

PARTNESHIP
for
**Advancing
Community-base
Services -
PACS**



Quarterly Narrative Report

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Time Period Covered: February 23, 2015 to June 30, 2015

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Abbreviations and Acronyms

CBO	Community-Based Organizations
COP	Chief of Party
C-HMIS	Community Health Management Information Systems
C-HRIS	Community Human Resource Information System
C-LMIS	Community Logistics Management Information Systems
CHDD	Community Health Department Director
CHSS	Community Health Services Supervisors
CHRM	Community Health Road Map
CHS	Community Health Services
CHSD	Community Health Services Division
CHT	County Health Teams
CHV	Community Health Volunteer
CLTS	Community-Led Total Sanitation
CM	Community Mobilization
CSH	Collaborative Support for Health Systems Strengthening
CSO	Civil Society Organization
DEHT	District Environmental Health Technicians
DHSWT	District Health and Social Welfare Teams
DSW	Department of Social Welfare
EPSS	Essential Package of Social Services
ETL	Education through Listening
EVD	Ebola Virus Disease
FARA	Fixed Amount Reimbursement Agreement
GOL	Government of Liberia
GC	Global Communities
HCO	Health Communication Officer
IRC	International Rescue Committee
HPD	Health Promotion Division
M&E	Monitoring and Evaluation
MGCSP	Ministry of Gender Children & Social Protection
MIA	Ministry of Internal Affairs
MOH	Ministry of Health
MPW	Ministry of Public Works
NGOs	Non - Governmental Organizations
NHCS	National Health Communication Strategy (NHCS)
NL	Natural Leaders
NLN	Natural Leaders Network
OVC	Orphans and Vulnerable Children
PACS	Partnerships for Advancing Community Services
PBF	Performance based financing
PPAL	Planned Parenthood Association of Liberia
PCI	Project Concerns International
PSI	Population Services International
QA	Quality Assurance
TOT	Training of Trainers
TNIMA	Tubman Institute of Medical Arts
WQ	Water Quality

I. Introduction

The PACS project brings together a qualified set of international and national NGOs to advance community-based services for health in Liberia, with a particular focus on Bong, Lofa, and Nimba counties. The International Rescue Committee (IRC), Global Communities (GC), and Population Services International (PSI) offer extensive global expertise as well as over 36 years of programming in Liberia. Local NGOs the Planned Parenthood Association of Liberia (PPAL) and Young Men's Christian Association of Liberia (YMCA) are proven field level implementers of health and social welfare activities and are leading the way for Liberian civil society. This team consolidates its skills and resources to increase access to quality community-based health services, support the implementation of effective health communications strategies, and improve access to safe WASH services.

Despite significant improvements in the health of Liberians since the end of the country's civil war in 2003, large disparities in access to care still exist. The Government of Liberia (GOL) has prioritized community level health, social welfare and WASH services as an effective means of further improving the health status of Liberians, and this focus has been articulated in various policies, strategies, and plans. However, the Ministry of Health (MOH), Department of Social Protection at the Ministry of Gender, Children & Social Protection (MGCSP) and Ministry of Public Works (MPW), as well as other key ministry departments lack the resources, capacity, planning, supervision, and coordination at both central and county levels to operationalize these guidance documents. These institutional limitations were further exacerbated by the Ebola Virus Disease (EVD) outbreak in 2014, which highlighted suboptimal organization and management of health services. The health crisis caused by EVD underlined a need for not only substantial investment in institutional capacity building to develop and implement strategies aimed at strengthening health systems and the delivery of health services, but also in effectively engaging the communities in the management of their health and sanitation needs.

The PACS strategy is to develop tailored capacity building packages for Ministry counterparts and local civil society organizations (CSOs) to help them manage and deliver quality community-based services, while emphasizing alignment with national guidance documents and close coordination with Government of Liberia (GOL) ministries, other USAID partners, as well as implementers funded through other donors. A comprehensive and fully participatory approach to institutional strengthening and capacity building will go beyond knowledge transfer and address context-specific factors, including those issues critical for a post EVD environment. Within Government of Liberia (GOL) ministries, this is supported through a coordinated technical assistance (TA) model that blends embedded TA with targeted short-term TA (STTA) to ensure high quality inputs are integrated into day-to-day work. Within civil society, a dedicated Partnership Team serves as a consistently available point of contact for local CSOs, walking them through a series of self-driven steps for performance improvement and eventual graduation to direct grant management.

Project Goal, Objectives and Expected Results

The PACS goal is to build the capacity of Ministry counterparts and local civil society organizations (CSOs) to manage and deliver quality community-based services, while emphasizing alignment with national guidance documents and close coordination with Government of Liberia (GOL) Ministries, other USAID partners, as well as implementers funded through other donors. A comprehensive and

fully participatory approach to institutional strengthening and capacity building will go beyond knowledge transfer and address context-specific factors.

Within Government of Liberia (GOL) Ministries, this will be supported through a coordinated technical assistance (TA) model that blends embedded TA with targeted short-term TA (STTA) to ensure high quality inputs are integrated into day-to-day work. Within civil society, a dedicated Partnership Team will serve as a consistently available point of contact for local CSOs, walking them through a series of self-driven steps for performance improvement and eventual graduation to direct extended management.

PACS project has the following objectives:

- Broadened capacity of Ministry of Health (MOH), Community Health Teams (CHTs), NGOs, and community organizations to implement and manage community services.
- Increased availability of community-based health and social welfare service
- Improved health-seeking behavior and practice
- Improved access to safe WASH services

This report covers the activities and results of the PACS Project for the period February, 23-June, 30 2015 (Quarter 1 of Year 1). It is structured according to the areas of intervention that are outlined in the Program's description and work plan. The report consists of three parts. The first part includes the introduction and synthesis of principal results attained over the quarter. The second part presents in detail the project's strategies and approaches, activities implemented, and results obtained. The third part presents key challenges, lessons learned and key activities planned for the upcoming quarter.

II. SUMMARY OF PRINCIPAL ACTIVITIES AND RESULTS

- **Project's start up**
 - Project was officially launched by the US Embassy (and USAID) and the Government of Liberia (GOL);
 - All the key personnel were recruited and deployed;
 - Almost all the national technical and operation staff were recruited and deployed;
 - Completed procurement of vehicles, motorbikes and office supplies;
 - Signed 4 sub-agreements with Partners;

- **Project Management**
 - Key documents:
 - Project's AIP submitted to and approved by USAID;
 - Environmental Mitigation and Monitoring plan submitted to and approved by USAID;
 - Malaria Operational Plan submitted to and approved by USAID;
 - Activity Level Monitoring and Evaluation plan submitted to USAID. Feedback received and revised document submitted;

- **Result 1: Broadened Capacity of the MOH, CHTs, NGOs/CSOs to implement and manage community services:**
 - Provided technical and financial support to the MOH/CHSD in conducting the national retreat on "Community Health Services"
 - Provided technical and financial support to the MOH for several technical working meetings/groups;

- **Result 2: Increased availability of community-based health and social welfare services**
 - Conducted 3 County and 8 District stakeholders meetings to assess community engagement approaches in PACS operational counties.
 - Drafted and internally validated mapping tools for local CSO and CBOs; Developed the first draft of CSO/CBOs mapping list;
 - Comprehensive TA to the MOH and CHT: one Sr Technical Assistant hired and embedded to the CHDS. Another TA hired and assigned to the Bong CHT. Two county coordinators hired to provide TA to the CHT in Lofa and Nimba

- **Result 3: Improved health-seeking behaviors and practices**
 - Completed the study design for the private sector Water, Sanitation and Hygiene (WASH) mapping study and began data collection in June.
 - Began preparations for promoting the use of WaterGuard household drinking water disinfectant. Mass media promotion activities will include billboards and radio jingles and will be supported by market based community-level promotion events.

- **Result 4: Improved access to safe WASH services**

- Triggered 341 communities within PACS operational counties (142 in Bong, 132 in Lofa and 67 in Nimba); all 341 triggered communities are under intensive monitoring.
- Supported 9 monthly meetings (for County CLTS) across all three counties.
- Supported 24 District CLTS monthly meetings across all three counties.
- Initiated preparation for AKVO – FLOW training for MPW staff
- Selected 45 Open Defecation Free (ODF) Communities for the construction of 45 protected hand dug wells fitted with Afridev hand pumps.
- Initiated preparation for WASH Entrepreneur training

III. PROJECT STARTUP:

1. Project Official Launch

Thursday, June 04, marked the official launch of the USAID-funded project **Partnership for Advancing Community-based Services (PACS)**. The program was organized by PACS' lead partner the International Rescue Committee (IRC), in conjunction with Management Sciences for Health (MSH) which also launched a complementary USAID-funded project, Collaborative Support for Health System Strengthening (CSH). The ceremony hosted over 120 attendees, including health officials, international and local partners, civil society organizations and journalists. The Chief of Party presented the project through the use of projected slideshows and highlighted the major points of the project including its objectives, geographical coverage and consortium partners.

As the project is an integral part of the United States Government's plans to strengthen the Liberian health system, special guest speakers included both US Ambassador to Liberia, her Excellency Deborah Malac and Liberia's Minister of Health, the Honorable Dr. Bernice Dahn. Both speakers emphasized the role of PACS in the recovery phase of Liberia within the post-Ebola context.

The project's support for the revision of the national policy on community health services and the launch of new health services strategies at the community level, including the deployment of well trained and paid health workers, is essential part of the new Liberian health care investment plan. The Honorable Minister Dr. Dahn thanked the US Government on behalf of the Liberian Government for investing in community health services in Liberia.

2. Staffing

During the quarter all the proposed "key personnel" were recruited and deployed. These key positions include the Chief of Party, the Deputy Chief of Party, the Senior Monitoring and Evaluation Advisor and the Finance and Administration Director.

Also, during Quarter 1, PSI recruited and deployed the Behavior Change Advisor, while Global Communities recruited and deployed the Senior WASH Technical Advisor.

Finally, the PACS team recruited and deployed the majority of the required national staff. This includes the "Technical Advisors/Assistants" (TAs) embedded at the central and county level. These advisors will be directly working under the leadership of the central units (of the various Ministries supported by the Project) and the 3 counties while respecting reporting lines designed by the PACS Project. By definition, the TAs are recruited for a limited timeframe and are expected to provide



US Ambassador Malac addresses the invited attendees



Launch attendees listen as the PACS program is introduced.

direct support to the Government entities in the definition and rolling out of key national policies, strategies and tools. Specific performances objectives are set for these TAs in coordination with each of the Government entities. The TAs are expected to gradually transfer their technical competencies to their Governmental counterparts and phase out by the end of their assignments. In order to ensure efficiency of this approach, specific performance objectives have been defined for these TAs and will be regularly (quarterly basis) reviewed by the Government entities and the Project’s leadership.

The table below presents which Program personnel have been hired and successfully on-boarded.

Position	Name	Position	Name
COP	Tanou M. Diallo	Sr TA Wash	Alex Keimbe
DCOP	Dianah Bedell Majekodunmi	Behavior Change Communications Advisor	Justin DeNormandie
Monitoring and Evaluation Advisor	Alfred J. Drobia	Sr TA Communication and Behavior Change	TBD
Finances and Administration Director	Atif Warraich	County Coordinator Bong	Victoria Tomah
Embedded staff to CHSD	Dr. Kedrick Kini Kaiwon	County Coordinator Lofa	George Arthur
Embedded staff to CHT Nimba	TBD	County Coordinator Nimba	Emmanuel Boyah
Embedded staff to CHT Lofa	TBD	TA embedded to Bong County	Thomas J. Momoh

It should be noted that all the administration and finances staff have also been hired and deployed. In total, out of the 45 expected staff for the PACS Project, PACS recruited and deployed 40 staff members during the quarter. It should be noted that all the national staff positions were advertised through print and online forums. Candidates were then shortlisted by a pool of examiners. For each position, project staff developed interview guides to assess different competencies and experience in areas relevant to the position. All the candidates took an aptitude test before being shortlisted for an interview panel. Candidates who performed well during the first round interview panel were invited for a second round interview panel. Reference checks were conducted for all final candidates before an employment offer was extended.

3. Procurement

During the reporting period, the PACS Project completed all the large procurements planned for the first year of the Project. In total, PACS procured:

- 9 vehicles: 3 Fords for Monrovia and 2 Land Cruisers each for Bong, Lofa and Nimba counties;
- 22 motorbikes: 7 motorbikes for Bong County, 7 motorbikes for Lofa County and 8 for Nimba County;
- IT equipment: 32 laptops, 4 desktops and 4 printers, all were marked with USAID stickers before being used in the field.
- VSAT: 1 VSAT equipment for the Bong Office. It should be noted here that IRC provided another VSAT to the Sanniquellie (Nimba) Office and is “hosting” the project’s Office in Lofa and therefore sharing Internet services.

Also, during the quarter, PACs leadership conducted field visits to all three counties covered by the PACS program. Through these visits the PACS project identified and opened 3 field offices during the quarter. The offices in Ganta, Bong County and in Sanniquellie, Nimba County are now operational with office furniture and internet. The Voinjama, Lofa County office will be operational beginning in the next quarter. The offices are currently hosting all the consortium partners' staff allowing smooth coordination and efficient resource management. The PACS County Coordinator is the local leader of all the Project's activities and therefore ensures the role of Local Officer in charge: 14 staff are based in Bong, 14 in Lofa and 11 in Voinjama.



View of the Bong Office

As part of the Office set up, the PACS leadership identified a location in Bong to serve as a guesthouse for staff travelling in the 3 counties, this guesthouse will facilitate travel in the three counties while minimizing hotel expenses.

4. Sub Agreements

During the reporting period, PACS developed and fully executed all sub agreements with the consortium partners. These sub-agreements include: (1) general agreement articles; (2) Scope of Work with clear deliverables; (3) all required attachments. During the reporting period, IRC signed sub-agreements with:

- Global Communities as WASH partner;
- Population Services International as Behavior Change partner;
- Young Men's Christian Association of Liberia as local implementing partner and;
- Plan Parenthood Association of Liberia as local implementing partner.

5. Staff and Partners Orientation

During the reporting period, the project organized a series of orientations for the newly recruited staff and partners. Several documents were shared during these orientations for the staff and consortium partners:

- USAID post award document highlighting key principals of the Cooperative Agreement;
- The narrative of the Project's proposal, including the organogram charts and reporting lines; applicable budget information and expected deliverables;
- The Year one annual implementation plan and expected deliverables;

In parallel, the PACS project conducted the same orientation activities in all three Counties with the County Health Teams; the District Health Teams, and local partners.

IV. PROJECT TECHNICAL MANAGEMENT:

During the reporting period, the PACS project developed and submitted to USAID several key documents for approval as per the requirements of the Cooperative Agreement.

1. Annual Implementation Plan

The PACS project's proposed activities for Year 1 set the parameters for supporting sustainable country ownership for community-based health, social welfare, and WASH services. In facilitating closer coordination between GOL and other USAID partners, while ensuring MOH, MOGCSP and MPW leadership on policy, planning and service delivery, PACS established a collaborative environment that maximizes the implementation of the project's proposed activities. The first annual implementation plan covers an 8 month period (March 2015 to September 2015) and was developed following a series of workshops with the different entities of the MOH, MOGCSP and MPW. The PACS project organized three consecutive workshops with the participation of the CHSD, HPD, EOHD, the 3 counties and partners in order to: (1) develop the first draft of the AIP, (2) align the activities with the central MOH and counties' specific annual work plans and (3) validate the proposed activities for submission to USAID. PACs submitted the annual implementation plan on April 23, 2015 and USAID approved June 25th, 2015.

2. Environment Mitigation and Monitoring Plan

USAID approved an Initial Environmental Examination (IEE) for PACS, with some aspects of the project deemed to have a "negative determination" for environmental impact "with conditions". Based on the USAID's IEE, the PACS Project developed and submitted its own Environmental Mitigation and Monitoring Plan (EMMP). The document detailed potential environmental impacts and issues, mitigation measures, and outlined monitoring measures and a reporting schedule for the responsible parties. This EMMP affirmed PACS's commitment to full compliance with Liberia's and USAID's environmental regulation and addressed IEE's negative determinations by reviewing various aspects of project design, construction, and operation that may cause an environmental impact. USAID approved the submitted EMMP on June 25th, 2015.

3. Malaria Operational Plan (MOP) and iCCM

As part of the AIP, USAID-Liberia requested that the PACS project develops and submits one specific MOP. The submitted plan included all the relevant key activities recommended by the National Malaria Control Program. These included mass media campaigns, dissemination of communication materials and messages, revision of selected communication materials and providing Malaria information directly to the communities through training and deploying gCHVs. USAID approved the MOP as part of the AIP.

4. Activity Level Monitoring and Evaluation Plan

The PACS M&E plan was submitted to USAID 90 days after the award as stated in the Cooperative Agreement. The proposed plan, submitted May 22nd, 2015, aims to provide timely, accurate information to enable decision makers at all levels to ensure program activities are contributing to the access and participation of the Liberian people in quality health care services. The PACS's proposed plan:

- Encourages the analysis and use of information rather than merely its reporting, particularly at the community level.

- Monitors all aspects of community based service delivery (process, output, outcomes and quality) including its support systems (e.g. supervision and availability of effective administrative and financial structures).
- Supports the use of and strengthens the existing community health management information systems to ensure that an additional burden is not added.
- Emphasizes feedback mechanisms at all levels.
- Employs systematic data quality assessment procedures that go well beyond typical DQA to strengthen (i) Governance & Transparency, (ii) Sustainability, (iii) Harmonization, (iv) Utility, and (v) Data Quality.
- Conduct a Mid-term Evaluation and End of Project Survey to evaluate the PACS Project's impact on the health of Liberians.

USAID and the LMEP project have provided their initial feedback on the proposed document. Based on the feedback provided, the PACS team revised the plan and resubmitted it to USAID on July, 14 2015 for final approval.

V. PRINCIPAL ACTIVITIES AND RESULTS

1. Objective 1: Broadened capacity of the MOH, CHTs, NGOs/CSOs to implement and manage community services

1.1. Management and technical capacity of the MOH and CHT strengthened

1.1.1. Obtain and Maintain stakeholder agreement at national and county levels

During the quarter, PACS project staff participated and/or initiated several coordination meetings. In each of the 3 counties, PACS staff formally presented the project's objectives, expected results and AIP not only to the County Health Teams (CHT) and County WASH Teams (CWT) but also to the administrative authorities, namely the superintendents. Two formal presentations were also conducted at the central level to introduce the project to the key stakeholders. In total during the quarter, PACS staff organized:

- 4 Coordination meetings with CHSD, HPD, EOHD and the MOH/Monitoring and Evaluation unit;
- 6 coordination meetings with the CHTs to introduce the Project, with a formal presentation made for each CHT.
- 6 collaboration meetings with other USAID partners: 1 with FARA, 2 with CSH, 1 with LMEP, 1 with JSI/Deliver; and 1 with JSI/MEASURE Evaluation Project.
- 1 half day meeting with the CHSD unit at the PACS's Project Office to review the whole implementation of the Project and direct support to CHSD.

In addition, PACS participated in all the weekly coordination meetings with the CHSD working group to align ongoing work plan implementation.

1.1.2. Establish partnership agreements with MOH units and CHTs

Initially, the PACS project planned to establish MOUs with each partnering unit of the targeted Ministries, but during one of the coordination meetings organized by USAID, it was clearly suggested that USAID can enter into MOUs with the Government. Based on the received feedback, the PACS project revisited each strategy to make these "agreements" much more technical and produced a draft of these technical expectations. During the upcoming quarter these drafts will be revised and agreed upon with each of the targeted units, namely: CHDS, HPD, EOHD and each of the 3 counties.

1.1.3. Facilitate self-assessment and establish partnership agreements with MOH units and CHTs

Self-assessments at the central and county level, implemented in the form of an institutional capacity assessment, which aims to identify and uncover self-identified gaps and weaknesses, set capacity priorities and devise performance solutions has been initiated. From these self-assessment activities, the PACS project will initiate the development of departmental improvement plans, including scorecards with measurable indicators, concrete actions and clear timeline. To minimize the risks of duplication, during this quarter, the PACS Project coordinated with the CSH project and collected existing tools and materials. These materials will then be shared with the Government's entities during the upcoming quarter and decisions about immediate follow-up actions made.

1.1.6 Improve county-level coordination through county-level forums and meetings.

During the quarter, the PACS project's staff deployed in the 3 counties facilitated coordination meetings at the county level. As a new member of the County Coordination Teams, PACS

supported 2 coordination meetings by county during the report period. During these coordination meetings, all the local partners and Governmental administration units are invited. Presentations of the Project and performance objectives are also shared. Local coordination mechanisms are discussed and potential synergies identified. During one of these meeting, the PACS Project learned that another partner, Project Concerns International (PCI) is conducting a mapping of all the gCHVs in the 3 counties using a geo-reference system. Therefore, PACS will not conduct its planned mapping exercise of these gCHVs but will validate PCI's mapping reports against existing data at the county levels.

1.2. Local CSO capacity to implement, manage and oversee community services strengthened.

1.2.1. Conduct county-level mapping of local CSOs/ CBOs engaged in health, social welfare and WASH activities:

The planned mapping exercise is aimed at tracking the number of CSOs, FBOs and CBOs operating in the 3 Counties and identifying of the type of services they provide in health promotion, community health, clinical services, WASH and other areas. During the quarter the PACS Project drafted the CSO mapping tools, which include the CSO mapping questionnaire and the questionnaire for collection of community based information on gCHVs, CHCs and CHDCS. These final drafts will be shared with the MOH entities for final validation. The mapping exercise will be completed during the upcoming quarter.

1.2.4 Develop/ adapt resource materials to help execute performance improvement plans.

No activities to report during this quarter.

2. Objective 2: Increase availability of community-based health and social welfare services

2.1. Sub-awards to local CSOs designed and managed

No activities to report during this quarter.

2.2. Comprehensive TA for community health and social welfare services provided to MOH and CHTs

2.2.1. Support the MOH to review, develop and roll out an updated, standardized and “consolidated” national package of community health and social welfare services to be delivered by community health cadres including CHWs and CHVs

During the quarter, the PACS Project, in collaboration with Last Mile Health, jointly supported the CHSD Retreat. The purpose of the retreat was to: (1) orientate participants on the Community Health Workforce Component of the Investment Plan, (2) discuss and validate the updated Community Health Road Map, (3) identify steps to revise the Community Health Policy and Plan, and (4) develop a six month Action Plan to be implemented in preparation for the launch of the national Community Health Workforce Program in January 2016. The retreat, which was held from May 27th – 29th, 2015, brought together over 100 participants from 50 stakeholders including the MOH, County Health Teams representatives, UN agencies, bi-lateral and donor agencies, local NGOs, and international NGOs. The retreat provided



Participants during the retreat

a platform for discussions among diverse partners through key government and partners’ presentations and working group sessions. During the retreat, participants reached consensus on key issues and made recommendations regarding a national community health workforce program and other relevant policies and plans for consideration by the Ministry. A stronger community health program was envisaged through a participatory program planning process which led to updating the Community Health Road Map to reflect MOH priorities for health system restoration. This update includes a six-month Action Plan focused on revising the existing Community Health Services Strategy and Plan by the end of 2015, while preparing for the launch of the national community health workforce. PACS embedded TA, supported by LMH local consultant, is leading the process of revising the policy and strategic plan.

2.2.2. Improve the alignment of HMIS and LMIS tools and systems

During the quarter, the PACS project organized several coordination meetings with the MOH and partners to ensure alignment of the ongoing proposed community based HMIS and LMIS with the existing and national health information system. PACS has been involved in the fine-tuning and scaling up of the community based HMIS at the national level with the MOH/CHSD to ensure that community data management system is integrated into the national health information system. PACS has also been collaborating with CSH, as a partner involved in HMIS support, the

MEASURE Evaluation group as requested by USAID's Global Development Lab and the MOH, to provide dedicated technical and organizational support specifically to the MOH HMER unit. PACS is assisting MOH efforts to articulate a vision and accelerate development and integration of an interoperable and sustainable digital platform that can strengthen performance of the health information system. Key achievements include:

- PACS, MEASURE Evaluation, CSH, MOH and relevant partners met on June 26, 2015 to discuss the development of HMIS 2014 – 2020 strategy and identified potential roles of stakeholders and initial resource mapping. The meeting also strengthened the HMER-TWG including re-confirming membership and the frequency of meetings;
- The MOH selected PACS to be a member of the secretarial subgroup on HMIS in charge of the development of appropriate and relevant indicators that are necessary for collecting data at the community level. The subgroup, headed by the M&E unit of MOH, meets twice weekly and has solicited documents of indicators that were already developed by MOH for data collection at the community level. The subgroup has finalized, validated and selected relevant indicators that will be used to collect data from community level in HP (Health Promotion), FHD (Family Health Division) Nutrition and EHD (Environmental Health Division);
- PACS has provided its strategy to MEASURE Evaluation which will also be used in developing MEASURE Evaluation's 3 month work plan and demonstrates how PACS and MEASURE Evaluation will collaborate.

2.2.3. Develop a harmonized performance-based incentive structure for CHVs

No activity to report for this quarter.

2.2.7. Provision of TA for the revision of orphanage (residential care centers) accreditation guidelines and systems for monitoring institutions and institutional care.

During the quarter, with USAID approval and recommendation, the PACS Project met with the Ministry of Gender, Children and Social Protection. The Honorable Minister Madam Julia M. Duncan-Cassell and the Deputy Minister Madam Lydia-Mai Sherman were both present. During the meeting, the two Ministers insisted on the below points:

- **Capacity building:** The Ministers said there is a great need for capacity building in the Social Protection Department, especially for Welfare Officers in dealing with and managing issues of protection. Also now that the moratorium for adoption has been lifted by the President, the unit will require staff with skills on managing issues of adoption and supervision. The PACS's embedded TA will be building the capacity of the existing staff in acquiring skills to manage issues of adoption.
- **WASH:** the sanitation component in the PACS Project is very important to the Ministry. The Ministers indicated that sanitation has been shown as one of the key factors in why girls dropped out of school. Therefore, the Ministry's will focus on increasing the retention rate of girls in school by giving attention to adequate and child friendly WASH needs.
- **Embedded TA:** The Ministers stressed the need for the Ministry and PACS to work with the Technical Team to assist in the certification of orphanages and CBOs.
- **Local Partners & CBO Selection:** The two Ministers advised for this process to be done together, with the Government entities ensuring that the applicants have gone through proper registration and pre-selection. The Deputy Minister promised to forward all documents to

PACS, ranging from the report of the assessment done with World Learning as well as the new job description developed for positions in the Social Protection department.

During the upcoming quarter, the PACS Project will ensure that the following activities are conducted:

- Call for a follow-up meeting between the PACS Project and the MGCSP to further discuss technical details;
- Ensure that the recruitment of embedded TA is done in total coordination with the MGCSP. The MGCSP will propose preferred candidates, if possible, but USAID recruitment policy will be fully followed for transparency and accountability.

2.2.8 Develop national foster parent guidelines and roll out in the targeted counties.

No activities to report during this quarter;

2.2.9. Reinforce iCCM (including malaria) activities

During the reporting period, the PACS Project fully participated in the NMCP/PMI-MOP where presentations on their strategies for iCCM and BCC were shared to demonstrate alignment with the MOH initiatives in these areas. PACS also supported the planning meetings by providing lunch for participants for one day.

3. Objective 3: Improve health-seeking behaviors and practices

3.1. National Health Communication Strategy Operationalized

Activities for 3.1 are scheduled to begin next quarter (Aug, Sep) per the approved AIP.

3.2. High quality health communications designed and implemented at national and county levels

Activities schedules to begin next quarter (Aug, Sep) per the approved AIP.

3.3. Local CSOs mobilized to engage communities and create enabling environment

3.3.1. Adapt ETL to Liberian Health context; and

3.3.3. Roll out ETL with local CSOs and provide QA

During the quarter, in order to ensure an effective entry strategy into PACS operational areas, especially at the County and District levels, PACS team members held initial partner meetings (3 in total) in all target counties with key stakeholders to clearly explain project objective including, CLTS+ approach and water supply improvements. Another vital purpose of these meetings was to engage the appropriate stakeholders, including county superintendents, town chiefs, DHOs, EHTs, CFPs, and NLs and assess community engagement approaches to utilize throughout the implementation stage of the PACS Project. Key discussion points at all meetings were workable strategies to achieve PACS Project objective with a special focus on the CLTS+ approach. During all meetings, county stakeholders agreed to an average of five days for the roll out of the CLTS activities. In total, during the quarter, 365 communities (142 in Bong, 132 in Lofa and 91 in Nimba) were identified and selected by the above stakeholders as a result of the roll out. These communities went through pre-triggering and 341 out of the 365 were triggered and are currently under intensive monitoring.



Community members going through community mapping as part of Pre-triggering process

Note that pre-triggering is the initial stage of CLTS process where community members meet to discuss their sanitation and hygiene status whilst triggering is the stage at which community members agreed on identified health risks related to poor sanitation and hygiene and then take action to address them.

3.3.4. Expand and advance CLTS triggering by building capacity of CHTs and CSOs.

During the quarter, CLTS Teams, including CHTs and PACS staff, engaged new “natural leaders” at the initial triggering phase, continually providing trainings, supervision, and guidance over the course of the process for the communities to become Open Defecation Free (ODF). Triggering is an integral phase of the CLTS process and creates an enabling environment for community members

to begin long term improved sanitation and hygiene practices such as constructing household latrines and hand washing facilities. Therefore, it is important to have a good entry strategy into program operational areas during the initial meeting with community authorities. This must be coupled with effective pre-triggering. During the pre-triggering phase, target communities will discuss their current hygiene and sanitation environment and come up with a workable solution themselves. The entire process is facilitated by Natural Leaders (NLs) in collaboration with Environmental Health Technicians (EHTs), National Technical Coordination Unit (NTCU) with the PACS Project's support. Once the triggered community is convinced that these improved sanitation practices are beneficial to them and that their agreed upon improvement plan is reasonable, the community will operationalize it with the help of the NLs, EHTs and rest of the team.

During the reporting period, 341 out of 600 communities (56.83%) were triggered and are currently under intensive monitoring by the NLs, EHTs and NTCU (Community Development Promoters-CDP, Natural Leaders, Environmental Health Technicians and NTCU visit the communities on daily basis until the whole ODF). This monitoring will continue until these communities become "Open Defecation Free" (ODF). If all 341 communities become ODF, then nearly 18,000 people will have improved sanitation as a result.

Based on the effective triggering of the above communities, there are now 249 household latrines currently under construction that will reach approximately 1,500 individuals. Additionally, 191 hand washing facilities have been constructed using local materials like bamboo, 864 dish racks constructed, 976 cloth lines erected and 43 compost fences installed during this reporting period. In addition to this, triggered communities are now conducting mass community clean up campaigns on a monthly basis with support from Natural Leaders.



Community Cleaning up Campaign in action

4. Objective 4: Improve access to safe WASH services

4.1. WASH infrastructure management improved

4.1.1. Develop capacity of water and sanitation personnel to effectively manage water and sanitation infrastructure.

During this quarter IRC:

Provided support to County CLTS meetings (9 meetings)

Supporting the counties is vital for the effective and efficient implementation of WASH and CLTS activities. During this quarter, the PACS project started and will continue providing support to this activity over the life of the Project. The monthly County CLTS meetings will refresh government officials on CLTS best practices and build new capacity, with most leaders in the 3 counties pledging their support to promoting CLTS within their communities. Key stakeholders have said they will support NLS in making sure that more communities are triggered, adopt ODF and maintain their ODF status. Such support will greatly benefit the project given how government officials are incredibly influential and have the authority to make positive impact in their communities when it comes to WASH activities, especially CLTS. In total during the quarter, the PACS Project supported 9 county-coordination meetings on CLTS.

Provided support to Districts CLTS meetings (24 meetings)

The PACS Project replicated the County-level meetings at the district level to ensure that the entire project's settings are covered without any gap. These occur on a monthly basis; PACS team members conducted 24 meetings during this reporting period targeting 8 districts (3 in Bong, 3 in Nimba and 2 in Lofa)

Conducted trainings for MPW staff

The PACS Project has as one of its key objectives to “Build capacity” of MPW staff. The project has identified, in consultation with national and sub-national actors, capacity gaps in the area of data collection, development of a reliable database and the flow of information from sub-national level to national level and vice-versa. This need is more pronounced in the area of collecting data on water points and water point functionality at the sub-national level and managing that data to ensure that it reaches the national level. At this level that information can be used to inform national planners on areas of interventions for repairs of hand pumps or construction of new hand pumps in critical locations of need and accessibility.

During this reporting period, PACS team members prepared for a training of key stakeholders on water data management, which is scheduled for July. Preparations include training materials and budgeting, identifying and selecting potential training participants and venue; identifying and selecting the training facilitator; and logistical arrangements such as transportation.

Initiated construction of wells through pump fund

Access to safe drinking water in ODF communities is vital because it significantly improves the health status of the communities and reduces the disease burden when compared to before becoming ODF. In order to encourage ODF communities to maintain their status and motivate new communities to do the same, the PACS Project will support selected ODF communities through the provision of protected hand dug wells. During the quarter, the County WASH Teams, NLS and EHTs identified 45 communities for the construction of 45 hand dug wells fitted with

Afridev hand pumps. All 45 well sites were selected taking into account all environmental factors in full compliance with SPHERE standards. Women played a key role in the selection process as they are more involved in household water collection activities, although the technical aspects were dealt with by EHTs. Selection of target communities for the construction of hand dug wells is based on the following criteria put together by a committee that includes representatives of the County WASH Team, NLs, NTCU and EHTs. The general procedure agreed is to rank the communities which refers to an ODF community that:

- Is maintaining its ODF status and has a functional WASH Committee;
- Communities that are without “protected” water points,
- Has constructed additional latrines after attaining ODF status;
- Has maintained latrines in good condition with functional hand washing facilities and soap;
- Is clean and has appropriate garbage control;
- Has clotheslines and dish-racks still in good condition and in use.

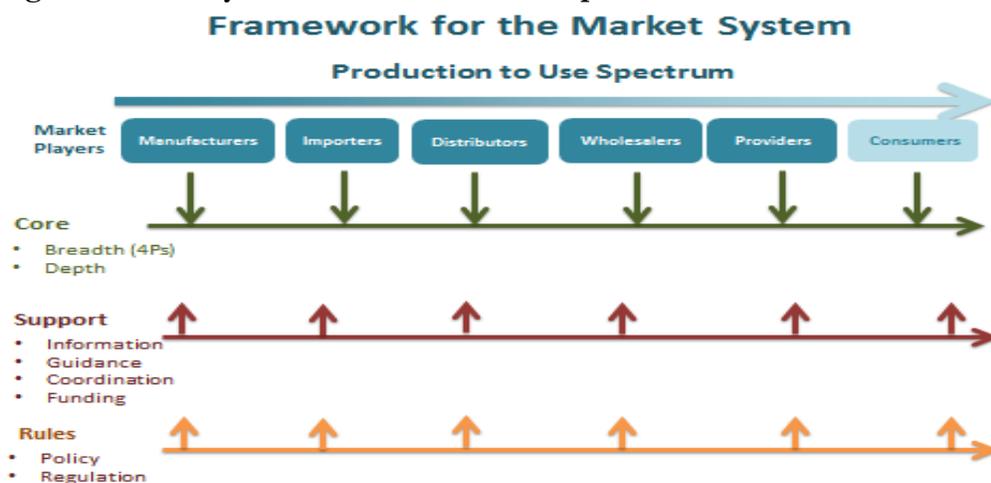
4.2. Access to WASH infrastructure and products expanded

4.2.1. Conduct formative research to identify affordable, inclusive and desirable WASH products and services

During the quarter, the PACS Project initiated a private sector WASH market study. The study aims to assess all aspects of the private sector WASH market in Bong, Nimba and Lofa counties, including products and services, from latrines and hand pumps to hand washing devises and water disinfectant.

The study combines several methods in view of obtaining a comprehensive picture of the private sector WASH market in the study area, largely a “Production to Use Spectrum” framework, which PSI developed to understand market systems for specific products or services. The framework is particularly useful when designing strategies for market strengthening and development and allows for a “Total Market Approach”.

Figure: Market System Production to Use Spectrum



Prior to developing the study’s methodology, PACS defined the specific products, services and market actors that needed to be covered under this study:

Products	<ul style="list-style-type: none"> - Hand Pump - Latrine – flush toilet, slab toilet, building materials - WaterGuard and other point-of-use water treatment products - Hand washing devices such as the “tipi tap” and “Ebola bucket” - Soap and other hand washing / disinfectant products
Services	<ul style="list-style-type: none"> - Hand pump repairs and installations - Latrine repairs and installations
Market Players	<ul style="list-style-type: none"> - Businesses: WASH retailers (by type of business) - Manufacturers (slabs, hand washing devices) - Wholesalers/distributors - Local NGOs/CBOs - WASH Entrepreneurs and other individual water & sanitation services providers

Given the large number of products, services and players to be covered, PACS designed a composite strategy to collect and analyze the data to meet the study objectives. Two distinct components are being used:

1. **Quantitative:** retail survey among retailers and wholesalers/distributors
2. **Qualitative:** In-depth interviews among WASH business owners, local manufacturers, and service providers

In addition, the project is interviewing key informants to further understand and identify market players. These include County Health Teams (CHTs), Ministry of Public Works (MPW) County WASH Teams, County and/or district Development Superintendents as well as a range of community leaders: village/community chiefs, youth leaders, and WASH leaders. These key informants will aid in determining who provides services to the communities, what barriers exist in accessing supplies and services.

The results will provide a comprehensive map of where WASH products and service providers are located, show how accessible they are to communities covered by the project, and will guide program activities to further improve the quality and access to these services. By gaining a better understanding of the WASH market, the project will be in a better position to design efficient market strengthening strategies, in particular for the private WASH sector.

The study follows PSI’s Measuring Access and Performance (MAP) methodology, which is largely based on the Lot Quality Assurance Sampling (LQAS) sampling and analysis technique. It is designed to produce estimates on coverage and quality standards, as well other measures, based on a relatively small sample of geographic areas. The method was derived from commercial sector distribution surveys and aims to increase the coverage, quality, equity of access and efficiency of product and service delivery systems.

As per the standard LQAS methodology a sample size of 19 enumeration areas (EAs) is needed per supervision area. This small number is sufficient to make management decisions related to marketing and distribution. With six supervision areas (one urban and one rural EA for each of the three counties), this results in a total of 114 EAs to be covered for this survey. The official classification of EAs into urban/peri-urban and rural categories will be used. EAs were sampled accordingly with a probability proportional to population size (PPS).

In each of the selected EAs, researchers visit and audit all eligible outlets on product availability and on the various quality standards. These types of outlets are: pharmacies/drug stores, private and public health facilities, kiosks and other small shops (business centers, supermarkets, etc.). A sales person or other employee of the outlet/facility is asked to answer the questions as per the audit sheet.

The PACS team pretested the study design and data collection tools (In-depth Interview Guides for retailers and service providers, Community Information Sheet, and Retail Audit Sheet) in a couple of rural communities (Sass and Kamara) and a commercial area (VOA Junction) in St. Paul River district just outside Monrovia, and incorporated lessons learned into the draft documents. In order to ensure the Government's full support of the study the PACS Project shared the study documents with the Health Promotion Division (MOH) on June 5th, 2015 during a briefing meeting. Also, PACS briefed USAID on the study design during the regular biweekly meeting on June 3rd, 2015, and submitted final documents on June 10, 2015.

PACS recruited and trained 8 interviewers to use the tools along with four researchers from PSI's M&E Department, and the team of 12 began field work in mid-June. By the end of the quarter, data collection was in full swing, with over half of the Enumeration Areas having been sampled (67 out of 114).

4.2.4. Utilize market-based approaches in promoting hygiene behaviors and products.

During the quarter, the PACS team approved two WaterGuard jingles scripts and the USAID tagline will be added at the end of the scripts: "This message made possible by the American People through USAID". PACS identified three radio stations to air the WaterGuard jingles across PACS's three priority counties: Voice of Lofa or Radio Kintoma, Radio Super Bongese, and Voice of Nimba. The radio jingles are scheduled to begin airing in July.

4.2.5. Support WASH workforce Development

The establishment and training of WASH Entrepreneurs is vital for the sustainability of all WASH facilities provided at community level. Its purpose is to empower and encourage local artisans to learn how to repair hand pump repairs and begin selling WASH products and services. The process should include identifying individuals that would be interested, train them in hand pump repair and small business management. During the quarter, the PACS Project met with MPW in Monrovia to discuss such training and plans have already been put in place. The identification and selection of new WASH Entrepreneurs has been initiated and is ongoing in coordination with the Government entities. Training materials are prepared by MPW in coordination with the PACS Project.

VI. CHALLENGES

- Field implementation has coincided with the rainy season, impacting the roads and causing a delay in construction of household CLTS latrines and hand dug wells.
- The project is having difficulty attracting the right skills set of individuals to assume the role of TA in the counties. The candidates that have skills and experience close to what is required are only interested in working in Montserrado.
- Recruitment for the Social Welfare Officers to be posted in the counties was delayed pending discussions with the Ministry of Gender, Children and Social Protection.
- Lack of EHTS in Bong County to implement the PACS project.
- Integrated Human Resource Information System – it is currently not functional but will be a key component of HMIS development.
- Coordination mechanisms to ensure that all stakeholders recognize the benefit of harmonizing their efforts and learning from each other still represent a challenge for the PACS Project.
- The EVD crisis in Liberia placed a huge strain on government finances and stalled domestic production, decreasing domestic revenue. The current condition of Liberia's health system and health workforce capabilities will prove challenging to the implementation of the PACS project, as the situation requires not only increasing access to services and resources, but a strategy for increasing their availability, which requires cross-sectorial coordination and stability beyond some of the project's scope.
- Proposed activities for this project require increased investment at the central level, including a strategic redistribution of human resources to facilitate implementation at the county and community level. Availability of these human resources and the delay caused by the current governance structure, including ineffective decentralization and devolution mechanisms pose challenges to project implementation.



Bad Road conditions in PACS operational communities

VII. PLANNED ACTIVITIES FOR NEXT QUARTER

Project Management:

- Secure final approval of the Activity Level Monitoring and Evaluation Plan;
- Review organogram charts and ensure efficiency in reporting lines;
- Budget revision;
- Finalize recruitment of embedded staff;
- Produce bi-weekly updates and submit to USAID;
- Organize an internal review of the Project's implementation status and make recommendations for the upcoming quarter.
- Draft the Y2 AIP.

Objective 1:

- Review and assess existing self-assessment tools for the MOH and determine gaps.
- Administer any new self-assessment tools and facilitate development of a Performance Improvement Plan for the MOH to address gaps identified in the assessments;
- Support the CHSD technical working groups and finalize policies, norms and standards;
- Finalize mapping of CBOs/CSOs;
- Complete and sign technical MOUs with Governmental entities;

Objective 2:

- Co-facilitate with CHS and MEASURE Projects C-HMIS/L-HMIS meetings and discussions;
- Finalize gCHW registers template;
- M&E data collection tools roll out training;
- Support monthly coordination meetings County levels: ensure final meeting templates are designed and disseminated;
- Organize at least one coordination meeting on sub-award mechanism, including community PBF;
- Develop program description that outline the types of activities to be funded by PACS
- Roll out iCCM activities at the community level;

Objective 3 and 4

- Finalize MAP survey;
- Initiate the KAP survey;
- Initiate the roll out of overarching umbrella campaign;
- Launch mass media and community based WaterGuard promotion activities
- Triggering of CLTS communities (259 communities)
- NTCU visits for ODF Verification of CLTS communities (420 communities)
- Conduct training for Natural Leaders (840 NLs)
- Provide support to County CLTS meetings (9 meetings)
- Provide support to District CLTS meetings (24 meetings – 8 districts)

- Conduct training for DEHT (9 DEHTs)
- Conduct trainings for MPW staff (e.g. GIS Mapping, Inputting data, Accessing data base) (10 WASH Staff)
- Initiate construction of wells through pump fund (45 wells)
- Provide support to TNIMA interns through stipends, job trainings, and natural leader mentoring (18 Interns)
- Conduct WASH Entrepreneur trainings (100 New WASH Entrepreneurs)
- Conduct WASH Entrepreneur refresher trainings (64 old WASH Entrepreneurs)
- Facilitate validation and dissemination of the National Health Communication Strategy
- Adaptation of ETL tools to Liberia context