



Impact Update

Naymote and CSA Health Coalition *Quarterly Newsletter*

2024

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Naymote with funding from United States Agency for International Development (USAID) under the Civil Society Activity (CSA) project has produced a quarterly newsletter of the CSA health campaigns. The newsletter is the first quarterly publication in 2024 that highlights activities implemented by Naymote and CSA health coalition, especially success stories that can be shared with health partners and policymakers. Health coalition partners contributed stories and important highlights of their activities, including those implemented at the local level. Also, it highlight and report on joint activities implemented as well as relevant developments in Health in Liberia.

The goal of the newsletter is to increase visibility and raise awareness of CSA health campaign, and share impact stories with policymakers and health stakeholders of the health sector in Liberia.

The Liberia Civil Society Activity is a five-year program funded by the United States Agency for International Development (USAID). The Civil Society Activity aims to strengthen Liberians' ability to advocate for policy reforms, policy implementation, and service delivery improvements through multi-stakeholder coalitions that build feedback loops among the GOL, CSOs, and citizens around reform priorities.

A close-up photograph of a healthcare worker's hands, wearing white nitrile gloves, performing a procedure on a patient's arm. The worker is wearing blue scrubs. The patient's arm is resting on a blue surface. The background is blurred, showing a clinical setting.

USAID Civil Society Activity Makes Impact in the Health Sector

Overview

The Liberia Civil Society Activity (CSA) is a five-year program funded by the United States Agency for International Development (USAID) and implemented by DAI Global, LLC (DAI). The Civil Society Activity aims to strengthen Liberians' ability to advocate for policy reforms, policy implementation, and service delivery improvements through multi-stakeholder coalitions that build feedback loops among the GOL, CSOs, and citizens around reform priorities. The project provides opportunities for CSOs to build linkages with their peer groups and constituencies at national and subnational levels and use linkages to communicate reform achievements back to their constituencies and engage them in policy dialogue. CSA has four complementary objectives: 1) Linkages between CSOs with shared priorities strengthened to increase their impact 2) Civil society's ability to serve as a conduit for information between constituents and officials enhanced. 3) Supported CSOs' financial and organizational sustainability enhanced. 4) Ongoing capacity development services available on the local market.

Since its inception on February 2, 2022, CSA has been building civil society's skills base and improving professional practice through thematic issues of public interest, thereby strengthening its ability to advocate for reform.

Through the project health thematic window, CSA supported six Liberian Civil Society Organizations to form the Health Coalition and helped develop their capacity to advocate for and create public awareness on transparency and accountability in the public health supply chain system, advocate for citizen's participation in community health decision making as well as advocating for greater accountability and transparency in the allocation of resources towards health services. The CSA's health coalition partners include: Public Health Initiative Liberia (PHIL), Community Health Education and Social Services (CHESS-Liberia), Youth Network for Positive Change (YOUNETPO), Humanity Above Oneself Foundation (HAOSF), Volunteers United for Development (VUD), and Efficient Research and Development Institute (ERDI).

CSA is partnering with Naymote Partners for Democratic Development as a sub-contractor and six Liberian CSOs (health coalition partners) to implement the health component of the Liberia Civil Society Activity (CSA) and the partnership has proven instrumental since the launch of the project. Naymote has been at the forefront of empowering CSOs through crucial capacity building trainings and mentorship, propelling them towards impactful health policy reforms and reinforcing the health advocacy campaigns. Naymote has empowered health coalition partners with the tools needed to effect change through several capacity building trainings. The institution facilitated share visioning workshops which empowered coalition members to build relationships and develop a shared vision and define roles and responsibilities, facilitated advocacy training and strategy development workshops including training on public policy, context analysis, stakeholders mapping, GESI, and analysis with national and subnational coalition partners; facilitated social research method training with national and subnational health coalition partners in Liberia, provided social research mentorship to each health coalition member to develop an advocacy research implementation plan, conducted communications training for coalition members, provided mentorship (in-person & remote) and held peer-to-peer learning engagements to support each health coalition member advocacy efforts. Moreover, Naymote recently led advocacy efforts with the Senate committee on Health and influential lawmakers at the Legislature for increment in the 2024 national budget, high policy meetings with policy makers and promoting legislative accountability.

Impact of CSA Interventions in the Health Sector

The CSA project has significantly improved the supply chain for donated medications in six counties, promoting accountability and transparency. The Health coalition monitored 120 health facilities, assessing delivery irregularities and stockouts. They also created public awareness about the free nature of medicines and coached staff. The campaign also advocated for increased funding for Health in the 2023/2024 national budget, leading to a significant increase from US\$75, 501,200 million to US\$80.1 million.

Within two years, the Civil Society Activity project has made tremendous impact. The CSA's Health coalition launched a campaign to improve supply chain for donated meds which help promoted accountability and transparency of donated medications, monitored the supply of donated medications in 120 health facilities in six counties (Montserrado, Grand Bassa, Margibi, Bong, Nimba, and Lofa) to track how donated medications are dispensed and assessed delivery irregularities, stockout and check how facilities are documenting the medications for transparency and accountability. Each health coalition partner monitored 20 health facilities across each of the project counties. Total of 360 health practitioners (144 male and 216 females) were reached across 120 health facilities during quarterly drugs monitoring from October 2023 to February 2024.

Monitoring revealed sales of donated drugs(TB , Malaria) in Margibi, payment for gloves for HIV and malaria testing at some health facilities, irregular distribution/ supply of donated medicines resulting in prolonged stockout at health facilities-(Wonsonga Clinic didn't receive drugs since 2022 December supply until August- 2023), Poor data management and quality issues, limited involvement of Health Facility Development Committee (HFDC) in decision-making of health supply chain at the health facility levels. Other issues revealed include: lack of policy on the theft and sales of medical commodities by health workers, malaria commodities such as Long-Lasting Insecticide Treated Net, Quinine Sulfate 300mg, and Artesunate Rectal Capsules 100mg were not supplied for the last quarter of 2023; while many health facility staff are serving as volunteers from OICs to dispensers and vaccinators (Margibi, Lofa, Bassa, Margibi , Montserrado & Nimba).

In addition to monitoring, the health coalition created public awareness that the medicines are free and must not be sold, coached and mentored staff at the health facilities to ensure they are tracking the medications properly, aired jingles, conducted consultative meetings to share findings

on monitoring of donated medicines, and radio talk shows to ensure that a broad spectrum of the population is reached and informed that donated medicines are not for sale. CSA's health coalition members organized focus group discussions to create public awareness about donated medicines and trained 240 Health Facility Development Committee (HFDCs) members (144 males and 96 females) on their roles and responsibilities.

The CSA project has significantly improved the supply chain for donated medications, promoting accountability and transparency. Another key achievement of the CSA health campaign was advocacy for Health coalition budget priorities including increasing funding for Health in the 2023/2024 national budget which yielded results – based on intensive advocacy meetings with committees at the legislature and individual lawmakers held by Naymote, coalition members, and other institutions, there was a rapid increase in the budget from These advocacy efforts were successful, resulting in a significant budget increase in health within the 2023/ 2024 national budget from US\$75, 501,200 million to US\$80.1 million. An additional of US\$4.4M was added to the health budget.

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Transforming Healthcare Access: USAID Drug Stock-Out Mapping and Supply-Chain Management Advocacy in Liberia

In an effort to enhance healthcare delivery in six counties in Liberia (Montserrado, Margibi, Bong, Lofa, Nimba and Grand Bassa), the Civil Society Activity (CSA) project has revolutionized the supply chain for donated medications. This initiative, spearheaded by the Civil Society Activity dedicated health coalition, has not only ensured a steady supply of essential medicines but also fostered a culture of accountability and transparency within the healthcare system.

Streamlining Medication Supply Chains

One of the major achievements of the CSA project has been the improvement in the supply chain for donated medications. By implementing robust monitoring mechanisms, the project has addressed long-standing issues related to delivery irregularities and stockouts. From October 2023 to April 2024, the CSA health coalition meticulously monitored 120 health facilities across the six counties, identifying and rectifying inconsistencies in the delivery and availability of medications.

Public Health Initiative Liberia (PHIL) monitored 20 health facilities across 5 health districts in Grand Bassa, Community Health Education and Social Services (CHESS-Liberia) monitored 20 health facilities across 9 health districts in Bong, Youth Network for Positive Change (YOUNETPO) monitored 20 health facilities across 5 health districts in Montserrado, Humanity Above Oneself Foundation (HAOSF) monitored 20 health facilities across 5 health districts in Margibi, Volunteers United for Development (VUD) monitored 20 health facilities across 5 health districts in Lofa, and Efficient Research and Development Institute (ERDI) monitored 20 health facilities across 9 health districts in Nimba. This proactive approach has significantly reduced the frequency of stockouts, ensuring that vital medicines are consistently available to those in need.

Promoting Accountability and Transparency

A cornerstone of the CSA project has been its emphasis on accountability and transparency. The CSA health coalition has worked tirelessly to create public awareness about the free nature of donated medicines. By educating communities and health facility staff, the project has dismantled barriers to access and ensured that patients are not charged for medications that are meant to be free. This public awareness campaign has empowered patients to demand their rights and hold health facilities accountable, thereby fostering a more transparent healthcare environment.

Capacity Building and HFDC Training

In addition to public awareness, the CSA project has invested in coaching and training for HFDC staff. By equipping staff with the knowledge and skills needed to manage donated medications effectively, the project has strengthened the overall healthcare delivery system. 240 Health Facility Development Committee (HFDCs) members (144 males and 96 females) were trained on their roles and responsibilities.

This training has covered best practices in inventory management, ethical distribution, and patient communication, ensuring that healthcare workers are better prepared to serve their communities.

Lasting Impact and Future Prospects

The CSA project's impact on the healthcare system, especially 120 health facilities in the six project counties is profound and far-reaching. By improving the supply chain for donated medications, promoting accountability, and advocating for increased funding to health, the project has laid a strong foundation for continued progress. As a result, communities across the project counties now have better access to essential medicines, there's limited stock-out of essential drugs, healthcare staff including HFDC are more equipped and motivated, and the overall healthcare system is becoming more transparent and accountable.

Moving forward, the CSA project plans to build on these successes by expanding its monitoring activities to additional health facilities in the six project counties, further refining its public awareness campaigns, and continuing its advocacy for sustainable healthcare funding.



CSA Health Coalition Takes Giant Step Towards Strengthening Health System Accountability



Naymote Partners for Democratic Development, as a sub-contractor under the USAID Liberia Civil Society Activity (CSA) provides capacity-building, mentorship and advocacy support to CSA's Health Coalition Members. This support has empowered the CSA Health Coalition to actively monitor the supply chains of USAID-donated medicines at 120 health facilities across the six counties and contribute to strengthening health system accountability in Liberia. This ongoing oversight ensures that medicines are available, properly stored, and distributed equitably to those in need.

The coalition has enhanced the capacity of 480 HFDCs, bolstering their ability to oversee the delivery of healthcare services and advocate for improvements in health facilities across the six project counties. Coalition routine visits to health facilities and the monitoring of drug-dispensing records have significantly improved both accountability and service delivery. These efforts have led to better record-keeping, helping ensure that USAID-donated drugs are properly tracked and managed.

The coalition's work has not only increased public trust in Liberia's health system but has also strengthened collaboration between citizens, health facilities, and County Health Teams (CHT). This has enhanced partnerships with health stakeholders, improving service delivery and citizen access to

healthcare, especially in underserved communities.

Additionally, the coalition has supported HFDC work, helped health facilities improve the arrangement, storage, and management of USAID-donated drugs. These improvements have expanded healthcare access for citizens and reinforced the vital link between communities and the health system.





Strengthening Civil Society: USAID and Naymote Partnership to Enhance Health Sector Accountability in Liberia



In a transformative effort to bolster the health sector in Liberia, USAID has partnered with Naymote Partners for Democratic Development (a sub-contractor) to amplify the presence and voices of civil society organizations (CSOs) in the health sector in Liberia. This partnership, under the Liberia Civil Society Activity (CSA), aims to serve as an intermediary between citizens, CSOs, and the government, fostering dialogue and constructive engagement. Naymote is leading the implementation of health thematic window core program activities with six CSA health coalition members across Montserrado, Margibi, Bong, Bassa, Nimba, and Lofa counties. These initiatives are set to enhance accountability, transparency, and coordination in the health sector.

The Civil Society Activity (CSA) seeks to strengthen Liberian CSOs so they can communicate with their supporters more effectively, take part in decision-making, and keep tabs on governmental actions. The activity aims to strengthen Liberians' capacity to advocate for policy reforms, policy implementation, and service delivery through multi-stakeholder coalitions that establish feedback loops between the government, CSOs, and people.

Naymote has empowered health CSOs in Liberia to advocate for improved healthcare, policies, and public health outcomes. In 2023, Naymote interventions under the project were focused on capacity building of health partners, including PHIL, CHES-Liberia, IREDD, RHRAP, YOUNETPO, HAOSF, VUD, ERDI, and IPER. These partners advocated for citizen charters, drug stock-out mapping, supply chain management, and monitoring of RDFs.

The institution facilitated capacity building trainings for health coalition partners, empowering them to effect change. These included share visioning

workshops, advocacy training, social research method training, and mentorship. The institution also conducted communications training, mentorship, and peer-to-peer learning engagements to support CSOs advocacy efforts.

Naymote facilitated informed advocacy and policy engagement among health coalitions through capacity building and mentorship. They assessed their members' capacity, developed action plans, and provided technical implementation support.

Lot of gains are being realized in 2024 as a result of the institution engagements. Naymote's conducted legislative advocacy for increment in the 2023/2024 national budget and the institution interventions led to a significant increase in the 2023/2024 health budget, from \$75,501,200 million to \$80.1 million, thanks to intensive advocacy meetings held with influential lawmakers, CSOs, and citizens. Naymote, in partnership with the health coalition, will conduct meetings to explore alternative strategies for mobilizing resources for the health sector. They will research alternative funding sources in Africa and present findings to policymakers. The institution will also hold policy dialogues and issue health radio programs, serving as a platform for communication and information dissemination about the CSA Health Campaign.

Additionally, the institution will produce jingles for airing on national radio stations to educate the public and mobilize stakeholders for the project and health campaign. Engagements will complement the efforts of the health coalition and support accountability, transparency, information sharing, and coordination among health stakeholders to advocate for increased health budgets and drug stock-out management.

Naymote Hosts Health Financing Dialogue in Liberia



Objective 1: Linkages between civil society organizations with shared priorities and government to increase their impact

Objective 2: Civil society organizations to serve as a conduit for government services to citizens and constituents



Naymote Partners for Democratic Development held a National Policy Dialogue on Alternative Sources to Fund Health in Liberia on September 4, 2024, at Corina Hotel in Monrovia. The dialogue explored sustainable health financing solutions for Liberia, particularly focusing on domestic resource mobilization.

The event convened 60 stakeholders (37 males and 23 females) from the Ministry of Health, National Public Health Institute of Liberia, Ministry of Finance and Development Planning, Liberia Revenue Authority, Civil Society Organizations, representatives from various universities, and the media to deliberate on ways to enhance healthcare financing and improving health outcomes in Liberia.

The dialogue included statements from key national institutions, a panel discussion from key actors within the sector, and a presentation of research findings on alternative resources to fund health care in Liberia. A renowned health expert, Dr. Dougbeh Chris Nyan, Director-General of the National Public Health Institute of Liberia (NPHIL), elaborated on the government's strategy to restore integrity in healthcare financing and its importance in tackling health system challenges.

Ernest Gonyon, Director for Health Financing at the Ministry of Health, presented the Ministry's

commitments to increase alternative sources of financing for achieving Universal Health Coverage (UHC) and improving health financing mechanisms; improving affordability and accessibility of drugs, improving community ownership and accountability; cost-sharing mechanisms at health centers and hospitals, and Liberia Health Equity Fund for universal health coverage (social health insurance scheme) and implement the Community Pharmacy at clinics which will ensure continuous availability of essential medicines.

Gabriel Y. Montgomery, Deputy Commissioner General for Technical Affairs at the Liberia Revenue Authority (LRA), discussed the importance of leveraging domestic tax revenues for health sector funding, and LRA plans to formalize businesses and incentivize compliance to increase Liberia tax base by 10% annually over the next five years. He said only about 2.5% of Liberians are registered taxpayers, while over 80% of the workforce operates in the informal sector

Ms. Carolyn Myers, Assistant Director for Budget Dissemination & Fiscal Transparency, Ministry of Finance & Development Planning, highlighted government fiscal transparency efforts and how they impact health funding.

Steve Terravecchia, Chief of Party, Liberia Civil Society Activity emphasized the role of civil society organizations in advocating for policy reforms and improving public service delivery, he appreciated Naymote for hosting such an excellent gathering of professionals to discuss and find solutions to improving the health sector in Liberia.

Dr. Eementary Kpoeh, Dean of the School of Health Sciences at Cuttington University Graduate School. presented findings from Naymote research on alternative funding sources for health in Liberia, the research outlined various avenues for resource mobilization, including public-private partnerships, health infrastructure development, tax reforms, health levies and taxes, community-based health financing models, health insurance schemes etc. The presentation generated a robust discussion among participants about the potential of innovative financing models to address the sector's underfunding.

At the dialogue panel discussion was held with Dr. Jewel Tarpeh-Kollie, County Health Officer of Montserrado County leading the conversation along with members of the CSA Health Coalition members, they delved deeper into the research findings, discussing progress, opportunities, and challenges for sustainable health sector financing in Liberia.

Participants appreciated the event and made recommendations that the government implement reforms in the national tax system to introduce health-specific taxes, such as taxes on tobacco and alcohol, which can be earmarked for health sector financing, establish or expand community-based health insurance schemes through the MoH to ensure broader coverage, particularly for vulnerable populations, etc.

The institution also developed a policy brief on health financing in Liberia, it highlights the need for innovative health financing solutions in Liberia and emphasizes that policymakers must prioritize the exploration of new funding mechanisms to sustain the progress made in emergency preparedness and to improve overall health outcomes. The policy brief also highlights the need for civil society organizations to continually advocate for better health outcomes and equitable access to healthcare. This collaborative effort is crucial for achieving the goals outlined in President Joseph Boakai's ARREST AGENDA and for ensuring a resilient and responsive healthcare system in Liberia.



USAID and CSA's Health Coalition Launch Campaign to Improve Supply Chain for Donated Meds in Liberia



On Thursday, April 11, 2024, USAID Civil Society Activity (CSA) Health Coalition launched the “Campaign to Improve Supply Chain for Donated Medicines at the Bella Casa Hotel in Sinkor, Monrovia. The coalition, comprising six civil society organizations, began monitoring the supply of donated medications in 120 health facilities in six counties in October. The targeted counties include Montserrado, Grand Bassa, Margibi, Bong, Nimba, and Lofa. In addition to monitoring, the coalition is creating public awareness that the medicines are free and must not be sold.



USAID Mission Director Jim Wright, Justice Minister Oswald Tweh, and Bong County Senator Prince Moyer were among the high-profile people who attended the event. The gathering attracted policymakers, health sector stakeholders, and international partners. Other high-profile attendees included Deputy Minister for Budget, Development Planning Tanneh Brunson, Ministry of Finance Development and Planning (MFDP), Cllr. Alexandra Zoe, executive director of the Liberia Anti-Corruption Commission (LACC); Rep. Julie Wiah (District 2, Lofa County), chair of the House Committee on Health; Rep. Samson Wiah (District 2, Sinoe County); Dr. Joshua T. Peters Technical Specialist in the office of the Chief Pharmacist/Supply Chain; Dr. Luke Bawo, Chair and the managing director designate of Liberia Medicine, and Health Products Regulatory Authority (LMHPRA); and Joseph J. Remi, Deputy Country Director, USAID Global Health Supply Chain.

During the program, coalition members Joyce Kilikpo and John Alexander Nyahn shared findings and recommendations based on the monitoring over the last seven months. They emphasized that the health coalition engaged citizens and stakeholders in the targeted counties through town hall meetings, media engagement, talk shows, the airing of jingles, and consultative meetings.



Minister of Justice Oswald Tweh speaking at the launch of the “Camapaign to Improve Supply Chain for Donated Medications.”

They monitored the health facilities two times each quarter.

The health coalition found a lack of support for last-mile distribution of donated medications, poor record keeping, poor ventilation in storage facilities, delay in distributing medicines to health facilities, lack of policy to deal with theft and mismanagement of donated medications, and a shortage of drugs.

Members of the coalition include Community Health Education and Social Services (CHESS); Efficient Research and Development Institute (ERDI); Humanity Above One-Self (HAOSF); Public Health Initiative of Liberia (PHIL); Volunteers United for Development (VUD); and Youth Network for Positive Change (YOUNETPO).

Civil society monitoring donated medicines is USAID's latest effort to address widespread fraud and mismanagement in the supply chain. Due to mismanagement, medicines are often sold, unaccounted for, or expired.

USAID Mission Director Wright urged the Liberian government to complement and support the coalition's work by granting CSOs access to public health facilities and prosecuting those caught



Figure 1 USAID Mission Director Jim Wright speaking during the launch of the "Campaign to Improve Supply Chain for Donated Medications."

stealing and selling donated medicines. He said civil society is a significant ally in expediting the last-mile distribution of donated health products to public health facilities, which is critical to ending drug stockouts.

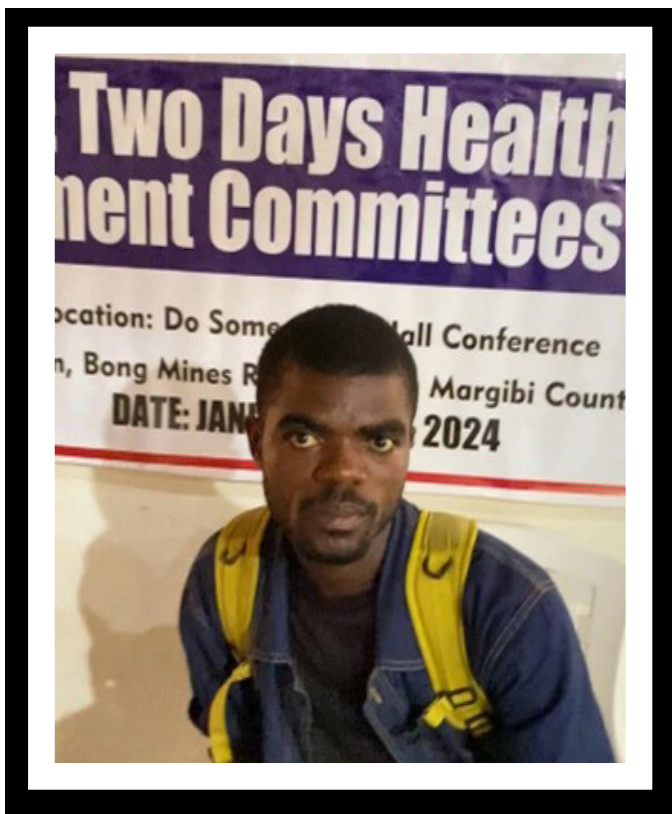
He cited PHIL's discovery that a healthcare professional was selling TB medications that were supposed to be free. PHIL reported the case to the Margibi County health team, and the county suspended the individual for one month without pay. The individual was ordered to repay the money. "This precedent now helps to discourage similar acts of corruption," Wright said.

Last year, the United States and the Global Fund donated fourteen million dollars' worth of life-saving medicines and other medical supplies to fight malaria, HIV, AIDs, and TB in Liberia. Liberia receives free and sufficient testing and treatment products to diagnose every Liberian citizen who

SUCCESS STORY: CSA's Training Uncover Sale of Donated TB Medications at a Liberian Public Health Facility



Health Worker received one-month suspension without pay and order to refund patient.



“I was relieved when I learned donated medicines are free,” he said. “I was thinking how I would generate the money. The burden was too much on me.”

Samuel Geffie broke down in tears when he learned that the six-month supply of tuberculosis (TB) medications that his mother needed was a gift from the American people to Liberians. A health worker at the C.H. Rennie Hospital in Kakata, Margibi County, told him the medications cost \$18,000LD, equivalent to \$US94. The health worker told Geffie that the hospital was out of TB medications, but he knew someone who had the medications for sale.

Geffie had 5000LD, or \$26.00, which could only cover his mother for a month and a half. Here is his dilemma: If he took a partial dose of the medications, he would have to worry about transporting his mother from their village in Yarwomi —a \$6.25 roundtrip fare. Medical experts say it is dangerous for TB patients to have a break in their treatment because they will build up resistance to treatment, and it will take additional effort to treat the disease.

Geffie learned that donated USAID-donated medications were free and not for sale during a two-day training for Health Facilities Development Committee (HFDC) members organized on January 15-16, 2024, as part of the USAID Civil Society Activity efforts to improve the supply chain for donated medications. CSA’s health coalition partner, Public Health Initiative of Liberia (PHIL), organized the training for 40 HFDC members from 10 public health facilities in Margibi County. HFDC members learned their roles and responsibilities in educating citizens that donated USAID medications are free and not for sale. They also monitor public health facilities to promote accountability and transparency of donated medications.

In October, CSA health coalition began raising awareness about the donated medicines and monitoring the distribution of the medication at 120 health facilities in six counties: Montserrado, Margibi, Grand Bassa, Bong, Nimba, and Lofa.

“I was shocked to hear that the medications are free and not for sale,” Geffie said. “I was disturbed trying to find money to pay for my TB medications. My pa died, and so my ma is a widow. I am the one taking care of my ma and my sister, who has mental health problems.”

During the training, PHIL’s executive director Joyce Kilikpo recorded Geffie’s statement and shared it with the Margibi County Health Team to investigate. The health worker admitted that he had sold the TB medications.

County health officials suspended the health worker for a month and ordered him to refund Geffie the 5,000 he spent on the TB medications. Geffie’s mother now gets her medications free of charge.



"I was relieved when I learned donated medicines are free," he said. "I was thinking how I would generate the money. The burden was too much on me."

PHIL's executive director, Kilikpo, said Geffie's experience underscores the importance of educating citizens about the USAID-donated medications and monitoring health facilities to ensure that they are fully stocked and that the medication reaches rural towns and villages.

"If Geffie had not been in the HFDC training, he would still be struggling to buy his mother's TB medications. We educate citizens on the radio through jingles, radio talk shows, and community engagements. Our work is improving the supply chain for donated medications."

Civil society monitoring donated medicines is USAID's latest effort to address widespread fraud and mismanagement in the supply chain. Due to mismanagement, medicines are often sold, unaccounted for, or expired. Every year, the United States donates life-saving drugs and other medical supplies to fight malaria, HIV, AIDs, and TB in Liberia. Liberia receives free and sufficient testing and treatment products to diagnose every Liberian citizen who contracts HIV or malaria.

Naymote and Health Coalition Advocacy for Increment in the 2024 National Budget for Health Yields Result





Recognizing the critical need for sustained investment in healthcare, the CSA project also engaged in robust budget advocacy efforts. Naymote Partners for Democratic Development and the CSA health coalition campaigned vigorously for increased funding to the health sector in the 2023/2024 national budget. Both Naymote and the health coalition held several budget advocacy activities under their respective grants. Naymote led several high-level meetings with the Senate Committee on Health and several influential lawmakers at the legislature, as well as fully participated in budget hearings on health; while the CSA health coalition led several county-level stakeholder meetings with county officers, county health boards, county councils, and other county-level structures to solicit the necessary buy-in, support, and recommendations for increased and earmarked funding for health service delivery priorities at the subnational level.

These advocacy efforts were successful, resulting in a significant budget increase in health within the 2023/ 2024 national budget from US\$75, 501,200 million to US\$80.1 million. An additional US\$4.4M was added to the health budget by the joint budget committee during scrutiny. This additional funding will support further enhancements in the supply chain, infrastructure, and training programs, etc.

During advocacy engagements, several meetings held with legislative committees and requisite ministries and agencies including the Ministry of Health yielded impact, it helped ensure that advocacy messages were conveyed directly to the policymakers responsible for budget decisions. These meetings provided legislators and policy actors with concrete evidence and compelling arguments for increased and earmarked funding for health.

In a crucial meeting with the Senate Committee on Health at the Legislature, Naymote and CSA coalition partners presented a comprehensive assessment report detailing the impact of current funding levels on health outcomes. The report included testimonies from our project counties, health facilities and affected communities, as well as data on service delivery gaps. As a result, members of the Senate Committee on Health publicly committed to championing the cause for increased budget allocations during the budget sessions.



Health Partners Stories



Health Coalition Advocacy for Regular and Sustained Supply and Availability of Basic Essential Drugs to Public Health Facilities



CSA's six health coalition partners implemented tailored advocacy strategies to promote transparency and accountability of USAID donated drugs and implemented activities to improve the public health supply chain system. During the period under review, CSA's coalition members organized focus group discussions to create public awareness about donated medicines and trained Health Facility Development Committee (HFDCs) members on their roles and responsibilities.

Health Coalition members conducted quarterly monitoring of HFDCs to assess the extent to which HFDCs are utilizing the skillsets gained from the training. The intervention also included consultative meetings to share findings on monitoring of donated medicines, the airing of jingles and radio talk show programs to ensure that a broad spectrum of the population is reached and informed that donated medicines are not for sale. In addition, coalition members monitored 120 facilities in the six targeted counties (Montserrado, Margibi, Grand Bassa, Bong, Nimba and Lofa) to track how donated medications are dispensed and assessed delivery irregularities, stockout and check how facilities are documenting the medications for transparency and accountability.



HAOSF Interventions in Margibi County



Figure 1: Monitoring the distribution and consumption of USAID donated Malaria Medicines in C. H. Rennie Warehouse, Kakata, Margibi County by HAOSF

In the past twenty years, supply chain management has been a major challenge for healthcare programs in Liberia. Issues such as inadequate storage, inventory management, warehouse practices, and limited information sharing have led to commodity stock-outs and uncertain drug quality. The specific challenges faced by the health sector are as follows:

1. Central Level: Challenges at the central level include delayed procurement and distribution, inadequate quantification, lack of analytical data for decision-making, lack of accountability systems, delayed distribution, and poor warehouse management practices, as well as limited logistics.
2. County/District Level: Challenges at this level include poor inventory management, inadequate storage, delayed and limited reporting, delayed distribution, limited logistics, and delayed requisition, as well as poor data quality.
3. Facility Level: Challenges at the facility level include delayed reporting on consumption, limited knowledge of reporting forms, misappropriation, and high staff turnover.

The 2019 End Use Verification report revealed that 53% of the ordered products were not received. Additionally, 35% of products were out of stock at the Central Medical Store, with 14% out of stock at subnational warehouses. Furthermore, 17% of the ordered products did not have the correct quantities delivered. The Ministry of Health (MOH), in collaboration with development partners and other

stakeholders, have taken various measures to ensure the availability of essential drugs and commodities at public health facilities. Despite these efforts, the stock-out of essential drugs in health facilities nationwide continues to pose a significant threat to improving health outcomes.

Through funding from the USAID Civil Society Activity, the Humanity Above OneSelf Foundation (HAOSF) is implementing the Drug Stock-out Mapping and Supply Chain Management Advocacy project across Margibi county. The goal of the project is to advocate for regular and sustained supply and availability of basic, essential drugs to public health facilities, to reduce the length of stock-outs at such facilities. The institution project counties includes Margibi County.

To address drug stock-outs and improve drug supply



Figure 3: Cross Section of Participants listening to the Presentation on Overview and Background of Project., Inception Meeting , Grand Bassa County, Presented by Mr. Ernest W. Cholopray, Project Manager/M&E Specialist, HAOSF (K-PLAZA HOTEL, Buchanan) August 1, 2023.

chains, HAOSF implemented the following activities:

1. Advocated for transparency and accountability in Liberia's pharmaceutical supply chain system.
2. Conducted drug stock-out mapping assessment to understand issues/challenges that affect drug stock-out and supply chain management at the sub-national level
3. Conducted high-level county dialogues and town hall meetings to discuss and create awareness about supply chain issues.
4. Monitored the distribution and consumption of essential medicines in public health facilities in Margibi.
5. Held consultative meetings to discuss findings during monitoring field visits
6. Provided capacity-building support to Health Facility Development Committees for monitoring the distribution and consumption of essential medicines.
7. Conducted media and communication engagement to inform the public about the pharmaceutical supply chain system issues.

Key Challenges identified during the implementation of the Project leading to Stock-out

- Lack of transportation or logistics to distribute essential medicines from the County Health Team Depots to health facilities in remote communities in Grand Bassa and Margibi
- Citizens' confirmation of health worker involvement in the sale of USAID-donated medicines in public health facilities causing barriers to accessing life-saving medicines
- Health workers announcing stock-out of essential medicines and giving patients prescriptions to go and purchase medicines from drugstores or pharmacies outside public health facilities
- Absence of policy to penalize health workers for sales of donated medicines
- Unaccountability of donated medicines distributed to public health facilities
- Poor inventory management system at health facilities

Outcome of Project

- Increased awareness of USAID-donated medicines at no cost in public health facilities in Margibi to benefit the communities, citizens, and constituents.
- Reduced Stock-out in public health facilities
- Consistent and reliable supply of essential

medications to public health facilities.

- Improved and reliable distribution of essential medicines to public health facilities, regularly stocked in public health facilities
- The Government of Liberia's allocation of budget for the last mile distribution of essential medicines from the county health team drugs depots due to advocacy
- Patients can save money by avoiding purchasing medications from private pharmacies or drug stores due to the stock-out of essential medicines at public facilities.
- Improvement in tracking medicines distribution and consumption which led to increased transparency and accountability

Impact

- Improved Health Outcomes: Ensuring consistent availability of essential drugs can significantly decrease disease burden, prevent complications, and reduce death rates from treatable conditions.
- Increased Patient Satisfaction and Trust: higher satisfaction among patients, as they are more likely to receive timely and effective treatment.
- Strengthen public trust in public health facilities, encouraging more people to seek care when needed.
- Health facilities can now operate more efficiently and effectively since the necessary Malaria medicines and other commodities are available to treat patients.
- There exist economic benefits as patients can now save money because they don't have to buy medications from private pharmacies or drugs stores due to stock-outs at public facilities.
- Increased Economic Productivity due to a healthier populations, contributing positively to the economy.



Figure 2: HOASF Executive Director, Internal Mentoring and Social Accountability Training

Community Health Education and Social Services (CHESS) Interventions in Bong County



Caption: Siah Sam, community and research coordinator at CHESS, works with Bong County supply chain officials to monitor the supply of donated medicines that arrived at the county depot.

Community Health Education and Social Services (CHESS-Liberia) monitored the distribution of donated medicines to public health facilities, assessed delivery and irregularities of drug stock out, and checked available records to understand the reasons behind discrepancies. The monitoring took place between December 2023-March 2024, across 20 health facilities in nine districts in Bong County. On January 11, 2024, Community Health Education and Social Services (CHESS-Liberia) field monitors accompanied by USAID and CSA staff began tracking the distribution of USAID donated Malaria and other medications in the county. The CHESS team monitored the County Depot and Pheebe and C.B. Dunbar hospitals.

Based on the quantity of medications that the county received, CHESS monitors observed that the supply is not enough to cover Bong County's 42 health facilities. "The quantity of medications will cover about two months", said Siah Sam, community, and research engagement officer at CHESS. The supply delivered to the county on January 4, 2024, did not include malaria medicines for children, ages one to five. County health officials said the lack of transportation affects the delivery of the medications to rural areas. The county does not have a vehicle to transport the medications to clinics outside of Gbarnga.

The institution monitored the distribution of USAID donated medications to seven public facilities in five districts in Bong County. The CHESS-Liberia team visited Garmu and Forquelle health facilities in Panta District; Palala and Zoweinta Clinics in Kpaai District; Belafani and Shankpallah in Zota District; and Wenshu Health Facility in Jorquellie District. At the Garmue Clinic, CHESS team, including Oswald Dillon, CSA's regional coordinator, received the waybill which confirmed the assortment of seven malaria medications supplied to the County Health Team on January 15, 2024. CHESS's monitoring team checked dispensary records from the storeroom and dispensing rooms to patients. The team worked with Massa Dukuly, a registered nurse/midwife and Grace M. Woah, the clinic's dispenser.

The team observed that the clinic's staff recorded the medications they gave to patients on separate sheets of paper from January 29, 2024, to February 20, 2024, instead of in DDR or Daily Dispensary Record. Woah,



for transparency and accountability. The USAID and CSA team included Alexandra Simonians, USAID's Civil Society, Media, and Conflict Team Lead; Francis Kempeh, CSA's Deputy Chief of Party and Prince Williams, CSA's grants Manager.

CHES-Liberia monitors found there is poor record-keeping systems, lack of participation by HFDCs in monitoring donated medications at public health facilities, Health no emergency stock, and delays in last-mile distribution due to lack of funding for transportation. The following malaria medications were not delivered at the facilities: Artesunate Rectal Capsules 100mg x 2 Capsules, Quinine Sulfate 300mg (Meg) x 100, Tab, and Long-Lasting Insecticide-Treated Net (Mosquito Net).

On February 22, 2024, CHES-Liberia also observed poor record keeping at the Shankpallah Clinic in Zota District on February 22, 2024. Before the monitoring, CHES-Liberia team notifies the district health officers, so they can prepare the staff at the public health facilities. CHES organized a town hall meeting with the clinic staff to inform them about the monitoring and what is expected of them. The pre-monitoring engagement makes it easy to conduct the monitoring.

the dispenser, explained that she was not at the facility during the period. She entered the reports after the CHES team's intervention. At Forquelleh Clinic, the team observed that the clinic's staff also inappropriately recorded dispensary records. The clinic's staff, Marcus C. Karbah, officer-in-charge and Cornelius S. Brown, were encouraged to use the DDR to record how medications are dispensed.

Siah Sam, CHES-Liberia's community engagement and research coordinator said the staff at the facilities were cooperative. CHES-Liberia team had access to records and staff were receptive to feedback. She said health officials were cooperative and provided all the information CHES monitoring team asked for. During the monitoring at the two hospitals, the team visited all the departments that received medications.

"We checked their daily records and how they were dispensing the medications," she said. "It was based on our monitoring that we determined that the supply will not last for the three months."

George S. Dokie, the county pharmacist, welcomed the team to the county depot. Larry Tuah, CHES project officer, explained that that the visit was intended to monitor the donated USAID medications



Efficient Research and Development Institute (ERDI) Interventions in Nimba

ERDI conducted quarterly monitoring of health facilities in Nimba county to assess the functionality of HFDC and to inquire situations of drug stock-out at those facilities. During the quarter, ERDI monitored 20 health facilities in Nimba counties as part of the effort to improve the supply chain for donated medications. On February 14, 2024, ERDI monitored five additional public health facilities in Lofa to assess the functionality of HFDCs and track donated medications. ERDI's monitors visited the following facilities: Salayea Community Clinic, Gorlu Clinic, Fissebu Clinic, Borkesa Community Clinic, and Yeala Health Clinic, all in Zorzor District. The facilities' officers-in-charge (OIC), Community Health Services Supervisor (CHSS) and HFDC members supported ERDI's monitoring team during the visit. ERDI found that HFDCs are not monitoring the facilities due to the lack of motivation. Many of the facilities also lacked essential medications. Similarly, ERDI conducted a three-day monitoring of fifteen health facilities in Nimba from February 14-16, 2024. ERDI monitors visited the following facilities: Lugbeyee Clinic; YMCA Clinic; Duotiyee Clinic; Luoguatuo Clinic; Duoplay Clinic; Younlay Clinic; Zorgowee Clinic; Kpaytuo Clinic; Kpallah Clinic; Karnwee Clinic; Cocopa Clinic; Flumpa Clinic; Grace Community Clinic; Kpein Clinic; and Tunukpuyee Clinic. Health facility staff present during the monitoring included the Officer-in-Charge (OIC), Community Health Services Supervisor (CHSS), and HFDC members.



Caption: HFDC members in Lofa County pose for a photo after the ERDI training on March 19 and 20, 2024.

In Nimba, HFDC members were concerned about sustainability. Oretha K. Gaye, an HFDC chair from Nimba, said the HFDC has acquired farmland to raise money to support itself. Crops grown and sold from the land will be used for HFDC activities in the community. ERDI also observed that Nimba County health officials were proactive in ensuring that the medication reached the health facilities. Of the 15 facilities, only one—Kpaytuo Facility—did not receive donated medications.

On March 19 and 20th, 2024, Efficiency for Research and Development Institute (ERDI) facilitated a training on the USAID-donated medications activity for Health Facility Development Committee members from health facilities in Lofa County.

Thirty-eight participants (31 males; seven females) attended the training at the EJ Flomo Guest House auditorium in Zorzor. The participants included HFDC chairpersons and co-chairs; officers-in-charge of health facilities; community health services supervisors (CHSS), community health focal person for Lofa, the county

supply chain coordinator and district health team members in Zorzor. ERDI's facilitators told HFDC members about their roles and responsibilities in monitoring health facilities and ensure that those facilities are stocked with donated medications.

ERDI's executive director Nyan Gboe spoke about how HFDCs can integrate gender and social inclusion in their monitoring of health facilities. Jocce B. Mator, ERDI's (Efficient Research and Development Institute) field coordinator, provided tips on how HFDCs can effectively monitor health facilities. In addition to the ERDI staff, Mr. Marcus Supu, the county's community health focal person and Mr. Beyan Zazay, county pharmacist and supply chain coordinator, did presentations on the supply chain management and monitoring and distribution of donated

Volunteers United for Development (VUD) Interventions in Lofa



Caption: On January 6, 2024, Edward Saah Chofullah, VUD's executive director, inspected the consignment of donated medications delivered to the Lofa County Depot in Voinjama.

VUD's intervention to improve the supply chain for donated medications included facilitating training for HFDCs on their roles and responsibilities in monitoring public health facilities, organizing focus group discussions and engagement meetings on donated medicines and monitoring 20 health facilities in Lofa. During the quarter, VUD facilitated two separate trainings for HFDCs in Lofa, totaling 25 people (4 females/21 males). HFDC members learned about their roles in promoting accountability and transparency of donated medications and educating their communities that the medications are free and not for sale.

On January 9, 2024, VUD conducted a town hall meeting in the Bakedu community in Lofa County's Voinjama Health District to educate citizens about their role in ensuring accountability and transparency of USAID donated medications. The meeting attracted 30 participants (10 females and 20 males). The attendees included members of the Muslim

community, clan chiefs and youth. Mr. Losene A. Dukuly, VUD's program manager, encouraged citizens to hold health officials accountable for the donated medications at public health facilities. He told them about the various malaria medications and explained the supply chain operations and how the medications are distributed throughout the county. He reminded citizens that the medications are free at public health facilities and told them not to pay for it. Participants stressed the need for an increase in malaria medications at health facilities.

From February 20-21, 2024, VUD trained 15 HFDC members (2 females/13 males), representing HFDCs from five health facilities covering three health districts: Yegbedu Clinic; (Foya District); Kamatahun Clinic, Vahun District); Fagonda Clinic; Bolahun Health Center; and Mbalotahun Clinic (Kolahun District).

From February 23-24, 2024, VUD trained 10 HFDC members (2 females/8 males) from Duogomai and Barkedu clinics (Voinjama District) and Luyeama (Zorzor District). Training participants included Community Health Services Supervisor (CHSS), screeners, the HFDC chairperson, the co-chair of the HFDC, and the development coordinator of the HFDC.

During the period under review, VUD monitored 20 health facilities to how donated medications are distributed, dispensed, tracked and the irregularities of drug stockout. The monitoring began December 19, 2023, and continued to March 29, 2024.

VUD monitored the following health facilities: The 20 health facilities monitored included Foya Bormah Hospital; Foya Health Center; Yegbedu Clinic; (Foya Health District); Kamatahun Clinic, Popalahun Clinic, (Vahun Health District); Fagonda Clinic; Blahut Health Center; Kolahun Hospital, (Kolahun District); Curran Lutheran Hospital, Borgeza Clinic; Konia

Health Center; Luyeama Clinic; Barzewehn Clinic; (Zorzor Health District); Duogomai Clinic, Bondi Clinic, Barkedu Clinic, Sarkonedu Clinic; Vezala Clinic Voinjama Free Pentecostal Health Center and Telewoyan Memorial Hospital, (Voinjama Health District).

The major challenges VUD found at these facilities were poor record keeping, lack of participation of HFDC in monitoring the health facilities and donated medications, no emergency medications, and delay in last mile distribute because of the lack of transportation. According to USAID/CSA adopted monitoring tools, the following medications and health commodities were not delivered to most last health facilities: Artesunate Rectal Capsules 100mg x 2 Capsules, Quinine Sulfate 300mg (Meg) x 100, Tab, and Long-Lasting Insecticide-Treated Net (Mosquito Net).

Youth Network for Positive Change (YOUNETPO) Interventions in Montserrado County



YOUNETPO organized consultative meetings and focus group discussions as part of the efforts to promote accountability and transparency of donated medications. YOUNETPO educated citizens that donated medications are free and not for sale. In addition to engagements with citizens and stakeholders in the health sector, YOUNETPO also began monitoring 20 health facilities in Montserrado County under the campaign to improve the supply chain for donated medications.

From January 8-10, 2024, YOUNETPO began monitoring health facilities in Montserrado County. The monitoring covered health facilities in the following areas: Todee; Careysburg; Bushrod Island; Central Monrovia; and the Commonwealth Health District in Montserrado County. The monitoring visits included the following facilities: Goba Town Clinic; Koon Town Clinic; Pleemu Town Clinic; Nyahn Town Clinic; Zinnah Town Clinic; Kingsville



Clinic; Careysburg Clinic; Bensonville Hospital; White Plains Clinic; Crozierville Clinic; Redemption Hospital; TB Annex; Clara Town Clinic; Pipeline Clinic; Duport Road Health Center; Slipway Clinic; and People United Community Clinic.

YOUNETPO's monitors found that most of the health facilities maintained good records including waybills and had received the most recent supply of malaria medicines from the Central Medicine Store (September 2023)

Here are some of the major findings from YOUNETPO's monitoring:

- Few facilities had the official Internal Request and Requisition Form (IRRF) and Daily Dispensing Record (DDR). Most facilities developed their forms due to delays in the supply from the Ministry of Health.
- Some facilities had poor recordkeeping. Clara Town Health Center, for example, had discrepancies in the quantity of malaria commodities, raising questions about additional strips without proper documentation.
- Management of the storeroom varied. Some storerooms were managed by an officer-in-charge like the Kingsville Clinic. Other facilities' storerooms had staff assigned to it.
- Crozierville Clinic had not received malaria

medications since January 2022. The facility had no Rapid Diagnostic Tests (RDT) and lacks a dispensary or staff to manage one. At the Kingsville Clinic, Dispenser Ciatta Sherman reported prolonged shortages of IRRF and DDR. Some health facilities, including Crozierville Clinic and Duport Road Health Center, lacked malaria-related commodities.

- OICs (Officer in Charge) acknowledged challenges with the Stock Status Report Requisition form (SSRR). The County Health Team instructed the OICs not to fill requests for the SSRR. There is some confusion in terms of who should be making the request—the County Health Team of the County Medicine Store.
- Goba Town Clinic has a cramped storage and dispensary. Kook Town Clinic lacks a dispenser and dispensary. The facility uses a cardboard box to dispense medications.
- During YOUNETPO's monitoring, White Plains Clinic was closed during active hours, making it inaccessible to patients seeking medical care.
- At Pipeline Health Center and other facilities, the most recent drug supply did not align with the facility's needs. Facilities are often not allowed to fill out request forms on the SSRR.
- Redemption Hospital's chief administrator and chief pharmacist refused to allow monitors to review records, though they presented a letter to the Ministry of Health.
- People United Community Clinic's storage is exposed to rain during the rainy season. The medications were relocated for safety during the last rainy season.
- The monitoring team did not have access to the SSRR storage at Slipway Community and Kingsville Clinic because the OICs were not available.
- Key staff responsible for inputting data into reporting tools require training for improved accuracy and consistency.
- Careysburg Health Center and Goba Town Clinic reported receiving their most recent supply from CMS during late-night hours, posing challenges for operations and coordination.

On January 30, 2024, YOUNETPO held a consultative meeting with the Montserrado County Health Team (MCHT) to share findings from the drug monitoring conducted from January 8 to 10, 2024 in Montserrado County. Ten people (7 females/three males) participated in the meeting. The attendees included the County Health Development Director; County Pharmacist; World Health Organization coordinator; County Field officer; Clinical Coordinator; and

members of the county council.

In remarks, the Adolphus Kenteh, County Health Development Director who proxied for the County Health Officer extended a warm welcome to all participants and expressed appreciation for YOUNETPO's dedication to enhancing the health system through monitoring donated medical supplies and engaging with Health Facilities Drug Committees (HFDCs) in Bong and Nimba Counties.

Additionally, YOUNETPO organized a focus group discussion with HFDC members, community residents, officers-in-charge at the Goba Town Clinic in Todee Health District, Montserrado. Ten people (four males; six females) participated in the discussion. Participants talked about the challenges facing health facilities and identified ways to improve service delivery. YOUNETPO's executive director Adolphus Kenteh facilitated the discussion, asking participants questions about health issues and the functionality of the HFDC in the clinic and the community.

Humanity Above Oneself (HAOSF) Interventions in Margibi and Bassa

Humanity Above Oneself (HAOSF)'s activities under the campaign to improve the drug supply chain for donated medications included monitoring 20 health facilities, and engagement and consultative meetings with stakeholders in the health sector in Margibi.

On January 19, 2024, HAOSF released findings from its assessment on the availability of essential medications at health facilities. Seventeen participants (13 males; 4 females) comprising representatives from the county health team, county health board, county council, community leaders and the Buchanan Hospital, attended the event. Here are key findings from the assessment:

- Ten health facilities lack dispensers.
- High staff attrition across health facilities.
- Facilities rely heavily on volunteers.
- Lack of monitoring, evaluation, and supervision from the county over the last three years.
- Eight percent drug stock-out at county depot and 60 percent drug-stockout at clinics and referral hospitals.



Caption: On January 23, 2024, HAOSF's Project Manager, Ernest Cholopray and Margibi County Pharmacist Joel Tweh and Assistant Warehouse Manager, monitored donated medicines at C.H. Rennie Hospital on January 23, 2024.

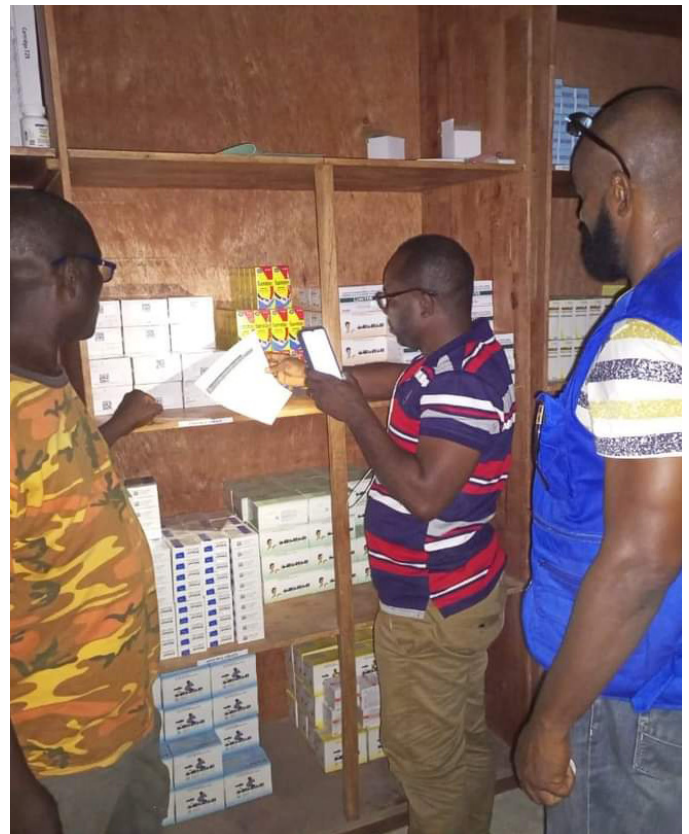
- No vehicle for supply chain department.
- Citizens feel excluded from the management of health facilities.
- Citizens complain that USAID donated medications are sold across facilities.

After the presentation, participants validated the findings, but health officials denied that donated medications are sold at health facilities. Health officials said health facilities run out of medications because they receive less medicines than what they requested, making it difficult for facilities to meet the needs of the high number of patients. Dr. Moses Whwedigar of Grand Bassa County Health Team urged heads of health facilities to inform citizens about the status of medications distributed in the county. Dr. Whwedigar also made the following suggestions:

- Create awareness about the role of the Health Facilities Development Committees (HFDCs).
- The County Health Team and the health board must promote participatory Monitoring and Evaluation of distribution of medications and usage.
- Use County Social Development Fund to cover logistical expenses associated with distribution of medications.
- Rigorous awareness of the arrival and distribution of medicines at county health facilities
- Create awareness about county health boards
- County health board and supply chain must analyze pre-alert before dispatching medications from County Medicine Store (CMS) to negotiate between unwanted commodities and what is needed.

In addition to engaging citizens and health stakeholders, HAOSF monitored 20 public health facilities in Margibi County from January 23 and February 6, 2024, as part of the campaign to improve the supply chain for donated medications. HAOSF's monitoring covered the following facilities: KRTTI School-based Clinic, LARKAY TA Clinic, Garzon Community Clinic, Cotton Tree Community Health Center, R. S. Caufield Clinic, C. H. Rennie Hospital, 14 Military Hospital, CINTA Community Clinic, Massaquoi Town Health Center, Charlesville Clinic, Kakata Health Center, Unification Town Health Center, Schefflin Town, Tucker-Ta Clinic, Kakata Prison Level 1, Dolo Town Health Center, Edward Beyan Kesselly Clinic and Lango Lappay School-based Clinic.

The objective of monitoring the distribution and usage of USAID-donated malaria medicines in public health facilities is to capture irregularities and discrepancies in the distribution of donated medicines. HAOSF used stock record card, depot/ Facility Distribution Tracking, Consumption Data, and Distribution Analysis. According to HAOSF's findings, two of the 20 facilities lacked malaria medicines—Gbaye-Ta Clinic and Kakata Health Center. The monitors observed that the distribution teams from the County Medical Store and the World Food Program had visited the facilities on January 18 and 19, 2024. The county's pharmacist said the facilities failed to inform the Ministry of Health that they were out of medications by filling out the requisite forms electronically. At the Kakata Health Center, the Waybill showed that the facility received medications, but the facility's pharmacist could not provide any record to show that the facility received medications. HAOSF monitors found a troubling situation at C.H. Rennie Hospital. The hospital was relocated to the same building that houses the Kakata Health Center, after C.H. Rennie was destroyed by a fire in 2022. Donated medications earmarked for C.H. Rennie was dispatched and received at the hospital's drug depot. The medications for Kakata Health Center was received by the facility, but the facility's pharmacist failed to provide any record of how the medical commodities was being used or dispensed.



Public Health Initiative Liberia (PHIL) Interventions in Grand Bassa



During FY24Q2, Public Health Initiative Liberia (PHIL)'s activities under the campaign to improve the supply chain for donated medications included training HFDCs on developing scorecards, monitoring of donated medications and focus groups discussions and creating public awareness that donated medications are free and not for sale.

On January 11 and 12, 2024, PHIL facilitated a training for HFDC members at the St. Peter's Claver School Auditorium in Buchanan, Grand Bassa County. Forty-eight participants (23 females; 25 males) representing three HFDCs and officers-in-charge from 10 clinics attended the two-day training. The attendees included representatives of the Grand Bassa County Health Team: Dr. Youjay Clinton, chief pharmacist; Comfort Wiles, county reproductive health supervisor; and Jimmy Yeame, county clinical supervisor.

Joyce L. Kilikpoe, PHIL's executive director, gave an overview of the community health policy and reminded the HFDCs about the critical role they play in helping to improve health care in their communities. She urged HFDC members to collaborate with citizens in advocating for health equity and fairness. During the meeting, participants shared their experience with HFDCs. Participants underscored the need to revitalize the HFDCs, so that it meets the needs of citizens. HFDCs need capacity development because most members do not understand their role. HFDC members should select their representative to the district health board as required under the community health policy. Representation on the district health board is based on relationships, not merit. Participants also called for increasing women representation in community health and strengthening relationship between the health facilities and HFDCs. Health facilities do not respect HFDCs, participants said. Dr. Youjay Clinton cited the challenges facing the supply chain in Grand Bassa.

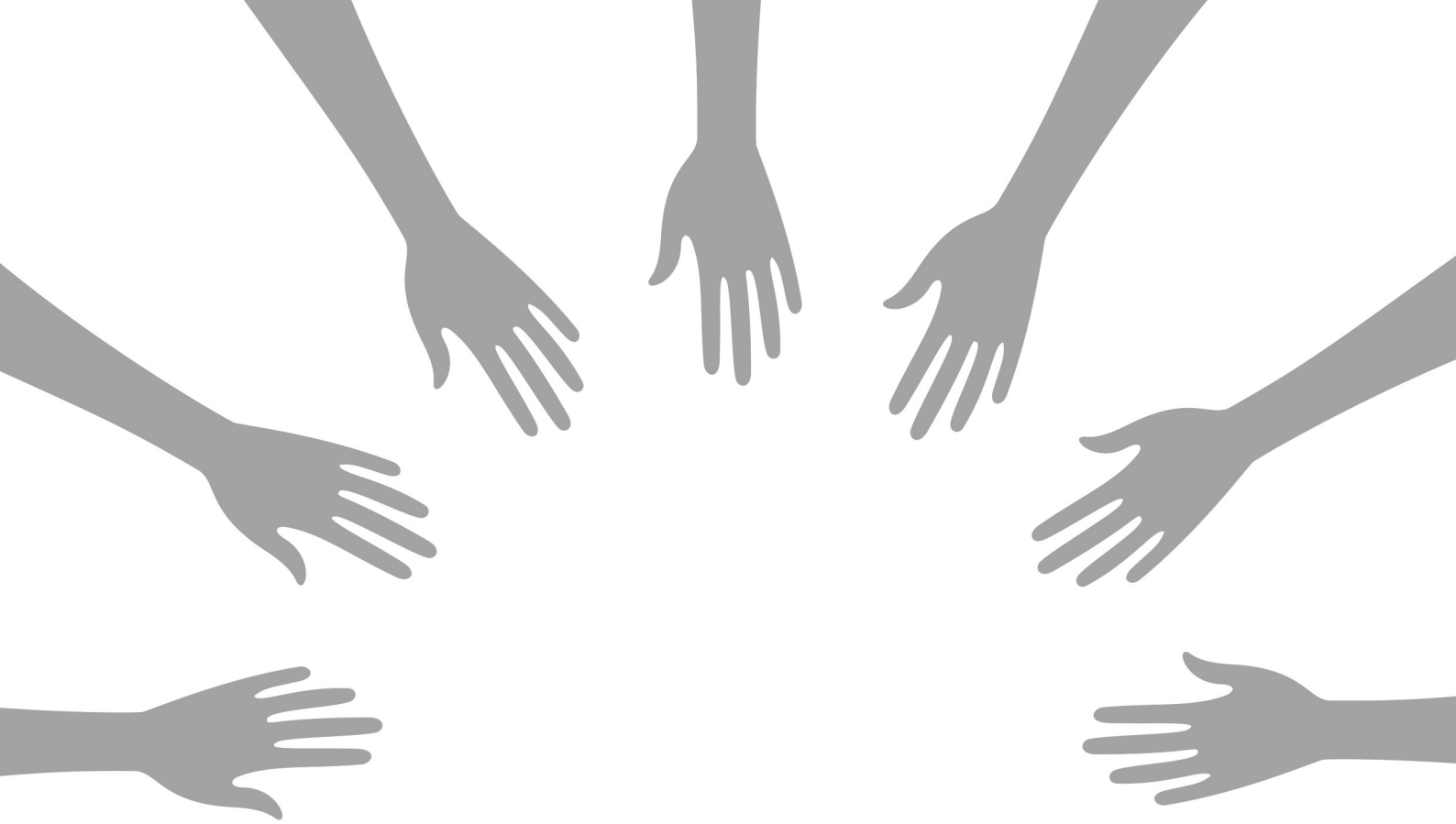
The lack of transportation is hindering the county's ability to ensure that donated medications reach rural areas. The county has no vehicle to transport the medications, he said. "The process of distributing medications is ineffective and characterized by delays," he said. He called on the officers-in-charge to put in emergency



request for medications when the supply is low instead of waiting for health facilities to run out of medications. He also gave participants the list of donated medications and stressed that the medicines are free and not for sale.

During the quarter under review, PHIL monitored 20 health facilities in Grand Bassa County as part of the efforts to improve the supply chain for donated medicines. From January to February 2024, PHIL monitored the following facilities: Boeglay Clinic; Cenyah Clinic; Owensgroove Clinic; St.Peter Claver Clinic; Bokay Clinic; Compound 2 Clinic; Compound 3 Clinic; Barseegiah Clinic; Barconnie Clinic; Liberia Government Hospital; Well Baby Clinic; St, John Clinic; Tubmanville Clinic; Edina Clinic; Compound 1; Jorian Clinic; Praise Clinic; CEM Clinic; and Lloydsville Clinic. PHIL's monitors found the following problems:

- The slow pace of last-mile distribution of donated medicines is because the county health team lacks transportation to facilitate the distribution to rural parts of the county.
- Irregular supply of donated drugs leading to prolonged stock out of essential drugs at health facilities. Most facilities reported being out of malaria medicines for extended periods.
- Lack of accountability of the donated medications because officers-in-charge pick up the medications from the county depot.
- Irregular updates of stock cards, daily dispensing records; and missing stock records and bin cards across most facilities.
- Lack of clear policy action against health workers involved in the sale of donated drugs
- Stockout of various monitoring tools (such as daily record card, Emergency requisition form) 12 out of 20 facilities had this problem.
- Lack of professional staff to manage storerooms. In some places, the storerooms are managed by officers-in-charge.
- Most storerooms do not meet the standards set by the Ministry of Health
- Facility personnel use private vehicles to pick up quarterly supply of medications.



Impact Update

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