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LIBERIA ACTIVITY WORK PLAN

FRONTIER HEALTH MARKETS (FHM) ENGAGE

**PERFORMANCE PERIOD
JANUARY - DECEMBER 2022**

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ACRONYMS

| | |
|-------|----------------------------------------------------|
| AMELP | Activity Monitoring, Evaluation, and Learning Plan |
| FP | Family Planning |
| HCD | Human Centered Design |
| HFL | Healthcare Federation of Liberia |
| HFN | Health Federation of Nigeria |
| IHA | Insight Health Advisors |
| MOH | Ministry of Health |
| MOU | Memorandum of Understanding |
| MSF | Ministerial Stakeholders Forum |
| NIP | Network Implementation Partner(s) |
| PSE | private sector engagement |
| QA/QI | Quality Assurance/Quality Improvement |
| R4D | Results for Development |
| ToC | Theory of Change |
| TWG | Technical Working Group |
| USAID | United States Agency for International Development |

WORK PLAN

BACKGROUND

Liberia's Ministry of Health has a long history of working with the private sector. The recent private sector assessment (2019) and Private Sector Engagement (PSE) Strategy (2021) have helped to articulate how to evolve the collaboration between the public and private health sectors to ensure more accountability and greater effectiveness for the health of Liberians. In line with USAID/Liberia development objectives and key health areas of focus, the mission wishes to support this evolution through the implementation of the PSE Strategy.

Frontier Health Markets Global Technical Assistance (herein referred to as FHM Engage), a new USAID funded global cooperative agreement with Chemonics International Inc, consortium partners Results for Development (R4D), Pathfinder International, and Zenysis Technologies Inc., and its network of 16 local and regional network partners, is well positioned to support this work. The purpose of FHM Engage is aligned with USAID Liberia's overall PSE goal. FHM Engage focuses on improving health markets and improving equal access to and uptake of high-quality consumer driven health products, services, and information. The explicit intention of FHM Engage is to work through market ecosystem actors and apply systems thinking to market development supported by network implementation partners.

PURPOSE

To provide technical assistance to strengthen the capacity of both government and the private health sector to become full partners in implementing both the Liberia Ministry of Health's (MoH) and HFL's PSE Strategies.

OBJECTIVES

Over a 12-month period, FHM Engage will:

- Strengthen the capacity of Liberia's Ministry of Health to engage the private health sector by operationalizing the PSE Strategy
- Improve dialogue and collaboration between the public and private sectors through technical assistance support to hold Ministerial Forum
- Strengthen the role of the HFL to become a sustainable umbrella organization for the private health sector in Liberia

PROPOSED APPROACH

FHM Engage will focus its technical assistance in capacity and institutional building to support both the government and private health sector's ability to work together as identified in the PSE Strategy (Goal 4, Objective 4.1 and 4.2). Building on USAID Liberia's proposed scope of work focused on strengthening government capacity to engage private health sector, FHM Engage proposes to support establishment of systems

and processes for a dedicated point of contact within MOH to lead PSE, identify PSE champions across multiple levels, identify action points for operationalizing PSE and within actions identified in the National Malaria Control Program (NMCP) Malaria Private Sector Strategy. Through this support, FHM Engage will also develop HFL as a premier national network of private healthcare providers in Liberia and support the Ministry of Health to engage and partner with the private sector.

The comprehensive strategy to enable public-private collaboration serves as the organizing concept for FHM Engage’s three-pronged approach:

- **Build the capacity of the Ministry of Health PSE Unit** to perform its stewardship role of effectively engaging private health sector in expanding choice and access of health services
- **Facilitate public-private dialogue** through the multi-sectoral private sector engagement technical working group (TWG) to co-design and co-implement the agreed upon mechanism (e.g., MOU, contract, other) to engage private sector.
- **Support HFL in improving on their private sector representation role** through dialogue on, and participation in, the design of the MOH PSE strategy, while supporting HFL’s efforts to become a financially viable entity.

To meet these objectives, FHM Engage will support two network implementing partners to deliver technical assistance. The first, Insight Health Advisors (IHA), a Kenya-based health systems management firm, has been identified to support the Ministry of Health PSE Unit based on its expertise establishing institutional structures and frameworks that support continuous engagement between public and private sectors. The second, the West Africa Private Healthcare Federation (WAPHF in English/FOASPS in French), will provide targeted technical assistance to HFL based on its experience supporting national private healthcare federations in the region.

STRATEGY #1: BUILD MOH’S PSE CAPACITY

Introduction: The MOH has recently established the PSE Unit to engage the private health sector on the strategic areas outlined in the PSE Strategy. FHM Engage proposes to focus its technical assistance (through Network Partner, IHA) to build the PSE Unit’s capacity on skills, systems, and regulations needed to leverage the private sector. Skills and functions can be organized around core stewardship and other supporting functions that will help create the necessary conditions and incentives for partnerships. Critical tasks FHM will support the PSE Unit to carry out include:

- Mapping the ecosystem actors who are related to



engaging primary and community level providers and HFL and other designated representatives of the private health sector (e.g., the Liberian Business Association and professional associations and boards).

- Convening these market actors to develop a common vision of the problem and to identify root causes of under-performance and suggest solutions and integrating actions where there is overlap with NMCP Malaria Private Sector Strategy.
- Reviewing (i) policies and regulations governing the MOH’s entry into a legal agreement with private providers, (ii) scopes of practice authorizing private sector outlets to deliver specific commodities or certain primary healthcare services, and (iii) policies and regulations defining and governing scope of practice/mandates for different cadres of private medicine retailers (e.g., pharmacies, medicine stores).
- Exploring financing mechanisms and other incentives such as aligning public subsidies (as under PSE Objective 3.1) to “crowd-in” private sector, as well as remove financial barriers for consumers to access FP and other critical health products/services in a ‘basket’ of essential commodities and services.

Activities: To facilitate the MOH PSE Unit’s stewardship and market functions, FHM Engage’s technical assistance (through network partner, IHA) will:

- 1.1 *Conduct an organizational assessment* of (i) the purpose and roles of the PSE Unit, (ii) the mapping of the PSE Unit’s (located in the MOH Grants and Subsidy Unit) organizational internal linkages with other MOH units, MOH regions and external linkage with Ministry of Finance, Ministry of local governments, etc., (iii) the PSE Unit’s staffing and skills mix, (iv) the operationalization systems and procedures, and (v) the budget needed for MOH PSE Unit headquarters and eventually regional PSE staff. The organizational assessment will inform the PSE Unit’s plan to expand PSE capacity to 15 counties in subsequent years.
- 1.2 *Co-develop with MOH and PSE Unit staff an organizational development plan* to establish and institutionalize PSE capacity within the MOH with specific recommendations on the PSE Unit’s (a) terms of reference, (b) staffing configuration, (c) skills and training needs, (d) operational systems’ needs, (e) process to extend PSE Unit to regions and (f) budget and potential funding sources.
- 1.3 *Provide blended learning* (in-person and virtual) that focuses on “*learning by doing.*” Training will focus on how to (i) collect and use data to inform public private partnership strategy, (ii) draft effective MOUs/contracts that will deliver value for money, as well as create the incentives to attract private sector, (iii) negotiate basic MOU/contracts, and (iv) monitor and manage pipeline of multiple MOU/contracts. These training programs could be customized to be delivered through the mission-supported online training platforms, which are ongoing online training platforms specific to the private health sector.
- 1.4 *Explore capacity and system needs to create PSE Unit’s contracting policy and systems.* FHM Engage will recommend actions needed to contract private sector pharma. Recommendations may indicate the need to hire a local lawyer to (a) review regulations on government purchasing, (b) design regulations supporting

contracting, if needed, (c) develop an operational guide on contracting, and (d) draft templates for MOU/contracts.

1.5 *Virtually coach and mentor* the PSE Unit staff members to successfully carry out stewardship and supporting functions outlined above.

Deliverables/Outputs:

- PSE Unit’s Organizational Assessment and Development Strategy
- Ministry staff trained in key PSE skills and concepts
- Recommendations for PSE engagement mechanism(s) (e.g., MOU, contract, donations, subsidies, etc.)

Outcomes

| Desired Outcomes | Proposed Outcome Indicators |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1. MOH PSE Unit is institutionalized | 1.1. Number of staff identified to support PSE Unit with responsibilities incorporated into their role descriptions |
| | 1.2 Number of potential funding sources identified to support estimated PSE Unit budget. |

STRATEGY #2: FACILITATE PUBLIC PRIVATE DIALOGUE THROUGH A MULTISECTORAL TWG

Introduction: Objective 4.2 of the PSE Strategy calls for structuring collaboration between the public and private health sectors through a multisectoral PSE working group (TWG). Much has been written on how to effectively facilitate public private dialogue that can build trust and foster genuine collaboration. FHM Engage proposes following an evidenced-based approach to collaborative initiatives that bring together a core group of public and private leaders and coach them to lead the TWG. The FHM Engage team will follow a six-step process to establish the TWG: (i) creating the TWG, (ii) setting the “rules” to work together, (iii) establishing a secretariat to manage TWG operations, (iv) developing an action plan of mutually reinforcing activities, (v) monitoring implementation of the action plan, and (vi) deciding the collaboration’s future.

Activities: To establish the TWG, FHM Engage will:

2.1 *FHM Engage will hire a local consultant to serve as an “honest broker”* until the core leadership group has been able to establish itself, to ensure that the TWG structure and dialogue process embody many of the “good practices” (see box). Currently, HFL is serving as the “de facto” secretariat for the Ministerial Stakeholders Forum (MSF) but has run into challenges in following ministerial protocol and mobilizing public sector participants. The “honest broker” can serve as the

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>TWG Good Practices</p> <ul style="list-style-type: none"> Balanced representation Core leadership group Aligned vision Accountability through shared metrics Organized, formal structure Mutually reinforcing activities Honest broker Enabled partners |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

bridge between the two sectors to ensure that both are involved in setting the agenda, agreeing on workshop and meeting dates, sending out the meeting invites with enough forward planning, and co-facilitating the meetings. In addition, the “honest broker” can model collaborative behaviors, sustain momentum and energy to the public-private process, and resolve problems as they arise.

Key tasks for this consultant include: (i) mobilizing and sustaining public and private stakeholder participation, (ii) helping participants generate and share the data needed to inform the dialogue/collaboration, (iii) working with the TWG leadership group to develop meeting and workshop agendas through a participatory approach, (iv) organizing and facilitating key aspects of the consultative meetings (e.g., note taking, information exchanges, etc.), and (v) ensuring transparent and frequent communication.

2.2 *Widely disseminate PSE Strategy.* FHM Engage’s Network Partner, IHA will support the PSE Unit and “honest broker” to widely disseminate the PSE Strategy. This will also build on the work mentioned earlier around identifying actions for coordinating with NMCP Malaria Private Sector Strategy. Key tasks for the PSE Unit include (i) developing a slide deck summarizing the strategy and key recommendations, and (ii) developing a policy brief summarizing the PSE strategy. The “honest broker” will work with PSE Unit and HFL to carry out dissemination workshops for public and private stakeholders in the four priority counties (i.e., Bong, Nimba, Bomi, Grand Bassa), in addition to Montserrado and Margibi. In planning for these workshops, the consultant will coordinate with County teams and HFL to plan private sector introduction meetings in the four identified counties. Linking up with activity 3.2 to improve HFL sustainability, FHM Engage will facilitate county level public/private engagement through new HFL members and county representatives, to ensure that the county teams are acquainted with HFL and their local representative and to solidify the structure for county level engagement.

2.3 *Establish the TWG:* With support from FHM Engage, the “honest broker” will bring together the core group of public and private leaders and coach them to carry out important tasks needed to establish an inclusive and effective public-private collaboration. FHM Engage assumes the TWG will build on the current Ministerial Stakeholder Forum. FHM Engage will support the core leadership group to lead two consultative workshops that will: (i) create the TWG – key will be ensuring the right public and private stakeholders are convened, ensuring balanced representation, and agreeing on the TWG’s purpose and scope, and (ii) set the “rules” to work together – ensuring shared leadership, inclusive decision-making, transparent communications. Ideally the consultative workshops will be performed in-person, but the FHM Engage team will be flexible and convert to virtual workshops depending on local COVID-19 conditions.

2.4 *Co-develop an action plan.* The PSE Strategy has been developed through a consultative process. However, it lacks a clear action plan. FHM Engage will support

the “honest broker” to work with the core leadership group of the TWG to design and carry out a consultative process by which public and private stakeholders will draft an action plan (with identification of timeline for implementation of all objectives) to implement the PSE Strategy, including tasks to align with NMCP Malaria Private Sector Strategy. It will be important to develop an approach that respects public and private stakeholders time constraints as well as advance planning. This will also develop local actors’ capacity to facilitate market scoping as a high impact stewardship approach.

Critical to the plan’s success will be analyzing data to help the stakeholders prioritize the health problems to be addressed, reach a common understanding and definition of the priority problems, and determine what can potentially be the private sector role. FHM Engage is considering contributing core funds to improve market information in this regard. The priority problems will define the action plan’s objectives and the type and number of TWGs who will be responsible for developing each strategic direction’s action plan with defined roles and responsibilities, milestones, timeframe, technical and financial support needed.

Deliverables/Outputs:

- Multi-sectoral private sector engagement TWG terms of reference including purpose, composition, and rules of engagement
- Multi-sectoral PSE action plan developed which includes agreement on at least two priority areas to implement

| Desired Outcomes | Proposed Outcome Indicators |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 TWG can effectively prioritize key health system needs | 2.1.1 Number of priority action areas identified by the TWG 2.1.2 Percentage of priority action areas informed through available market data |
| 2.2 Improved private sector willingness to partner with public sector in targeted counties | 2.2.1 Number of new private sector representatives attending PSE Strategy dissemination workshops 2.2.2 Number of private sector representatives expressing interest in future work with HFL and public sector counterparts (via dissemination workshop surveys) |

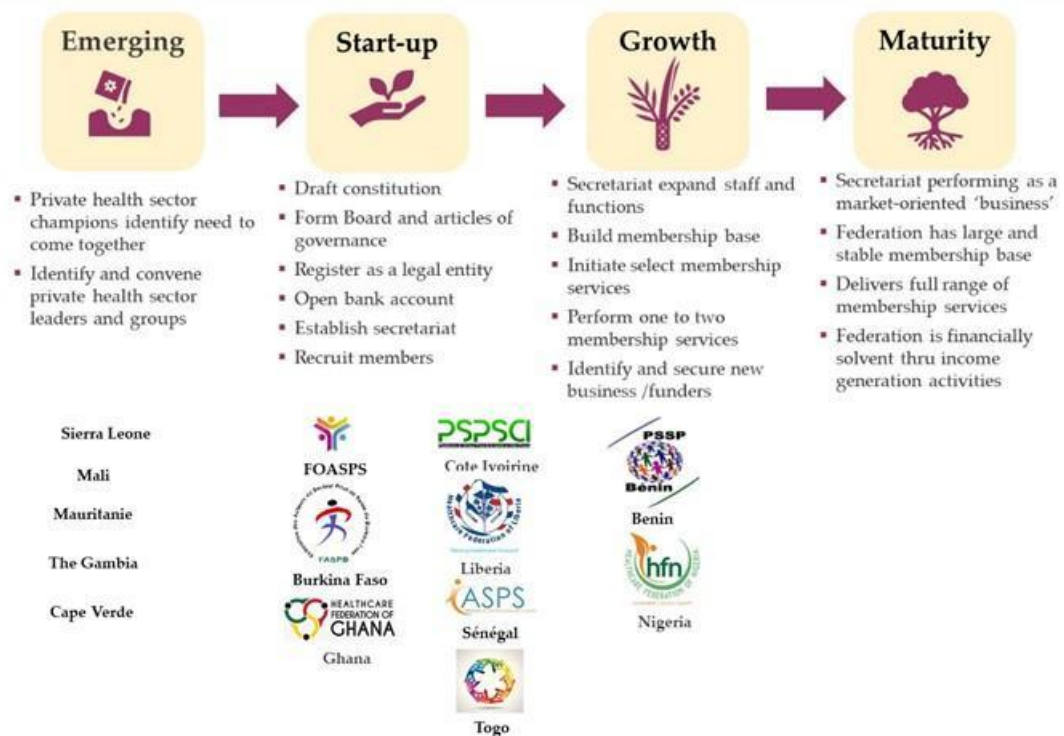
STRATEGY #3: STRENGTHEN HFL’S REPRESENTATIVE ROLE AND ORGANIZATIONAL SUSTAINABILITY

Introduction: Experience in West Africa has demonstrated the important role a health care federation like HFL can play in policy advocacy, design, and implementation that can help a country’s government achieve its national health goals and objectives; for example, the WAPHF. The region is replete with successful examples: the Health Federation of Nigeria co-developed a plan that identified partnerships to help the government tackle COVID-19; the Senegal national association of private providers facilitated a partnership with Senegal’s agency for universal health coverage; the Niger

platform of private providers mobilized private sector actors to co-design the GFF Investment Case.

HFL has played a similar role as the representative voice of the private health sector in Liberia, yet it still struggles to become financially stable. In relation to WAPHF/FOASPS recent review of health care federations in the region, they classified HFL in between “start-up” and “growth” according to its Theory of Change (ToC) to become a sustainable federation (see below).

FOASPS/WAHF | Theory of Change: Four stages of development



The ToC clearly maps a pathway to sustainability. FHM Engage proposes assisting HFL to increase its sustainability by working through its consortium partner, West African Private Healthcare Federation and the honest broker consultant. We have programmed technical assistance activities to engage with HFL members through their relevant committees (PPP, public sector advocacy, pooled procurement, access to finance, standards & accreditation, training and capacity building) or at the secretariat level, where needed. FHM Engage will build on the federation model of peer-to-peer coaching with WAPHF/FOASPS coaching and mentoring HFL depending on HFL’s stated needs.

It is important to note that FHM Engage’s work plan activities and budget reflect the program’s technical assistance and direct support to HFL. Technical assistance will be structured to support the secretariat/board (esp. treasurer) so as to create a short/medium

term plan to use USAID/FHM Engage funds as a bridge to fill gaps in operational funding on the path to sustainability.

Activities: FHM Engage’s support aligns with WAPHF/FOASPS’ theory of change and will focus on:

- 3.1. *Co-design a resource mobilization action plan* to increase HFL's long-term financial sustainability. Developing a resource mobilization plan is a first step in this process. HFL commissioned a firm last year to develop its Resource Mobilization Strategy. The Strategy identified two primary directions by which to raise revenue - membership services and advisory services - and established income targets. The strategic directions are based on regional federation experience (i) increasing membership (all West African federations), (ii) corporate sponsorships and in-kind contributions (most West African federations), (iii) advisory services (Nigeria, Uganda, Tanzania), and (iv) private-private partnerships (Benin). The strategy, however, lacks specific income generation projects under each strategic area. FHM Engage proposes, through WAPHF/FOASPS and the honest broker consultant, to work with HFL Board and management team to co-design a resource mobilization action plan, to include specific income generation projects and timelines for when revenue streams can cover operations and projected revenue shortfalls between now and then.
- 3.2. *Strengthen HFL core membership services*. There are several types of membership service valued by Federation members: *policy analysis, constituency networking, and member advisory services (including plans for strengthening quality assurance and pooled procurement)*. FHM Engage will support HFL to conduct a member survey to determine what type of services they value, services requiring improvement and/or expansion, and member’s willingness and ability to pay. Based on the member survey findings, FHM Engage will mobilize the expertise from among the WAPHF/FOASPS federations to assist HFL to create/improve/expand them. The following are potential areas:
 - a) *Build HFL’s advocacy and representational capacity*. Although the first two areas – policy analysis and constituency networking – do not directly generate income, they are necessary to build HFL’s capacity to represent the private sector perspective in evidence-based advocacy and policy dialogue (especially towards government PSE initiatives such as NMCP Malaria Private Sector Strategy) and implementation and to increase their visibility as the private sector voice. FHM Engage’s support could include (i) providing technical assistance and guidance on how to conduct policy research (e.g., collect data) needed to inform policy position papers prioritized in the PSE Action Plan, and (ii) providing remote technical assistance through WAPHF to HFL to conduct consultative meetings with its members to exchange information on different policy initiatives and solicit their input on policy and partnership opportunities. It is envisioned that HFL becomes the first point of contact for GoL PSE activities, and to channel formal private sector activities.

b) *Build HFL's membership.* To boost membership and representation, FHM Engage proposes to analyze the demographic make-up of potential organizational / professional association and institutional association members to inform recruitment activities; expand on ideas to incentivize membership in becoming the voice of unified private sector and discourage splintered, bilateral arrangements (including with NGOs, FBOs, for-profits); mentor HFL to conduct a series of networking meetings in select number of counties with the largest number of private facilities (e.g., four surrounding Monrovia (which is in Montserrado County), Bong, Nimba, Bomi, Grand Bassa) and other membership drive activities. This would include working through the honest broker and MOH PSE contact in development of the engagement agenda for the county trip (i.e., group meeting to introduce, identify county representative/ambassador facility, key facility visits); and an output would be to create a structure for members in that county to engage national membership virtually and costs needed to sustain that.

c) *Mobilize a plan to generate income through valued members advisory services.* The Resource Mobilization Strategy acknowledges that HFL members want advisory services to strengthen their clinical capacity, quality of care, support in procurement practices and business viability. HFL wants to initiate plans for quality assurance/accreditation structure, which may be linked to funding, making accreditation more accessible in Liberia and possibly a revenue stream from SafeCare. The challenge, however, is most members are small healthcare businesses with limited income to pay for training and business advice. FHM Engage proposes to mobilize expertise throughout WAPHF/FOASPS to support HFL to explore plans to operationalize this service, in addition to assistance in guiding/oversight role of their pooled procurement mechanism over the year.

3.3. *Coach HFL to establish advisory services for clients outside of its members (international partners).* Several federations have successfully started advisory services divisions to: (i) implement projects for development partners, (ii) conduct market research on specific health markets (iii) conduct trade shows and networking events between international and domestic private healthcare businesses. Skills include building new business development capacity, proposal writing, managing a roster of local consultants, and many more. FHM Engage, through WAPHF, will virtually coach HFL to (i) create this new business unit within HFL, (ii) target concrete opportunities in the next year, (iii) develop proposals, and (iv) mentor HFL to respond to one to two proposals with either a development partner or healthcare business. In addition, WAPHF/FOASPS coaches will link HFL with other regional federations for new business opportunities.

Deliverables/Outputs:

- Co-developed resource mobilization action plan
- Summary of membership survey findings with at least two income strategies identified.
- Mobilize a plan to generate income through valued members advisory services.

| Desired Outcomes | Proposed Outcome Indicators |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1 HFL is a more sustainable entity to advocate for private sector needs | 3.1.1 Percentage increase in HFL membership (disaggregated by location and member type) 3.1.2 Value of potential revenue associated with income generation plan to support HFL operational costs |

IMPLEMENTATION APPROACH

FHM Engage’s approach is to work through our network implementation partners as the primary vehicles of technical assistance. In Liberia, as summarized above, FHM Engage will work through IHA and WAFPH. As neither firm is located in Liberia, we will also work with a local consultant to provide in-country support to implement activities. International travel for each network partner is summarized in Annex B. Core consortium members R4D and Chemonics will backstop these network partners as FHM Engage’s co-technical leads. As prime implementor, Chemonics will provide overall implementation oversight. Chemonics’ GHSC-PSM program will provide in-country finance and administration support, for example processing local payments.

Activity timelines are summarized below.

Table 1: FHM Engage: Liberia Proposed Activity Timelines

| Activity | | Q1 | Q2 | Q3 | Q4 |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|
| 1. Build PSE Unit’s capacity to engage the private health sector | | | | | |
| 1.1 | Conduct an organizational assessment | X | X | | |
| 1.2 | Co-develop an organizational development strategy | | X | | |
| 1.3 | Provide blended-learning (in-person and virtual) | | X | X | X |
| 1.4 | Explore capacity in PSE Unit’s systems to contract private sector | | | | X |
| 1.5 | Coach and mentor PSE Unit | X | X | X | X |
| 2. Facilitate public-private dialogue through PSE TWG | | | | | |
| 2.1 | Hire a local consultant to serve as an “honest broker” | X | | | |
| 2.2 | Widely disseminate PSE Strategy | X | X | X | |
| 2.3 | Co-develop the terms of reference to establish the PSE TWG | X | X | | |
| 2.4 | Co-develop an action plan to implement the PSE Strategy | | X | | |
| 3. Strengthen HFL’s representative role and organizational sustainability | | | | | |
| 3.1 | Co-design a resource mobilization action plan | | X | | |
| 3.2 | Strengthen HFL core membership services (internal) by supporting HFL to conduct a membership survey. | | X | | |
| 3.2 a-c | Based on survey findings, identify areas to provide technical assistance and operationalize core membership services, such as advocacy and representational capacity, membership, and advisory services | | X | X | X |
| 3.3 | Establish advisory services (external clients) | | | | X |

SUSTAINABILITY STRATEGY

With the application of systems thinking throughout this activity, the FHM Engage consortium is supporting market actors to co-design solutions to address prioritized challenges and encourage sustainability. The multi-sectoral Technical Working Group would be designed to continuously engage the private sector and the FHM Engage team will simultaneously build the Ministry of Health PSE Unit's capacity to perform its stewardship role. The FHM Engage team will deliver through an ecosystem of two local and regional partners, as the primary mechanism for technical assistance facilitation. The third strategy is aiming to support sustainability plans for HFL and to build on the regional federation model of peer-to-peer coaching to select an appropriate federation(s) to coach and mentor HFL depending on HFL's stated needs. FHM Engage's consortium will work with the mission to track changes in action towards sustainable private sector engagement and iteratively adapt approaches.

ACTIVITY MONITORING EVALUATION AND LEARNING PLAN

ACTIVITY OVERVIEW (GLOBAL LEVEL)

The Frontier Health Markets (FHM Engage) activity works to strengthen market systems and their supporting functions in priority health market(s) to improve health outcomes, particularly those related to family planning, maternal and child health, malaria, and HIV/AIDS. It also seeks to increase public sector engagement with the private sector on health issues, with the overall goal of generating more equitable access to high-quality health services and products.

The FHM Engage technical approach has two key features: applying systems-thinking to facilitate market development and delivering through the local partner ecosystem. We will use systems thinking to map the relationships within the priority health markets of each FHM Engage focus country, identify the root causes of market underperformance, and determine potential leverage points for addressing underperformance. We will then develop tailored solutions that systemically change supply and demand operations in the priority health market(s) and change the incentives and behaviors of a wide range of actors in the market system.

Developing tailored solutions and ensuring they are scaled and sustainably implemented over time will require collaboration with local partners – Network Implementation Partners (NIPs) – who understand the local context. FHM Engage will facilitate market actors and systems through these local partners rather than delivering direct technical assistance to public and private counterparts. NIPs are part of a much larger local partner ecosystem that will continue delivering benefits and solutions for focus country health markets long after the FHM Engage activity has ended. Table 1 below describes the key activities and two primary results associated with this technical approach.

Table 2: FHM Engage results and key activities, from global level

| Result | Key activities |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Result 1: Improved market environment for greater private sector participation</p> | <ul style="list-style-type: none"> ● Identification of key market stakeholders, their incentives, knowledge gaps, and priority system needs ● Technical facilitation by NIPs to diagnose system challenges in the core market (supply and demand) and supporting functions such as stewardship, market information, regulations and rules, and financing ● NIPs facilitate public-private dialogue to support joint diagnosis, design, and implementation of priority market interventions ● NIPs facilitate market actors to better perform supporting functions including stewardship, market information, regulations and rules, and financing that will lead to changes in supply and demand |
| <p>Result 2: Improved equal access to and uptake of high-quality, consumer-driven FP and other health products, services, and information</p> | <ul style="list-style-type: none"> ● NIPs identify potential evidence to address knowledge gaps, technical issues, and promising innovative market models for market actors to consider ● NIPs jointly implement human-centered design (HCD) and market research assessments with market actors to improve understanding of demand preferences/needs ● NIPs support testing and scaling of contextualized evidence and innovations within the health market |

PURPOSE OF ACTIVITY MONITORING, EVALUATION, AND LEARNING PLAN (AMELP)

This AMELP will serve as a guide for the FHM Engage activity to successfully track progress toward results. More importantly, it also lays out how FHM Engage will learn about the technical approach while it is ongoing. The activity will carry out its work across a diverse set of focus countries, each with its own unique set of NIPs operating in their own unique health markets. This uniqueness will require FHM Engage to tailor its activities across these differing contexts. This AMELP first describes the global Theory of Change (ToC) before discussing the application of this framework to the Liberia work plan.

We will utilize the data collected through our MEL activities to foster a culture of adaptive learning, enabling the NIPs and the country market actors to adjust programming while the activity is ongoing, rather than waiting until all the learnings from the work are compiled into an end-of-project report.

ACTIVITY TOC AND RESULTS FRAMEWORK, LIBERIA Y1 BUY-IN

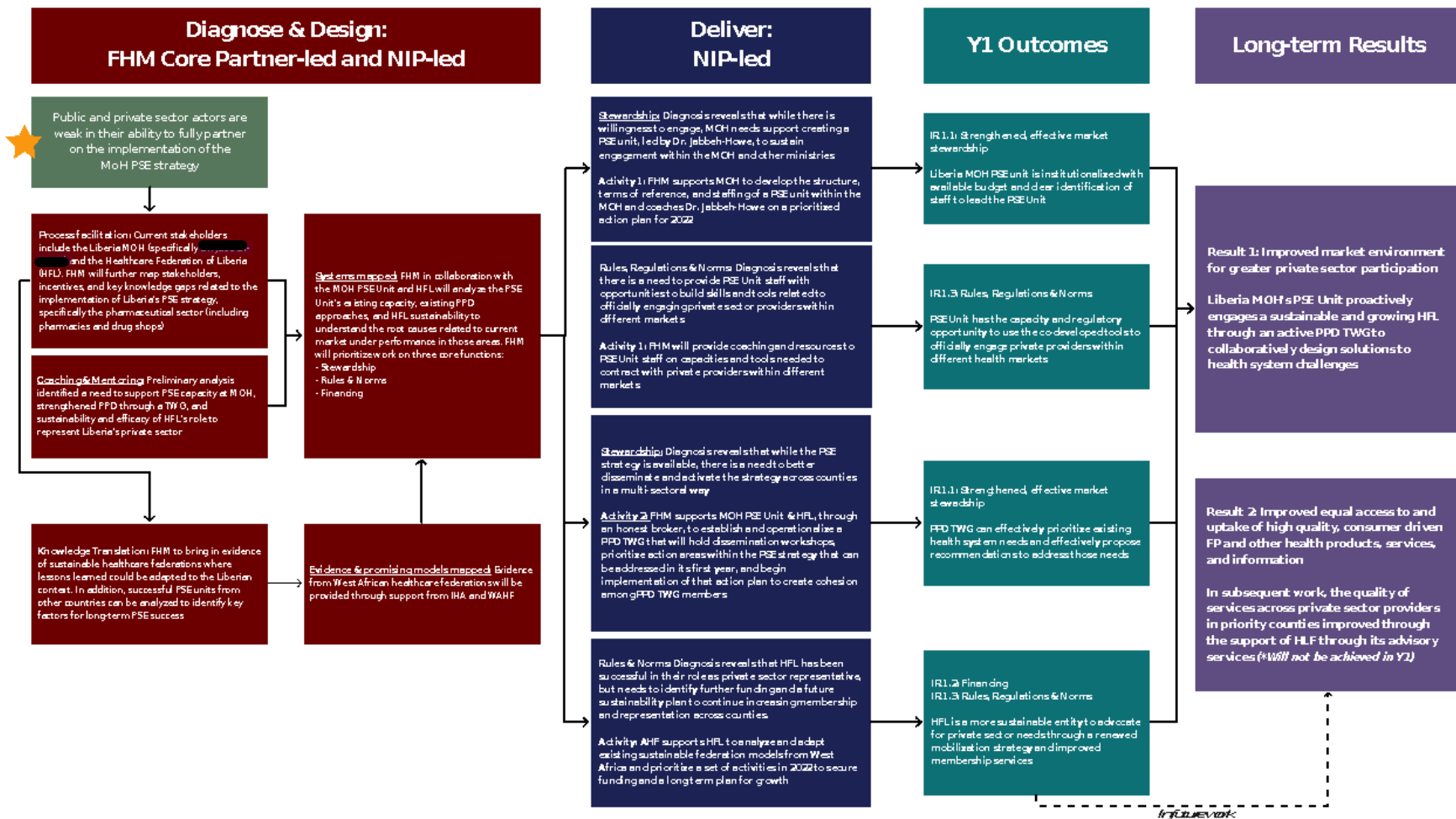


Table 3: Indicators for Result 1 (Improved market environment for greater private sector participation) ^

| Associated IR | Work Plan Activities Connected to Indicator | Indicator | Indicator Type | Global-level or Country-level FHM Indicator? | USAID Standard Indicator ? | Baseline | Target |
|---------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------|----------------------------|----------------|------------------|
| IR 1.1 Strengthened, effective market stewardship (primary focus on public sector) | 1 | Number of staff identified to support PSE Unit with responsibilities incorporated into their role descriptions (1.1)** | Outcome | Country | No | 1 ¹ | 2 |
| | 1 | Number of ministerial forums held to support sustainability of PSE Unit. (1.2) | Outcome | Country | No | 0 | TBD ² |
| | 1 | Number of USG engagements jointly undertaken with the private sector to achieve a U.S. foreign assistance objective | Outcome | Global | Yes | 0 | 2 ³ |
| | 1, 2 | Number of policy incentives created to increase private sector participation in product and service delivery | Output | Global | Yes | 0 | TBD |
| | 2 | Number of priority action areas identified by the TWG (2.1.1) | Outcome | Country | No | 0 | 2 |
| | 2 | Percentage of priority action areas identified by the TWG that are informed by available market data (2.1.2) | Outcome | Country | No | 0 | 2 |

¹ Assumption that [name redacted] already has PSE Unit management as part of her responsibilities. Target aims to identify at a minimum one other staff member to support [name redacted] from an official perspective.

² For targets currently listed as TBD, these will be determined upon initial consultations in country once a better understanding of the market functions is achieved.

³ Target includes the direct support to HFL and their sustainability efforts, and the second targeted activity relates to the work with HFL on the dissemination of the MOH PSE Strategy.

| | | | | | | | |
|-------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|-----|-----|----------------|
| | 2 | Number of new private sector representatives attending PSE Strategy dissemination workshops (2.2.1) | Outcome | Country | No | N/A | TBD |
| | 2 | Number of private sector representatives expressing interesting in future work with HFL and public sector counterparts (via dissemination workshop surveys) (2.2.2) | Outcome | Country | No | N/A | TBD |
| | 2 | Number of PPD meetings held | Output | Global | No | 0 | 3 ⁴ |
| | 2, 3 | Number of private sector enterprises that engaged with the USG to support U.S. Foreign Assistance objectives | Output | Global | Yes | N/A | 1 ⁵ |
| | 2, 3 | Number of mechanisms established or strengthened with project support to increase private sector participation in health policy, regulation, and oversight | Output | Global | Yes | N/A | 1 |
| | 3 | Number of representative organizations established and/or strengthened | Output | Global | No | N/A | 1 |
| IR 1.2: Improved financial/non-financial resources and incentives | 3 | Value of potential revenue associated with income generation plan to support HFL operational costs (3.1.2) | Outcome | Country | No | N/A | TBD |
| IR 1.3: Improved institutional norms, rules, and regulations | 1 | Number of project technical contributions to health policy that specify the role of the private sector | Outcome | Global | Yes | N/A | 6 ⁶ |
| | 1, 2, 3 | Number and type of norms and regulations reformed | Outcome | Global | No | N/A | 3 ⁷ |

⁴ Proposing at least 1 meeting every three months. Subject to change based on PPD stakeholder preferences and availability.

⁵ HFL will be the main organization. Upon initial consultations, this indicator target may increase once FHM Engage understands the percentage of for-profit, commercial partners may be members of HFL (as required by the USG indicator definition for what counts as private sector enterprise).

⁶ PSE unit organizational assessment, PSE engagement mechanism recommendation memo, PSE TWG terms of reference, PSE TWG action plan, HFL resource mobilization plan, HFL membership survey

⁷ One mechanism reformed for PSE through PSE unit support, one mechanism reformed for HFL sustainability, one mechanism for strengthening HFL membership

| | | | | | | | |
|--|---|-------------------------------------------------------------------------------------------|---------|---------|----|-----|-----|
| | 3 | Percentage increase in HFL membership (disaggregated by location and member type) (3.1.1) | Outcome | Country | No | N/A | TBD |
|--|---|-------------------------------------------------------------------------------------------|---------|---------|----|-----|-----|

** The reference number in parentheses for each *country* indicator corresponds to outcome table for each activity in the work plan narrative.

^ At the time of submission of this work plan for the FHM Engage/Liberia activity, the global AMELP is in progress and has not yet been finalized with USAID/Washington. Should edits to the global AMELP result in changes to the Liberia activity, we will revise the indicators accordingly.

ANNEX A: BUDGET

[Redacted]

ANNEX B: TRAVEL TABLE

ANNEX B: YEAR 1 ANTICIPATED TRAVEL

The table below summarizes four trips anticipated to implement activities included in the work plan. We have identified economies of scale where possible, and three of the trips will support two activities.

All travel will be economy class and in accordance to partner’s established travel policies.

| Number of Trips | Activity number | Activity Title | Partner | To/From |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------------------|---------|------------------|
| 1 | 1.1 | PSE Unit organizational assessment | IHA | Nairobi/Monrovia |
| | 2.2 | Widely disseminate PSE Strategy | | |
| 1 | 1.2 | Co-develop organizational plan | IHA | Nairobi/Monrovia |
| | 2.4 | Co-develop action plan | | |
| 1 | 3 | Establish relationships with HFL in order to productively coach and mentor on establishment of advisory services | WAPHF | Lagos/Monrovia |

ANNEX C: DISCUSSION ON FAMILY PLANNING COMPLIANCE

FHM Engage is committed to compliance with U.S. abortion, family planning (FP), and HIV/AIDS statutory and policy requirements. For FP and HIV/AIDS, we are guided by the principles of voluntarism and informed choice in the provision of services. USAID considers an individual's decision to use any specific method of FP or to participate in HIV/AIDS services, including testing, treatment, and prevention services such as voluntary medical male circumcision (VMMC) and preventing mother-to-child HIV transmission, as voluntary if it is based on correct information and the exercise of free choice and is not influenced by any constraints, special inducements, or element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

As an implementing partner of USAID, FHM Engage requires the commitment of its staff, partners, grantees, and project-supported service providers to ensuring clients' rights to make free and informed choices about their medical care. All activity partners are required to ensure compliance with all applicable statutes, policies, and requirements, including any foreign NGO sub-partners implementing activities.

FHM Engage is in the process of developing a family planning compliance plan that will outline a) preventative measures to ensure staff and practices comply with all applicable legislation, and b) offer easy-to-follow procedures for monitoring and reporting when/if compliance vulnerabilities are observed.

Once FHM Engage's Family Planning compliance plan is approved by USAID, we will share copies with all program partners and staff, including those implementing the activity in Liberia.

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