

Title: An effective and sustainable local implementation approach that contributes to Liberia's health system strengthening efforts -Transforming the *University of Liberia, College of Health Sciences (ULCHS)*

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Context

Describe the context in which the activity takes place. What is the health problem that you are trying to solve? What health system challenges contribute to this problem? Which voices were engaged in solving this problem before your activity started? Who was missing from the discussion and what was the impact of that absence?

The University of Liberia (UL) is an autonomous public university located in Liberia, West Africa. The institution was established in 1863 and known as the Liberian College. In 1951, it was transitioned to the University of Liberia through an act of the Legislature. It is among the oldest accredited institutions of higher learning in West Africa and the number one oldest public university in Liberia. The University has an annual enrollment of approximately 18,000 students from across Liberia. The University of Liberia has seven undergraduate colleges, three professional schools. The College of Health Sciences is one of the professional schools of the university given the authority to work independently with minimum oversight from the University's management team. The College of Health Sciences is comprised of the only medical school in the country, a public health program, and nursing and midwifery training programs. These programs needed the funds to support daily operations in a cost-effective way.

In 2018 USAID's Partnership for Enhanced Engagement in Research (PEER) program was introduced at the University of Liberia, specifically with the College of Health Sciences. Unfortunately, the College did not have the capacity to receive funding through sub awards. Therefore, funds to the university had to be processed through a third-party financial institution for them to implement activities. The PEER Liberia activity was designed to provide sub awards to the University to help strengthen administrative management through overhead costs. To resolve this issue, while the third-party arrangement was in place, a financial assessment was done in 2019 to determine gaps that needed to be addressed to allow the university receive a subaward from the National Academies of Sciences. The findings showed 1. there were no audit reports available, 2. no accounting software in place, 3. no standard operating procedure to outline the process for financial controls, 4. no dedicated financial management personnel, 5. no dedicated account for the college to set aside grants for project implementation. The recommendation was that PEER provides technical support over the period of one year to strengthen the capacity of the university to receive a subaward.

Activity Description

What systems-thinking approach did you take to address the health problem identified above? What government agencies or other stakeholders did you work with, why did you choose them, and how did you engage them? Describe in detail the process or mechanism used to integrate local, community, sub-national, national, or regional voices, priorities, and contributions into this approach. How did you build community, government/stakeholder ownership or buy-in? It may be useful to describe your theory of change.

The PEER Liberia activity was designed to contribute to the National Health Workforce Program by strengthening medical education through increased clinical research capacity and number of sub-specialty physicians to meet the health care needs of Liberia. The only medical school in Liberia was greatly short staffed, especially of teachers for the preclinical training. Through the PEER Liberia program, a faculty development program was established, and apprentices were selected and sent to Ghana to earn a masters degree in critical areas such as biochemistry, laboratory science, and anatomy and physiology. The program was also designed to procure vehicles, equipment and materials and support routine operations to enhance teaching, learning and research.

These interventions required a system for receipt, control, and accountability of project funds. The University of Liberia, College of Health Sciences needed help to lead this process and have full control of the funds for maximum impact. A third-party intervention meant that a huge portion of the money for the activity will be lost to administrative overhead for the international financial management institution.

Based on findings from the assessment of the College's financial system, it was clear that the University of Liberia College of Health Sciences (ULCHS) did not have the capacity to handle funds for implementation of activities under the PEER Liberia Program.

The ULCHS needed a functional financial management system. This required controls in place including qualified people, up-to-date equipment, and regular supportive supervision and monitoring. A third party international financial management organization could only support the UL for a short time. This action would not lead to any form of sustainability, it was a short-term solution. The Administration of the University provided the authorization for the College of Health Sciences to set up a grants management unit that would manage project funds. PEER Liberia provided the technical assistance to train the staff of the unit in the financial management functions and best practices. Over the period of two years, the financial management team was in place, a dedicated account was opened, procurement of vehicles for the University using standard procurement practices was done, and financial reports were available.

Activity Impact

How did this activity strengthen the health system? Which components of the health system did you act on (for example, did you support improvements in financing, cross-sectoral coordination, governance, local ownership, information, human resources, behavior of health system actors, service delivery, or medical products, vaccines, or technologies)? How does this activity contribute to health equity, quality or resource optimization? Be sure to explain the causal pathway by which your engagement of new voices contributed to this impact.

The overall goal of the PEER activity contributed to health workforce development, behavior of health system actors, and financial management. The intervention at the ULCHS contributed to human resource capacity strengthening for improved teaching and learning. To achieve this outcome, the university needed technical assistance to strengthening their systems for financial controls which included recruiting the right personnel and on-the-job training for those staffs. Through this intervention the actors that were required to make critical decisions were supported to do so using the right analytical processes and tools and by using information from assessment reports as evidence that change was needed. Most importantly coordination, internally and externally, was critical to successfully setting the ULCHS up that they are receiving subgrants and managing their processes and reporting on these interventions with minimum supervision.

Local institutions can achieve a lot in a more cost-effective way if they are given the opportunity to do so. During the period of performance, more than sixty faculty were trained in teaching methods for better presentation of both didactic and clinical lessons. Additionally, fourteen teachers were supported to get masters degree in critical course areas for non clinical teaching and the medical training program curriculum was revised that resulted in a more focused training for doctors. These activities were effectively supported directly through the use of funds from University's financial systems and the grant management team that was built as part of the implementation process.



Evidence

What evidence do you have that the integration of local, community, sub-national, national, and regional voices, priorities, and contributions in this approach was successful? What evidence do you have that this approach led to health or health system impacts? How can you best show what your activity accomplished? How do you know that you met your goals? Is the evidence able to be measured? Graphs or charts may be useful here to show this evidence.

The ULCHS has applied for and received several subgrants from the PEER Liberia program, from Jhpiego, and is a principal investigator on a larger USAID activity. This would not have been possible if the system for financial management was not strengthened to account for grants given to the university. The University had a governance structure in place and a motivated leader of the ULCHS, and some of the tools that they needed to implement projects; However, they were not getting any grants because the financial system was full of risks that no grantor wanted to give them funds. Additionally, since the changes with the financial management system and the authority from the University administration for a semi autonomous ULCHS, the College has succeeded in getting grants for research, faculty development, procurement, and other programmatic activities.

Facilitators

What aspects of the health system, context, or external partner support helped make this successful? For example, were there existing working groups in place that enabled efficient coordination between stakeholders on this activity? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity?

The most critical facilitator of this intervention was the willingness of the University's administration to relinquish some authority to the ULCHS to become semi autonomous. That was the single action that made the intervention successful. Moreover, the technical team of the ULCHS was motivated and willing to shift and adjust to the changes that were required to achieve the objectives of the project. The ULCHS team welcomed the fiduciary assessment and used the recommendations to improve their systems to directly receive USG funds and account for those funds.

Challenges

What were some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges?

The most recorded challenge during this process was the adjustment to the use of a third party financial team for management of the funds that were initially intended to be disbursed to the ULCHS for the implementation of activities. The process of drawing up an agreement was complex and resulted to delays in implementation. Delays in approval of budget impacted financial reports leading to the ULCHS taking an approach to improvise by using funds meant for implementation of other activities. That approach was not a part of the PEER award, therefore, reimbursement was delayed for up to a year, a situation that became demotivating for the technical staff of the College. As a part of the process to becoming a subgrantee, the ULCHS was coached through the steps of getting a DUNS (now a UEI number). This was a challenge because without the UEI, the ULCHS would not have been able to receive direct USG funds. However, once the program pivoted and the ULCHS could receive funds directly, it became easier to implement and report directly to the prime.

Lessons Learned

What lessons have you learned while you implemented this activity? How will this impact future activities or approaches? What advice would you give to other implementers and health systems actors in other countries that might want to adapt your approach?

The key lesson from this implementation is that a local institution can receive and account for USG funds if targeted capacity strengthening interventions are applied. Identification of the financial management problems and clear, actionable recommendations made targeted capacity building possible.

A self motivated locally led team (in this case the ULCHS) can achieve similar work as any international organization if the appropriate technical assistance is provided. The leadership of the ULCHS took the lead in ensuring that the right decisions were taken to raise the morale of the staff and to keep the project going in spite of delays.

A fully functional grants management office resulted to smoother processed related to budgeting and work planning, procurements, and other project related activities. With funds being assessed directly, project works are done in a cost-efficient way unlike if funds are disbursed through a third-party institution. It has also reduced the long bureaucracy of reports (from ULCHS to FHI and donor) and improved the potential for internal audits and reporting for increased accountability and credibility.