CAPABILITY STATEMENT

Public Health Initiative Liberia

April 2024

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| OVERVIEW |
| Public Health Initiative Liberia is a community-focused public health organization with headquarters in Paynesville Liberia and two functioning filed offices in Bassa and Margibi counties. PHIL was conceived in 2011 and registered to function legally in Liberia in August of 2013 with the mission to promote and enhance quality of health care delivery in Liberia through leadership, partnership, innovation, advocacy, and capacity building communities to save lives. Additionally PHIL is the Co-Convener of the Liberia Health CSOs Network (LiHCON) and a member of the National Civil Society Council of Liberia as well as the Africa Health Budget Advocacy Network and the Fiscal Transparency Working group in Liberia  PHIL strives to promote emergency preparedness and response alternatives through a focus on six core components:  1. Women’s and youth’s leadership in outbreak preparedness and response  2. Accountability to disaster/ outbreak-affected communities  3. Local partnerships in emergency/outbreak response  4. Combining scientific information with community experience and traditional knowledge (where possible)  5. Advocacy for adequate funding and aid effectiveness  6. Linking emergency response to longer term  Public Health Initiative Liberia is strategically positioned in the local NGO sector as the leader in the local public health space and have consistently intervened in the following domains:   1. Preparing, detecting, and responding to outbreaks at the community level 2. building capacity within formal and informal community health structures with women and youth being empowered to lead and participate in health decision making and advocacy as well as outbreak response. 3. Promoting Adolescents and women leadership for outbreak preparedness and response 4. advocacy for health financing through domestic resource mobilization, accountability, and improved health systems delivery through research, applying multi-phase and multi-dimensional approaches. 5. community health systems strengthening, including local community health governance and leadership promoting public health with emphasis on Maternal, reproductive and child health as well as advancing access to water and sanitation and hygiene (WASH);   PHIL has three field offices (Rivercess, Margibi, and Bassa) along with its head office in City of Paynesville in Montserrado County. The institution has 18 full time staffs and 28 professional volunteers covering all its intervention communities in Bomi, Nimba, Bassa, Cape Mount, Rivercess, Bong and Margibi counties. The institution has contributed and supported national efforts in improving community health service delivery and accountability with focus on outbreak preparedness and response , immunization promotion, hygiene promotion, antenatal and facility-based delivery, family planning, STIs, HIV, Malaria and TB prevention and screening for Cervical cancer thereby reaching over approximately 250,082 populations across 580 communities across namely in; Bomi, Margibi, Rivercess, Nimba, Bassa, Cape Mount, Gbarpoulu and Bong counties through the following structures.  -180 community health committees  - 120 health accountability committees  -80 mothers club network comprising of 2,500 women who meet on a bi-weekly basis |
| APPROACH |
| *Overarching strategy that underlies PHIL’s approach to implementing specific health interventions.)*  PHIL Has built its strategic competence with key approaches that are community driven using three key programmatic approaches:   * **Community Mobilization**: PHIL uses this approach with communities to identify common health problems or goals, mobilizes resources and in other ways develop and work with communities to identify strategies for improving health outcomes in their communities * **Community Engagement:** PHIL remains intimately connected with communities, families, mothers, and children, thereby bringing local experience and lesson towards improving health outcomes in Liberia * **Empowerment:** PHIL uses this approach to address the social, cultural, political, and economic determinants that underpin health, and seeks to build partnerships with other sectors in finding solutions. |
| SUMMARY OF QUALIFICATIONS |
| *Highlight of experiences and achievements/successes relevant to the scope of work.* |
| **Project No 1 Community led Social Mob for Ebola Response $120,000.00**  **June 2014- December 2014, Action Aid Liberia**  The Ebola outbreak increased fear, misunderstanding and fuel denial at community level. To address this PHIL with funding from Action Aid Liberia undertook a project that was geared towards the following key interventions ;   * Conduct rapid assessment and mapping of youth and women groups, * Facilitate stakeholders meetings in project counties * Training of women and youth leaders to lead social mobilization and setup community Ebola Taskforce, * Establishment of Community led Ebola Taskforce * Distribution of household Ebola prevention and control kits * Distribution of infection prevention and control (IPC) materials to health facilities and food and non-food items to Ebola affected families   Through this project, PHIL trained 160 women and youth leaders from across 8 health districts covering 3 Ebola stricken counties (Montserrado, Bomi and Margibi) and 1 at risk county (Gbarpolu). These 160 volunteers undertook house-to-house visits and community meetings on Ebola prevention and control. The project reached 6,400 direct beneficiaries with Ebola prevention messages, Facilitated the establishment of 80 Community Based Ebola taskforces though the network of 80 youth leaders and 80 women leaders in Margibi, Bomi, Gbarpolu and Montserrado who coordinated Ebola response activities within their communities as well as distributed IPC materials to 21 health facilities total across Bomi, Margibi, Montserrado and Gbarpolu while reaching 75 Ebola affected families in the project counties with food and non-food items  **Project #2: Ebola Community Action Platform (ECAP 2)**  **October 1, 2015 - May 31st, 2016, Mercy Corps**  **Award Number: AID-OFDA-A-15-00033 - Award Amount: $210,000 USD**  The government of Liberia through the Ministry of Health and its partners have embarked on the goal of to building a resilient health care system to restore the gains lost due to the EVD crisis and provides health security for the people of Liberia by reducing risks due to epidemics and other health threats and accelerates progress towards universal health coverage by improving access to safe and quality health services. To support the government of Liberia Post Ebola interventions towards ensuring access to safe and quality health services, a robust health emergency risk management system, and an enabling environment that restores trust in the government’s ability to provide services was needed. PHIL with funding from USAID/OFDA through Mercy Corps contributed towards Liberia’s Investment Plan for Building a Resilient Health System with the goal of building community preparedness to prevent future outbreak under the project titled: Ebola Community Action Platform II (ECAP 2) which was implemented in 52 catchment communities of two (2) Health facilities in Rivercess County, Liberia. During the ECAP II project implementation in Rivercess County, PHIL undertook the following activities in meeting the project objective; recruitment of staff, capacity building of PHIL staff (M&E, Finance & Program ), conduct of project awareness meetings with the County Health Team and the county leadership, conducted the community engagement process ( community entry to community mobilization), facilitated the selection of clinics and their catchments communities, the community registration process and community mapping, selection of community health committees, capacity building for PHIL staff (MC,PSI) submission of monthly functionality reports, capacity building of CHCs on approved health messages, conducted outreach activities, ensure media coverage and visibility, attended coordination meetings with partners, RCHT and county leadership , engaged in active data collection (radio reach survey, , conducted baseline and end line health assessment) and adopted program accordingly, facilitated the Community Health Risk Reduction Plan(CHRRP) development health assessments, , CHCs summit, and supportive supervision to strengthen the Community Health Committees.  ***High-level achievements***   * Improved community health structures functionality (CHC&HFDC) for 52 communities in Rivercess comprising of 358 members (144 females & 214 males) in collaboration with the Rivercess County Health Team and the community leaders, * During these events statistically, 6,917 populations were reached which make up 92.2% of the targeted populations with targeted social behavior change messages on diseases of outbreak potential including Ebola Prevention, as well as community risk reduction plan for outbreaks.   **Project # 3: Fostering Accountability in Health through citizen engagement**  **2019-2020**  **Open Society Initiative for West Africa - Award Amount: 127,887**  The project worked on Improving health outcomes for women and children through citizens’ ability to access information to build awareness of their rights and entitlements and to galvanize action to address their grievances While at the same time enhancing citizen “voice” by developing feedback mechanisms using community scorecards, to allow citizens to convey their perspectives on the performance of health facilities that are serving them. The project targeted total of 45 communities in Rivercess, Bassa and Margibi covering 15 communities in each county. Working through the community health committees and informal women groups ( mothers Club) in an effort to increase women participation in health decision making the project trained 4 persons each and called them the health accountability committee members thereby charging them with the responsibilities to lead and facilitate community score card development process using the Expanded Package of Health Services (EPHS) for the Primary health care level I and II as its guide for entitlements development. This led to community actively participating in decision making about health services being provided, increase ed women participation in community health decision making as well as strengthening their linkages and enhancing the functionality of the community health committees.  High-level achievements   * Built capacity of 312 community members to serve as members of Health Accountability committees (HACs) across 3 counties (Bassa, Rivercess & Margibi * Linked 220 catchment communities with health facilities through the Health Accountability Committees (HAC) and Mother’s Club initiative. * Increased women participation in community health decision making from 0% membership in the CHC to 45% membership. * Provided score cards for 12 primary level I and II health facilities across 220 catchment communities. |
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