

CAPACITY STATEMENT

AIDE LIBERIA

HEALTH SYSTEMS STRENGTHENING

1.1. Presentation of AIDE profile

1.1.1. Overview: History, Structure, and Capacity

AIDE is a national Non-Governmental Organization with experience in humanitarian and development aid, and structural poverty reduction. AIDE (African Institute for Development and Equity) was borne during the exit of CORDAID (a reputable International NGO Project Office, with over 120 years of global operations). With the International NGO Foundation operations ending in Q3 of 2022 after twenty-two years of operations—the entire staff began to find ways to:

1. Sustain the gains made by the exiting International NGO in the areas of Healthcare; Community Development; and Systems Strengthening
2. Continue to utilize the staff and keep them gainfully employed in an organization which will harness and develop their skills—as well as use them for the common good.
3. Close the gaps in expertise that will be needed for future development grants and projects.
4. Strengthen localization and achieve Global Development localization goals by creating a local entity with similar expertise as the dissolving entity.
5. Create partnership channels where the expertise of Local Experts, Communities of Practices; and Networks can be utilized when the opportunity allows.

In January 2022, the staff under the leadership of their Country Lead requested a formal transition from the International NGO to a Local Non-Governmental Organization—which was agreed to be led by the former head of the outgoing organization alongside the existing team. We took the first step to realizing this dream by incorporating a legal local Non-Governmental Organization named AIDE (AFRICAN INSTITUTE FOR DEVELOPMENT AND EQUITY).

AIDE recently manages a PBF verification component for the Ministry of Health Liberia. AIDE main donors include the World Bank and UN Agencies.

AIDE supports the transformation of people and communities out of fragility. AIDE's main intervention strategies to improve people's health are: advocating for Universal Health Coverage through improved health systems and services at national and local levels; promoting access to Sexual Reproductive Health & Right services; and Health Systems Strengthening with a Result-Based Financing approach.

AIDE has ample experience in supporting health service delivery in both primary and secondary levels of care. AIDE's leading approach is to strengthen health systems through the targeted application of Results Based Financing. Initially the focus was mainly on strengthening health institutions, but increasingly AIDE is building a track record in applying RBF in community systems to increase demand for services.

In terms of managerial capacity, AIDE has a Code of Conduct, Gender Policy, established financial procedures and an anti-corruption policy and an open data policy. Through AIDE's Open Data policy, we strive to be a transparent, results oriented and results driven organization.

AIDE has a country office in Liberia and Sierra Leone. It has been fighting poverty and exclusion in West Africa's most fragile societies and conflict-stricken areas. It delivers innovative solutions to complex problems by emphasizing sustainability and performance in projects that tackle security and justice, health and economic opportunity.

1.2. Technical approach

AIDE Healthcare distinguishes three pillars: Mother and Child Health, Health System Strengthening with a focus on Performance Based financing (PBF) and Health Investment. These pillars are approached in an integrated way. AIDE Healthcare has over 10 staff and over 20 people working in technical positions in our country offices. They present a comprehensive mix of health experts, program managers, program officers, financial experts, gender officers and advocacy officers with different academic backgrounds to ensure efficient and inclusive delivery of quality health services which are responsive to community needs.

In all of its activities, AIDE looks at both the supply and the demand side. Based on our extensive experience, we know that services need to be technically sound, but also culturally acceptable and adapted to the context in order for them to be utilized. Quality of services, both from a technical point of view as well as a patient centered (value-for-money) perspective are crucial in this respect. AIDE's experience of working in fragile contexts and with vulnerable groups enabled us to develop innovative approaches to increase community accountability and responsiveness of services while ensuring access to care by addressing geographical, socio-economical and gender-related barriers: we are well aware that the greatest health impact will be realized when the most vulnerable people with appropriate and targeted interventions are reached. Our focus on fragility is derived from this premise and ensures that we bring innovative and out-of-the-box approaches to increase coverage and improve equity. Building resilient health systems is first of all the responsibility of a national government. With our experience to work in complex situations and multi stakeholder processes AIDE can guarantee an optimal collaboration with the national and local authorities of Liberia to jointly work on a health system that is able to respond to the actual healthcare needs of communities.

In Sierra Leone we developed a randomization methodology that made verification very efficient. For the Sierra Leone external verification experience, thanks to the methodology developed, the field teams visited 19 Councils, 13 Districts, 47 Community Health Centre, 52 Community Health Posts and 130 Maternal Child Health Posts, sampled. The methodology also included a total of 1,680 patient satisfaction surveys. As semiannual Community Verifications will be part of the Liberia PBF model, AIDE can rely on its experience to organize this with local CBOs, as well providing the required training and guidance for this.

PBF Verification Approaches in Liberia

Since October 2017, the Liberian Ministry of Health (MOH) with the support of the World Bank, has been implementing the Health Systems Strengthening Project (HSSP). The objectives of the HSSP are supporting quality services delivery systems, strengthening fit-for-purpose health workforce, critical services, and support systems in line with the Government's ongoing initiatives.

Support to quality services delivery systems is primarily being implemented through the innovative Performance-Based Financing (PBF) approach at eight selected hospitals in seven counties of Montserrado, Bong, Lofa, Nimba, Sinoe, Rivercess and Gbarpolu. Participating institutions are incentivized based on the improved quality of care and self-reported quantity of services delivered. A key function in the PBF system is verification, it ensures that health providers report correctly and honestly the services for which they claim payment. AIDE Liberia has been the independent National Verification Agency (NVA) for this project.

The Independent National Verification Agency (NVA) verifies service delivery results on a quarterly basis, while the MoH central level plays supervisory and supportive regulatory roles to County Health Teams (CHTs), to improve their performance. At the secondary healthcare level, the CHT as the regulator, PBF at targeted hospitals is underpinned by robust arrangements to verify the quality and quantity of services delivered. To ensure accountability and transparency, it is essential that the functions of verification of quality and quantity of services delivered are separate and independent of the functions of the regulator (i.e., MOH, CHT) and the service provider (i.e., hospitals). At the Primary level implementation, the CHT, verification is to ensure that results paid for related to service delivery (quantity and quality) and administrative services are accurate. The management capacity of CHTs were verified by the NVA.

Innovative Approaches to Verification

Evidence from implementation experience since 2017 in Liberia, has shown that using verification as a coaching opportunity has led to improvements in reporting, utilization, and quality of service delivery as evidenced by the reduction in the reporting error rate between claimed data (HMIS) and the data verified (from an average of 45% at baseline to 6% in March 2020).

Considering these improvements, capacity building was now less necessary as facility staff took on their responsibilities, this then led to the evolution of verification particularly its frequency and related costs especially for Primary Health Centers (PHC). Moreover, AIDE's experience of implementing PBF projects showed that important cost-efficiency gains can be made after the initial years of PBF implementation through less but more concentrated verification on high-risk facilities. The positive gains in reporting error rate reduction justified a review of the verification approach, especially for PHCs.

Based on the above facts, AIDE developed an approach to verification that was less costly and thus less intense than the original approach, but which still provides close to the same level of fidelity that the services being paid for were provided. Consequently, AIDE adopted the Risk-Based (RBV) approach, taking lessons learnt from implementation experience in other countries as well as the Liberian experience.

1.3. Overview of AIDE's presence in Sierra Leone

AIDE has a full country office Sierra Leone, with 15 staff members. The office is set to develop and implement programs that cover the width of AIDE's thematic areas, whereby health system strengthening is among the most prominent areas of attention. The AIDE Sierra Leone office also provides backstopping to AIDE managed projects in Liberia.

In 2016, AIDE (formally Cordaid) initiated a teenage pregnancy prevention program that supports the Government of Sierra Leone in preventing and reducing teenage pregnancies and pregnancy-related mortality and morbidity. AIDE did this in the districts of Bombali, Kenema, Kambia, Kailahun and Pujehun, with a total adolescent population of almost 250,000 people. This project equipped youth with the knowledge, skills, and attitudes to protect themselves. Without this, adolescents, especially young girls, are at risk of being exposed to teenage pregnancy and sexual exploitation. AIDE strategy was about Reducing Teenage Pregnancy through an enabling environment whereby increasing access to and availability of SHR service to adolescents and strengthening health data systems.

The Ebola epidemic drew attention to the need for a strong health information system (HIS). In 2017, AIDE and Consortium partners implemented a DfID Saving lives project providing an evidenced-driven quality improvement in Reproductive Maternal Neonatal and Child Health (RMNCH) Services. AIDE contributed to the improved quality, available and timely RMNCAH data through the Ministry of Health and Sanitation District Health information system (MOHS-DHIS) mobile technology for evidence-based decision making. This component includes strengthening the use of data for policy development, accountability and decision making within the Ministry of Health and Sanitation (MoHS). AIDE supported M&E teams at DHMTs on data integrity and the use of the data for decision making and planning and worked closely with the M&E teams to produce RMNACH dashboards and scorecards. All 14 districts were supported with Health data officers (2 per district) that worked closely with M&E teams attached to the District Health Management Teams in each district.

As the Ebola epidemic was brought under control, the ministry of Health and sanitation (MoHS) tried to ensure that a basic plan and framework for the recovery of the health sector were quickly put into place. Noting the urgent need to have a more comprehensive healthcare financing strategy for the sector, GiZ in 2018 tasked AIDE in partnership with EPOS to provide technical assistance on sustainable financing as part of its health system strengthening program. This project integrates two initiatives: A Performance Based Financing (PBF) scheme as well as a mandatory social health insurance scheme, the Sierra Leone Social Health Insurance (SLeSHI). AIDE and EPOS contributes to the development of an overall health financing strategy and also conducts two pilot studies on sustainable financing in two strategic border districts to produce evidence-based information to be infused in the strategy development at central level.

1.4 Overview of AIDE's Presence in Liberia

The health system in Liberia has faced many challenges before, during and after the COVID-19 pandemic. Before the pandemic, Liberia was still recovering from the devastating effects of the Ebola outbreak in 2014-2015, which exposed the weaknesses of the health system, such as inadequate infrastructure, human resources, supplies and governance. To address these gaps, the government of Liberia launched a Performance-Based Financing (PBF) scheme in 2016, with support from development partners. PBF is a strategy that links payments to health providers to the achievement of predefined and measurable results, such as quality and coverage of health services. The aim of PBF is to improve the efficiency, effectiveness and accountability of the health system.

AIDE Liberia, with its team of experts in Performance-Based Financing (PBF) with extensive experience in designing, implementing, and evaluating PBF projects in various contexts. AIDE Liberia have worked with the Ministry of Health and local Community-Based Organization's (CBO's) in Liberia and other countries to support them in applying PBF principles and practices to improve the quality and efficiency of health services. The range of services, includes:

- Conducting situational analysis and feasibility studies to assess the readiness and potential of PBF in a given setting.
- - Developing PBF strategies (quality improvement, increased utilisation), frameworks, and operational manuals that are tailored to the local context and aligned with the national health policies and priorities.
- - Providing technical assistance and capacity building to local organisations in implementing PBF, such as setting performance indicators and targets, contracting service providers, verifying results, and disbursing payments.
- - Monitoring and evaluating the performance and impact of PBF projects, using both quantitative and qualitative methods, and providing feedback and recommendations for improvement.
- - Facilitating learning and knowledge exchange among PBF stakeholders, such as policy makers, funders, service providers, and beneficiaries, to share best practices and lessons learned.
- -Data collection, data analysis, reporting and documentation.

Key Achievements

- Using the PBF approach, our verification activities (i.e. monitoring, reporting and documentation) contributed immensely to the improvement of the Liberian Health System for three (3) County Health Teams, as well as in Sixty-Three (63) Primary facilities in Three (3) Counties (Gbarpolu, Rivercess and Sinoe) and Eight (8) Hospitals in Seven (7) Counties (Gbarpolu, Rivercess, Sinoe, Bong, Lofa, Nimba and Montserrado).
- Contributed to the efficiency, effectiveness on the utilization of quality Health services at eight (8) Hospitals, Sixty-Three (63) Primary Health facilities and Three (3) County Management Teams in Liberia.
- Contributed to the harnessing of strategic information for decision making and policy guidance and Health Systems Strengthening.
- Developed a cost-effective Risk-Based Verification model for the Primary Health Facilities under the Institutional Foundation for Improved Services for Health project (2021-2022).

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