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LIBERIA HEALTH TRANSITION WORKSHOP: FROM HUMANITARIAN TO DEVELOPMENT ASSISTANCE



SUMMARY WORKSHOP REPORT

April 2005

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LIBERIA HEALTH TRANSITION WORKSHOP: FROM HUMANITARIAN TO DEVELOPMENT ASSISTANCE

Summary Workshop Report

April 5–7, 2005



Waiting room of a mother and child health clinic

The opinions expressed herein do not necessarily reflect the views of USAID or AED.

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Cover photo: Liberia mission staff. Janean Martin, USAID/BGH.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change Communication
ANC	Antenatal Care
CBO	Community Based Organization
CHT	County Health Team
EPI	Expanded Program on Immunization
FP	Family Planning
HIDN	Health, Infections Diseases and Nutrition
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
ITN	Insecticide-treated net
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-governmental Organization
NDS	National Drug Service
NTGL	National Transitional Government of Liberia
OFDA	Office of U.S. Foreign Disaster Assistance
PA	Physician Assistant
PHC	Primary Health Care
PRM	Population, Refugees and Migration
RN	Registered Nurse
SWOT	Strengths, Weaknesses, Opportunities and Threats
TNIMA	Tubman National Institute for Medical Arts
USAID	United States Agency for International Development
USAID/AFR	USAID Bureau for Africa
USAID/BGH	USAID Bureau for Global Health
USAID/OFDA	USAID Office of U.S. Foreign Disaster Assistance
USAID/WARP	USAID West Africa Regional Program
USG	United States Government
VCT	Voluntary Counseling and Testing



JANEAN MARTIN USADIBGH

A Liberian mother and her newborn

I. INTRODUCTION

On April 5–7, 2005 the USAID Mission to Liberia, Africa Bureau, Bureau for Global Health, West Africa Regional Program, and Office of U.S. Foreign Disaster Assistance (OFDA) co-hosted a workshop to develop a framework and form a strategy for the United States Government (USG) humanitarian assistance to transition to development assistance in the health sector of Liberia.

The goal of the workshop was to harmonize health programs across the USAID Mission, Bureaus and State/Population, Refugees and Migration (PRM) and to incorporate USAID's new Fragile State Strategy through its health programs. USAID used the workshop as a forum to introduce the Fragile State Strategy to stakeholders and to develop principles of transition to re-orient its strategy from relief to development. The framework includes recommendations for new activities for both national level interventions and direct assistance to priority beneficiary populations. The workshop also identified necessary steps to exit from activities that will not transition to development, ways to identify priority activities for continuation, and steps to transition emergency activities to development programs.

II. WORKSHOP OBJECTIVES AND STRUCTURE

The purpose of the workshop was to harmonize USG health programs in Liberia in order to promote the best possible transition from emergency assistance to health development.

The workshop had two key objectives:

Objective 1: To design a framework for harmonized USG Health Assistance

Objective 2: To develop principles for the phase-down of humanitarian programs

The workshop was held over three days. On the first day, close to sixty participants, including guests from the National Transitional Government of Liberia (NTGL), UN agencies, and NGO partners, attended an opening plenary session that outlined the current health situation in Liberia, introduced the USAID Fragile States Strategy, and provided key parameters for the workshop. The U.S. Ambassador to Liberia, the USAID/Liberia Mission Director, and the Deputy Minister of Health/Chief Medical Officer gave opening remarks.

In his welcome remarks, U.S. Ambassador John Blaney emphasized the United States commitment to Liberia's recovery following the destruction left by 14 years of civil war. The Ambassador called upon the international community and Liberians to "use a comprehensive, coordinated approach" to respond to the needs in many critical areas, including the health sector.

The Director of the USAID Mission to Liberia, Wilbur Thomas, extended warm greetings from USAID/Liberia to all participants, especially those who traveled long distances to participate in the workshop. He presented the USAID Principles of Development Assistance (see Annex) and asked the participants to use these principles in their deliberations over the three days of the workshop.

Dr. S. Benson Barh, Deputy Minister of Health/Chief Medical Officer, provided an overview of the health situation in Liberia and made a plea for all to join the NTGL in its efforts to restore a Primary Health Care (PHC) system that could deliver health and nutrition services across the country, and in particular, to underserved areas.

Over the three days, USAID staff explained the current funding scenario and the decreasing projections for emergency funding; engaged participants in a participatory planning process, including breakout groups; plenary discussions; and Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses to help determine health priorities and formulate a concrete transition plan. The discussions were organized around the following three questions:

- **Where are we now?**
- **Where do we want to go?**
- **How are we going to get there?**

III. WHERE ARE WE NOW?

The available data on health and nutrition indicators of Liberia are among the worst in the world:

- The infant and under-five mortality rates are estimated to be 134 per 1,000 live births and 235 per 1000 live births, respectively.
- The maternal mortality ratio, estimated at 578 per 100,000 live births, is one of the highest in the world.
- Malnutrition is widespread and communicable diseases, especially malaria, diarrhea and acute respiratory infections, are major health burdens.

According to the NTGL 2004 Joint Assessment, less than 10% of Liberians have access to quality healthcare. Liberia suffers from damaged infrastructure, lack of funds and commodities, deterioration of support systems, attrition and low motivation of the public health workforce. The majority of healthcare currently available is provided with the support of international and local NGOs and is concentrated in Monrovia and counties with relatively better security and working conditions.

Liberia has never had a functioning national sentinel surveillance system for HIV/AIDS. Consequently, the national HIV prevalence is not known, although estimates range from 5 to 12%. It is estimated that more than 13% of Liberian children are orphans. Of these, approximately 36,000, or 15%, are due to HIV/AIDS. In addition, up to 50,000 combatants are being demobilized and returning to their communities. There are also more than 350,000 refugees in surrounding countries (Cote d'Ivoire, Nigeria, Ghana, Guinea, Sierra Leone) who have begun to repatriate.

KEY USAID REALITIES:

- The rapid phase-down of humanitarian assistance
- The continued low levels of health development funds (about \$4 million per year)
- The Congressional directives on health funds

IV. WHERE DO WE WANT TO GO?

A. Liberian Government:

- The NTGL plans to work with all its partners to restore a Primary Health Care (PHC) system that could deliver health and nutrition services across the country, and in particular, to underserved rural areas.
- The NTGL aims to target priority health conditions (HIV/AIDS, malaria, TB, diarrhea, mental illness, childhood and maternal illnesses, malnutrition and violence-related conditions) and to promote health (particularly women's health) through community-based health interventions implemented through local organizations and civil society.
- The NTGL also plans to rehabilitate key health facilities and strengthen capacity in the Ministry of Health at central and local levels by re-training and re-equipping health facilities.

B. USAID/Liberia:

- Increased use of essential primary healthcare (PHC) services through civil society (the present Mission Strategic Objective for health).
- Smooth transition between humanitarian to health development assistance.
- Promote Liberia's recovery from its crisis, promote stability, and mitigate conflict, consistent with the USAID Fragile States Strategy.

V. HOW DO WE GET THERE?

To define a clear direction of how to reach the goals described above, the participants conducted four main activities:

1. Performed a SWOT analysis and prioritized key health services and systems strengthening activities
2. Identified major issues
3. Determined key principles for selecting programs for transition
4. Designed exit strategies and transition approaches for USAID-funded humanitarian activities

I. SWOT analysis and prioritization of key health services and systems activities:

Participants conducted a SWOT analysis of the current situation in Liberia related to key health services and systems activities. Based on the SWOT analysis, participants identified and ranked priority service and systems interventions that should be emphasized in the new USG framework. The results of this overall prioritization activity are presented below.

Priority Service Interventions

- **HIV/AIDS:** Human capacity development (including training healthcare professionals, etc.); Antenatal care (ANC) HIV surveillance; targeted Behavior Change Communication (BCC) for high risk groups.

- **Malaria:** Technical support to MOH to appropriately manage Global Funds, ensuring supply of drugs and insecticide-treated nets (ITNs) in the country, and to put into place and implement standard malaria prevention and control guidelines, policies, and programs; Capacity building at all levels to address malaria prevention and control.
- **Water, Hygiene, and Sanitation:** Promote infrastructure that can be built, maintained, and reproduced at the community level.
- **Nutrition and Food Security:** Basic data/surveillance, including: demography, epidemiology, and nutrition; revitalize the basic system for government assistance to vulnerable populations.
- **Maternal & Child Health (MCH) and Family Planning:** Increase training for MCH workers; establish or reinvigorate referral centers.

Priority Systems Interventions

- **Commodities and drug management:** Reactivate the National Drug Service (NDS) by funding the procurement mechanism and distribution system; Strengthen national quality control program.
- **Human Resources Development:** Prepare a health manpower plan; expand and strengthen basic training program for midwives, physician assistants (PA), registered nurses (RN) at Phebe Hospital and the Tubman National Institute for Medical Arts (TNIMA), including training equipment, clinical areas, technical support, classroom rehabilitation.
- **Health Financing:** Offer technical assistance to the Government to manage the budget and payroll; work towards a coordinated donor approach to healthcare financing, especially cost recovery approaches.
- **Health infrastructure, rehabilitation, and community-based approaches:** Identify organizations that have the long-term capacity to take over emergency funded activities.
- **National level policies, technical guidelines, and surveillance:** Support comprehensive data collection, analysis, and use; involve partners in the harmonization and development of technical guidelines.

2. Discussion of Key Issues: Participants identified three major issues of concern:

- What should be the balance between providing support for the Ministry of Health at the national level versus direct provision of services?

The workshop participants concluded that the major focus (80%) of USAID support should be on the delivery of services at the county and community levels. However, the consensus was that to assure quality and standardized services and effective national health programs, USAID should focus up to 20% of its support at the national level.

- What should be the balance between delivering a comprehensive package of quality services to a smaller number of beneficiaries, versus reaching more beneficiaries with a more focused set of approaches

Based on the principles of equity, it was felt that reaching as many beneficiaries as possible with a quality package of essential healthcare services, commodities and staff with the resources available would be the most cost-effective approach

- Is cost-recovery a viable concept at this time in Liberia?

Most participants generally agreed that cost recovery was probably appropriate for secondary healthcare, however, in the case of Liberia, operations research on cost recovery models for primary healthcare is warranted.

3. Determination of key principles for selecting programs for transition

With the rapid phase-down of humanitarian assistance and continued limited health development funding, many USAID emergency programs will end without a transition to development funding. The workshop proposed a set of principles to help USAID select the most appropriate humanitarian programs to phase over to development support. These were those programs that:

- **Address capacity building:** Local capacity to run the health services at all levels should be addressed in a standardized and holistic way. Training and strengthening national institutions and the skills of health center personnel is important;

- **Facilitate ownership and sustainability:** Involvement of local populations in the implementation of activities from the beginning would result in programs that were more likely to be sustained;
- **Ensure equity:** Programs should address the underserved and or vulnerable populations, and target the community as a whole;
- **Focus on results:** Use of good and coordinated collection of data is needed to monitor, evaluate and report on results;
- Benefit from **broad partnerships** and networks;
- **Work with youth**, ages 5–25, for conflict mitigation;
- Target an **integrated set of essential health services**.

4. Discussion of exit strategies and transition approaches

With the rapid phase-down of humanitarian assistance and limited health development funding, many emergency programs will end.

Exit strategies:

Some key principles for exit strategies include the following:

- Develop an exit strategy at the beginning of the program;
- Inform beneficiaries and staff as soon as possible of the phase-out plan;
- Be transparent with local communities about what is needed to run clinics and services. (i.e., drug supply, staffing, funding);
- Assess local organization capacity;
- Leave behind equipment, logistics, and running costs and drugs for a limited six-month period;
- Collect and report on health data;
- Assess what it takes to run the clinic without external funding;
- Train staff to assume management responsibility.

Transition Approaches

The following principles are for those emergency programs that will be more likely to serve as foundations for health development:

- Strengthen capacity:
 - Provide training and capacity building
 - Strengthen referral systems and secondary health care facilities
- Promote ownership:
 - NGOs should hire staff of MOH clinics through the county health teams (CHTs)
 - Establish CHT leadership by having them chair coordination meetings
- Promote sustainability:
 - Increase MOH and local NGO responsibilities and accountability (e.g. joint supervision, planning, gradual handover to local entities)
 - Integrate key activities into local structures, such as MOH hospitals or clinics
 - Prepare and conduct a planned phase out of incentives
 - Begin introducing cost sharing or alternative revenue generating activities
- Donate equipment, computers and a six-month supply of drugs and commodities
- Collect and report health data
- Standardize NGO approaches and interventions

VI. VISION FOR THE FUTURE

The objectives for future programming should be:

- To equitably expand access to essential health services to reduce morbidity and mortality
- To promote recovery; prevent conflict; and build capacity

- To work at the national level (20%), while maintaining a focus on service delivery at the county and community level (80%)

Who should be the direct beneficiaries?

- Underserved populations, vulnerable populations, returnees (ex-combatants, returned Internally Displaced Persons (IDP), refugees)
- Youth, ages 5-25

What are the priorities on the national level?

- Technical assistance on financial management, coordination, and support to global alliances
- Support for key national programs (i.e., malaria, HIV/AIDS, TB, EPI)
- Design and use technical guidelines
- Data collection and infectious disease surveillance and response
- Donor coordination

What are the priorities services to be supported?

- Integrated package of MCH/FP services
- HIV/AIDS including HIV surveillance and expanded prevention services
- Community based approaches

Capacity building:

- Strengthen county health teams, local NGOs, community based organizations, and other aspects of civil society relevant to the health sector
- Support for pre-service training and expanded in-service training

VII. CONCLUSION AND THE WAY FORWARD

The workshop deliberations will inform the USAID Mission, USAID/WARP, USAID/AFR, USAID/BGH, USAID/OFDA, and State/PRM strategy to harmonize humanitarian and development programs in the health sector. A number of key follow-up actions were identified, including:

- Prepare and disseminate the report of the workshop;
- Conduct joint planning and programming;
- Identify development-ready and strategic USAID/OFDA and State/PRM-funded clinics and programs and transition them to development funding;
- Develop common indicators for joint reporting in USAID Annual Reports.



Workshop participants

JANEAN MARTIN, USAID/BGH

ANNEXES

ANNEX I

WORKSHOP AGENDA

RELIEF TO DEVELOPMENT TRANSITION PROGRAM FOR THE PUBLIC HEALTH AND NUTRITION SECTOR IN LIBERIA

APRIL 5 - 7, 2005

General Objective: To harmonize USG health programs in Liberia in order to promote the best possible transition from emergency assistance to health development

Day I: Opening Session — Moderator/Sharon Pauling

8:00–08:15	Opening remarks Ambassador John Blaney
8:15–08:45	Welcome remarks Wilbur Thomas, USAID/Liberia Mission Director
8:45–09:00	Key remarks Dr. S. Benson Barh Deputy Minister of Health/Chief Medical Officer, Liberia
9:00–09:20	Questions and comments
9:20–09:50	Presentation of the USAID Fragile States Strategy Richard Greene, Director USAID/BGH/HIDN
9:50–10:00	Concluding remarks Sharon Pauling
10:00–10:30	Coffee break/registration
10:30–10:45	Introductions/ground rules/housekeeping Sambe Duale (Facilitator)
10:45–11:00	Review of workshop objectives, expected outcomes, schedule and format Richard Greene (Facilitator)

Day I	
11:10–11:25	<p>Questions of clarification and participant expectations Sambe Duale (Facilitator)</p>
11:25–11:35	<p>Explanation of breakout groups Sambe Duale (Facilitator)</p>
11:35–1:00	<p>Breakout groups on priority interventions</p> <ol style="list-style-type: none"> 1. MCH & FP 2. HIV/AIDS 3. Malaria 4. Hygiene, water and sanitation 5. Nutrition and Food Security
1:00–1:45	<p>Lunch</p>
1:45–3:00	<p>Plenary - breakout groups' presentation, discussion and group consensus on priority interventions Sambe Duale (Facilitator)</p>
3:00–3:15	<p>Coffee/tea break</p>
3:15–4:45	<p>Breakout groups on System Strengthening Actions</p> <ol style="list-style-type: none"> 1. Commodities and drugs management for beneficiary populations 2. Human Resources Development for beneficiary populations 3. Health financing for beneficiary populations 4. Health Infrastructure, rehabilitation and community-based approaches for beneficiary populations 5. National level policies, technical guidelines and surveillance
4:45–5:00	<p>Wrap-up of Day I</p>

Day 2	
8:00–8:15	Day review/overview
8:15–9:15	Plenary session: breakout groups' presentation, discussion and group consensus on System Strengthening Actions Sambe Duale (Facilitator)
9:15–9:30	Voting exercise on priority interventions and system strengthening actions
9:30–10:00	Plenary session: discussion of key issues of concern Richard Greene (Facilitator)
10:00–10:15	Coffee/tea break
10:15–11:30	Breakout groups: define principles for selecting beneficiary populations and allocating resources Richard Greene (Facilitator)
11:30–12:30	Plenary – breakout groups presentations, discussion and group consensus on principles for selecting beneficiaries Richard Greene (Facilitator)
12:30–2:00	Lunch break
2:00–3:00	Explanation of breakout groups Richard Greene (Facilitator) Breakout groups on exit and transition approaches: 1. Principles for exit strategy for ending OFDA programs 2. Principles for transition of selected OFDA programs to development assistance 3. Principles for the re-orientation of development programs
3:00–3:15	Coffee/tea break
3:15–4:45	Breakout groups on exit and transition approaches (cont'd)
4:45–5:00	Brief discussion, summary and end of Day 2

Day 3

Develop a draft framework for harmonized USG health assistance to Liberia consistent with likely resource levels

8:00 – 8:15	Day review/overview
8:15 – 9:00	Summary report and discussion
9:00 – 9:30	Expectations and evaluation
9:30 – 9:45	Coffee/tea break
9:45 – 11:00	Plenary: breakout group presentations, discussion and consensus on exit and transition approaches
11:00 – 12:00	USAID/Liberia response and planning cycle Stefanie Sobol and Sharon Pauling
12:00 – 12:15	Closing Sharon Pauling, USAID/Liberia

ANNEX 2

Welcome Remarks by the United States Ambassador to Liberia, John W. Blaney

Embassy of the United States of America
Office of Public Affairs
111 United Nations Drive, Mamba Point
Monrovia, Liberia
Phone: 226-370, ext. 1390; Fax: 226-149

April 5, 2005

Honorable Minister of Health
Mission Director of USAID
Representatives of UN Agencies
Representatives of NGOs
USAID Partners
Ladies and Gentlemen:

Welcome to this important occasion.

Thank you all for coming to this important event. I am pleased to be here because the United States is committed to Liberia's recovery following the destruction left by 14 years of civil war. We cannot underestimate the damage and disruption on Liberia's physical, social, political, economic and governance infrastructure. Violence against women and children was especially pervasive. But, the international community and Liberians are determined to move forward together. For our part, the United States is responding to needs in many critical areas, and during this workshop we want to give particular attention to the serious challenges facing Liberia's health system. The United States is committed to a New Liberia, and a healthy and productive citizenry is essential for Liberia's success and long-term development.

I wish to commend USAID and particularly OFDA for taking an innovative approach to addressing transition in the public health and nutrition sector in Liberia. The recovery of the health system and improving the health conditions of Liberia's people requires a comprehensive coordinated approach. USAID is providing a venue for you as stakeholders to take stock of the current state of play in the health sector and to contribute to the development of needed forward looking strategies and programs.

On a personal note, I am grateful for this program and to all of you for bringing more attention to the health care needs of Liberia. When I first arrived here in 2002 from South Africa, I was determined to launch some new health initiatives, especially ones to combat HIV/AIDS.

But, the war intervened and I had to set aside much of what I had wanted to do. I am excited that now, we can begin to muster together in the next war, the one against HIV/AIDS and other killer diseases. And, it is that one that must be won.

The Challenge:

Our assessment on the health situation of Liberia must be blunt. The health care needs in Liberia are dire. The war destroyed and gutted hospitals and clinics and left the physical infrastructure, including roads and bridges, destroyed or in disrepair. Qualified health personnel were forced to flee the rural areas and converged in Monrovia.

We have no illusions about the challenges ahead. For example, the data we have reveals that:

- Only 31% of one-year-old children are immunized against measles;
- 194 out of 1,000 children die before reaching the age of five years;
- Some sampling suggest that there is a 12.9% HIV/AIDS prevalence rate among 15-24 year old pregnant women;
- The prevalence rate and death rates associated with malaria are 56.9% and 14.1% respectively; and,
- Only 40% of TB cases are detected and cured under treatment.

Furthermore, some of the most significant, critical impediments to the effective delivery of health services in Liberia include the following: a severe shortage of qualified staff; the inability of the government or local NGOs to pay salaries; the physical destruction of health facilities; poor transportation and road systems, continued instability in some parts of the country; and the non-availability of essential medicines.

Building on Success:

To cope with these and many other problems, it is absolutely fundamental that all stakeholders work together. Insofar as the United States is concerned, its principle agency operating in this sector, USAID, has a long history of involvement in Liberia.

Of course, the war destroyed much of Liberia's health infrastructure and disrupted many of USAID's efforts to build the capacity of health systems, improve child and maternal health, stop the spread of HIV/AIDS, and prevent and control infectious diseases such as malaria and polio. However, even during the height of Liberia's crisis, the US Government continued to provide life saving essential services to people in need. We never stopped, and much of our emergency effort was run through USAID's Office of Foreign Disaster Assistance and Office of food for Peace as well by the State Department's Bureau for Populations, Refugees and Migration.

Since those times, our renewed programs have been carried out in partnership with many of you, and the organizations represented here today. For example, since August 2003:

- We've activated more than 50 clinics in Bong, Grand Gedeh, Lofa, Maryland, Sinoe, Nimba, Margibi and Montserrado counties that together serve over 600,000 people;
- We've also provided essential drugs and medical equipment at these clinics;
- To ensure that health skills are updated and modern medical techniques are utilized, we're involved in providing training for doctors, nurses, mid-wives and other health professionals;
- The distribution of family planning and disease prevention commodities such as condoms has increased;
- Important health messages are being transmitted by radio
- We helped the MOH develop a national malaria behavior change strategy
- We're supporting WHO on polio surveillance and eradication
- Children affected by the war are getting needed corrective surgery
- Women and children affected by the war are receiving psycho-social counseling

Let me stress that, particularly given the stiff challenges that face all of us, improved coordination and planning is essential to ensure that there are comprehensive and adequate programs that will address the health care needs of children, mothers and families and others, which is why this workshop is important. You will spend the next three days considering the health issues of Liberia. In this time you will discuss what is being done. You will note any important program gaps. You will also make recommendations about which programs can be phased out and which programs need to be continued and emphasized in a collective approach to promoting improved health in Liberia. Be realistic in your assessments. Form your plans assuming resource levels that can be realized.

In deliberations, I also caution you to remember that Liberia isn't just a developing country with problems, but it is a failed state. Improving health in this context requires giving special attention to the causes of that fragility and to the "stability deficits" of health systems. For example, improving health involves giving broader attention to human safety, strengthening good governance and accountability, increasing access to care equitably, and to reintegrating people affected by conflict in their home communities. Just remember that building trust, determination, planning and coordination among all international and local partners is the strategy that will surely lead us to success. That is your goal for this workshop.

You know, the U. S. sees the vision of a safe, secure, prosperous and democratic Liberia. It is still in the distance, but not as far away as before. And, of course, the New Liberia requires healthier and more productive citizens. That is where you come in, and working towards that objective is the goal of this workshop.

Thank You.

ANNEX 3

Welcome Remarks by the Mission Director of the United States Agency for International Development (USAID)/Liberia, Wilbur Thomas

Relief to Development Transition Program for Public Health and Nutrition Sector in Liberia

April 5-7, 2005

Good Morning!

Dr. Benson Barh, Deputy Minister of Health/Chief Medical Officer, Liberia
Members of the NTGL --- All Protocol Observed
Ambassador Blaney
USAID Partner Representatives
Fellow USAID colleagues
Ladies and Gentlemen:

Please accept warm greetings from USAID/Liberia! We are pleased that you are here and we want to make your stay comfortable especially for those who have traveled long distances to be with us this morning. We are pleased to note that USAID/Liberia, through its partners, is present in just about every county in Liberia. USAID's presence all over Liberia attests to our concern for the well being of the people of Liberia.

A newspaper reporter asked me after my swearing in ceremony as Director of USAID/Liberia, what is your highest development priority for Liberia? I thought about it for a moment but it did not take too long to conclude that our health sector program is the highest priority for the people of Liberia. In that regard, this is our first intensive workshop to obtain an overview of any sector in Liberia. I owe a great deal of gratitude to Ms. Mary Harvey and Ms. Stephanie Sobol for their efforts in organizing this workshop.

A number of other great things are occurring in USAID. We have a new branding campaign as evidenced by this bright sign that you see here (US–AID from the American people). We have new set Principles of Development Assistance and I hope they will be used in your deliberations over the next three days.

They are as follows: *see Annex 4*.

ANNEX 4

Principles of Development Assistance

1. Principle of Ownership

Recognizing that a country and its people own their development process

2. Principle of Capacity Building

Strengthen local institutions and promote appropriate policies essential to economic growth and good governance.

3. Principle of Results

Focus resources to achieve clearly defined objectives critical to a country's needs and local realities.

4. Principle of Scale

Guarantee significant impact by designing and implementing programs of sufficient size and scope.

5. Principle of Sustainability

Design programs in a way that ensures their impact endures after assistance ends.

6. Principle of Accountability

Hold individuals accountable for managing tax-payers funds and use transparent systems to monitor the use of funds and progress against objectives.

7. Principle of Assessment

Tailor programs based on thorough understanding of local conditions and best practices in the international development assistance, with a short design-to-implementation cycle that permits adjustments for changing conditions.

8. Principle of Selectivity

Allocate resources to countries and programs based on need, performance and foreign policy interests.

9. Principle of Partnership and Networks

Achieve common development objectives through close collaborations with multi entries – governments, communities, donors, NGOs and private sector.

ANNEX 5

USAID Fragile States Strategy

Presentation by Richard Greene

Fragile States Strategy

- Outlines USAID vision of how agency can more effectively respond to fragile states
- Need to engage more selectively
- Effective response will require close coordination with other USG agencies
- Recent creation of the Office of the Coordinator for Reconstruction and Stabilization

What are Fragile States

- Failing, failed, and recovering
- Important to determine how quickly a country is moving toward or away from stability
- Strategy distinguishes between fragile states that are vulnerable from those already in crisis

The Fragility Framework

- Research indicates that instability in fragile states is product of ineffective and illegitimate governance
- For social services, effectiveness is measured by provision of basic services that generally meet demand, including that of minority groups
- For social services, legitimacy is related to tolerance of diverse customs and beliefs

Vulnerable vs. Crisis

- When a state is vulnerable, the strategic focus will be to prevent crisis and advance recovery to where development is possible
- When a state is in crisis, the focus will be on stabilizing the situation, mitigating the impact of the conflict, addressing the drivers of the crisis

4 Major Elements

- Better monitoring and analysis
- Responding better to realities on the ground
- Programs focused on the sources of fragility
- Streamlined operational procedures to support rapid scale-up

What it means for the health sector

- More focus on equity and balanced geographic and ethnic focus
- Greater importance of community-based partners, including local NGOs
- Governance in health
- Emphasis on expanding access and utilization

Draft AFR Bureau Fragile States Approach

- Access to basic services in home communities
- Increased provision of essential services
- Inclusive government reform
- Basic economic activity restored (health linked to livelihood)

ANNEX 6

Participant Expectations

Funding issues expectations:

- Have an idea about USAID funding for FY05 and probably FY06
- To update self on current issues concerning USAID/OFDA support capacity.

Strategy expectations:

- The practical experience of what happens at the rural level will be a priority strategy
- Identification of priority areas/sectors and geographical areas
- Final specific priority needs of Liberia in health
- An understanding of USAID health priorities for the next year(s) and a chance to influence this — stressing healthcare for the most marginalized
- To be able to understand the strategy in prioritizing intervention in this transitional phase
- Criteria to select from among many competing priorities benefiting population and geographic area and also responsibility
- Clearly defined actions and strategies to address the priority programs USAID wants to support
- Develop a real strategy for NGO pull-out, integration into local structures.
- Clear strategic inputs to strengthen health system
- To have strategy that empowers the communities to have a voice in program design — considered by donor
- Clearly defined USAID support strategy towards re-establishing healthcare financing re: cost-sharing/revolving drug scheme in Liberia. (Seed stock funding and capacity building preparations)

- Problems faced by implementing agencies into health sector will be listed and strategies to reduce these problems will be addressed
- Propose new approaches to USAID fragile states strategy
- Health needs of the country will be discussed and methods to improve these health needs will be addressed
- To know the way forward for humanitarian assistance in Liberia

Other health program structures expectations:

- That this workshop will address the healthcare needs of Liberia
- Clarification on indicators, e.g. social-economic links to both and means of verification
- The reality to implement projects as in development phase focusing on the current state of the country
- To understand ways to implement capacity building and sustainability
- Have a clear framework of operation to maximize efforts and avoid duplication
- Health manpower planning
- Donor collaboration to strengthen MOH which is transparent and responsible
- At the end of this workshop a development assistance health program will be developed
- Liberia to recover from its health challenges (human resource development, increase access to health facilities/services plus increase access to sustainable health education and practices)
- Full capacity building. Sustainable programming
- Identify role of NGOs in the harmonized USG assistance
- Identify levels of activities needs in the country
- Make corrections (in future after the workshop) in new framework of health development system

- Identify future health activities (including fund raising)
- Make NGO work flexible due to the emergency needs and change them if requested
- Achieve final goals — assist Liberia in reorganization of health system
- Assist the most vulnerable population of Liberia in access and utilization of health services
- Achieve sustainable health services in the countries that NGOs cover
- To understand the role of the Ministry of Health and Social Welfare in all of this change
- Identify where NGOs will implement new activities and coordinate with partners/donors

Miscellaneous expectations:

- To learn different methods of workshop facilitation
- To exchange experience with others
- To meet people and make new friends
- Learn lessons from other partners and/or donors

ANNEX 7

Voting Results of Key Health Services and Systems Activities

Priority Interventions: Group breakout session #1

1. HIV/AIDS

- ANC HIV surveillance: **5**
- Home-based care and support: **4**
- VCT expansion: **4**
- Human capacity development (including systems strengthening, curriculum/training for health care professionals, etc.): **7**
- Targeted BCC for high risk groups: **5**
- Specific interventions for OVC care and support: **1**

2. Malaria

- Technical support to MOHSW to appropriately manage Global Funds, ensuring supply of drugs and ITNs in the country, and to put into place and implement standard malaria prevention and control guidelines, policies, and programs: **10**
- Equip a partner to manage resources that will build capacity at all levels to address malaria prevention and control: **10**
- Technical support to MOHSW at all levels to develop a national BCC strategy and implement BCC programs targeting malaria prevention and control: **3**
- Technical support via WHO to MOH to establish and implement surveillance system to monitor malaria drug resistance: **2**
- Focus on malaria and pregnancy, such as treatment and ITNs for pregnant women: **1**
- Assist with distribution/dissemination of national policy documents: **0**

3. Water, Hygiene, and Sanitation

- Support community-based education and mobilization on hygiene, water, and sanitation: **6**
- Build capacity of communities, CBOs and local NGOs through voluntary efforts and socioeconomic activities: **7**
- Promote sustainable facilities that can be built, maintained, and reproduced at the community level: **9**
- Privatization/fee-for-service/income generation (water and sanitation, water provision, garbage disposal, etc.): **0**
- Human resources development for water and sanitation promotion, delivery, and technical expertise: **3**

4. Nutrition and Food Security

- Basic data/surveillance, including: demography, epidemiology, and nutrition: **9**
- Social safety network: Revitalization of basic system: **9**
- Strengthen government capacity in nutrition and food security: **7**
- Harmonization of NGO relationships with government: **0**
- Establish M&E system/ Establish early warning system: **1**

5. Maternal & Child Health and Family Planning

- Increase EPI activities, including yellow fever: **4**
- Increase training (qualified staff, including TTNs, certified midwives, etc.): **13**
- IMCI policy and guidelines; development/dissemination: **2**
- Referral centers: **5**

Priority Systems Interventions: Group breakout session #2

1. Commodities and drug management

- Conduct survey on willingness and ability to pay for drugs: **4**
- Assessment of possibilities of reactivating NDS funding/procurement mechanism and distribution system: **7**
- Seed funding for NDS/CSS: **3**
- Social marketing of commodities: **0**
- Resume counterpart placement at NDS for full-time technical support : **0**
- Strengthen national quality control program: **6**
- Increase coordination with NGS, NDS, and MOH: **1**
- Support NDS regionalization plan (including store space): **0**
- Once system is defined, train local personnel in commodities management: **0**
- Promote CBD and social marketing for selected commodities: **2**
- Train local drug store operator: **1**
- BCC on proper drug compliance and supply source: **0**

2. Human Resources Development

- Prepare health manpower plan for health sector in Liberia (assessment, staffing requirement, priority skills for each cadre, etc.): **8**
- In-service trainings for upgrading skills for physician assistants, registered nurses, certified midwives, trained traditional midwives, nurse anesthetics, lab technicians through NGOs, in collaboration with MOH: **4**
- Increase and strengthen basic training program for midwives, Pas, RNs at Phoebe and TNIMA, including: training equipment, clinical areas, technical support, classroom rehabilitation: **5**
- Training and equipping community health workers, TBAs, and other health promoters: **3**
- Strengthen county health teams in areas such as management and health information systems: **4**

3. Health Financing

- Government should clarify the budget, payroll, and start to pay health staff; USAID to offer technical assistance and advocacy: **13**
- Encourage public/private sector partnerships: **4**
- Provide technical assistance needed in progressive budgeting: **0**
- Continue to support NGOs to pay emergency allowance: **3**
- Work towards a coordinated donor approach to health: **5**
- Cost recovery: **1**

4. Health infrastructure, rehabilitation, and community-based approaches

- Identify viable structures that can take over emergency funded activities; Integrate local structures and long-term viable structures: **14**
- Tap into Diaspora resources: **0**
- Stronger focus on on-the-job training, and on certifying these people: **2**
- Focus on sourcing and leveraging resources for rehabilitating structures: **2**
- Standardize minimum level of services: **3**
- Support to village committees, community based organizations, faith based organizations, etc. in areas including: media access, moral boosting items (T-shirts, etc.), training for standardized message: **4**
- Model positive community initiatives; do exchange visits: **0**
- Link livelihoods opportunities to positive approaches; Income generation: **0**
- Assess context to determine appropriateness of community based interventions: **1**

5. National level policies, technical guidelines, and surveillance

- Comprehensive data collection, analysis, and use: **12**
- Partner involvement in harmonization and development of technical guidelines: **8**
- Support for comprehensive strategic dissemination plan: **2**
- Monitoring and evaluation of service provision in accordance with guidelines: **4**

Overall Questions

- 1. What is the most important system intervention?**
 - Commodities and drug management: **2**
 - Human Resources Development: **6**
 - Health Financing: **2**
 - Health infrastructure, rehabilitation, and community-based approaches: **13**
 - National level policies, technical guidelines, and surveillance: **1**
 - Quality of care: **1**

- 2. What should be the funding balance between providing technical assistance to the government and directly implementing activities? (e.g., 10/90, 20/80, 50/50, etc.)**
 - 10/90: **3**
 - 20/80: **11**
 - 30/70: **5**
 - 40/60: **1**
 - 50/50: **4**
 - 60/40: **1**

ANNEX 8

USAID Health Transition Strategy Workshop Evaluation Summary

1. Did you find the workshop a valuable use of your time?

There were 12 respondents who responded with a simple “yes.” The other participants responded and added comments to their answers.

The comments included:

- Similar workshops have been done or are currently ongoing concerning the health sector; however, it is interesting to see the current situation with the health and nutrition sector, and to plan for the future.
- Opportunity to inform the process, and also be informed
- Very interesting. The exercise gave a clear move/shift from emergency to development.
- Yes, excellent use of my time!
- Educative and mostly directed at Liberia recovery process
- It was useful, although perhaps could have been reduced in days. Good small group work.
- The workshop was extremely valuable.
- Valuable and refreshing.
- It was extremely informative
- It helps to direct nature and direction of programs.
- It gave insight into major areas for funding possibilities for existing programs from the USAID point of view.
- This workshop is a good first step that produced a framework. Next step is to support another to produce specifics.
- Workshop was a very valuable use of my time as I have gained a lot to help in continued program implementation.

- Very well organized, very good use of time, excellent in its results-oriented approach.
- It has given a clear picture of the idea from relief to transition.
- It was really useful and timely, I don't regret being one of the participants.
- There should have been more preparation. Topics should have been given out in advance to allow discussion with the field staff.
- For the most part

2. (a) What was most useful?

- The information on policy and the “financial situation” of USAID/OFDA in Liberia
- Topics discussed were appropriate, but there should have been preparation (topics given out in advance to allow discussion with the field staff) in order to have more substantive discussions.
- All topics and discussions
- Understanding better the issues surrounding funding as a whole and not just health
- Information from USAID on funding, strategy, priorities, etc.
- The information among various partners of different backgrounds leading to sharing of experiences
- Breakout groups and feedback
- Planning cycle information on day 3
- The group work and personal interactions, plus learning of ideas and experiences
- Everything was good, but it what was extremely good was the exercised/group work that brought out exit strategies and transitions to development activities.
- Framework for transition, especially the categorization of countries into transformation, fragile, and strategic
- Exit, transition, and development strategies
- The breakout group discussions

- I have a better understanding of the Africa Bureau strategy and the fragile states presentation.
- Developing framework for USG health assistance.
- Group discussions, changing from emergency phase to transitional.
- Prioritization of interventions.
- Information about USAID health programs and partnerships in a holistic way.
- Sharing information and methodologies.
- Better understanding of the context of the operation, e.g., fragile/vulnerable states.
- Principles to prioritize activities/programs/beneficiaries
- The priority areas that are targeted to receive funding during the transitional period.
- The aspect of integration/multi-sectoral approach strategy to tackle issues.
- The networking with other healthcare organizations. Also, simply learning a broad-based portrait of healthcare in Liberia.
- Knowing USAID future plans/funding of ongoing projects.
- Determination of key principles to select the most appropriate humanitarian programs.
- Exit strategy and transition.
- All of the sessions, as each objective have to be complemented with one other.
- Outlook on health financing
- Transparency of USAID hosts as to reality on the ground in regards to funds available, and their openness to expand the principles guiding their use
- Participatory approach to planning.

(b) What was least useful?

- The discussion of expectations, voting exercise
- Some breakout groups were not particularly useful, such as food security and nutrition

- All was useful, but could have been more useful with better preparation — needed a presentation on actual health program funding, or maybe all USG funding, just to keep/put it in perspective
- All was useful, but it was difficult to make a choice of which breakout group to join
- Everything was good, but information on diminishing funding is a worry.
- Maybe just cell phones
- Reorientation strategy.
- Prioritizing service interventions — it was hard to decide which is a higher priority.
- After the group presentations, a group consensus was not clear, only after documents were typed. If it was done differently, time would have been saved.
- Cost sharing, although important, needs to have a holistic approach to be able to make a useful decision (other external donors and government departments).
- It was very useful, if only the prioritization could be assured of funding, otherwise it remains paperwork
- Everything was very useful x2
- Nothing, nothing, nothing
- None, all areas were very important.

3. Were the objectives met?

- 14 respondents simply said “yes.”
- Another 7 respondents said that they had been partially met. Comments included: A beginning was made; Somehow; Partly, because the results are yet to be implemented.
- There is more for the organizer to determine, but important inputs were made towards the set objective.
- Largely met; however, USG assistance should be looked at in tandem with other donor funds.

- Mostly. Nominal ranking left some of important issues, especially cross-cutting issues like HIV.
- 70%.

Objective 1: Framework for harmonized USG Assistance

- Needs more discussion, and more concrete suggestions for some issues, such as food security
- Well outlined proposals were put forth; looking forward to full implementation
- At start to thinking about a framework.
- Yes, well defined
- A draft framework was developed
- This is a process — not achieved yet.
- Yes, very clear. This picture or issue was clearly presented.
- 80%.
- Still in process stage; some inconsistencies regarding the national and local level assistance in light of funds available.

Objective 2: Phase-down strategy of Humanitarian Assistance

- Good guidelines were developed
- I hope the recommendations proposed in this workshop will be done by NGOs to phase their programs into community-based activities needed for development in this country.
- A clear strategy was developed
- A start to thinking about it.
- Some useful principles were developed; I hope workable
- Yes, well elaborated.
- Yes

- This was clearly dealt with as areas that are less important for continuation or areas with less negative effect when dropped off were clearly explained to give an idea to partners as to what to leave behind when going into development
- 70%.
- Met in detail.
- Yes, very clear. It was well addressed and has given ideas for the way forward.
- Realistically approached with valuable strategies discussed.
- There are still lots of loose ends, especially with incentives of the instability/prognosis for Liberia (elections, etc.)
- Still based on the assumption that elections would be successfully followed with a conducive atmosphere for development. I think scenarios of failures should be strengthened.
- Not completely.

Objective 3: Reorientation of health development program

- See above
- Sufficiently covered
- More dialogue needed
- Points/issues proposed are in well in line with needs in the sector
- Development programs will only be possible on successful transition aftermath. However, the situation is still highly unpredictable
- Probably—not clear
- As above
- Yes
- Also in process
- In process-some areas vague development is not a short term process and our funding and commitment should see it thru

- Finally — it was not clearly understood like the previous one
- Sufficiently covered
- No
- Adequately achieved
- 70%
- Well met
- Yes
- The idea of reorientation of health development program especially capacity building at all levels during transitional period will help to have a smooth handover during the development to be fully discussed

4. Did the workshop meet your expectations? If not, why not?

- Yes — clearer understanding of strategy
- Met my expectation
- Met my expectation
- It did
- I was expecting more specific outcomes/goals with metrics
- All my expectations were met both program and social
- It met my expectations, the issues on transition and exit strategies were clearly addressed
- Yes more informative than expected. Appreciated the format concrete recommendations principles distributed at the workshop
- More than my expectations
- The workshop met my expectation at least they were addressed
- More preparation was needed. More information to participating organization for “in-house” discussion before workshop

- Needed more action on breakout group work—was kind of “okay, now let’s break-out again
- Yes. As it becomes clear the way to plan forward and set strategies for transition and vision of exit.
- Largely met expectations. However funding issue could not be confirmed even if proposals and needs are obvious
- Yes at learning USG positions on health priorities
- Yes, especially with the voting result priority, the idea of health rehabilitation and community base approach and cost distribution of 20% government and 80% to direct implementing partners
- Yes, especially with the voting result pointing the ideas of health rehabilitation and community base approach and cost distribution of 20% government 80% to direct implementing partners
- Yes, practical reality was considered and discussed
- The three objectives need flushing out to become realistic and sustainable

5. Will you do anything different as a result of the workshop

- No
- Yes, if possible I will pay more attention to data collection, especially in meeting targets and indicators.
- Yes, now that I have more information
- No but a good reminder on the importance of planning exit strategy from the start of the program
- The collection, analysis and use of data to assess progress, and impact, and national picture of current situation
- Yes, the method of this workshop could be used to help design a strategy of any program
- Focus more on results

- Met my expectation
- Decentralize program management to local structure
- I will design my proposal to be more result based as my performance will be monitored based on a clear spell-out indicators and in
- More emphasis on specific goals
- Yes, It will now put a lot of effort on joint activities with the CHT, clinic and community members. It will also inform them early on importance of this reason
- Probably incorporate some of the phase out/down activities, reevaluated programs as to their success and principles to select most appropriate humanitarian programs
- Yes
- Yes, the focus for exit strategy for projects that are coming to an end will be more involving
- Well planned exit strategy
- Proposals will be written to USAID with their guiding principles in mind
- Probably not our programs seem to be on “target”
- Yes, increase level of partnership and community mobilization in project areas
- Yes — will proceed to get some data collected
- Most of the issues missed are addressed in programs right from inceptions. However, documentation might have been missing and requires strengthening
- Yes, more community integration approach, invoice the country health teams to take leadership room. Enhance on better basic _____ to know the operational area and measure indicators to get policies, guidelines
- Planning exit strategy in any program
- Take into consideration the framework of the Africa Bureau and fragile states
- Yes, the method of this workshop could be used to help design a strategy of any program

6. What subjects were not covered that should have been?

- All covered
- Most of all were covered
- Very useful would have been input from other donors of health in Liberia
- SAB
- Non that I can think of in this content
- Concrete actions to phase from OFDA funding to USAID funding
- Deliberations on implications for Liberia in case of a destabilized situation among the neighboring countries. (Emergency preparedness)
- HIV/AIDS was taken too lightly
- Should have been a presentation on first session of current USAID programs etc.
- None
- Presentation on what are the current funded projects
- Mapping of the NGOs supported clinics/hospitals, to be able to identify gaps. Who does what and where?

7. Other comments

- The time was usefully utilized but some sessions there were not enough time for participants to share their experience—mainly sessions for day one and particularly day two
- Really, thanks and appreciation to the facilitator
- This workshop was very important to me as it was my first time to attend such a workshop. It made me have a broader outlook of things
- Best workshop attended thus far in Liberia — well done
- Thank you for a good program/workshop
- Only two MOH representatives of the workshop — it is a shame that the government was not represented as we all/or nearly all say that we are trying to work with various levels of the Ministry. Well facilitated — Thank you

- Working group subject/tasks could have been better in terms of clarified and scope of work and time frames for each topic worked on.
- Well organized workshop
- Thanks for cordial relationship that existed during the workshop
- Thank you - USAID facilitators were approachable. Forum was appropriate
- A presentation on USAID/OFDA/PRM, etc. including budget/policies/positions in detail, would have been appreciated before the actual workshop. Everyone was not clear of Department, Agencies, Missions, etc.
- Sequence did not always flow
- With so much needs, I hope that more resources will be mobilized to address the already and emerging gaps in the sector
- Very interesting and useful
- I think there should be strong voice for funding based on needs. It is frustrating if bright ideas are perceived, prioritized but may still end up not funded.
- The workshop need to be carried out yearly to strengthen the need for intervention, define proposal and what is needed to be achieved
- Useful to provide recommendation towards the development of the framework policy, but certain project on the how were not dealt in enough detail. The cross-cutting issue where not dealt with
- The selection of participants came from institutions that may not have had the requisite information/background to adequately address the issues. For example, no one here could tell us the gaps in the malaria control program, although we have decided that USAID should support program management. If the AIDS control program manager were not here, the same thing would have happened. The gathering was very heavily international NGO biased, for example.
- That such meeting continue so as to keep implementing partners well informed

ANNEX 9

USAID Health Transition Strategy Workshop

Mamba Point Hotel

April 5-7

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