWs). On a regular basis, the DHOs and OICs are to supervise the work of the CHVs to facilitate immediate action and inform planning for the catchment area.

CHSWT Best Practice
The CHDC mobilized local resources for the construction of HF staff residences.
-LOFA

Strengthen planning of, and develop schedules for, outreach sites and communication with CHV and villages/communities. One way to strengthen linkages is for the OIC, with the support of the DHO, to convene on a regular basis (e.g. the last Friday of the month) a monthly meeting between health staff and CHWs. All HF staff, including the DHO for the HF, the Certified Midwife (CM), vaccinators, and nurse aids, would meet with the CHWs to discuss the following:

- ✓ Challenges at the community level;
- ✓ Actions taken to ameliorate difficulties; and,
- ✓ Suggestions for how to improve upon the work in the community.

This meeting helps to strengthen the relationship with the community so that members feel like part of the health system. To encourage participation, the CHWs receive a small lunch allowance.

THE EPHS HAS A FULL EXPLANATION OF THE RESPONSIBILITIES OF THE HF AND CAN BE OBTAINED FROM COUNTY HEALTH SERVICES IN THE MOHSW.

³⁶ As of February 2013 the Notifiable Diseases include: AFP, NNT, Measles, Yellow Fever, Maternal death, Neonatal death, Rabies, Meningitis, Watery Diarrhea, Bloody Diarrhea, Cholera, Hemorrhagic fevers, Small Pox, SARS, H1N1 and, Lassa Fever.

What are the Roles of the Community Health Volunteer (CHV)?

The most important roles of the CHV are to:

- ✓ Strengthen demand for services (e.g. increase number of women seeking ANC and SBA.)
- ✓ Promote health and prevent disease (e.g. advocate for immunization and the use of bed nets where appropriate.)
- ✓ Encourage appropriate referral to a health clinic (rather than hospital) for minor illnesses
- ✓ Distribute commodities
- ✓ Gather and report on data from the community

How do Health Facility Staff work with the Community?

CHVs serve to make the efforts of HF staff easier. If CHVs are well-organized and receive clear, consistent and direct supervision, their efforts to create demand for health services, promote health, prevent illness, and encourage appropriate referrals will create an environment and culture where seeking health services is the norm in order to prevent disease and treat it before it becomes acute. The National Health Policy and Strategy for Community Health Services contains further guidance on roles and responsibility of and management of CHVs as well as guidance on national standards regarding motivational packages. The HF staff work with the CHDC, CDC, and CHVs, as well as the HF Vaccinators who are responsible for vaccine outreach and tracking of defaulters.

CHSWT Best Practice

TMs mobilized local resources for the construction of a maternal waiting room.
-GBELEGEH

CREATE A CHC AND A CHDC

The OIC's main point of contact is the Town Chief where the HF is physically located. Once the OIC meets with the Town Chief, this person will contact the Clan Chief, the Paramount Chief, and the District Commissioner. Based upon these relationships, a CHC is formed where the HF is located. A CHDC, comprised of members who are leaders from various towns within the HF catchment is also formed. The most efficient and effective way for HF staff to work with the community is through the CHDCs and the CHVs.

CHSWT Best Practice

Community Implementation and outreach is sub-contracted out to an Implementing Partner.
-LOFA

COPIES OF THE EPHS AND THE NATIONAL HEALTH POLICY AND STRATEGY FOR COMMUNITY HEALTH SERVICES CAN BE OBTAINED IN THE OFFICE OF COMMUNITY HEALTH IN THE MOHSW AND OFFER A FULL EXPLANATION ON COMMUNITY OUTREACH.

What will be Expected of the CHSWT in Terms of Mental Health in Primary Care?

At this time, mental health services are not fully integrated into the Liberian healthcare delivery system. Until there are sufficient health care workers with the appropriate training in mental health treatment,

THE BASIC PACKAGE FOR MENTAL HEALTH
“The foundation of Liberia’s Health System is primary health care which promotes physical and mental health, preventive and curative care. Mental health treatment will be integrated into the primary health care system extending from the local level health clinics and health centers to the county hospitals and tertiary facilities.”⁴

referrals are made to the county hospital or to Monrovia for diagnosis and treatment. If a health worker or CHV suspects a need for psychiatric treatment, the accepted protocol is to refer this patient to the county hospital. A table that indicates appropriate levels of care for various mental health interventions and services once the EPHS has fully implemented its Mental Health Programs in the counties can be found in the Contracting In Guidelines - Additional Reference Documentation.

COPIES OF THE NATIONAL MENTAL HEALTH POLICY AND THE BASIC PACKAGE FOR MENTAL HEALTH CAN BE FOUND IN THE OFFICE OF MENTAL HEALTH IN THE MOHSW.

What about Social Services?

The Essential Package of Social Services (EPSS) has been defined as: Community Welfare Services, including Psychosocial Support and Services of the Elderly; Family Welfare Services, including Child Deinstitutionalization and Juvenile Services; Rehabilitation Services; and Institutional and Organizational Development Services, including Training. Currently the MOHSW is in the process of developing implementation strategies for the EPSS.

COPIES OF THE EPSS CAN BE FOUND IN THE OFFICE OF SOCIAL SERVICES IN THE MOHSW.

MONITORING AND EVALUATION (M&E) AND HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) FUNCTIONS

Effective Monitoring and Evaluation (M&E) consists of the systematic collection, compilation and analysis of measurable indicators, and a functional Health Management Information System (HMIS) whereby data are utilized for planning and decision-making.

A well-functioning CHSWT has enough data collection capacity to a) gather satisfactory quality data; b) analyze and use data for monitoring of community, health facility, and county-level progress against targets set in the county operational and work plans; and, c) work towards eventually conducting a performance evaluation (e.g. internal and external) of the county health system.

As part of the de-centralization process within the health sector, the MOHSW is working on supporting the CHSWT to set up a Monitoring, Evaluation and Research Unit consisting of three staff (Monitoring, Evaluation and Research Officer, a Data Officer, and County Registrar). Currently, however, most CHSWT have a Monitoring and Evaluation (M&E) Officer and in some cases a Data Officer. The M&E Officer reports directly to the CHO. The overall function of this unit is to support the CHSWT in planning and monitoring of the county Operational Plan using key indicators to track changes and progress over time and to coordinate data collection, processing, and reporting at the county level.³⁷

Why is it Important to Collect HMIS Data?

The HMIS function permits the CHSWT to obtain up-to-date information as to how the county health system is actually doing. Recognition by CHSWT as to the importance of data collection and use of data can be observed when they become a large part of their everyday work.

HMIS³⁸ are used to:

- ✓ Design data collection, processing, and analysis
- ✓ Disseminate information to various stakeholders
- ✓ Monitor and provide oversight of service providers

The key functions of the HMIS include data:

- ✓ Collection
- ✓ Entry
- ✓ Processing
- ✓ Analysis
- ✓ Use for decision-making

NATIONAL HMIS STRATEGY

“The HMIS will measure its ultimate success by the informed decisions that lead to action and positive changes in the health system or health status of its population, rather than by the quantity or quality of data produced.”

How is Data Collected under the HMIS Used?

Only through strong management of health services together with proper collection and analysis of epidemiological and operational data is a CHSWT able to problem-solve effectively, make well-informed

³⁷ Strategy and Implementation Plan for the National Health Management Information System. June 2009. MOHSW

³⁸ National Health Management Information System: Guidelines for County Health Teams

decisions, and plan health service delivery in the county. Decisions made based upon partial information generally do not serve to fully solve a problem. It is not a good use of time to collect data unless they are used to inform and guide decisions. Information is power, and the more power a CHSWT has over the county health system, the more real authority and decision-making they have. The CHSWTs collect and analyze data from the HFs in accordance with the HMIS guidelines³⁹.

Data are used for:

- ✓ Planning
- ✓ Monitoring
- ✓ Evaluation
- ✓ Research

Why Use Indicators? Why not just look at raw data?

In general terms an indicator is “...a quantitative or a qualitative measure derived from a series of observed facts that can reveal relative positions [e.g. of a country, CHSWT, or facility] in a given area. When evaluated at regular intervals, an indicator can point out the direction of change across different units [e.g. CHSWT or facility] and through time.”⁴⁰ Indicators are used to “benchmark”, or monitor performance to get an idea of how a HF or a CHSSWT team is doing relative to how it has done in the past, and relative to other HFs or CHSWTs. Indicators are also used as a means of initiating discussion and analysis for action planning. Raw data, on the other hand, provide limited information for understanding a situation, and do not give the CHSWT enough information to make decisions.

What are the Different Types of Indicators Monitored?

There are a number of different types of indicators used to measure different aspects of the health system. Table 4 below defines the four basic types of indicators measured in Liberia.

TABLE 4. TYPES OF INDICATORS

TYPES OF INDICATORS
<p>INPUTS, PROCESSES Activity level indicators, (eg hiring CMs, TTMs, gCHVs, trainings to be conducted, drugs distribution etc) are monitored by following-up on CHSWT and IP operational and work plans;</p>
<p>OUTPUT INDICATORS Results of conducting activities, (eg pregnant women attending 4+ ANC visits, pregnant women referred by TTMs, CMs trained in BLSS, facilities with no stock out lasting more than one week, supervisions done etc) are monitored through HMIS data submitted by health facilities, supervision reports by CHT etc.;</p>
<p>OUTCOME/COVERAGE Results of outputs measured mainly at the population level (eg. Immunization coverage, ITNs utilization, etc) are monitored through household surveys (preferably on an annual basis); and</p>
<p>IMPACT INDICATORS Overall desired result at population level monitored through population-based surveys such as LMIS, DHS, etc).</p>

³⁹ National Health Management Information Systems Procedures Manual for Data Collection, Analysis and Use.

⁴⁰ Handbook on Constructing Composite Indicators, Methodology and User Guide. OECD. 2008.

At the county level, all input, process, and output indicators are monitored by the County M&E Officer and periodically verified during quarterly monitoring visits by National M&E Officers.

What Indicators are the CHSWT responsible for Monitoring?

The MOHSW has selected a set of indicators to monitor the progress of implementation of the EPHS. Progress is measured against negotiated performance targets set for each indicator. Additionally for the purpose of PBF a sub-set of those indicators (serviced delivery as well as administrative) will be used to track and assess county performance and will be tied to a bonus.

For the purpose of performance contracts, the indicators monitored are a sub-set of those outlined in the EPHS. The *Current Performance-Based Indicators to Measure EPHS Progress and CHSWT Performance against Contract Targets* can be found in the PBF Operations Manual as well as in the Contracting In Guidelines - Additional Reference Documentation.

What is the Process for Data Collection in the county, and Who is Responsible for What?

It is important for all members of the CHSWT and HF teams to understand who is responsible for collection and compilation of data in the county. Health Facility data are to be collected on a daily basis, analyzed and collected on a monthly basis, entered into the electronic data collection system (DHIS) on a monthly basis, and presented for analysis and action-planning on a quarterly basis. The CHSWT has the HMIS Reference Manual reporting forms, which contain 30 separate ledgers in headquarters office. Below is a summary of team member responsibilities:

SERVICE PROVIDERS

- ✓ Record in the **HF ledgers** clients and chart all services provided.
- ✓ Record and compile ledger data on a daily basis.

OIC

- ✓ Fill out **Monthly Integrated Report** forms from the **Daily Ledger compilation Book**.
- ✓ Update monthly data monitoring table/chart
- ✓ Analyze data for decision-making at HF and community levels
- ✓ Disseminate data on outbreaks and trends

DHO

- ✓ Review data for accuracy with the OIC at the facility before taking it away. The integrated reporting form covers all programs and services, and is filled out monthly.
- ✓ Collect Monthly Integrated Report forms from HF and submit to the CHSWT M&E Officer (by the 5th of subsequent month);

M&E OFFICER

- ✓ Verify data (together with the CHDD). This process forms part of the regularly scheduled CHSWT monthly supervisory HF visits. The CHSD, CHDD, M&E Manager, Data Officer, and Program Supervisors from varied programs (EPI, malaria, HIV, family planning [FP], etc.) contribute to this

activity. During these visits a team from the CHSWT conduct ledger recounts at each HF. The ledger recounts involve checking selected data elements from the appropriate ledgers and comparing them with numbers recorded into the monthly integrated data collection or reporting form.

- ✓ Enter *Monthly Integrated Report Form* data into the electronic *District Health Information System (DHIS)* at the county level; this takes two weeks, and the data are then transmitted to the central HMIS (by the 15th of each month)⁴¹.
- ✓ Conduct monthly meeting to analyze the data together with the Data Officer and the Registrar. Look at key indicators and data elements under the guidance and direction of the CHO and the CHDD. DHOs and all CHSWT supervisors participate as well.

CHDD / M&E MANAGER/COUNTY PHARMACIST

- ✓ Prepare a presentation for the CHSWT Management Meetings on data trends. The M&E Officer takes the lead on preparation of data trend presentations. Present, discuss, comment, and conduct action planning each time the data is presented to ensure data use. These analyses compare facilities and districts by looking at facility performance on selected indicators and data elements. Analysis is also conducted looking at the Stock Balance Reporting Records (SSRB) and includes Logistics Management Information Systems (LMIS) in regular reporting on data trends.
- ✓ Organize and facilitate quarterly review meetings to discuss issues including service delivery performance per health facility and district and data quality involving DHOs and OICs. This is to enhance performance and positive competition among facilities and to foster accountability.

CHV

- ✓ Fill out community ledger on a daily basis.
- ✓ Submit monthly report to the HF community focal person.

What are the Data Requirements for the HFs?

- ✓ Provide monthly statistics data on schedule to DHO
- ✓ Graph and display HF statistics data on the wall of the HF
- ✓ Keep posters up to date and displayed on the wall of the HF
- ✓ Record all patient visits in register
- ✓ Recheck monthly data, discuss it amongst HF staff (and CHSWT), and use for decision-making.

COPIES OF THE HMIS STRATEGY AND THE NATIONAL MONITORING AND EVALUATION STRATEGY CAN BE FOUND IN THE OFFICE OF M&E AND OFFICE OF HMIS IN THE MOHSW DEPARTMENT OF PLANNING.

⁴¹ The central MOHSW The HMIS Unit conducts quality data checks in each county, and resolves pending queries within one week from receipt of data; the data can then be made available to other units. The entire process takes three weeks, after which the county team can then start planning for the verification. PBF Operations Manual. March 2012. MOHSW

SUPPLY CHAIN MANAGEMENT OF ESSENTIAL MEDICINES AND SUPPLIES

Pharmaceutical Supply Management represents an entire set of activities aimed at ensuring timely availability and appropriate use of safe, effective quality medicines and related products and services in any health care setting.

For any supply chain to function properly, whether it is for commercial goods such as Coca-Cola® or vehicles, or for drugs and medical supplies, all supply chain components need to work in unison. For a supply chain to be successful, three flows have to take place in harmony with each other – product flow, information flow and financial flow. To ensure sufficient supply of essential medicines and supplies to Service Delivery Points (SDPs), the following activities related to physical product flow are essential:

Selection – involves reviewing prevalent health problems, identifying the best clinical treatments, choosing individual medicines, dosages, and dosage forms based on standard treatment guidelines and deciding which medicines will be available at each level of health care. Related to product selection based on review of health challenges and decisions concerning standard treatment guidelines.

Quantification – is the process of estimating the quantities and costs of the products required for a specific health program (or service), and determining when the products should be delivered to ensure an uninterrupted supply for the program. Quantification is a critical supply chain management activity, it links information on services and commodities from the facility level with program policies and plans at the national level to estimate the quantities and costs of the commodities required for a health programs. Quantification is important for informing supply chain decisions on product selection, financing, procurement, and delivery.

Related to the estimation of the quantities of drugs needed are the following supply chain components:

Procurement – the process of purchasing supplies directly from national or multinational private or public suppliers; purchasing through global agencies and procurement mechanisms; or regional procurement systems; or purchasing from international procurement agents. It is a major determinant of pharmaceutical availability and total pharmaceutical costs. Related to the acquisition of supplies through purchase, donation, or manufacture.

Reception – related to custom clearance and receipt of products at medicine storage depots.

Warehousing/Storage –. Related to the appropriate storage of commodities to ensure the physical integrity and safety of products and their packaging, throughout the various storage facilities, until they are dispensed to clients. An important goal in storage of health products is the correct staging of health products to ensure that orders can be filled and distributed

Distribution – Related to the movement of materials to SDPs. storage and distribution include all activities related to managing an inventory: ordering, receiving, storing, issuing, and reordering supplies. These activities may take place at various levels of the system. The goals of

inventory management are to protect stored items from, loss, damage, theft, or wastage, and to manage the reliable movement of supplies from source to user in the least expensive way.

Returns – Related to reverse flow of expired, damaged or obsolete products (products purchased do not meet needs) for appropriate disposal

In addition to product flow, information regarding order quantity, quantity supplied, consumption, stock status, etc. flows from the lower level of the supply chain to the higher level. Finally, money in the form of budgetary allocation, disbursements, payments, and credits also flows in reverse direction of the product. There are two systems which are essential to information flow and financing:

Logistics Management Information System (LMIS) - Involves recording of order quantity, quantity supplied, consumption data and stock status data in order to conduct “Quantification” estimates of medicines needed, assess availability of medicines at any level, and taking corrective action. The LMIS in Liberia is integrated into the HMIS.

Pharmaceutical Inventory is tracking and accounting for the total number of medicines and supplies contained in the pharmacy or warehouse. A good inventory management system will track medicines and supplies as they are ordered, received, stored and issued out.

The following delineates the responsibilities of each actor for individual components of the supply chain:

CHSWT

- ✓ Forecast and order commodities
- ✓ Utilize a Logistics Management Information System (LMIS) to transfer information up and down the supply chain
- ✓ Store commodities in county depot and distribute to SDPs
- ✓ Manage budget to purchase medicines and health care commodities from the National Drug Service (NDS)

HEALTH FACILITIES

- ✓ Submit monthly requisition of health care commodities from the CHSWT
- ✓ Ensure adherence to standard treatment guidelines (STGs) and prescription policies (at HF and Community levels)
- ✓ Manage medicines and medical supply inventory
- ✓ Collect and share logistics data including those of health care commodity consumption data

MOHSW

MOHSW SUPPLY CHAIN MANAGEMENT UNIT (SCMU)

- ✓ Coordinate and oversee all pharmaceutical and health care products supply chain activities within the public health supply chain system
- ✓ Manage a central LMIS
- ✓ Supply planning (plan quantification and procurement)

MOHSW PHARMACY UNIT

- ✓ Oversee national pharmaceutical policy
- ✓ Support County pharmacists to ensure policies are implemented at county and HF levels

LIBERIA MEDICINES AND HEALTH PRODUCTS REGULATORY AUTHORITY (LMHRA)

- ✓ Conduct all activities related to the registration of medicines and health care products
- ✓ Enforce quality control on products being imported and distributed within the country

NATIONAL DRUG STORE (NDS) (semi-autonomous entity):

- ✓ Procure, warehouse, and distribute medicines and medical supplies on a timely basis

What are the Responsibilities of the HF for Ensuring Medicine Supply?

ORGANIZE PHARMACIES, DISPENSARIES AND STORE ROOMS

Proper storage and a well-marked inventory control system are imperative to maintain quality of medicines, prevent damage and expiration of medicines, and to implement a stock management system that fosters accountability. The inventory control system is to have individual stock-keeping records, transactional records, and consumption records system for tracking health care products supply and consumption in operation at the HF level. At the clinic level, ledger cards, rather than bin cards, may be used for stock keeping records. The HF storekeeper is to manage the inventory control system on a daily basis so that there is real time data as to the HF stock on hand (inventory).

ADEQUATE WASTE MANAGEMENT PRACTICE

All facilities are equipped with incinerators and sharps pit for proper waste management; however, expired health care products should be returned to the County Depot or NDS for appropriate disposal.

MONTHLY STOCK BALANCE REPORTING AND REQUISITION (SBRR) FORM

It is the responsibility of the HF to fill out the SBRR Form on a monthly basis and submit them to the County Pharmacist on the 5th day of each month. The SBRR records **Monthly Stock Inventory** (e.g. the exact type and quantity of each drug in the HF storeroom) and **Consumption** (e.g. the difference between the quantity of each drug at the beginning of the reporting cycle and the stock on hand in inventory at the time of the report).

What are the Responsibilities of the CHSWT for Ensuring health care products Supply in the Health Facilities?

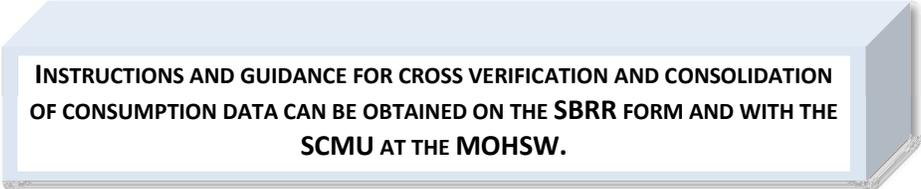
PROPER USE OF THE MONTHLY STOCK BALANCE REPORTING AND REQUISITION (SBRR) FORM BY HFS

The county pharmacist is responsible for ensuring that health care providers understand how to fill out this form and that their reports are complete, accurate, and submitted to the SCMU on a timely basis.

REVIEW SBRR AND CONSOLIDATE CONSUMPTION DATA AND FORECAST OF NEED

At the CHSWT the County Pharmacist is responsible for collecting, reviewing and approving the SBRR forms with actual consumption data from the HFs. Review of the forms is based upon reported HMIS data, consumption, utilization and caseload, and supervision visits. It is important that the Pharmacist work closely with the County M&E / HMIS Manager to cross-reference and actually verify consumption data against utilization data.

Once reviewed and approved, the information is consolidated across all HFs, and the Pharmacist forecasts (estimates) the health care products needed for the county for the next month making sure to include at least one-month supply of **Buffer Stock** (e.g. extra health care products supply to ensure that there will not be stock outs in the facilities over the next month).



INSTRUCTIONS AND GUIDANCE FOR CROSS VERIFICATION AND CONSOLIDATION OF CONSUMPTION DATA CAN BE OBTAINED ON THE SBRR FORM AND WITH THE SCMU AT THE MOHSW.

ORDER COMMODITIES FROM NDS

Quarterly data is entered into the SBRR form and health care products are ordered from NDS. The three-month health care supply includes the three-month forecast plus the one-month of buffer stock.

STORE COMMODITIES IN COUNTY DEPOT AND DISTRIBUTE TO SDP

All medicines and medical supplies are kept in the County Depot and under proper storage condition and space ensuring that infrastructure and security measures are in place (e.g. under lock and key). County Depot and warehouses must meet regulation for refrigeration, air conditioning, generator, shelves, pallets, size, location, temperature, shelving, etc.

On a quarterly basis, the NDS is responsible for transporting the health care products ordered (and purchased) by the county to the County Depot. The Pharmacist develops a standardized transportation schedule from County Depot to health facilities for delivery of commodities. If there is an urgent request then emergency ordering and delivery can be arranged. NDS not only supplies essential medicines and medical supplies, it also, through the Global Fund & USAID, supplies HIV, TB and Malaria products as well as family planning commodities.

It is the Pharmacist's responsibility to liaise with the NDS to ensure good communication with NDS regarding the distribution schedule to their county. Once commodities reach the county, it is the Pharmacist's responsibility to ensure proper warehouse storage in the County Depot and for distribution of the drugs on a monthly basis to the HF. Distribution levels are to mirror those of the individual HF SBRR reports.

HF STOREROOM MAINTENANCE AND INVENTORY CONTROL

The County Pharmacist is responsible for ensuring that the county depot has proper storage conditions for all commodities that enter into the county. The pharmacist also ensures that medicines and medical supplies stored in the County Depot are delivered in a safe and efficient manner ensuring maintenance of quality health care product standards (e.g. storage on vehicles, etc.) to the HF. Quality of health care

products supply at the HF level in the medical storeroom at the HF falls under the responsibility of the County Pharmacist. However, when health care products are received at any level of the service delivery points, a proof of delivery (POD) document must be received and signed by the distributor and the recipient.

APPROVAL OF PAYMENT TO NDS

The MOHSW not only approves payment to NDS, but also release funds and pays NDS upon receipt of requisition from the CHO.

INFORMATION MANAGEMENT AND SUPERVISION

A ledger is used to indicate the date, amount, and types of medicines received from NDS and / or delivered to the HF. On a monthly basis, the Pharmacist visits each HF with a supervisory checklist in hand to oversee the quality and maintenance of the HF supply chain system.

COPIES OF THE LEDGER CAN BE OBTAINED FROM THE SUPPLY CHAIN MANAGEMENT UNIT AT THE MOHSW.

INSTRUCTIONS AND GUIDANCE ON ALL SUPPLY CHAIN MANAGEMENT FUNCTIONS, INCLUDING: COMMODITY SELECTION, QUANTIFICATION, FORECASTING, WAREHOUSING, WASTER MANAGEMENT, FILLING OUT THE SBRR, AND THE LMIS CAN BE OBTAINED FROM THE SUPPLY CHAIN MANAGEMENT UNIT AT THE MOHSW.

COMPETITIVE PROCUREMENT CYCLE: SUB-CONTRACTS WITH IMPLEMENTING PARTNERS

A CHSWT may be contracted by the MOHSW to provide health services to the entire county, to select districts, or to catchment areas in specific HF jurisdictions. Regardless of the coverage area for the contract, it is ultimately the decision of the CHSWT whether or not to sub-contract out service delivery to an IP. Any sub-contracts that the CHSWT enters into directly with an IP are also performance-based in nature.

CHSWT Best Practice

It is important to always have a transition plan in place when going from one IP to another IP.
-RIVER GEE & NIMBA

A CHSWT can choose to contract out any number of services to an IP, including delivery of the entire EPHS, management of HFs, education and community outreach, training, mental health services, social welfare services, etc. Regardless of whether or not the CHSWT sub-contracts out to an IP, it is the CHSWT that is ultimately responsible for the use of all funds provided to them under their performance contract with the MOHSW.

The following section of this guide pertains to the CHSWT who chooses to sub-contract out to IPs.

How does the MOHSW determine whether the CHSWT is Performing?

There are presently 20 indicators designated to gauge performance under contracts (service delivery and administrative measures). These indicators are used to measure contract performance, and can be found in the ***Contracting In Guidelines – Additional Reference Documentation***.

How does the CHSWT determine whether an IP (NGO) is Performing?

The same performance indicators are also used by the CHSWT to measure whether an IP is providing the results or output agreed upon under contract.

THE PERFORMANCE INCENTIVES/BONUSES DISBURSEMENT, MANAGEMENT, AND REPORTING

Rewards are paid for good performance and sanctions are applied for non-performance⁴². This same model – payment of rewards or extra incentive payments – is applied to any type of performance contract, including contracts between the MOHSW and a CHSWT; contracts between a CHSWT and an IP; and contracts between a CHSWT and individual HFs.

CHSWT Best Practice

Quarterly bonus payments made to HF based on performance payment
- NIMBA & RIVER GEE

⁴² In Liberia the bonus strategy that will be used specifies that 80% will be allocated to Health Facilities (HF) and 20% to the CHSWT. The HF bonus will be split whereby individual HF staff will receive 50% of their allotted bonus and HF management and those involved in community mobilization will receive the other 50%.

In contracts between the MOHSW and the CHSWT, 10% percent of the budget allocated to the CHSWT is withheld upon contract award pending verification and validation of CHSWT aggregate and HF progress against indicators. The MOHSW utilizes this 10% to issue performance bonus payments, which are disbursed quarterly⁴³. Initially, performance contracts between the MOHSW and the CHSWT will not require performance agreements between the CHSWT and the HF; however, in the near future the MOHSW's plan is to incrementally build CHSWT capacity to formulate performance agreements with individual HFs. Bonus distribution is then allocated by type of indicator.

**A FULL EXPLANATION OF THE PBF SCHEME INCLUDING BONUS DISTRIBUTIONS
CAN BE FOUND IN THE PBF OPERATIONS MANUAL IN THE MOHSW.**

TRANSITION PLANNING

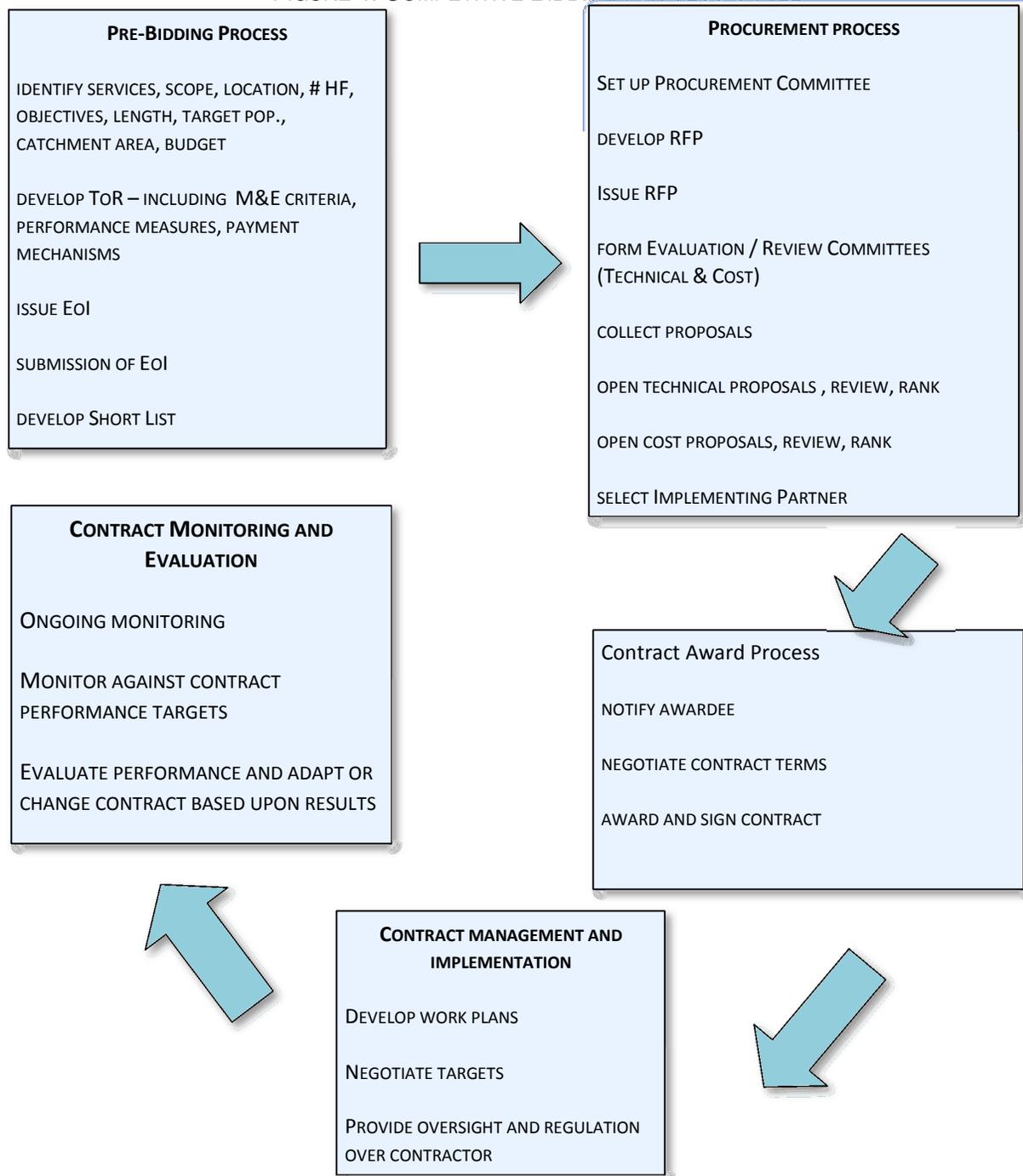
It is important to have a transition plan in place when moving from one IP to another IP or when a contract with an IP ends and the CHSWT takes over management of health services in order to avoid delays and misunderstandings. When considering taking on new procurement for service delivery through an IP, it is important to include in the ToR a section that requests bidders to propose a transition plan from IP "A" to IP "B" or from IP "A" to the CHSWT. This plan is to include an allotted time period (e.g. approximately 4-6 weeks), an explanation of what the plan involves, and identification of responsible parties for each task during the transition. A large part of transition planning involves how and when to communicate with HF staff. Communications are to be conducted by a tri-partite team consisting of the CHSWT, the previous IP, and the new IP. They are to ensure that the CHSWT participates in communication to the HF. The CHSWT team members serve as a neutral body to guide the transition process.

⁴³ Performance-Based Financing Operations Manual. March 2012. MOHSW

THE PROCUREMENT CYCLE IN LIBERIA

Whether the central MOHSW is procuring services from a CHSWT for the most part they will not be competitively bid out. However, when a CHSWT is procuring services from an IP (e.g NGO), the procurement process requires standard GoL competitive procurement. Figure 4 below depicts the procurement process for CHSWT sub-contracting for health services from IPs.

FIGURE 4. COMPETITIVE BIDDING PROCESS CYCLE



COUNTY-LEVEL PRE-BIDDING PROCESS

During this initial meeting, the CHSWT will need to decide who would be best placed to lead the process to procure services from an IP. Ideally, the CHSWT seek out the services of an independent consultant to lead the sub-contracting procurement process from this point on through the award of contract. Hiring a consultant can be done either through the CHSWT's regular procurement process and led by the HR Manager with support from the Procurement Officer, or assistance in identifying a consultant can be sought out from a technical assistance partner or International Organization.

IDENTIFICATION OF SERVICES AND CONTRACT OBJECTIVES

1. The CHO convenes and facilitates a meeting to develop a detailed Scope of Work (SOW); all supervisors and line managers on the CHSWT are invited to participate. During this meeting the relevant line manager or, in the case of sub-contracts for the EPHS, the CHO will present the situation including a gap analysis and identification of need as well as potential partners.
2. After the presentation and subsequent discussion, the CHO, CHSA, CHSS, and CHSD decide who should develop a SOW to hire an IP to fill the gaps identified. At this point the senior managers may ask the PBF Unit at the MOHSW for support in drafting the SOW including past drafts that may serve as a model. If a consultant has been identified and hired this individual may also help.
3. Once the SOW is finalized it is shared with the other senior managers on the team. Terms of Reference (ToR) are developed next. Essentially the ToRs would mirror those contained in the contract ToRs between the MOHSW and the CHSWT with the exception of specificity that indicates precisely what the IP is being asked to do. The ToR includes types of services (e.g. entire EPHS or discreet services), types and numbers of health facilities, geographic areas, target population, indicators to measure performance, guidance for M&E, length of contract, available budget, and estimated budget. The ToR also identifies the funding source, which will most likely be CHSWT funding under the performance contract with the MOHSW.
4. The ToR is then sent to the Consultant for issuance.

COUNTY-LEVEL BIDDING PROCESS

The bidding process involves first narrowing down the potential bidders to create a list of those that are eligible to provide services in the county, and second asking eligible bidders for their vision and explanation as to how they will provide those services.

EXPRESSION OF INTEREST (EOI)

5. The consultant develops and issues an EOI based upon the Public Procurement and Concession Commission (PPCC) Guidelines for Tendering. The content of the EOI is based upon the ToR developed by the CHSWT. The EOI is posted locally, on the Internet on the MOHSW website, and in the newspapers. Potential bidders are given three weeks to respond.
6. Only private providers that are fully licensed and accredited based upon set standards of operation may be eligible for performance contracts with the CHSWT.
7. While awaiting responses to the EOI, the consultant sets up the EOI and Procurement Review Committee. This review committee is to be chaired by the CHO with discussion facilitated by the consultant. Members of the committee include, CHO, CHSA, Finance Manager, M&E Manager,

CHDD, CHSD and any other CHSWT staff who might be pertinent to filling the gap in services. The County Superintendent is to be invited as well to participate in addition to key technical staff from the MOHSW. Likewise, although funds for this procurement will most likely come from the GoL through the MOHSW, if there is a particular agency or institution involved in funding this sub-contract, they are also be invited to participate in the procurement process.

8. EOI responses are sent to the CHO with a copy to the consultant. The CHO convenes a meeting of the Review Committee and they have a week to review EOIs. Criteria for evaluation of the EOI can be found in the Office of Procurement at the MOHSW.
9. Based upon the EOI review, the Consultant develops a short list of those eligible to bid on a Request for Proposals (RFP).

REQUEST FOR PROPOSALS (RFP)

10. The Terms of Reference (ToR) developed previously are given to the CHSWT Finance Manager to develop corresponding Finance and Administration terms. The Financial Manager includes the total ceiling amount for the contract, a template for how the budget is developed and submitted, any language necessary to ensure that GoL financial management processes and procedures are followed. For the most part the same language that is contained in the contract between the MOHSW and the CHSWT will be included with the only difference being in the total amount and any additional items the CHSWT would like the bidders to include. If necessary, the consultant may assist in this process.
11. The consultant combines the technical and the financial/administrative ToRs and inserts them into a Request for Proposals (RFP). The proposal evaluation criteria are to be included in the RFP as well as the percentage ranking for each category evaluated. Categories include: Technical Approach and Implementation; Past Performance and Corporate Capabilities; and Performance Management Plan; and an exit strategy upon completion of work.
12. The CHO reviews the RFP and sends to other CHSWT staff for review and changes by technical staff, Finance Manager, Human Resource Manager, and M&E Manager. The consultant finalizes the RFP, and the CHO approves it.
13. The Consultant issues the RFP to those on the EOI short list, and potential IPs have six weeks to respond.
14. Bidders submit their proposals to the CHO via hand-carried mail where they are deposited in a locked Tender Box in the lobby area of the CHSWT office. Technical and cost proposals are submitted separately in sealed envelopes. At 5:00 pm on the final day of submission, the Tender Box is opened, and a tally sheet is filled out with a list of submissions. There are two people present during this tally; either the CHO or CHSA and another CHSWT member or the consultant. The CHO takes the proposals to his/her office, and they remain unopened. A meeting is convened immediately afterwards of the PRC where they are presented with the tally sheet report on submissions. Both the technical proposals and cost proposal remain sealed.

COUNTY-LEVEL EVALUATION PROCESS

TECHNICAL REVIEW

All eligible bidders have a chance to have their technical proposals reviewed.

15. A Technical Review Committee is formed consisting of the same team that formed the EOI review committee.

16. The Technical Review Committee is sequestered away from the CHSWT offices in a different locale somewhere in the county, and a meeting is held to review the proposals. In the meeting, the sealed proposals are opened and copied. At the venue of the review, each reviewer is given a form stating that the reviewer has no conflict of interest.
17. Each committee member is given a copy of each proposal along with the cover letter that indicates the total cost proposal. At this time, a score sheet is also passed out to each member. In order to maintain confidentiality and create a fair and honest evaluation, all score sheets should remain anonymous and therefore should not include names of individual scorers.
18. Members separate, at the same locale, and individually review and rank the proposals based upon a pre-determined standard set of scoring criteria. The ranking categories include: Technical Approach and Implementation; Past Performance and Corporate Capabilities; and Performance Management Plan.
19. All copies of the proposals and corresponding cover letters along with the score sheets and any documents or papers used in the review process are collected. The chair of the meeting then inputs each reviewer's name and scores onto a chart that is projected for everyone to see. Scores for each bidder are added up and divided by the number of committee members. From this, an average score is determined for each bidder.
20. A discussion is held on the individual score sheets; written documentation of this discussion is recorded and notes are made on any issues raised. During this time any questions or clarifications that may arise are to be noted by the consultant who will send a request for clarification in writing to the respective bidders. Once replies are received, the same committee reconvenes to reconsider proposals based upon any new information provided.
21. At the end of the committee discussion, individuals may chose to change their scores if the discussion provided them with new information that led them to believe that their original scores were no longer relevant. The new individual scores are re-ranked and shared in public. Final results are officially recorded.

FINANCIAL REVIEW

If a proposal obtains a score of 70 percent or greater, a cost review follows.

22. The consultant forms a Financial Review Committee through the same process as the Technical Review Committee. When possible, the same individuals who sat on the Technical Review Committee should also be invited to sit on the Financial Review Committee. This will facilitate some discussion regarding value for money invested and will help to avoid misunderstandings post-award regarding decisions made. In addition to those on the Technical review committee, the Financial Review Committee includes the county Financial Manager and a representative from the Office of Financial Management at the MOHSW. The Superintendent is also invited to participate by the CHO as well as any relevant partners or donors involved in the procurement.
23. The consultant convenes a meeting of the Financial Review Committee and the Technical Review Committee for the opening of the cost proposals, which were submitted in separate envelopes and remained closed in order to know the total cost being proposed by each bidder.
24. If there are any questions or clarification needed on the cost proposals, these queries are sent to the respective bidders.
25. After all responses to questions are received, an IP is chosen and a contract is awarded.

26. All procurement in the Republic of Liberia must follow the PPCC Act of 2005. The PPCC states that, “the Procuring Entity [CHSWT] shall be responsible for the administration and monitoring of contracts entered into by the Entity.”⁴⁴
27. All records and procurement reports are to be kept on file for “a period of six years following the date of final completion of the procurement contract, or from the date of rejection of all bids, or cancellation of the proceedings...”⁴⁵

⁴⁴ Part 4, Procurement Planning, item 41 Contract Administration. Schedule A Bill, The Public Procurement and Concessions Act. 2005. Republic of Liberia

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INDIVIDUALS CONSULTED

NAME	TITLE
MINISTRY OF HEALTH AND SOCIAL WELFARE	
Dr. Bernice T. Dahn	Deputy Minister, Health Services /Chief Med. Officer
Mrs. Yah M. Zolia	Deputy Minister, Planning, Research & Development
Clr. Vivian J. Cherue	Deputy Minister, Social Welfare
Mr. Joel Bimba	Department Coordinator, Social Welfare
Clr. Tolbert G. Nyenswah	Assistant Minister, Preventive Services
Dr. Saye D. Baawo	Assistant Minister, Curative Services
Mr. Benedict Harris	Assistant Minister, Planning
Mr. Alex Nartey	Financial Management Advisor
Dr. Francis.B. Zotor	Manager, Health Sector Pool Fund
Mr. Toagoe T. Karzon	Comptroller, OFM
Mr. Ka-Rufus Morris	Director, Procurement
Mr. Momolu V.O. Sirleaf	Director, External Aid Coordination Unit
Mr. James Beyan,	Director, Personnel
Mr. Luke Bawo	Director, HMIS
Mr. Justine A. Korvayan	Director, Planning & Decentralization
Mr. George P. Jacobs	Director, M & E
Dr. Angela Benson	Manager, FARA
Mrs. Louise Mapleh	Manager, PBF Unit
Mrs. Margaret Korkpor	Director, Community Health Services
Mr. Tambo Boima	Director, Community Health
Mr. Matthew T.K. Flomo	Deputy Minister, Administration
Mr. John Linga	Assistant Minister, Administration
Mr. John Wilson, Esq.	General Counsel
Mr. John T. Harris	Director, SCMU
Mrs. Teta Lincoln	Community Health Services
Mr. Joel Bimba	Department Coordinator, Social Welfare
COUNTY HEALTH OFFICERS	
Dr. Linda Birch	Bomi
Dr. Paul Wesseh	Nimba
Dr. Joseph Siaka	River Gee
SUPERINTENDENTS	
Hon. Grace Kpaan	Monserado
Hon Samuel F. Brown	Bomi
Hon. Edwarda S. Cooper	Grand Bassa
Hon. W. Geeron Smith	River Cess
Hon. Nazerene Brewer Tubman	Maryland

OTHER	
Dr. Rose Macauley	RBHS, Chief of Party
Dr. Theo Lippeveld	RBHS, Deputy Chief of Party
Dr. Vamsi Vasireddy	RBHS, Capacity-Building Director
Mr. Bal Ram Bhui	RBHS, Monitoring and Evaluation Director
Ms. Zaira Alonso	RBHS, Finance and Administration Director
Dr. Floride Niyuhire	RBHS, PBF Advisor
Mr. David K. Franklin Sr.	RBHS, Mental Health Advisor
Mr. Mohammed A. Massaley	RBHS, Capacity-Building Officer Bong Co.
Mr. Kapil Dev Singh	CHAI, Supply Chain Analyst
Ms. Laura M. O'Hara	UNICEF, Chief Child Survival and Development
Mr. Steven Korvah	UNICEF, PMTCT Specialist
Ms. Rianna L. Mohammed	World Bank, Health Specialist
Dr. Robert Soeters	World Bank, Consultant
Mr. Shunsuke Mabuchi	World Bank, Consultant
Mr. Ernest Gaie	Africare, County Director
Mr. Kevin Carew	World Learning, Country Director

COUNTY HEALTH OFFICERS CONSULTED

COUNTY	CHO
Bomi	Dr. Linda Birch
Bong	Dr. Garfee Williams
Gbarpolu	Dr. Anthony Tucker
Grand Cape Mount	Dr. Julious Garbo
Grand Bassa	Dr. Saybeh M. Vanyanbah
Grand Gedeh	Dr. Fred Amegashie
Grand Kru	Dr. Abraham Keita
Lofa	Dr. Aaron Y. Kollie
Margibi	Dr. Hawa M. Kromah
Maryland	Dr. Odell Kumbah
Montserrado	Dr. Ansumana Camara
Nimba	Dr. Paul T. Whesseh
Rivercess	Dr. Wilmot L. Smith
River Gee	Dr. Joseph Sieka
Sinoe	Dr. Wilmot D. Frank