

USAID | CSH Annual Progress Report

Period: February – September 2015

Sjoerd Postma

October 30, 2015

The Liberia Collaborative Support for Health Activity will strengthen the Ministry of Health's (MOH) overall capacity to consistently and effectively deliver quality health and social welfare services, through targeted health systems strengthening in priority areas.

[Health systems strengthening – USAID – Social welfare services]

This report was made possible through support provided by the US Agency for International Development and USAID Liberia, under the terms of Contract Number **AID-669-C-15-00001** and Christopher Egaas. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

USAID | Liberia
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
<http://www.msh.org>



COLLABORATIVE SUPPORT FOR HEALTH PROGRAM

Liberia Collaborative Support for Health (CSH) Program

Annual Summary Report for Year 1

(February 27 – September 30, 2015)

&

Quarterly Report for Quarter 4

(July 1 – September 30, 2015)

CONTRACT N^o: AID-669-C-15-00001

This document was produced for review by the United States Agency for International Development. It was prepared by Management Sciences for Health for the USAID Collaborative Support for Health Program, contract number AID-669-C-15-00001.

This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of the USAID Collaborative Support for Health (CSH) Program and do not necessarily reflect the views of USAID or the United States Government.

Acronyms and Abbreviations

ACCEL:	Academic Consortium to Combat Ebola in Liberia
AfDB:	African Development Bank
akvo FLOW:	WASH Infrastructure and Services Database
CDC:	Centers for Disease Control and Prevention
CHAI:	Clinton Health Access Initiative
CHB:	County Health Board
CHSWT:	County Health and Social Welfare Team
CHT:	County Health Team
CME:	Continuing Medical Education
CMO:	Chief Medical Officer
CPD:	Continuing Professional Development
CSA:	Civil Service Agency
CSH:	Collaborative Support for Health Program
DHIS2:	District Health Information System
DHT:	District Health Team
DIG:	Development Innovations Group
EPHS:	Essential Package of Health Services
EPSS:	Essential Package of Social Services
EU/TA:	European Union Technical Assistance
EUV:	External Use Verification
EVD:	Ebola Virus Disease
F&A	Finance and Administration
FARA:	Fixed Amount Reimbursement Agreement
GEMS:	Global Environmental Management Support Project
GFATM:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GOL:	Government of Liberia
HCF:	Health Care Finance
HFU:	Health Financing Unit
HICD:	Human and Institutional Capacity Development
HIS:	Health Information Systems
HMER:	Health Management Information Systems, M&E and Research units
HMIS:	Health Management Information System
HR:	Human Resources
HRH:	Human Resources for Health
HRIS:	Human Resources Information System
HRM:	Human Resources Management
HRSA:	Health Resources and Services Administration
HSCC:	Health Sector Coordination Committee
HSS:	Health System Strengthening
IHI:	Institute for Healthcare Improvement
iHRIS:	Human Resources Information System
IPC:	Infection Prevention and Control
IRC:	Internal Reform Committee

ISO:	International Organization for Standardization
JSR:	Joint Service Sector Review
KSKS:	Keep Safe, Keep Serving
L&G:	Leadership and Governance
LBNM:	Liberian Board of Nursing & Midwifery
LHEF:	Liberia Health Equity Fund
LMDC:	Liberia Medical and Dental Council
LMG:	Leadership, Management, and Governance
LMHRA:	Liberia Medicine and Health Regulatory Authority
LMIS:	Logistics Management Information System
MFDPP:	Ministry of Finance & Development Planning
MGCSP:	Ministry of Gender, Children and Social Protection
MOH:	Ministry of Health
MPW:	Ministry of Public Works
MSH:	Management Sciences for Health
NACP:	National AIDS and STI Control Program
NALSOW:	National Association Liberia Social Work
NDS:	National Drug Store
NDU:	National Diagnostics Unit
NHPP:	National Health Policy and Plan
NHSWPP:	National Health and Social Welfare Policy and Plan
NMCP:	National Malaria Control Program
NRL:	National Reference Laboratory
OFM:	Office of Financial Management
PACS:	Partnership for Advancing Community-Based Services Project
PBF:	Performance-Based Financing
PFM:	Public Financial Management
PFMRAF:	Public Financial Management Risk Assessment Framework
PIDS:	Performance Indicator Development System
QA/QI:	Quality Assurance and Quality Improvement
QMU:	Quality Management Unit
R4D:	Results for Development
SBMR:	Standard Based Management Recognition
SCM:	Supply Chain Management
SCMU:	Supply Chain Management Unit
SOP:	Standard Operating Procedure
SPR:	Sector Performance Report
SQS:	Safe Quality Health Services
STI:	Sexually Transmitted Infections
STTA:	Short Term Technical Assistance
TA:	Technical Assistance
TWG:	Technical Working Group
UHC:	Universal Health Coverage
UN:	United Nations
UNDP:	United Nations Development Program

UNFPA: United Nations Population Fund
UNICEF: United Nations Children’s Fund
USAID: United States Agency for International Development
USG: United States Government
WASH: Water, Sanitation, and Hygiene
WB: World Bank
WHO: World Health Organization

Table of Contents

Acronyms and Abbreviations.....	2
1. Executive Summary.....	6
2. Introduction	9
3. Summary of Progress by Objective for Year 1	11
Objective 1. Develop leadership, management, and governance capacity of the MOH at all levels.....	11
Objective 2. Strengthen MPW capacity to manage water supply infrastructure Improvements	16
Objective 3. Institutionalize QA/QI initiatives to improve health care service delivery.....	19
Objective 4. Strengthen human resources for health management	21
Objective 5. Improve supply chain management	23
Objective 6. Increase the financial sustainability of services.....	25
Objective 7. Strengthen the health management information system.....	29
4. Activities and Outcomes/Outputs of Quarter 4 (Q4 FY15), by Objective.....	31
Objective 1. Develop leadership, management, and governance capacity of the MOH at all levels.....	31
Objective 2. Strengthen MPW capacity to manage water supply infrastructure improvements	33
Objective 3. Institutionalize QA/QI initiatives to improve health care service delivery.....	33
Objective 4. Strengthen human resources for health management	35
Objective 5. Improve supply chain management	36
Objective 6. Increase the financial sustainability of services.....	38
Objective 7. Strengthen the Health Management Information System.....	40
5. Monitoring and Evaluation	41
6. Program Management, Finance, and Administration	42
7. Upcoming Events	44
8. List of staff and consultants with dates in/out of country	44
Annexes.....	45
Annex 1: CSH Indicator Table.....	45
Annex 2: CSH Deliverables Status	46
Annex 3: CSH Reports and Materials Produced.....	51
Annex 4: Environmental Compliance Status.....	52
Annex 5: CSH Staff.....	53

1. Executive Summary

The USAID Collaborative Support for Health (CSH) Program is implemented by Management Sciences for Health (MSH) and its partners, Jhpiego, Institute for Healthcare Improvement (IHI), Results for Development (R4D), and the Development Innovations Group (DIG). The overall purpose of CSH is to improve the health status of Liberians by strengthening the Ministry of Health's (MOH) overall capacity to consistently and effectively deliver high-quality health services. CSH capacity building activities are aimed at the central level and three USAID priority counties, Bong, Lofa, and Nimba.

The CSH program began on February 27, 2015. During the first month (Q2 FY15), MSH established offices for the program, began local recruitment, and engaged with counterparts in the MOH, counties, development partners, and other USAID funded projects, to inform the initial work planning. CSH also contributed to the validation of the MOH health sector investment plan conceived in collaboration with all partners. That plan focuses on rebuilding the health sector after the devastating Ebola outbreak in 2014, and will be the overarching health strategic document for the coming years.

Subsequently, MSH further established technical and administrative management for the CSH program. Recruitment and staffing proceeded gradually, for reasons discussed in this document, building up through the year to a strong staff of mostly Liberian nationals, supplemented by foreign nationals in some critical areas. USAID officially launched CSH in May with participation from the US Ambassador to Liberia and the Liberian Minister of Health. More than 120 individuals from the Ministries of Health and Finance, donors, and partner organizations attended.

Early in Year 1, CSH staff conducted numerous consultations and discussions with MOH senior management, various units within the MOH, the superintendents' offices, and county health teams in Lofa, Nimba, and Bong, and key partners and donors supporting the MOH in similar technical areas. Staff also conducted extensive consultations with US Government (USG) funded programs, including the USAID Partnership for Advancing Community-Based Services (PACS), and USAID DELIVER, The U.S. Centers for Disease Control and Prevention (CDC) and its implementing partners, and United Nations (UN) organizations. This engagement allowed the project to align its first work plan and its monitoring and evaluation (M&E) plan with the Liberia National Health Policy and Plan (NHPP), the MOH investment plan, and other MOH evolving priorities. This alignment allowed the project to avoid duplication with other partners and redundancy of much needed support to strengthen the MOH to achieve a more resilient health system. Initial technical activities included:

- Introduction of the leadership and governance (L&G) program within the central MOH and securing its ownership by the MOH through consultative meetings;

- The conceptualization of a national quality assurance and quality improvement (QA/QI) strategy that includes infection prevention and control (IPC) initiatives;
- A succinct assessment of pharmaceutical management in Liberia to guide the updating of the Supply Chain Management (SCM) system including its Logistic Management Information System (LMIS); and
- The finalization of a public financial management manual that will allow the MOH to address most of the risk mitigation actions stemming from the Public Financial Management Risk Assessment Framework (PFMRAF) Stage II assessment conducted by USAID.

As staff capacity grew, and activities were approved by USAID, CSH sent out mentors and advisors to work with their respective counterparts in the county health offices and the MOH. This was accompanied by establishing office support in the counties. Following extensive discussions between CSH staff and their respective counterparts, the project aligned CSH activities with the work plans of the MOH and counties respectively, and coordinated with the USG and other partners that are undertaking similar HSS efforts. As the MOH embarked on an extensive institutional reform program, CSH staff worked with their MOH counterparts to determine where project staff can best provide support during the process. Highlights of CSH activities for the year include:

- Assessment of leadership and governance at the county level, with both the Country Health Office team as well as the County Health Board. A program of work has been developed in coordination with other parties who are undertaking similar capacity building programs at the country level, EU and PACS. At the suggestion of the Governance Commission, the Leadership, Management, and Governance (LMG) program at the MOH level was refocused toward supporting the institutional reform program in the MOH.
- Short term technical assistance (STTA) to support the Joint Sector Review of the water, sanitation, and hygiene (WASH) sector. Major partners, including the United Nations Children’s Fund (UNICEF), World Bank (WB), and African Development Bank (AfDB), and the five different government ministries that support WASH components prepared and deliberated on the Sector Performance Report of 2014. This was followed by a further rapid assessment of capacities of the Ministry of Public Works (MPW) in anticipation of a possible PFMRAF assessment in 2016. Water-related activities were developed and increased throughout the year to correspond to the level of funding for these activities.
- CSH continued to work with key partners (particularly the MOH, WHO, and CDC) on the development of an overarching QA/QI strategy that includes IPC components/initiatives, to be launched toward the end of November 2015. As part of the MOH reform, a Quality

Management Unit has been established in the MOH that will further the implementation of the QA/QI/IPC strategy and ensure that appropriate quality-oriented processes and procedures are in place at all service delivery levels of the health system.

- CSH worked with the MOH and key partners, World Health Organization (WHO), Clinton Health Access Initiative (CHAI), and United Nations Development Program (UNDP), on harmonization of the Human Resources for Health (HRH) functions in the MOH. Human Resources (HR) training, management, and planning units are being realigned. A training needs assessment was prepared to establish long-term staff training needs of the government in the HR priority areas of the Health Sector Investment Plan, which will be partially supported by the scholarship fund supported by the CSH program. CSH updated the personnel files as a first step toward the further development and implementation of a computerized HR information system (iHRIS). iHRIS data will also be updated based on an upcoming health worker census supported by WHO.
- CSH conducted a review of the LMIS, together with major partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), WHO, PACS, UNFPA, and DELIVER, as well as key staff from the MOH, National Drug Store (NDS), Liberia Medicine and Health Regulatory Authority (LMHRA), and representatives from all counties. This review will feed into the larger review of the Supply Chain Management Master Plan that will be conducted later in the year.
- Together with all units of the Department of Administration in the MOH and the Global Environmental Management Support Project (GEMS), CSH supported the MOH to finalize a new financial management manual. Its implementation will address most of the risk mitigation actions in the MOH Public Financial Management (PFM) Risk Mitigation Plan, which address risks identified in USAID's PFMRAF Stage II assessment updated in 2015. Further consultations took place to adapt the manual for use in MPW, NDS, and at the county level, and a PFM assessment at the county level has been scheduled.
- CSH initiated interventions to strengthen Performance-Based Financing (PBF) management and implementation to more effectively support MOH objectives. CSH supported: orientation of the new MOH PBF manager, revision of PBF indicators to better align with performance expectations, and the PBF Unit effort to achieve harmonized implementation with the PBF pilot project supported by the World Bank.
- CSH worked with the Health Financing Unit (HFU) in the MOH on a review of the Liberia Health Equity Fund (LHEF) and potential for expanding health care financing in the wider framework of supporting Liberia's road to Universal Health Coverage (UHC).
- The CSH M&E director worked closely with the USAID-funded MEASURE Evaluation team to support the Health Management Information System (HMIS) and M&E Units of

the MOH. An HIS assessment, revision of HMIS forms, and the development of an overall HIS strategy to promote interoperability of health information systems were key activities. A Strategic Information advisor has been identified¹ that will support the implementation of the HIS strategy.

As this was a start-up year – and circumstances in Liberia contributed to a difficult start-up – this report does not yet provide “success stories.” Instead, we focus on the year’s development of the CSH program and development of the strategies and interventions that we and our collaborators believe will lead to success in Liberia.

2. Introduction

Interventions of USAID’s Collaborative Support for Health Program draws from USAID’s Country Development Cooperation Strategy (CDCS), which is aligned with the Government of Liberia’s 2011-2021 National Health and Social Welfare Policy and Plan (NHSWPP), and aims to achieve four intermediate results:

- 1) Increase access to and utilization of high quality services;
- 2) Make services more responsive to the population, with attention to equity;
- 3) Provide services that are affordable to the country; and
- 4) Increase safe water supply through support to operationalize the Liberian WASH Sector Strategic Plan 2012-2017.

The CSH Program is further organized by seven specific objectives:

- 1) Strengthen leadership and governance capacity at all levels;
- 2) Strengthen the Ministry of Public Works’ capacity to manage water supply infrastructure improvements;
- 3) Institutionalize quality assurance and quality improvement initiatives to improve health care service delivery;
- 4) Strengthen human resources for health management;
- 5) Improve supply chain management;
- 6) Increase financial sustainability of health services; and
- 7) Strengthen the health management information system.

¹ But subsequently got rejected during Q1/16

The CSH Program contract was awarded on February 27, 2015. During the first four months, MSH established the office and technical and administrative management systems for the program. With a project inception period shortly after, or even during, the final throes of the Ebola Virus Disease (EVD), setting up a comprehensive program such as CSH had its fair share of challenges. Many staff who had confirmed their commitment to join the project had significant changes in their situation during the year that had elapsed since the proposal was originally submitted, which prevented them from joining the project. Others shifted their salary expectations, impacted by the post-Ebola environment in Liberia, which seriously changed the labor market. Consequently, many staff were not in place until the fourth quarter, with MSH home office staff filling some gaps in the interim. Annex 5 shows in detail the progress in staffing during Year 1.

Other challenging aspects of the post-Ebola environment included significant changes in the donor landscape and greater need for coordination of project activities with many projects, donors and stakeholders, as multiple donors now operate in similar technical areas as CSH. The development of a national health sector investment plan that focuses on health system strengthening and priority disease programming to make the Liberian health system more resilient post-Ebola, led to the development of a number of multiple-partner technical working groups that are still in the early stages of operation and coordination.

The initial development of the Year 1 work plan followed an intense period of consultation with counterparts, development partners, and stakeholders, which ensured harmonization with national plans and other partner programs. USAID officially launched the program in May with most governmental and other partners in attendance. The initial technical activities concentrated on assessments of leadership and governance and pharmaceutical supply chain management in the MOH, while a concept was developed for the launching of an all-encompassing national quality assurance strategy. The program facilitated the drafting of a financial management manual for the MOH. Provisional approval of the work plan was granted on July 9, with final approval pending further discussion and situation assessment, particularly regarding Objective 2 and other specific components, such as the laboratory work. Both coordination and funding issues impacted the CSH scope of work, which evolved throughout the first year, with some activities being eliminated, others planned to be added, and with the program being generally tweaked to better fit USAID's needs and the post-Ebola environment in Liberia.

This document provides a combined Annual Report for Year 1 and Quarterly Report for Quarter 4, as required in section F.7.7 of the CSH contract. The document is structured to provide a summary of overall progress for the year, relative to the intended results outlined in the Year 1

work plan for each of the seven Objectives, followed by a summary of Quarter 4 activities for each of the seven Objectives.

3. Summary of Progress by Objective for Year 1

The overall purpose of the CSH Program is to improve the health status of Liberians by strengthening Liberian capacity to deliver quality health services. Our team's collaborative integrated approach is to work side by side with Liberians, using USAID's Human and Institutional Capacity Development (HICD) model. Systemic issues (e.g., lack of quality health services) are addressed in an integrated way, focusing on health system components at central and county levels. In addition to conventional training and assistance, the approach includes seconding advisors to the central MOH and embedding mentors at the county level to build capacity and accelerate Liberian leadership and ownership. Each Objective is approached from this perspective, as described below. Quarter 4 activities are described in greater detail in the following chapter, to complete the content of the quarterly report that is being combined with this annual report.

Objective 1. Develop leadership, management, and governance capacity of the MOH at all levels

Strong leadership, management, and governance are central to a resilient health system. CSH supports this objective by building capacity in management and leadership of health authorities at national and county levels; supporting better planning and effective policy dialogue; and supporting the development of effective regulation and mechanisms for accountability. The following are key achievements for Year 1.

Sub-Objective 1.1. Strengthen leadership and governance within the Central MOH; Sub-Objective 1.2. Strengthen the management capacity of CHTs

The CSH Program began by conducting leadership and governance assessments at central and county levels, and then worked closely with the central MOH and county teams to tailor interventions to priority needs and to align activities with other projects and donors. CSH developed a Leadership, Management, and Governance (LMG) Capacity Development Plan for the central MOH. The final draft of the plan was shared with the MOH Department of Planning, and proposed that CSH work with various units within the MOH to identify challenges and build their capacities in developing improvement plans. The plan was an output of previous consultative meetings to determine the LMG constraints and opportunities of the central MOH.

Activities within the central MOH were also preceded by consultative meetings with the professional associations, Liberia Medical and Dental Council (LMDC), Liberian Board of Nursing & Midwifery (LBNM), LMHRA and NDS, and with partners who have a similar mandate to

strengthen MOH leadership and governance skills, including PACS, WHO, EPOS Health Management, the World Bank-supported Health System Strengthening Project (HSSP), and a Mother Patern representative. The consultative meetings were followed by a senior alignment meeting, which resulted in a shared landscape perspective, stronger ties with our partners, the initial conceptualization of an approach, and a decision for CSH to focus first efforts at the unit/departmental level rather than a higher management level in the MOH. Following these activities, the CSH team, including experts from the home office who provided STTA, drafted and submitted the plan for strengthening L&G.

CSH continued consultations and engagements with the MOH Department of Planning, partners, and stakeholders with similar mandates (including EU and the Governance Commission) on implementation of the LMG Plan at the central and county levels. These consultations were aimed at generating momentum for LMG activities at the central level and collaborating with partners and stakeholders in developing a consolidated joint approach to strengthen LMG at central and county levels. Based on these consultations, CSH provided STTA to work with the MOH Decentralization Unit and the Governance Commission with two objectives:

- Gather information about LMG needs in Bong, Lofa, and Nimba.
- Meet with the Governance Commission (GC) and MOH Internal Reform Committee to understand the vision and strategy for the proposed reform at the central MOH.

The program used findings from the STTA in the development of a proposed Capacity Development Plan for the County Health Teams & County Health Boards. The project also took the opportunity to revise the proposed capacity development plan for the central MOH.

A detailed description of Quarter 4 activities follows in Chapter 4 of this document.

Challenges

The MOH Department of Planning is in a transition phase, led by the Liberian Governance Commission, impacting their ability to endorse the capacity development plan at the central level; the MOH therefore requested CSH to first concentrate on assessing the capacities at county level prior to the development of capacity development plans for both (a restructured) MOH central and county level. A critical issue for decentralization is that health management decisions at the county level have been driven by the central level, with counties having weak capacity in general and minimal control over resources. Leadership needs identified in the LMG Plan thus includes strengthening of existing county health teams (CHTs) and county health boards (CHBs), and developing guidelines and procedures to enable them to manage and

coordinate their functions in the counties. Specific challenges that will be worked on by advisors and mentors include:

- Gaps in communication, collaboration and coordination between units and departments
- Ad hoc rather than data-informed or consensus-based decision-making
- Lack of a clear focus of priorities, poor planning, low morale
- Inconsistent follow-up and performance management leading to a lack of accountability at all levels
- Waste and inefficiency
- Uncertainty about the roles, responsibilities and authorities of both individuals and some units

Highlights of activities in coming quarter

- In coordination with the MOH Leadership and Governance Commission, finalize discussions around possible support to the Internal Reform Committee (IRC) in the MOH reform process.
- Update the LMG Plan for the central MOH.
- In collaboration with all partners, validate and update the County LMG plan with the MOH Senior Leadership and County Health Teams and Boards.
- In coordination with the MOH and all partners, begin implementation of the county LMG plan and targeted activities.
- Engage and explore potential training institutions in Liberia, building local capacity in indigenous institutions in LMG for sustainability purposes.

Sub-Objective 1.3. Strengthen Regulation of Service Providers

Human resources for health and quality health services are two of the most important building blocks needed for health system strengthening. As such, regulation of service providers is critical and is managed by three main bodies in Liberia – the Pharmacy Board, LMDC, and LBNM. CSH is building on prior gains to strengthen practitioner licensing, credentialing, facility accreditation, and continuing professional development. The project provides technical assistance to the regulatory bodies to strengthen regulatory capacity to oversee practitioner licensing, credentialing, and continuing education. CSH works with the MOH and the Ministry of Gender, Children and Social Protection (MGCSP) to determine which regulatory body will assess and accredit public and private health and social welfare delivery and training institutions.

CSH conducted a consultative meeting in June with the regulatory bodies to initiate discussion of perceived needs, gaps, a way forward, and mutual expectations of all parties. The discussions

centered on accreditation, licensing, and re-licensing processes, including continuing professional development (CPD) and accreditation tools. The meeting included participants from the Pharmacy Board, Allied Health Workers, Social Workers, LBNM, and LMDC. CSH also assisted the LMDC to train 20 assessors to utilize the National Quality Improvement Clinical Standards assessment tools, including the Infection Prevention Control sub-clusters for administration, patient care, isolation, laboratory, and waste management.

Quarter 4 included a workshop in performance standards, a needs assessment for the availability of master trainers, CSH collaboration with WHO on a training package, and some social welfare activities. A detailed discussion of Quarter 4 activities follows in Chapter 4 of this document.

Challenges

- There is currently no existing structure at the LMDC to begin the CPD process linking other associations and boards.
- Splitting of the Department of Social Welfare from the Ministry of Health involved the creation of a completely new team. CSH has begun to work with the new team.
- The social welfare association is inactive and not fully operational.
- Limited knowledge of staff in some technical areas due to staff attrition
- Poor infrastructure
- Limited essential drugs
- Limited logistical support for supportive supervision
- No staff motivation/staff appraisal
- Poor staff retention and capacity development
- IPC materials not included in curricula

Interventions under this Objective and several others are being designed to address these challenges in the next FY.

Highlights of planned activities for the next quarter

- Develop a strategy to facilitate the transition toward regulation of service providers, including enforcement of regulations, to external council organizations, such as the LMDC, and build the capacity of organizations to undertake this function effectively.

- Provide TA to conduct a situational analysis to identify gaps and propose strategies that strengthen the institutional capacity of the LMDC to oversee practitioner licensing, credentialing, and continuing medical education (CME).
- Provide technical assistance/support to regulatory bodies to conduct accreditation of health and training institutions both public and private facilities.
- Planning for a working session in developing the Social Work Curriculum and its harmonization with existing institutions.
- Working collaboratively with MGCSP to identify a focal point.
- Attend and participate in meetings with the National Association Liberia Social Work (NALSOW).
- Support NALSOW plans to create dates based of institution engaging and training in social work activities.
- Work closely with the MGCSP (Training Unit).
- Engage regulatory bodies and identify strategies to build their capacities.

Sub-objective 1.4. Strengthen the Regulation of Pharmaceuticals

In June 2015, CSH conducted a succinct landscape analysis of the Liberian pharmaceutical systems which was aimed at informing how CSH can best contribute to strengthening the Liberian pharmaceutical management. The LHMRA was one key stakeholder visited. The full technical report on the Liberian pharmaceuticals landscape analysis was submitted to USAID.

The LMHRA was legally established in 2010 with the mandate of ensuring the safety, efficacy, and quality of medicines and health products used in the country and operationalized in 2011/12. Its main duties and responsibilities include the registration of medicines and health products; issuance of licenses or permits for premises and personnel to engage in the manufacture, import, export, transit of products through the Republic of Liberia; supply, storage, distribution, or sale of medicines and health products, excluding retail pharmaceutical outlets; and conducting inspection of premises where medicines or health products are manufactured, stored, distributed, supplied and sold. LMHRA also has the authority to confiscate expired, substandard, counterfeit, or unregistered medicines; operate quality control laboratories to ensure that safe, effective, and good quality medicines and health products are available for domestic and foreign markets; and conduct post-marketing surveillance and pharmacovigilance of medicines and health products. Currently United States Pharmacopeia - Promoting the Quality of Medicines is supporting the quality control laboratory through providing reference standards and trainings for officers.

Among identified challenges:

LMHRA has a vision of having an International Organization for Standards or WHO prequalified laboratory, ensuring quality of pharmaceuticals in the entire national supply chain system, conducting post marketing surveillance, and continuous monitoring. However, inadequate laboratory infrastructure such as building, equipment, and staff capacity remains the biggest challenge in realizing the vision.

Regarding pharmaceutical waste management, LMHRA owned an incinerator from International Committee for Red Cross that could serve in the disposal of unwanted pharmaceuticals. Guidelines on how to dispose of unwanted pharmaceuticals are available. Implementation of the guideline, and utilizing the infrastructure could facilitate efficient use of storage spaces at different levels of the health system. However, staff capacity in managing pharmaceutical waste remains the biggest challenge and needed intervention.

Activities for Next quarter:

- In subsequent consultations, USAID advised CSH to focus activities under this objective supporting the Pharmacy Board under the Leadership Management and Governance program of activities, which will be reflected in next year’s work plan as SO 1.4. However activities will be similar to the support provided to the other regulatory boards supported under SO1.3
- Under activity 5.2.4. “Implement good storage and inventory management practices at three county depots” (Lofa, Nimba and Bong), CSH will liaise with LMHRA to ensure relevant guidelines, such those pertinent to the removal of unusable, damaged or expired products, are implemented.

Objective 2. Strengthen MPW capacity to manage water supply infrastructure Improvements

The Ministry of Public Works is positioning itself to lead water sector activities and to play a major coordination role. To function as an effective line ministry, the MPW needs capacity building in three areas: technical; managerial, with a strong emphasis on operations and M&E; and financial management, focusing on tracking and recording of financial data related to investments, running costs, maintenance and cost recovery. To help the MPW fulfill its ambitious objectives, CSH capacity building activities are preceded by rapid assessments of the



organizational, financial, operational and M&E capacity of the MPW and WASH partners. The assessment activity leads to a plan to strengthen the MPW.

CSH sub-partner, DIG, initiated support to the MPW. CSH helped the Liberian government conduct an evaluation of the WASH sector and the production of a comprehensive WASH Sector Performance Report (SPR) over 2014 (SPR-2014). As part of its first STTA to Liberia, CSH analyzed 2014 WASH data; guided and oversaw the writing of the SPR 2014; and advised presenters who participated in the July 15-16 conference called Third Joint Service Sector Review (JSR-3) on WASH. To support the WASH JSR-3, CSH dispatched two consultants to conduct preparatory work compiling the WASH Sector Performance Report 2014.

Objective 2 activities started small and expanded to be consistent with the amount of funding intended for those activities. Discussion about this, and future water-related activities, was still on-going at the end of the year. A second mission was undertaken in September-October 2015 to assess the MPW technical, managerial, and financial capacities to coordinate the WASH sector. Preliminary results from the latter assessment are in the description of Quarter 4 activities in Chapter 4 of this report.

Challenges

- MPW's inability to effectively coordinate the WASH sector due to insufficient information on (1) all water points in the country and on (2) the WASH technical and financial support provided by many NGOs and private sector agencies.
- MFDP does not have complete information on the WASH expenditures of the Government of Liberia (GOL) and has minimal oversight of the expenses of international non-governmental organizations in the WASH sector. The accounting system does not have cost-allocation or budget lines for the WASH sector. In addition, MFDP has a Public Finance Management Unit that administers only a portion of donor money.
- A lack of funding made it difficult for the GOL to reach its yearly target to drill wells. The MPW's Drilling Team, which has twenty staff based in Monrovia, has an objective to drill 70 wells in 2015 (50 of which are to be funded by the government and 20 by UNICEF). To date, after the first quarter in the new fiscal year that runs from July to June, the team has drilled five wells funded by UNICEF (or 25% of the UNICEF yearly target), and only two wells with government funding (or 4% of the GOL yearly target) because the team had insufficient GOL funding to drill the other ten GOL wells (for 12.5 wells per quarter);
- None of the 15 County WASH Offices are fully staffed, and they lack sufficient equipment, power, vehicles, and budgets for operation and maintenance. Each office should have four to six WASH related staff.

- The MPW's Administrative Department in Monrovia mainly focuses on roads and infrastructure, and is not in regular communication with the Department for WASH and Rural Development. The Administrative Department includes human resources (including a training unit), finance, accounting, procurement, control, and other administrative sections.
- The main database for WASH ("akvo FLOW") reportedly contains incomplete and incorrect data, and is not updated in a timely fashion. The database contains technical, geographical, and social data on over ten thousand sites. The MPW WASH county staff does not have the means to regularly update the database.
- The 45 (often international) WASH counterpart organizations do not frequently provide MPW with updates on their field visits (for construction and repairs of WASH infrastructure/services or public awareness activities).

Challenges related to information/data, communication, and public financial management will be addressed by CSH interventions.

Highlights of planned activities for the next quarter

- Provide technical assistance to update the akvo FLOW database and guide the collection of data;
- Undertake a detailed training needs assessment, develop a training program and provide relevant training to MPW and NHSWPP staff;
- Analyze the enabling environment for WASH infrastructure and services, including the necessary legislative and policy development to ensure MPW's oversight and coordination role in the WASH sector;
- Undertake an assessment of the county WASH office staff in Bong, Lofa, and Nimba to:
 - Increase their effectiveness in daily operations and communications with other authorities, national and international WASH partners, and communities;
 - Improve the information in the akvo FLOW database by comparing grass-root level information in the database with the actual situation on the ground; and
 - Build the capacity of these county offices, by addressing increased/improved access to information and coordination with partners on the ground and with the MPW headquarters in Monrovia.

Objective 3. Institutionalize QA/QI initiatives to improve health care service delivery

Issues in health care quality are reflected in wide variation in utilization, including underuse and misuse of services. Assuring quality requires the setting of standards, implementing them, and ensuring compliance. CSH supports the Liberian MOH decision that a comprehensive, institutionalized QA/QI system is necessary to support the goal of quality health service delivery, as previous, less comprehensive efforts have stalled. An additional challenge was added in the post-Ebola environment, with increased complexity and newly emerging issues of how quality assurance, quality improvement and infection prevention and control would be structured in the new healthcare system framework. In spite of serious deficiencies in the current system, there appears to be considerable political will to build the integrated system that is needed. The approach of CSH and its sub-partner IHI builds on that political will.

Sub-Objective 3.1. Support development and use of quality standards and Essential Package of Health Services (EPHS) operational protocols

CSH began the year with consultations with County Health Services and the MOH team leading the infection prevention and control (IPC) initiatives. CSH participated in coordination meetings with the MOH IPC thematic group and with the CDC and its partners. CSH conducted a scoping visit to collect data, assess priority interventions, inform the work plan and build collaborative relationships. The team met with MOH leadership and teams in charge of QA/QI, IPC, National AIDS and STI Control Program (NACP) and National Malaria Control Program (NMCP). They met with CDC, the Academic Consortium to Combat Ebola in Liberia (ACCEL), Jhpiego and PACS, and the county health office and medical teams from Bong County.

The will on the ground from both partners and MOH staff for improvements in QI, QA, and IPC was found to be strong and cross-cutting. The scoping visit led to CSH driving consensus on reaching a common vision for institutionalizing a quality and IPC structure. With consent from Dr. Catherine Cooper, our team conducted a stakeholders' meeting to build the common vision and collaborate around a unified approach to quality and IPC.

During Quarter 4, the CSH program worked hard to consolidate some of its achievements and lessons-learned from earlier quarters, initiated several collaborative efforts at the central level, and accelerated and saw benefits from the work of the mentors at the county levels. Those efforts are discussed in Chapter 4.

Challenges

- A key challenge at the beginning of the year was the still-emerging picture of how QA, QI and IPC would be structured in the new healthcare system. Eventually, the understanding developed that quality would be the overarching driver of health

services, and IPC would be a part of that. Other challenges emerged about data collection, synthesis and analysis, and supply chain management of drugs and commodities for maternal and child health services. For these latter challenges, CSH's integrated approach will enable activities under other objectives to support data and supply chain needs of Objective 3.

- A second challenge from the beginning has been coordination, first internal to the MOH, as well as a lack of a framework for such collaboration. A key concern during the discussion of whether or not QA, QI and IPC should be integrated, or implemented separately, appeared to be concern among some partners about the risk of losing control through joint coordination. It is hoped that as the benefits of an integrated approach become apparent, partner issues of control will be less evident.

Highlights for next quarter

- Develop and launch the national quality strategic document, which is planned for the last week of November;
- Finalize the driver diagram, training package, and change package as part of preparations for the Improvement Collaborative;
- Organize the quality management structure at national, county, and district levels as provided for in the new organogram;
- Equip the Quality Management Unit (QMU) based on request from the MOH;
- Prepare for the Leading & Facilitating professional development courses;
- Finalize the recruitment of the QA/QI Advisor; and
- Support learning visit for selected LMDC Board members to Accra and maybe Freetown.

Sub-Objective 3.5. Improve the availability, use, and quality of diagnostics

CSH began support to improve the quality of laboratory services by consulting with the National Reference Laboratory (NRL), National Diagnostics Unit (NDU), CDC and CHAI. It was determined that, as CDC is preparing to invest in strengthening the public health laboratory network, CSH will therefore focus on the clinical laboratory system, as indicated in the Quarter 4 activities in the next chapter.

Highlights for next quarter:

- Finalize recruitment of laboratory advisor;
- Conduct an assessment of clinical laboratory network;

- Agree with the MOH and stakeholders on priority activities; and
- Initiate agreed upon activities.

Objective 4. Strengthen human resources for health management

An equipped and capable health work force is essential for a resilient health system, and the MOH investment plan highlights HRH as one of its priorities. In post-Ebola Liberia, there is a lot of emphasis on re-building the size of the health workforce, while ensuring that current health workers are adequately trained, deployed, motivated, and paid to perform high quality work. The MOH HR Unit is challenged to fulfill its mission to plan and manage its workforce, including performance standards, workforce information, challenges with retention, and wide disparities in workforce remuneration. CSH, coordinating and collaborating with the many stakeholders involved, is strengthening the HR Unit to review, update, and implement the HR plan and to operationalize a comprehensive institutional framework for performance management, planning, continuing education, supervision, and retention of health and social welfare workers.

Sub-Objectives 4.1, 4.2, 4.3, 4.4, 4.5. Human Resource Management

CSH began by conducting consultations with stakeholders in the MOH HRH Unit, the HR thematic work group, and partners (CHAI, WHO, UNDP, IntraHealth). CSH also assisted USAID in organizing an interagency assessment led by USAID, the Health Resources and Services Administration (HRSA), Peace Corps and CDC, which highlighted needs in HRH.

The CSH program is currently supporting human resources management/human resources for health (HRM/HRH) efforts by assisting the MOH with the integration and formation of a Human Resources Unit. The unit's responsibilities include assessing training needs and creating a master training plan for both pre- and in-service training, as well as improving the utilization of the human resources information system (iHRIS) and inputting of data and information into the system. The assessment data also provides the basis for awarding scholarships, supported by the CSH program, to deserving Liberians based on needs, priorities, and key cadres required by the health system for improving service delivery to all Liberians.

With the CSH HR/decentralization advisor and a scholarship administrator in place, activities progressed on assessment of HR functionality in the MOH and more specifically on the alignment of the different HR units: training, personnel management, and HR planning. These are currently under three different departments, have limited staff, and would benefit from closer collaboration. The CSH HR advisor has been supporting the MOH to achieve that objective.

With the arrival of the HSS advisor in Quarter 4, the HRH work is accelerating, including desk reviews and consultations on key HRH issues, work on realignment of HR functions in the MOH,

collaboration to address HR information issues, and college/university assessments of capacity to train midwives.

Challenges

Challenges identified by the interagency assessment included the following. CSH will directly address in-service training needs and will support the MOH in managing additional challenges:

- In-service training needs for health workers;
- Salaries and employment benefits for health workers and instructors;
- Working conditions; and
- Funding to provide recognition for clinical sites with high scores.

Highlights of planned activities for the next quarter

- Conduct a baseline assessment of health worker in-service training system (In-service Training Provider Survey).
- Support HR governance by working with the different HR units to develop and standardize personnel policies, which include:
 - Employees handbook,
 - Performance appraisal, and
 - Recruitment policy and procedure.
- Further support the MOH Human Resources and Personnel Units in the HR Structure Realignment into the envisioned one HR unit;
- Support the inclusion of the iHRIS into the MOH/HIS interoperability platform;
- Support the establishment of the MOH Human Resources Technical Working Group;
- Provide guidance in the review of the HR Records Management Checklist/tools at both central and county levels;
- Support the completion and finalization of the MOH Scholarship Guidelines;
- Support the completion of the MOH Scholarship Committee Reform;
- Complete the identification of key and priority gap areas for targeted scholarships;
- Disseminate scholarship announcements at all relevant and strategic areas to enable sufficient awareness and sensitization to targeted informants;

- Work collaboratively with the MOH Scholarship Committee in the selection, interview, and completion process for scholarship recipients;
- Work with CSH financial personnel to ensure students' enrollment funds are paid according to stipulated financial policies for compliance purposes.

Objective 5. Improve supply chain management

Sub-Objectives 5.1, 5.2, 5.3. Supply Chain Management

In the pre-Ebola period, there were frequent stock-outs of essential medicines and commodities, uncertain drug quality, lack of consumer and provider confidence, and no consistent method to distribute drugs from the central warehouse to service delivery points. As a result, ad hoc distribution systems were created. In the post-Ebola recovery phase, the situation has worsened. There are currently several technical working groups on supply chain strengthening. CSH coordination with partners is crucial to maximizing impact, reducing duplicative efforts and leveraging resources. CSH's role includes working on the LMIS, as well as supporting improved supply chain delivery at central and county levels. A CSH supply chain mentor provides on-the-job training in three counties.

Supply chain management is supported by multiple partners, including DELIVER, CHAI, and WHO. Early in Year 1, our team consulted with the Supply Chain Management Unit (SCMU), the pharmacy division, and key partners to ensure that support to the MOH SCMU is not duplicative. While all partners work together toward improving the supply of commodities, the CSH program is focusing on reducing the frequency of stock-outs of essential medicines and supplies through dedicated technical assistance at central and county levels, and improving system transparency and accountability. We expect to improve (i) availability of timely and accurate supply chain data for decision making; (ii) storage conditions and county depots management in Lofa, Nimba, and Bong; and (iii) transparency and accountability of activities for supply chain commodities.

CSH began the year with consultations with pharmaceutical management stakeholders, including SCMU, Pharmacy Division, NDS, LMHRA, and the supply chain thematic group that developed during the Ebola response. We also initiated good coordination with DELIVER and PACS, and the CSH supply chain advisor led the initial discussions on pharmaceutical management at the county level. In early June, home office STTA supported a landscape analysis of pharmaceutical management, which scanned the pharmaceutical management environment, mapped out ongoing initiatives, identified priority challenges, identified opportunities for synergies between CSH and other partners, and determined key focus areas for CSH.

Quarter 4 activities, which are described in Chapter 4, included support of the LMIS redesign workshop and follow-up to the workshop, initiating activities to transition management of the external use verification from DELIVER to CSH, new county activities, and support of the pharmaceutical technical group.

Challenges

Findings of the landscape analysis revealed the following challenges. To address the challenges, CSH has been supporting coordination committees, implementation of the LMIS and enhanced information for decision making, county assistance for product and warehouse management, facilitation of the establishment of therapeutic committees, and the finalization of the National Formulary.

- LMIS implementation and quantification functions each need dedicated individual officers within the SCMU to execute day-to-day activities
- The pharmacy workforce is reported to be minimal relative to the service demand at each level of the public health system
- Inadequate laboratory infrastructure remains the biggest challenge in realizing the LMHRA vision of having an ISO/WHO prequalified laboratory, ensuring quality of pharmaceuticals in the in-country supply chain, conducting post-market surveillance and continuous monitoring.
- CHTs are challenged by inadequate budgets to operate at county level, inadequate storage space for medicines and health products, unsecured warehouses, inadequate infrastructure, lack of computers, lack of capacity for data management, and poor quality data coming from facilities.
- The MOH key stakeholders are highly solicited by multiple partners supporting the pharmaceutical management, in particular with supply chain collaborators, and coordination of stakeholders and planned activities can be improved.

Highlights for the next quarter:

- Formally take over the external use verification (EUV) activities; plan and conduct the 6th round of EUV.
- Finalize the LMIS redesign, specifically the selection of products by facility level, including IPC and laboratory commodities.
- Conduct work to support the improvement of good storage and inventory management practices in Lofa and Nimba counties.

- Supportive activities with the NDS interim management.

Objective 6. Increase the financial sustainability of services

Liberia has significant health financing challenges, including high out-of-pocket spending and the need to transition out of an unsustainable free health care model in the public sector. There is fragmentation of financing through vertical programs and significant reliance on donor support. Within the MOH, three key health financing functions (revenue generation, risk pooling and service purchasing) are handled by three distinct units. In addition to these broad health finance issues, the central MOH and counties must improve public financial management so that the MOH can continue to receive government-to-government funding from the US; and the MOH Performance-Based Financing Unit, which can play an important role in health financing reform and improved accountability, is in need of assistance to become fully functional. CSH works aggressively on the latter two issues, and is also starting to assist Liberia to achieve its broader health finance objectives.

Sub-Objective 6.1. Strengthen financial oversight, management, and planning

CSH is supporting the central MOH and counties in strengthening financial oversight, management, and planning and ensuring that risk mitigations related to prior audit findings are implemented. Our interventions focus on improving six areas: environmental control, budget preparation, budget execution, audit recommendations, procurement processes, and fixed and warehouse management. We expect to strengthen the central level in developing guidelines in line with PFM, effectively implementing those guidelines at central and county levels, and getting counties in a position to manage larger budgets in a transparent and accountable manner.

CSH began work early in the project toward completing the financial management manual, engaging relevant parties (GEMS, Office of Financial Management - OFM/MOH) in collaborative meetings and providing inputs for the manual developed by GEMS and the MOH. A collaborative meeting with OFM and GEMS focused on revisions made by the CSH Finance and Procurement Mentor. A major issue identified was to enshrine the roles and responsibilities of key staff at the CHT level to conform with PFM laws and regulations for accountability. The chief accountant for OFM and the CSH mentor collaborated to draft terms of reference for each of the relevant functionaries. Meetings were held with the procurement and warehouse units, the fixed assets accountant, the personnel director, and the comptroller.

Throughout the project year, our team continued to strengthen ownership and capacity of the MOH to develop manuals, facilitated a technical working session to finalize the Financial Management Manual, and provided financial management training for central level MOH staff.

With the arrival of the PFM/Health Care Finance Advisor in Quarter 4, the PFM activities accelerated. Details of Quarter 4 activities -- which included assisting the Procurement Unit with development of standard operating procedures -- and ways in which the challenges below are being addressed, are described in Chapter 4.

Challenges

- To incorporate sufficient adjustments for the county level conditions into the Procurement standard operating procedures.
- To bring acceptance of the new PFM manual to all the required levels (central and CHT) with the final adoption of the new manual and standards.

Highlights of activities for next quarter

- Quick assessment tour in Bong, Nimba, and Lofa with our MOH counterparts; and use the opportunity of the assessment tour to build the assessment capabilities of the MOH counterparts.
- Central-level training on the PMF manual for all units at Central MOH level.
- Financial management training at the CHT level for Bong, Lofa, and Nimba counties.
- Working with the Procurement Unit to finalize the Procurement SOPs.

Sub-Objective 6.2. Support the MOH to manage performance-based contracts

The MOH manages performance-based contracts with NGOs with USAID direct financing under the Fixed Amount Reimbursement Agreement (FARA). Performance-Based Financing (PBF) is a key tool used by the MOH to manage performance under these contracts, and USAID helped to establish the MOH's PBF program in 2012 under the Rebuilding Basic Health Services Program.

Recently, the PBF unit experienced some setbacks, particularly during the EVD crisis. Most of the staff trained in PBF concepts and practical implementation moved on to other assignments in various units, and the unit was left with just one individual assigned to the primary level PBF scheme. Many PBF functions, including support to counties, were diminished. CBO client satisfaction surveys were also interrupted by the Ebola epidemic. The CBOs report that the process has not been implemented uniformly, and they have challenges in tracking down the beneficiaries of services.

Current CSH Program interventions under SO 6.2 focus on strengthening PBF program management and implementation to more effectively support MOH objectives around expanding access to quality care, and enhanced motivation and retention of the health workforce.

CSH held consultation meetings with MOH stakeholders to find solutions for overhauling of the implementation of the PBF scheme. The MOH has appointed a new PBF manager, as the prior acting manager is now a PBF advisor to the unit; and a PBF management tools officer was appointed.

Quarter 4 activities are described in Chapter 4. CSH current and future interventions will address the challenges below related to PBF targets, disbursement of bonuses, and orientation on processes.

Challenges

- The work with the PBF unit experienced a slow start due to short staffing in the unit, and delays by the unit in meeting certain deliverables. We expect this situation to improve going forward.
- Facility staff have an incomplete understanding of PBF targets, and facilities do not keep PBF score cards on site.
- Facility staff consider the PBF-related bonus to be too small, and disbursement of the bonuses has been delayed to the point that staff are less likely to associate good performance with the bonus.
- New county and district leadership have not all been oriented on PBF processes and procedures. At the district level, there is no system for orienting new staff.
- The PBF Steering Committee has inadequate financial support for activities pertinent to implementing PBF.
- At the county level, the process for setting targets is not followed uniformly.

Highlights of activities for the next quarter

- Finalize the revision of indicators, which will then be communicated to facility staff, to convey a better understanding of indicators and targets than they have had before;
- Update PBF management tools accordingly and support effective implementation of the tools;
- Support efforts toward a harmonized PBF scheme for the MOH (harmonized tools, harmonized institutional and implementation arrangement); and
- Support counties for effective PBF implementation.

Sub-Objective 6.3. Assist the MOH to manage the transition from free health care

CSH met with the Health Financing Unit (HFU) in the department of research and planning, and partners (including WHO, WB, EPOS, CHAI) supporting the unit, to discuss areas in which CSH can provide useful support without redundancy. It was agreed that CSH will support the MOH to explore sustainable ways for achieving universal health coverage (UHC). The MOH has been exploring the creation of a Liberia Health Equity Fund (LHEF) as a key platform for advancing UHC while improving sustainable health financing. The LHEF concept was developed in 2013-14 with support from USAID, and draft legislation was prepared and intentions to introduce national reforms were announced by President Sirleaf. The LHEF has emerged as a health financing priority in the National Investment Plan for Building a Resilient Health System, and the MOH is looking to USAID as a key partner to help advance the concept. Initial consultations revealed the need for further analytical work and consensus building around all aspects of health financing reform, including the overarching objectives and implementation arrangements.

CSH supported the MOH HFU in the county annual planning exercise. Then CSH moved forward with the activities described for Quarter 4 in Chapter 4, including STTA by CSH sub-partner Results for Development (R4D), and will continue to provide support to:

- Build capacity of the HFU to develop evidence for use in decision making by key stakeholders;
- Support the adoption of pertinent legislation;
- Provide options for institutional and organizational arrangements for the finance system; and
- Support the staged roll out of the LHEF.

Challenges

- A planned Cabinet-level steering committee to be charged with finalizing the design of the legislation and reforms was not formed, and further progress was interrupted by Ebola.
- Coordination among partners supporting the HFU to ensure that all partners agree upon one LHEF roadmap could not be finalized during the timeframe of the STTA.
- Political will exists to catch up with progress delayed by the Ebola outbreak, and CSH will support the coordination of partners to finalize the LHEF roadmap.

Highlights of activities for next quarter

- During the Quarter 4 STTA visit, CSH created an updated work plan to reflect the areas of the LHEF roadmap that they proposed to support. While there was general agreement and buy-in to the proposed CSH activities, the HFU is continuing to coordinate with all partners providing TA to the unit to ensure that all activity areas in the LHEF roadmap are adequately supported. CSH will continue to provide input into further updates to the LHEF roadmap.
- Based on the work plan developed during the STTA visit, CSH will begin a comprehensive review of existing financial information related to the LHEF to determine the gaps in this data. This activity will support the development of the evidence base needed to make an informed decision and compelling case for the LHEF.
- CSH will also meet with the HFU team during their visit to Washington DC for a World Bank universal health coverage training in November 2015.

Objective 7. Strengthen the health management information system

Sub-objectives 7.1 Data Quality and Availability; 7.2 Data for Decision Making

In the Liberian health system, the quality and timely collection of information, and the analytic capability and use of data for decision making are in need of a lot of improvement. Several separate health information systems – including iHRIS and LMIS – need to be improved and ultimately made interoperable with the DHIS2.

CSH, through its M&E/Strategic Information team, supports the MOH’s Strategic Information plan and engages a multitude of partners supporting the MOH HMIS, M&E and Research units (HMER) to ensure that interventions are planned with consideration to absorptive capacity, sustainability, and understanding of recurring costs and resource requirements. The team works closely with HMER units to support the development, rollout and implementation of the HIS training manual/guidelines, SOP for data quality, and HMIS operational plan; and to build capacity of staff at all levels, through in-service training and mentoring, to collect, validate, analyze, use, and visually present data from DHIS2 and surveys. CSH supports an emphasis on generation and use of evidence to guide decision making, as opposed to ad hoc decision making; provides support to LMIS, iHRIS, and DHIS2 interoperability and standards; updates/adds components to manage training/licensure data and finalize the functionality and roll out of iHRIS; and reviews and updates the LMIS form to make it more user friendly for health facilities staff.

CHS’s support will lead to improved capacity of the MOH, county and district health teams (DHT), and health facility staff to monitor and use data to plan for service delivery and improvements. Using data for decision making aligns with the priorities stated in the MOH

Investment Plan for a Resilient Health System. The MOH revised the LMIS form for management of supply chain information, and its implementation will be effective and user friendly. CSH works with collaborating partners in Liberia to ensure that the DHIS2 is used, with interoperability of iHRIS and LMIS, to provide data to inform health system functions and requests.

The CSH team conducted consultations with stakeholders and participated in HIS coordination meetings with MEASURE Evaluation, IntraHealth, WHO and UNDP to harmonize support for the MOH HIS initiatives. Recruitment was conducted, but not finalized, for a strategic information advisor to support these activities.

CSH completed recruitment of an M&E director, for the program and to work with the MOH HMER Unit on capacity building. Three M&E mentors were recruited, oriented, and assigned to work on capacity building for M&E in Bong, Lofa, and Nimba counties.

Activities to address challenges and further objectives in Quarter 4 are reported in Chapter 4. Quarter 4 activities included a county assessment, mentor support for counter verification/validation for FARA sub-contracts, and participation in stakeholder meetings to determine gaps/challenges for HIS at all levels.

Challenges

- The recent Ebola epidemic exposed the extent of the fragmentation of health information collected from different sources for different purposes.
- The post-Ebola phase requires a re-focusing from emergency disease surveillance to sustainable disease surveillance and routine public health management.

Highlight of activities for next quarter

- Provide technical support for systems strengthening (LMIS and HMIS) and use DHIS2 in order to improve data collection, analysis and use;
- Provide technical support to revise and validate the LMIS reporting tool ;
- Provide support for HMIS tool training;
- Provide technical support for quarterly review meetings at county level;
- Facilitate the roll-out and capacity development for standard operating procedures on data quality;
- Provide technical support to Implement a regular feedback mechanism from CHT and DHT to facilities; and
- Provide support to develop County M&E plans.

4. Activities and Outcomes/Outputs of Quarter 4 (Q4 FY15), by Objective

In this reporting period, CSH Program staff grew from a mere handful to include over 20 technical staff, which significantly boosted the level of technical activities at the MOH as well as at the county level. At the end of the quarter, candidates were identified for the remaining five staff positions: Finance & Administration Director, Strategic Information Advisor, Laboratory Advisor, QA Advisor, and QA Mentor (for Lofa). Initial feedback suggests that the roaming mentors may need to be expanded with additional staff to ensure full-time support to each of the counties. In addition to the mentors embedded at the county level, advisors are also in the process of becoming embedded with their MOH counterparts and participating in the different technical working groups and coordination committees.

With the expansion of the technical activities, significant time was spent during this quarter to coordinate with USG partners, the MOH and MPW, as well as with county counterparts. With several USG programs coming to an end, CSH, as the USAID flagship health systems strengthening program, will step in to take over activities to complement investments through the USAID Fixed Amount Reimbursement Agreement (FARA) program, which has been re-designed and will enter its second phase in January 2016. As of Quarter 4, all CSH sub-contractors, IHI, R4D, DIG, and JHPIEGO, had undertaken inaugural visits or started working as part of the CSH program at both central and county levels.

Following is a summary of Quarter 4 activities and outputs/outcomes by objective. A broader discussion of each objective is in the preceding annual summary section.

Objective 1. Develop leadership, management, and governance capacity of the MOH at all levels

1.1 and 1.2 Central and County Levels

- Improved coordination among partners and stakeholders by focusing on LMG at the central and county levels. The project collaborated with the EU and the MOH Decentralization Unit to develop a consolidated work plan aimed at joint collaboration with various partners' activities.
- The program is considering a decision to update the central MOH LMG Plan to adapt to current reality needs regarding its MOH restructuring reform process. This is led by the MOH Internal Reform Committee as the Governance Structure on this reform initiative.
- CSH developed a draft plan to strengthen LMG capacities in the counties. The plan was circulated and shared widely with partners with similar mandates and stakeholders (PACS, European Union - EU, MOH) to gather input. In collaboration with all

stakeholders and partners, this plan will be implemented in all 15 counties going forward.

- Following these consultative activities, the CSH Program developed a draft plan for strengthening LMG at the central level and submitted it to USAID for approval. This plan has also been shared with the MOH for their comments.

1.3 Strengthen Regulation of Service Providers

- Together with LBNM, CSH hosted a 3-day workshop on performance standards for accreditation, recognizing the importance of conducting accreditation in an understanding and ethical manner. This workshop emphasized defining quality standard based management recognition (SBMR), recognizing ethical implications of conducting assessments, analyzing the importance of assessment in nursing/midwifery education, and demonstrating the process of using the tools. Twenty instructors from nursing and midwifery training institutions and MOH stakeholders reviewed and updated the accreditation standards.
- The MOH Training Unit undertook a needs assessment for the availability of master trainers in the fifteen counties and discovered that many of the master trainers were not present in the counties. Some had died due to the Ebola epidemic, while others left their counties in search of greener pastures. The Safe Quality Health Services (SQS) training package needed to be rolled out in all health facilities in the counties, and there was a need for master trainers to take the lead in working with partners to provide guidance during training. One of the Training Unit's partners provided funding to conduct a two-week-long Training of Trainers for Development workshop for master trainers selected by the CHT in 15 counties, and CSH provided technical support in planning, organizing, and facilitating. The training was conducted in two phases, to train both central and county level trainers. The first phase began on August 17-22, 2015 with 26 participants trained as master trainers. The second phase was held on August 24-29, 2015, with 22 participants trained in Principles of Adult Education and the Experiential Learning Cycle to design, implement, and evaluate participatory, competency-based training. Participants were charged with coordinating training activities in their counties. A plan for trainee follow-up was developed at the end of the course.
- WHO and CSH training advisors (from sub-partner JHPIEGO) developed a training package derived from Keep Safe, Keep Serving (KSKS) called Safe Quality Health Services (SQS) designed to empower health workers to remain safe while providing quality care to patients in health care facilities. Subsequently seventy-five master trainers from our partners and the MOH were trained to roll out the new SQS package in all health facilities in their various counties. Several partners served as co-facilitators during the training, including CSH (training advisor and clinical mentors).

- Social Welfare activities accomplished:
 - TheCSH program was introduced to Deputy Minister of Children and Social Protection;
 - CHS worked with a task force in the ministry of Gender on the ground work for updating and harmonizing the social work curriculum; and
 - Participated in a meeting at LMDC to discuss process for accrediting institutional boards.

Objective 2. Strengthen MPW capacity to manage water supply infrastructure improvements

- CSH undertook an assessment of the MPW’s technical, financial, and managerial capacity to coordinate the WASH sector and identified the sector’s many challenges. Analysis of the second STTA mission, undertaken by CSH sub-partner in September-October 2015, show that currently there is limited coordination of WASH activities, which are spread among five government ministries, as well as numerous NGOs and private sector operators in the counties. The MPW currently lacks key knowledge to manage the WASH sector effectively, including information on the status of water points in the country, non-governmental and private organization support to the WASH sector, and the level of investment in place.
- CHS discussed with USAID the extent of the TA support for Objective 2 activities. Proposed activities for the next quarter are discussed in the preceding chapter.

Objective 3. Institutionalize QA/QI initiatives to improve health care service delivery

3.1 Support development and use of quality standards and EPHS operational protocols

Central level:

- Maintained collaboration with MOH and partners (CDC, WHO, CHAI) in negotiating a consensus on an appropriate location for the new combined unit and its supervisory structure without disrupting the ongoing linkages.
- Successfully supported the Chair of the IPC Steering Committee and the County Health Services unit to develop a concept paper outlining the proposed new integrated structure for QA/QI and IPC under the Department of Health Services. This presentation was made to both The Minister of Health and her Chief Medical Officer (CMO), where it was endorsed.

- CSH Program, including its sub-partner IHI, began supporting the MOH to convene a series of consultative discussions with key partners supporting IPC. The main purpose of this first set of discussions termed ‘pre-stakeholders meetings’ was to set the pace for discussion on the development of a framework and process (including identifying relevant reports and others references as source documents for desk reviews) of a QA/QI strategic document that would complement the IPC policy draft that had already been developed.
- The above-referenced discussions, which also included stakeholders from professional Boards and institutions, further defined a Liberian desired concept of quality and identified its dimensions that would be used to delineate it for evaluation. The next steps are a series of stakeholders’ consultations which will continue into the next quarter.
- Provided technical and other support to the LBNM to convene several essential review meetings related to the development of a new professional body/board that would be responsible for professional cadres not currently covered by existing boards, such as social welfare officers/social worker and laboratory technicians/aides. We will continue engagement with these boards to ensure sustained performance.
- Supported LBNM in the review of the National Standards and Guidelines for Accreditation of Training Institutions. The program has also started discussions with the Liberian Medical and Dental Council. Based on initial discussions, the LMDC disclosed that it lacked a strategic document to guide its activity and mobilize resources while leveraging from existing partnerships that are available locally. A request from both boards that would support their plans for linking re-licensure to continuous professional development (CPD) involves support for international sub-regional study/learning visits.

County level:

- During this quarter, our strategy of embedding staff on the CHT as mentors began to yield strong commendations from the County Health Officers. This is due to the involvement and commitment of the mentors to ensure that the counties’ operational plans are completed.
- Mentors have been engaging their direct counterparts on the CHTs to identify specific performance gaps and develop plans for addressing/mitigating them.
- Mentors are working with clinical supervisors to ensure a system of feedback for the district health teams (DHTs).

- Mentors have been selected and trained as trainers during the roll out of the new safe quality in-service (SQS) curriculum from the MOH to address gaps in the clinical setting within the post-EVD context.

3.2, 3.3, and 3.4 were addressed to a lesser extent in Quarter 4. Meetings were held with the MOH for purposes of planning and prioritization. For 3.2, discussions were held with PACS and collaboration has begun both at the central levels as well as at county level.

3.5. Improve the availability, use, and quality of diagnostics

- An agreement was reached that the support for laboratory services would concentrate on those routine laboratory activities that support the implementation of the EPHS package.
- Recruitment for a laboratory advisor is underway and should result in an appointment in a following quarter. There have been significant challenges in finding a qualified advisor who was acceptable to the MOH.
- An STTA by two expert consultants is being planned to support the laboratory advisor. During Quarter 4, inquiries were made and the scope developed for that consultation.

Objective 4. Strengthen human resources for health management

- Supported and participated in four working sessions with the MOH and Partners (WHO, CHAI, WB) on the realignment process of the different HR functions in one MOH HRH Unit structure. The first series of meetings reviewed the current core functions, existing positions, and interviewed current position incumbents of the MOH HRM and Personnel Units as part of the diagnosis process.
- Collaborated with the UNDP and MOH in supporting the production of the HR information systems interoperability report linking the iHRIS internal and external interface with other MOH, Civil Service Agency (CSA), and MFDP personnel and payroll information systems. CSH also reviewed the possibility of operationalizing the training and end-user data driven decision making reporting modules.
- At a more basic level in the counties, the HR mentor assisted County HR Officers in HR record management so as to ensure county health worker records at the county level are standardized in line with modern human resources record practices.
- CSH is part of the subcommittee for nursing and midwifery, working to build a productive and motivated health workforce that delivers equitable, quality services by strengthening pre-service, post-basic, graduate, and continuing professional education

and aligning it to health needs. The subcommittee selected eight training institutions that will benefit from the health workforce project whose goal is to improve the quality of nursing education, improve the quality of midwifery education, increase the number of registered midwives, produce nursing and midwifery educators, and promote specialized education and training for nurses.

- CSH participated in a three-day assessment at United Methodist University (UMU) and Grand Bassa County Community College (GBCCC). Infrastructure and School Management and faculty needs are the key areas assessed at UMU and GBCCC. General findings in these three areas revealed that in order to produce the number of qualified midwives needed, the issues below need to be addressed:
 - Limited classroom space and laboratory equipment
 - Limited and outdated text books, especially on midwifery, medical/surgical, tropical diseases, obstetrical, pediatric and psychiatric text books
 - No computers and no internet connectivity
 - No midwifery faculty with Master's Degrees in Midwifery Education
 - No midwifery faculty with Bachelor's Degree in Midwifery
 - No vehicle to facilitate the transportation of midwifery students to and from clinical sites
 - Insufficient midwifery clinical instructors to supervise students during clinical activities
- At the request of the Deputy Minister for Planning, CSH supported the revival of the scholarship committee through:
 - Supporting the reform process of the MOH Scholarship Committee and making it functional again (although the reform process is still ongoing);
 - Reviewing the MOH Scholarship Guidelines;
 - Drafting and aligning the CSH Scholarship procedures with those of the MOH; and
 - Identifying priority HR gaps through document review and planning a nationwide training needs assessment, especially for pre- and in-service training.

Objective 5. Improve supply chain management

- CSH supported the logistics management information system (LMIS) redesign workshop in September in collaboration with the SCMU unit. All fifteen counties were represented at the workshop. The groups were composed of central participants (SCMU, United Nations Population Fund - UNFPA, CHAI, WHO, PACS, USAID DELIVER), county participants (County Pharmacist, Dispensing Assistants, County Health Officer), facilities

(clinic, health center, and hospital), pharmacists, dispensers, and Officers In-Charge. The processes included facilitated group work, a group presentation, and a plenary discussion. The workshop focus included supply chain decisions, reports, data requirements, tools, processes, resources, roles, and responsibilities.

- Recommendations of the LMIS redesign workshop include a reduction of data requirements; tools and simplified processes at the facility level; standardization of products by levels (hospitals, health centers, and clinics) and by category; a harmonized max-min inventory control system at each level considering different factors (master plan review expected to respond to this); and a structurally framed HR workforce for supply chain at the central and county levels, with roles and responsibilities including LMIS at the county level.
- Preliminary debriefings on the LMIS redesign were conducted with USAID and with the SCMU; the senior management debriefing is being scheduled. As an immediate action of the workshop, consultations on products selection by facility type are ongoing, along with consultations on IPC and laboratory commodities selection, and inclusion on the redesigned LMIS. Finalization of the LMIS redesign is being coordinated with the ongoing Supply Chain Master Plan review and updating led by DELIVER, in which CSH participated. Additionally, CSH participated in the HIS strategic planning workshop and is ensuring that any e-LMIS initiative will be in line with the HIS strategic vision.
- Activities to transition management of the external use verification (EUV) activity from DELIVER to CSH were initiated. CSH joined DELIVER in the planning, training of teams, and conducting of the fifth round of EUV to ensure a smooth transition. The two teams are holding regular meetings to discuss the technical, logistical aspects of the EUV and the tools and technology used for the exercise, data cleaning, and analysis. The EUV transition will be completed in November; and CSH will manage the EUV activity going forward.
- In the counties, the CSH supply chain mentor supported work to improve good storage and inventory management practices. In Bong, the supply chain mentor supported the county health pharmacist to de-junk the county depot. Additional shelves were installed in the Bong county depot, expired and damaged products were arranged and readied for disposal, and LMHRA was consulted for the incineration of the expired products.
- The CSH supply chain mentor participated in the orientation training of the new supply chain cadres (Health Facility SC Coordinators) held in Gbarnga.



Bong County – Medicines piled up on the left (before) were re-organized on newly built shelves (right)

- CSH supported the functionality of the pharmaceutical technical group in collaboration with the pharmacy division, SCMU, DELIVER, UNICEF, and WHO. The stakeholders committed to coordinating better and adhering to a common work plan and training master plan. Progress has been slow due to multiple activities planned by the different stakeholders and heavy demand on MOH relevant stakeholders. The CSH mentors in the counties are also working with the county pharmacists to increase functionality of the technical working group.

Objective 6. Increase the financial sustainability of services

6.1 Strengthen financial oversight, management, and planning

- CSH organized a one-day working session on August 15 to finalize key views, comments, and inputs from major stakeholders on the PFM manual. Six members of the MOH participated, including the Deputy Minister for Administration, the Comptroller, Procurement Director, and Deputy Director for Internal Audit, along with three members of USAID’s Governance and Economic Management Support (GEMS) activity and three CSH staff.



- The draft PFM manual was submitted to the Ministry for review by the end of September. The final draft of the PFM manual was edited, and a draft copy has been printed and sent to the Deputy Minister for Administration (DMA) for final review and concordance. Mass printing is pending final sign off by the DMA.
- CSH held a one-day working session with the MOH Risk Compliance Officer to review and respond to the Risk Matrix Assessment prepared by USAID (categorizing financial management risks contained in the Deloitte assessment). Working together, CSH and the MOH were able to identify those units specifically responsible for responding to and handling those risks, not all of which were under the Office of Financial Management (OFM) (some were under control of CSA, some under Finance). The MOH agreed to work with the various units to address the issues raised. Of the 72 remaining issues out of 99, the major remaining responsible areas were under OFM (16) and procurement (13).
- The Procurement Unit is developing procurement standard operating procedures (SOPs); CSH is working with them to finalize the SOPs. Other pending SOPs are Fixed Assets Management and Warehouse Management, which are both a challenge at the central and CHT levels. We have been engaging those key individuals responsible at the MOH and we will similarly use a consultative approach in developing the SOPs.
- CSH developed a quick assessment tool to evaluate the financial management conditions in the counties. CSH, along with its MOH counterparts from the department of Administration, Procurement Unit, Internal Audit Unit, OFM Unit, and Compliance Unit, will utilize this tool. This assessment will give both teams (MOH and CSH) insights for the next plan of action. The tool covers the areas of environmental control, budget preparation, budget execution, audit recommendations, procurement processes and warehouse management at both central level and CHT level.

6.2 Support the MOH to manage performance-based contracts

- CSH supported orientation of the new PBF manager to the PBF concepts and scheme supported by FARA funding.
- CSH also supported the revision of PBF indicators in consultation with the various stakeholders. The consultations aim to discuss the performance aligned with these PBF indicators, learn from the success or challenges in achieving indicator targets, and assess whether they are still relevant in the present context, or what can be done to improve performance. The final list of indicators will be validated in a plenary session.
- CSH is supporting the PBF Unit effort to achieve harmonized PBF implementation. Consultations are ongoing with the PBF pilot project supported by the World Bank to identify further areas of harmonization. The PBF manager will reach out to other

partners interested in supporting the PBF scheme. The strategy is to involve all key stakeholders in the harmonization and revisions (where necessary) of the PBF institutional and implementation arrangement, promoting more buy-in from stakeholders and expanding PBF implementation to additional counties.

6.3. Assist the MOH to manage the transition from free health care

- In August 2015, CSH sub-partner R4D began communicating directly with the Health Financing Unit within the Ministry of Health to learn more about their ongoing work and to begin drafting a scope of work for the first short-term technical assistance trip.
- CSH conducted a comprehensive review of policy documents, assessments, and other relevant resources shared by the HFU to gain a full picture of past and planned future health financing-related activities, particularly those related to the earlier design work for the Liberian Health Equity Fund (LHEF).
- In late September 2015, a three-person R4D team traveled to Liberia to conduct their first STTA visit under CSH. The purpose of the visit was to launch the working relationship among CSH leadership and the MOH regarding sub-objective 6.3, as well as to refine the alignment between the CSH work plan and MOH operational plan related to 6.3. During this visit, the team:
 - Met with key stakeholders identified jointly by CSH and the MOH/HFU to validate the original design and support for the LHEF, which included select individuals from the MOH, Ministry of Finance and Development Planning (MFDP), the World Health Organization (WHO), as well as in- and out-briefings with members of the health and democracy/governance teams at USAID/Liberia.
 - Supported the HFU in updating the LHEF roadmap, incorporating the key findings from stakeholder consultations and identified both short- and long-term milestones and activity areas to move the LHEF forward.
 - CSH created an updated work plan to reflect the areas of the LHEF roadmap for which support is proposed. There was general agreement and buy-in to the proposed CSH activities. Discussion and additional review of the roadmap are still ongoing, especially with WHO and the World Bank.

Objective 7. Strengthen the Health Management Information System

- A county assessment was conducted to assess the capacity gaps and determine the current situation with the county M&E systems and find a way forward with stakeholders at county level.

- The CSH M&E team provided technical support to the MOH in the National HIS Tools Revision and Validation Workshop held in Bong County to establish common tools and standards for reporting as a first step to improving data quality.
- The HMIS reporting tools have been validated and finalized by the Health Sector Coordination Committee (HSCC) and are available for printing, training and dissemination to health facilities. The dissemination plan is underway by the MOH, with expected support from CSH.
- The M&E mentors provided Technical Support for counter verification/validation for FARA sub-contracts. The purpose of the exercise is to ensure accuracy of data reported, note observed causes of discrepancies, and provide feedback for improvement. The counter-verification and data harmonization was conducted by trained staff from Central MOH, along with county health teams and partner representatives based at the county level.
- CSH provided technical support to adapt the tool in the country context using the Health Metrics Network (HMN) Framework for the HIS assessment conducted by MEASURE Evaluation to develop a five-year strategy plan and two-year operational plan in Liberia.
- CSH participated in the stakeholder meeting to conduct the analysis to determine the gaps/challenges of the HIS system at all levels and provided activities for HIS partner mapping and interventions.
- The Ministry of Health conducted a three-day work session during which technical support was provided by CSH M&E director and mentors in three (iHRIS, HMIS and Research) of the seven sub-components.
- CSH is part of the HIS Technical Working Group (TWG) and is expected to take over the support to the different HIS strategic planning processes from Measure Evaluation as the document (strategy and operational plan) are still in draft form.
- Recruitment was ongoing for a Strategic Information Advisor to be seconded to the MOH.

5. Monitoring and Evaluation

- STTA was provided from the home office to strengthen the monitoring and evaluation capacity within the program and ensure that it is positioned to strengthen HMIS capacity at the national and county levels. Key deliverables are:
 - Baseline assessment protocol and preliminary report
 - Plan for internal program M&E system

- Updated Evaluation Plan sent to USAID for final comments
- The baseline data collection is completed and updated in the Evaluation Plan with targets provided to be achieved by the program. The data was collected from the HMIS system for standard indicators and document review for specific and customized indicators.
- A second draft of the M&E plan was submitted to USAID at the beginning of September. This version addressed the detailed comments received from the USAID Mission and USAID Washington.
- Various discussions were held on the in/exclusion of F-indicators and indicators to be used for capacity building.
- The protocol for the baseline data collection was developed and data collected for indicators that can be data mined from the MOH's HMIS system.
- Baseline data for non-standard indicators will be collected from secondary data and where necessary collected from primary sources.
- We anticipate in the coming quarter to secure final approval, enter the M&E framework and data into the Performance Indicator Development System (PIDS) and conduct the baseline assessment for missing data elements.

The indicator table is appended to this document as Annex 1.

6. Program Management, Finance, and Administration

Submission of Contract Reports: The USAID CSH Program completed and submitted to USAID the third draft of the Annual Work Plan, and while changes were still required approval was received to start implementing activities. The FY15 Q2 Quarterly Progress Report was submitted to USAID by the contractual deadline, and subsequently submitted to the Development Experience Clearinghouse (DEC). The program submitted the quarterly financial report for Q3, and then submitted the Q4 accruals report in advance of the deadline, as requested. A table of contract deliverables and their status and list of other deliverables produced to date is appended as Annex 2.

Operations: Concurrent with implementation of activities, MSH continued to establish offices and management systems during the quarter. The Monrovia office location was identified, leased, equipped, and furnished to provide an efficient workspace for program staff. Vendors were vetted and service contracts were signed for the office, including security, electricity, phone, and internet, cleaning and vehicle services. Financial and Procurement processes were decentralized from the US-based staff to the Monrovia-based Finance and Administration (F&A) staff, with the arrival of the COP and the appointment of an interim F&A Director. Subsequent

to the submission of the first draft of this document, approval was received for the Interim F&A Director to become permanent as of January. A remaining challenge in the Monrovia office is less-than-optimal internet connectivity. This is expected to be addressed next quarter, if fiber optic availability is expanded, as expected, to the area of the Monrovia office.

At the county level, staff were provided with equipment, furniture, and vehicle rentals needed to carry out program activities/visits to health centers. Vendors were identified for accommodation, catering services and stationery needed in the counties. Petty Cash funds have been established in the three counties to support program activities.

A Procurement Committee has been established in the Monrovia office, and we are currently in the process of selecting preferred vendors for the next two years. Online banking is being set up in order to expedite bank transfers and minimize delays in support to the counties. MSH registration has been completed and we are in the process of obtaining the tax exemption for the program and organization. The Branding and Marking Plan (BMP) has been used to develop communication documents, including business cards, car stickers, and letters.

Human Resources: The COP started his assignment at the beginning of July and so did many of the local staff. Subsequently and gradually, the CSH Program received further salary approvals for the HSS advisor, the PFM/HCF advisor, and the SCM mentor. The table in Annex 5 shows the progress in building a team of largely Liberian national staff, supplemented by expatriates where needed. Candidates were identified for the QA/QI advisor and mentor positions as well as for the SI advisor. These are in the final stages of hiring and contract approval. The laboratory advisor position continued to be difficult to fill, but a suitable candidate was identified for the position. Recruitment was begun for a possible third country national F&A Director, as different candidates either opted out or were not found to be suitable to ensure full compliance with USAID regulations. Unfortunately the HR manager had to be let go as we learned that contract documents and references had been tampered with during the recruitment process. The HR function was ably taken over by the interim F&A Director, dealing with remaining staff contractual and insurance issues. Mentors were moved and embedded into the county health offices, while advisors at the central level are in the process of being embedded in the central MOH to work closely with their respective counterparts. The MOH has been asked to allocate an office for the HSS advisor.

Subcontracts: In order to start up sub-contractor activity quickly, MSH entered into pre-sub-contract letters early in Year 1 with each of the approved subcontractors under the USAID CSH Program: Development Innovations Group (DIG), Jhpiego, Results for Development (R4D), and Institute for Healthcare Improvement (IHI). Jhpiego began implementing activities through full time staff including the Clinical and QA/QI Mentors, Training Officer, and Social Welfare Advisor. DIG, R4D and IHI all have completed STTA missions during Year 1 (reported in this document).

7. Upcoming Events

International consultants and staff travel planned for the next quarter:

- HRH support, TBD
- Laboratory support, TBD
- IHI Consultant and staff to support the National Quality Strategy
- Gashaw Shiferaw to support LMIS issues in SCM Master plan design
- Henri Disselkoen, DIG, for Capacity development in MPW
- Marianne Carliez, DIG, for establishment of DIG support to the WASH sector
- Sjoerd Postma, COP, to MSH home office for orientation and strategic discussions
- Garfee Williams, DCOP, to attend IHI conference and home office orientation

8. List of staff and consultants with dates in/out of country

Name	Role	Arrival in Liberia	Departure from Liberia	Staff / Consultant
Michele Teitelbaum	Project Direct Supervisor	6/29/2015	7/21/2015	Staff
Lourdes de la Peza	Leadership and Governance Advisor	8/24/2015	9/6/2015	Staff
Susan Post	Leadership and Governance Advisor	8/24/2015	9/9/2015	Staff
Gashaw Shiferaw	Supply Chain Consultant	9/5/2015	9/18/2015	Staff
Henri Disselkoen	DIG Subcontractor TA	6/29/2015	7/24/2015	Subcontractor
Henri Disselkoen	DIG Subcontractor TA	9/08/2015	12/17/2015	Subcontractor
Sodzi Sodzi-Tetty	IHI Quality Assurance TA	9/2/2015	9/10/2015	Subcontractor
Nneka Mobisson-Etuk	IHI Quality Assurance TA manager	9/1/2015	9/3/2015	Subcontractor
Grace Chee	R4D HCF TA Team Leader	9/25/2015	10/2/2015	Subcontractor
Benjamin Picillo	R4D HCF TA	9/25/2015	10/7/2015	Subcontractor
Yoriko Nakamura	R4D HCF TA	9/25/2015	10/7/2015	Subcontractor
Navindra Persaud	M&E Advisor	8/27/2015	9/4/2015	Staff
Percy Ramirez	Short Term Director of Finance and Administration	6/24/2015	12/17/2015	Staff

Annexes

Annex 1: CSH Indicator Table

Note: CSH indicators not yet established during the period this annual report covers, so only USAID F indicators reported where available

County	Period	3.1.1-59 Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	3.1.1-69 Number of eligible children and adult receiving (HIC/AIDS) care	3.1.6-6 Number of cases of child diarrhea treated in USG-assisted programs	3.1.6-61 Number of children who received Penta3 (or measles) by 12 months of age in USG-assisted programs	3.1.6-63 Number of children under five years of age with suspected pneumonia receiving antibiotics by trained facility or community health workers in USG-assisted programs	3.1.7.1-1 Couple years of protection in USG supported programs (The frequency for this indicator is yearly)	3.1.7.1-3 Percent of USG-assisted service delivery sites providing family planning (FP) counseling and/or services	P1.6 Percentage of women with four ANC visits during their last pregnancy	P1.7 Percentage of women with one ANC visits during their last pregnancy	P1.8 5 Percentage of pregnant women who received two doses of IPTp	P1.9 Percentage of deliveries that occur in a health facility and assisted by skilled staff	P1.9 of facilities meeting minimum staffing norm in USAID focus counties	P1.10 % attrition among clinical workforce
Bong	March 2015	1007	N/A	N/A	162	1271	664	N/A	N/A	1118	1236	1112	970	NA	NA
Bong	April 2015	869	N/A	N/A	143	1110	579	N/A	N/A	1129	1325	1042	1004	NA	NA
Bong	May 2015	795	N/A	N/A	144	1146	491	N/A	N/A	1112	1354	1061	1100	NA	NA
Bong	June 2015	561	N/A	N/A	169	1134	685	N/A	N/A	1054	1349	981	1084	NA	NA
Bong	July 2015	260	N/A	N/A	123	1192	675	N/A	N/A	1155	1270	1044	1011	NA	NA
Bong	August 2015	337	N/A	N/A	248	1292	739	N/A	N/A	1215	1586	1168	1059	NA	NA
Bong	September 2015	812	175	135	258	1360	734	N/A	38	1311	1501	1275	1084	NA	NA
Lofa	March 2015	585	N/A	N/A	501	712	1663	N/A	N/A	723	981	686	613	NA	NA
Lofa	April 2015	774	N/A	N/A	696	638	1825	N/A	N/A	735	993	577	551	NA	NA
Lofa	May 2015	532	N/A	N/A	457	524	1521	N/A	N/A	728	891	463	744	NA	NA
Lofa	June 2015	531	N/A	N/A	650	676	2136	N/A	N/A	843	1108	561	748	NA	NA
Lofa	July 2015	267	N/A	N/A	430	699	2141	N/A	N/A	889	1103	619	786	NA	NA
Lofa	August 2015	201	N/A	N/A	406	921	2690	N/A	N/A	927	1079	671	696	NA	NA
Lofa	September 2015	330	138	664	349	851	2170	N/A	40	1031	935	708	780	NA	NA
Nimba	March 2015	1212	N/A	N/A	609	1195	2308	N/A	N/A	1657	1994	1229	1223	NA	NA
Nimba	April 2015	1492	N/A	N/A	656	1232	2653	N/A	N/A	1607	2467	1260	1271	NA	NA
Nimba	May 2015	846	N/A	N/A	686	963	2399	N/A	N/A	1510	2150	1081	1355	NA	NA
Nimba	June 2015	700	N/A	N/A	787	999	2924	N/A	N/A	1479	1887	1072	1250	NA	NA
Nimba	July 2015	734	N/A	N/A	485	1011	2361	N/A	N/A	1337	1952	1312	1327	NA	NA
Nimba	August 2015	302	N/A	N/A	431	1140	2089	N/A	N/A	1549	1829	1160	1374	NA	NA
Nimba	September 2015	502	462	737	500	1332	2192	N/A	59	1957	2174	1374	1384	NA	NA

Key:

N/A Not Applicable

NA Not Available To be established

Annex 2: CSH Deliverables Status

No.	Deliverable	Submission Date	Status	Issues
Objective 1: Strengthen Leadership and Governance of the MOHSW				
1	Baseline Assessment	6 months after award	Done	
2	Plan to strengthen management, accountability and performance of the MOHSW for implementation of the NHWPP and EPHS developed in collaboration with stakeholders	90 calendar days after award	Incomplete	Postponed due to GC led central MOH reform
3	Plans to strengthen management, accountability and performance of targeted CHSWTs for implementation of the NHWPP and EPHS developed in collaboration with stakeholders	120 calendar days after award	Planned for Yr2/Q1	
4	Technical assistance embedded in County Health and Social Welfare Teams	180 calendar days after award	done	
5	90% of activities identified in the MOHSW/CHSWT performance improvement plans. (deliverables 1 and 2) implemented in the year they are planned	Annually Years 1-5		
6	Plan to strengthen internal communications and coordination in MOHSW, between MOHSW and CHSWTs and external ministries developed and fully implemented	Year 2		
7	Participatory MOHSW and CHSWT annual operational plans developed and implementation reviewed regularly	Annually (Years 1-5)	County OP development supported by CSH mentors and advisors	
8	Financial and budgetary controls over project implementation implemented between MOHSW and MFDP	Year 2		
9	CHSWT financial capacity improvement interventions identified in year 1 (covering financial management, procurement, budgeting, and PBF implementation) implemented	Year 3		
10	Standard Treatment Guidelines disseminated to all target facilities and staff trained in Strategies to improve quality of care	Year 2		
11	Situational analysis of LMDC conducted and plan to strengthen regulation of service providers developed	Year 1	Planned for Yr2/Q1	
12	90% of interventions identified in plan to strengthen regulation of service providers implemented in the year they are planned	Annually (Years 1-5)		

13	Capacity assessment of LMHRA, Pharmacy Division, and National Pharmacy Board conducted and plan to improve regulation and control of pharmaceuticals developed in collaboration with stakeholders	Year 1	Planned for Yr2/Q1	
14	90% of activities identified in pharmaceutical regulatory strengthening plan implemented in the year they are planned	Annually (Years 1-5)		
Objective 2: Strengthen MPW capacity to manage water supply infrastructure improvements				
15	Plan developed jointly with MPW to establish and strengthen internal controls and public financial management systems in line with Risk Mitigation Plan requirements	Within 60s of USAID direction to proceed	Planned for Yr2/Q1	
16	Training and/or technical & logistical support provided to MPW staff to establish internal controls and strengthen public financial management systems in line with plan	Annually (Years 1-5)		
Objective 3: Institutionalize QA and QI initiatives to improve health care service delivery				
17	≥25% of facilities in USAID focus counties reaching two-star level in MOHSW accreditation survey	Year 2	Planned for Yr2	
18	≥35% of facilities in USAID focus counties reaching two-star level in MOHSW accreditation survey	Year 3	Pending	
19	≥45% of facilities in USAID focus counties reaching two-star level in MOHSW accreditation survey	Year 4	Pending	
20	≥55% of facilities in USAID focus counties reaching two-star level in MOHSW accreditation survey	Year 5	Pending	
21	30% increase in the number facilities in USAID focus counties meeting 70% or more clinical standards in assessment (baseline: 2013 MOHSW Accreditation Survey)	Year 3	Pending	
22	10% increase over year 3 level in the number of facilities in USAID focus counties meeting 70% or more clinical standards in assessment	Year 4	Pending	
23	10% increase over option year 1 level in the number of facilities in USAID focus counties meeting 70% or more clinical standards in assessment	Year 5	Pending	
24	All facilities in USAID supported counties reached with QA/QI interventions and CHSWTs regularly reviewing and reporting results	Year 2	Planned to commence Yr2	
25	Supervision protocols and processes aligned to support QA/QI at facility and community level with regular supervision visits occurring to all USAID-supported facilities	Year 2	Planned to commence Yr2	
26	Client feedback mechanisms designed and	Year 1	Planned for	

	introduced in USAID focus counties		Yr2/Q1	
27	National Laboratory Policy developed and disseminated	Year 1	Planned for Yr2/Q1	
28	QA/QI studies conducted and results disseminated for use by national and county level policymakers	Year 3	Pending	
29	QA/QI interventions refined based on QA/QI studies and innovations scaled up to all USAID supported facilities	Year 4	Pending	
30	Evidence of QA mechanisms sustainably operating at facility-level documented and submitted for academic publication	Year 5	Pending	
31	Capacity assessment of NDU and county laboratory facilities conducted	Year 1	Planned to commence Yr2/Q1	
32	National laboratory policy and implementation plan developed	Year 2	Planned to commence Yr2/Q1	
33	Protocols and standards for EPSS developed and implemented in all three counties	Year 2	Planned to commence Yr2/Q1	
Objective 4: Strengthen human resources for health management				
34	National HR Policy & Plan, and MOHSW pay reform policy, operationalized and rolled out to counties	Year 3		
35	Situation assessment completed and strategic and operational plan developed for strengthening staff motivation and performance	Year 1		May need to be shifted to later years
36	Evidence-based program of activities underway to strengthen production and absorption of qualified health workers in line with workforce needs	Year 2		
37	Integrated Human Resources Information System (iHRIS) operational at both central and county level	Year 2		
38	Evidence-based HR distribution strategy developed and incentive strategies identified	Year 2		
39	Demonstrated annual increases in number of new health workers graduating from preservice training institutions in targeted cadres, and number of new health workers employed in clinical or public health positions for targeted cadres	Years 3-5		
40	Demonstrated annual increases in clinical skills of health workers in USAID-supported facilities for priority services (per Section C) based on clinical standards	Years 3-5		

41	Scholarship programs established for priority clinical cadres, and for post-graduate-level public health managers	Year 1	Done	
42	Interventions to strengthen management skills and practice of CHSWT and facility administrators implemented in all three USAID-supported counties, and follow-up occurring to reinforce practical skills	Year 2		
Objective 5: Improve supply chain management				
43	Situational analysis of supply chain conducted and priority interventions identified and agreed to with national stakeholders	Year 1	done	
44	Technical assistance embedded in agreed upon Liberian supply chain entities	Year 1	done	Additional SCM mentors to be recruited in Yr2
45	75% of USAID-supported facilities experiencing no stock-out of tracer drugs during reporting period	Year 3		
46	85% of USAID-supported facilities experiencing no stock-out of tracer drugs during reporting period	Year 4		
47	95% of USAID-supported facilities reporting no stock-outs of tracer drugs during reporting Period	Year 5		
48	Timeliness, availability, and quality of consumption data from facility and community level improved annually and evidence of use at CHSWT level	Years 4-5		
49	Organizational and management capacity building plan for NDS and SCMU, including plan for strengthening inventory management and reporting at facility level, established with 90% of activities implemented in the year they are planned	Annually (Years 1-5)		
50	Quarterly End Use Verification surveys conducted	Annually (Years 1-5)	Done	
Objective 6: Increase financial sustainability of services				
51	TA embedded in MOHSW to strengthen evidence-based planning and resource allocation	Year 1		
52	Action plan to improve public financial management and oversight for both donor and government funds, as well as strengthening coordination between the MOHSW, MFD and Legislature, developed with stakeholder input and 90% of interventions implemented in the year they are planned	Annually (Years 1-5)		
53	National Health Accounts conducted with evidence of increasing transfer of skills and	Years 1, 3, 5		

	responsibility to MOHSW staff			
54	Technical assistance provided to strengthen PBF implementation, with evidence of improved management and performance of PBF at CHSWT level and below (years 2-5)	Annually (Years 1-5)	DCOP started	
55	Technical assistance provided to finalize design and secure approval of national health insurance / health financing scheme	Annually (Years 1-5)	R4D started	
56	Program of support for roll-out and implementation of national health insurance / health financing scheme at MOHSW and CHSWT level developed and agreed to with stakeholders	Within 30 days of GOL approval of health financing reforms		
57	90% of health financing interventions identified (deliverable 59) implemented in the year they are planned	Annually following GOL approval of health financing reforms		
Objective 7: Strengthen health management information systems				
58	MOHSW staff at all levels trained in data collection, analysis, and utilization	Year 1	To be completed in Yr2	
59	Technical assistance provided to HMIS unit and CHSWTs to improve training and supervision, and strengthen surveillance and auditing functions	Annually (Years 1-5)	On course	
60	Annual increases in access to and utilization of DHIS2 at MOHSW and county levels in USAID-supported counties	Years 2-5		
61	90% of facilities submitting timely, accurate and complete HIS reports to MOHSW during the year	Year 3		
62	Counter-verification / validation of performance for FARA-supported sub-contracts conducted as scheduled	Annually (Years 1-5) as applicable	On course	
63	Assessment conducted to explore processes and/or technology solutions that could be introduced to improve efficiency and accuracy of data recording and reporting at facility level, and use of data analysis for decision-making at all levels	Year 2		

Annex 3: CSH Reports and Materials Produced

MATERIALS PRODUCED	AUTHOR	DATE
TECHNICAL REPORTS		
Leadership and Governance Development Plan - Liberian Ministry of Health Central Level	Susan E. Pritchett Post, MSH Lourdes de la Peza, MSH	June 2015
Technical Review of Liberian Pharmaceutical Services and Supply Chain Systems for Medicines and Health Products	Gashaw Shiferaw, MSH	June 2015
WASH Sector Performance Report	Henri Disselkoen, DIG Brian Holst, DIG	July 2015
CSH Quarterly Progress Reports for USAID	MSH	April 2015 July 2015
SHORT TERM TECHNICAL ASSISTANCE REPORTS		
Project Management Start-Up STTA Report	Christopher Welch, MSH	March 2015
Human Resources and Recruiting STTA Report	Joseph Kasse, MSH	April 2015
Administration Start-up STTA Report	Peter Materu, MSH	April 2015
Interim COP STTA Report	Floride Niyuhire, MSH	May 2015
Technical Start-up STTA Report	Angela Lee, MSH	May 2015
Finance and Administration STTA Report	John Shin, MSH	June 2016
Leadership and Governance STTA Report	Susan Post, MSH	May 2015 September 2015
Pharmaceutical Supply Chain Analysis STTA Report	Gashaw Shiferaw, MSH	June 2015 September 2015
Finance and Administration STTA Report	Daniel Nelson, MSH	June 2015
Finance and Administration STTA Report	Kevin Fitzcharles, MSH	June 2015
Leadership and Governance STTA Report	Lourdes de la Peza, MSH	September 2015
M&E Plan and Baseline Assessment STTA Report	Navindra Persaud, MSH	September 2015
WASH Assessment STTA Report	Brian Holst, DIG Henri Disselkoen, DIG	July 2015
QA/QI National Policy STTA Report	Nneka Mobisson-Etuk, IHI Sodzi Sodzi-Tettey, IHI Emmanuel Aiyenigba, IHI	September 2015

Annex 4: Environmental Compliance Status

IEE Condition / Environmental Impact	Specific Measure/ Description of Measure	Mitigation Response or Mitigation	Party Responsible for Mitigation	Environmental Compliance Status
Improve Supply Chain Management				
Expired or out-of-date drugs could be available in the system	Provide capacity building to central policy makers to ensure best practices are applied to stock-management standards		Supply Chain Advisor	We are supporting good storage and inventory management practices.
	Work with County and District health office staff to ensure understanding of and compliance with national stock management policies		Supply Chain Mentor	We supported, according to the environmental control guideline, the proper removal and disposal of expired drugs in Bong. We will be conducting similar activities this year in Nimba and Lofa this year.

Annex 5: CSH Staff

N°	Employee Name	Position Name	Start Date	Location
March - June 2015				
1	Niyuhire, Floride	Deputy Chief of Party	2-Mar-15	Monrovia office - EXPAT/TCN
2	Abbasi, Bushra	Health Systems Strengthening Advisor	30-Mar-15	Monrovia office - EXPAT/TCN ended on 6/23/2015
3	Loryoun, Mr. Arthur	Supply Chain Advisor	01-Apr-15	Monrovia office
4	Williams, Mr. Garfee	Deputy COP	07-Apr-15	Monrovia office
5	Diabolo, Mr. Emmanuel	Finance & Procurement Mentor	04-May-15	Floating Mentor for the counties
6	Gbessagee-Hanky, Ms Abigail	Exec. Ass. & Log. Off.	01-Jun-15	Monrovia office
7	Korpu, Mr Matthias	HRH Mentor	01-Jun-15	Nimba County
8	Tokpa, MR James	Clinical/QA&QI Mentor	01-Jun-15	Nimba County
9	Amara, Mr Michael	IT Officer	01-Jun-15	Monrovia office
10	Chea, Mr Harenton	Accountant	10-Jun-15	Monrovia office
July - September 2015				
11	Blidi Alexander	M & E Director	01-Jul-15	Monrovia office
12	Postma, Sjoerd	Chief of Party	01-Jul-15	Monrovia office - EXPAT/TCN
13	Kelley Felix	Decentralization HRH Advisor	01-Jul-15	Monrovia office
14	Lavien Gladys	Scholarship Administrator	01-Jul-15	Monrovia office
15	Reeves Huckins	M & E Mentor - Lofa	01-Jul-15	Lofa County
16	Varpilah Nee-Alah	Leadership & Org Dev. Advisor	01-Jul-15	Monrovia office
17	Nenwah John	M & E Mentor	06-Jul-15	Nimba County
18	Vincent Henry	M & E Mentor - Bong	06-Jul-15	Bong County
19	Joseph Kaiwood	Supply Chain Mentor	03-Aug-15	Bong County
20	Pavitt, Gregg	Health Financing Advisor	14-Sep-15	Monrovia office - EXPAT/TCN
21	Nyambawaro, Edward	Health Systems Strengthening Advisor	26-Sep-15	Monrovia office - EXPAT/TCN