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# Africare

Africare helps Africa, with programs in  
food, water, the environment, health and  
emergency humanitarian aid as well as  
private-sector development and governance.

## *Community Health Initiative Project*

### *Quarterly Progress Report January 1 - March 31, 2000*

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Development  
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Washington, DC 20523

Submitted by: Africare Inc.  
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## **I. Project Background**

Africare has worked in Liberia since 1992. For the past six years, Africare's primary activities in the country have been in the agricultural sector; funded by the Office of Foreign Disaster Assistance.

Africare received a \$1.6 million grant from the United States Agency for International Development (USAID) on September 29, 1998, that was increased to \$2.08 million in September 1999, to implement the Community Health Initiative Project (CHI) in three counties in Liberia. The Community Health Initiative is a three year community focused child survival and safe motherhood project with the goal of improving the health of women of reproductive age and children under age 5 in Bong, Nimba, and Lofa Counties, by strengthening the capacities of three Liberian non-governmental organizations to provide child survival and safe motherhood health care services at the peripheral level in collaboration with the Ministry of Health.

The project emphasizes health promotion, preventative and early treatment measures at the community and clinic levels. These measures address the major causes of infant, child and maternal mortality identified during partners field assessment visits, consultative meetings with health workers, MOH officials, and other international agencies involved in health care in Liberia

The Community Health Initiative Project seeks to improve overall maternal and child health by strengthening primary health care services offered by the Christian Health Association of Liberia (CHAL), a Liberian NGO, at both the clinic and community levels, through technical assistance and a sub-grant. Two additional Liberian non-governmental organizations, the Family Planning Association of Liberia (FPAL) and the Breast Feeding Advocacy Group (BAG), will utilize technical assistance from Africare to provide supplemental support that will further improve the quality of CHAL services. In addition, the project seeks to improve the linkages between services provided by each of the partners; and through close coordination and monitoring by Africare, address those issues which frequently prevent partners from working together.

Unlike other international non-governmental organizations furnishing direct health care services by operating health facilities in the project area, Africare will provide no direct services in health facilities. Instead, Africare will furnish technical assistance and a sub-grant to enable a Liberian non-governmental organization, the Christian Health Association of Liberia (CHAL), to provide direct primary health care services in 17 facilities and 104 communities. Two other implementing partners of the project, the Family Planning Association of Liberia (FPAL) and the Breast-feeding Advocacy Group (BAG), will lend their operating networks and respective expertise to strengthen services provided directly by CHAL. Africare will also provide each of these two partners with capacity-building technical assistance and sub-grants which will enable them to further enhance CHAL primary health care services.

Through the three implementing partners; CHAL, FPAL, and BAG program activities will be built around the expertise of each partner; thereby allowing the project to measure results at the

level of each partner. CHAL will provide a range of child survival and safe motherhood services; FPAL will assist CHAL in intergrating reproductive health into these services; and similarly, BAG will assist CHAL in training health providers to integrate breast-feeding and appropriate infant feeding practices into CHAL PHC services.

Africare will play coordinating and capacity building roles with the three implementing partners and the Ministry of Health. Through training in baseline assessments, current public health strategies, monitoring and evaluation, and human resources development, Africare's contribution will enhance sustainability of program efforts by enabling the partner organizations to provide more effective preventive and early curative services. In support of the MOH priority to improve maternal and child health, the CHI goal will be achieved through training of project partners in improved primary health care services delivered by CHAL, which will lead, over three years, to reduced morbidity and mortality through; (1) community education about and early treatment of diarrhea, acute respiratory illness and malaria with appropriate medication; (2) increased expanded program of immunization and vitamin A coverage; (3) improved breast-feeding and appropriate infant feeding practices; and (4) enhanced access to safe motherhood services.

The Community Health Initiative Project will be implemented with the full knowledge and consent of the Government of Liberia (GOL) Ministry of Health and Social Welfare (MOH). Specific interaction with the GOL with respect to this project will be the MOH Family Health Division which has oversight responsibility of reproductive and child health care. Three Liberian non-governmental organizations will serve as the implementing partners. The organizations are the: Christian Health Association of Liberia (CHAL); Family Planning Association of Liberia (FPAL); and Breastfeeding Advocacy Group (BAG). Due to the outcome of the field assessment for the preparation of the Detailed Implementation Plan (DIP), and discussion with USAID regarding the utilization of funds obligated for the CHI project, the role of FPAL in providing narrowly defined family planning services was revised and significantly reduced.

Africare will provide technical assistance and training to its three implementing partners. In turn, the implementing partners will utilize the assistance provided by Africare to train the maternal and child health staff from its member clinics and community-based health workers in the project area in improved reproductive technology and child health care practices; to provide reproductive/child health services at the health facility and in the communities; and will supervise community-based health workers participating in the project.

The project target population is 317,439 children under age five and Women of Child Bearing Age. The cost per beneficiary over the life of the project is approximately \$7.00. Population estimates are based on UNICEF's Health/Nutrition Statistics and General Population Estimates by Counties, Districts, and Maternal Services, July 1999.

The Government of Liberia (GOL) has given high priority to the revitalization of the health sector and is creating a conducive policy framework and making budgetary commitments in this regard. Encouraged by the financial commitment and its 1997 Action Plan for rebuilding the

health sector, donors – the USAID, UNICEF, WHO, and UNFPA—either have and/or are providing assistance to strengthen government capacity to deliver health care. A total fertility rate of 6.7, an annual population growth rate of 3.3, a large unmet need for family planning, and high maternal and child mortality rates have made reproductive and child health care two priority areas in the Ministry of Health (MOH) Action Plan.

According to the Ministry of Health and Social Welfare (MOH), the human development indicators for Liberia are unsatisfactory. Liberia's rank in the human development index declined from 131 prior to the war to 158 as of 1996 (MOH, 1997). Life expectancy is 51; a relatively large proportion of the population, approximately 46 percent is of prime reproductive age (14-49), the national total fertility rate is 6.7 (UNFPA, 1997), and the population is growing at a rate of 3.3 per annum. Infant and child mortality rates, 144 and 216 respectively, and the maternal mortality rate of 7.8 per 1000 births, place Liberia among the ten countries with the worse mortality rates in the world (MOH, 1997).

Major causes of illness in Liberia include malaria, diarrhea disease, and acute respiratory infections, which are also the principle causes of illness and death of children under five. Malnutrition is also a major health problem and poor nutritional status is a contributing factor to high rates of child morbidity and death. Maternal health, another significant factor which influences child health, is poor, particularly in rural areas which lack health facilities.

Due to widespread destruction of facilities during the war, there are only a small number of operational health facilities with trained staff in the country; and only 10 percent (MOH 1997) of Liberia's estimated population of 2.7 million (UNDP 1997) have access to health care. Most health facilities are providing curative care, and a few have recently begun primary health care (PHC). Consequently, there is an acute need for PHC in rural areas where the majority of Liberians live, particularly in key zones such as the Bong, Nimba, and Lofa tri-county area where large numbers of former refugees and internally displaced persons are returning.

Africare has worked in community-based maternal and child health programs in Africa, including countries transitioning from war to reconstruction, for more than 26 years. Lessons learned from these programs, including the importance of working closely with communities to foster ownership and collaborating with public health workers and local organizations to improve service delivery, will be applied in the Community Health Initiative Project.

Africare has determined that it can best contribute to Liberia's post-war reconstruction and reintegration by supporting efforts to increase the availability and quality of reproductive and child health care. The CHI Project will enable Africare to apply its experiences throughout Africa, especially in West Africa, in providing community-based health care services, and in working in countries which are making a transition from emergency assistance to long-term development programs.

## **II. Status of the Project at Beginning of Reporting Period**

When the new millennium began, the CHI Project had implemented some major project activities very successfully. The Child Survival and Reproductive Health IEC Committee had been established with its terms of reference and the Director, IEC Division/MOH as Chairman and the Project Coordinator Africare, as secretary and chairperson of the technical sub-committee. CHAL, with Africare as one other primary facilitator conducted the first Working With Community Workshop to enable health facility staff to begin working with communities and not simply working in communities. The Child Survival and Reproductive Health TOT Workshop was completed. Thanks to Prof. Angela Kamara of the Regional Prevention of Maternal Mortality Network, Accra, Ghana and all the participants. The health facility assessment of nine CHAL health facilities in Nimba County and the 14 health facilities directly operated by Phebe Hospital/Community Health Department (County Health Team) was completed and the report from the Consultant, Prof. Willie Belleh Jr., is available at Africare. Based on recommendations from the CHAL Program Committee, the CHAL Board had approved five sub-recipient proposals for the implementation of CHI activities in Bong and Nimba Counties and FPAL had completed the Grant Awareness Workshop for its staff and volunteers.

## **III. Progress and Accomplishments During the Present Period**

During the first quarter in the year 2000, Africare implemented the following in collaboration with the CHI Project three sub-grantees (CHAL, FPAL and BAG), the Family Health Division/MOH, Bong and Nimba County Health Teams and other health sector NGOs:

- A. Material Development, IEC and Training
  - Worked with FPAL, CHAL, BAG, Family Health Division/MOH and School Health Division/MOE and others, to develop the following training. These guides were not only appreciated by the partners, but the facilitators indicated that they found them most useful.
  - Two trainer guides for reproductive health. One for use by trainers of health workers and the other for use by trainers of community level workers to include TMs and CHWs.
  - Health Facility Management Training Guide
  - How to Share Health Information Workshop Training Guide.
  - The Child Survival and Reproductive Health Training of Trainers (TOT) Workshop Report which includes the Trainer Guide and training materials for workshops on designing and implementing projects to improve quality, access and utilization of child survival including safe motherhood services.

*Facilitated at the following workshops conducted by CHAL, FPAL and BAG in the CHI project:*

- The first Health Facility Management Workshop conducted by CHAL from February 6 to 11, 2000, at Phebe Hospital. Twenty four participants (OICs and clinic administrators) from some CHAL facilities in Bong and Nimba Counties attended the Workshop. The goal of the workshop is to improve the knowledge and skills in management of OICs and administrators in order to promote efficient management for better health care delivery services. The workshop was aimed at enhancing the quality of health facility management activities including planning, organizing, directing and controlling. This workshop included topics on the management of personnel, money, time, equipment, space and drugs as well as recording and reporting. The Country Representative made a one day visit to the workshop. This provided him an opportunity to meet some of the sub-recipients.
- The How To Share Health Information (Health Education) Workshop conducted by CHAL for health facility staff responsible for implementing health education activities from CHAL health facilities in Nimba County and health facilities directly managed by Phebe Hospital/Community Health Department (County Health Team), Nimba County Health Team and staff of NGOs (IRC and MERLIN) in the two counties.
- The Reproductive Health Workshop conducted by FPAL for PAs, CMs, and RNs responsible for reproductive health care activities from CHAL health facilities in Nimba County and health facilities directly managed by Phebe Hospital/Community Health Department (County Health Team), Nimba County Health Team and staff of NGOs in the two counties. The workshop covered topics on reproductive health, family planning, adolescent reproductive health, gender issues, family planning counseling and IEC, safe motherhood, HIV/AIDS and STDs.
- Distributed to workshop participants, sub-grantees, training schools and health sector NGOs the comprehensive report of the Child Survival and Reproductive Health Workshop, copies of a book: The Essential of Contraceptive Technology and copies of a poster: Do You Know Your Family Planning Choices.
- The Child Survival and Reproductive Health IEC Committee began arrangements for a weekly 15 minutes radio program and developing two posters on child survival. After development, including pretesting,

Africare will produce and distribute the quantity needed for Bong and Nimba Counties.

## **B. Monitoring**

- Conducted three monthly coordination meetings with sub-grantees (CHAL, FPAL and BAG). During these meetings, plans were made, issues and challenges were raised and decisions were taken for implementation on all aspects of the CHI project.
- Conducted introductory visits with the Health Management Specialist of USAID, Dr. Adams Lincoln, to Bong and Nimba Counties. The visit provided the opportunity to make contact with seven of the nine CHAL health facilities in Nimba County and four in Bong County. During this time, many of the health facilities staff indicated their appreciation for the contact. They said they needed these contact not only for motivation, but also to help in problem solving. They asked that we make sure to do regular monthly monitoring and supervisory visits.
- A one day meeting was held to review the Health Facility Assessment Report. Activities were specified and the role of each partner and Africare in relation to implementation of the recommendations were outlined. All three partners, Africare and the health facility consultant were represented at the one day meeting hosted by Africare at the conference room of CHAL.
- Conducted the first joint monitoring mission from March 19 to 22, 2000. This first monitoring visits included visits to Ganta United Methodist Mission Hospital, Yekepa YMCA Mobile Clinic and Mid-Liberia Baptist mission in Nimba County and Phebe Hospital in Bong County. These five institutions are the first to receive funds in the CHI Project for implementation of child survival including safe motherhood activities in communities. The purpose of the visit was to review the health facility assessment report and help those health facilities to develop their plans of action for submission to CHAL for sub-recipient funds. FPAL and CHAL were part of the monitoring visits. These health facilities institutions would work with communities to create community awareness, work with communities to revitalize/establish Community Health Committees (CHC) as well as develop community projects, identify trained and untrained traditional midwives and conduct refresher workshop for Trained Traditional Midwives (TTMs), conduct workshops for vaccinators at the health facility, carry out immunization activities in targeted communities, conduct TTM monitoring and supervision activities, carry out

immunization, growth monitoring and promotion (GMP), health education and nutrition activities in targeted communities in their catchment areas.

**C. Collaboration, Coordination and Meetings**

- Participated in the programs for the National Immunization Days (NIDs) for the eradication of polio in Liberia. The official launching of the first round took place at the ELWA hospital compound, Montserrado County, where the President of Liberia, Charles Taylor administered the first polio vaccine. The second round of the NIDs was launched in Gbarnga, Bong County, where the Deputy Chief of Mission at the U.S. Embassy, Monrovia, served as keynote speaker, representing the U.S. Ambassador, Bismarck Myrick. At this occasion, the first polio vaccine was administered by the Speaker of the House of Representative of Liberia. The third round was held in Sinje, Grand Cape Mount County, where the Resident Representative of UNDP gave the first vaccine and the keynote speaker was the Chairman for the Senate Standing Committee on Health, Women and Children. During these three rounds, over 800,000 children under five, were given polio vaccine. Africare staff including the Country Representative, assisted in the administration of the polio vaccine.
- Participated in the monthly Health Sector NGOs Coordination meeting and the Health Sector Coordination Committee (HSCC) meetings, mainly sharing information on Africare and sub-grantees activities in the CHI project.

**D. Other Activities**

- During the quarter under review Africare concluded arrangements with Cuttington University College to renovate a building to be used as the Africare County Coordination Office in Bong County.
- On February 1, 2000, Africare appointed a new Country Representative to Liberia. He is Mr. Marc Stevenson Maxi.
- Africare-Washington hired a Health Program Manager to backstop the project and a KPC survey trainer/consultant.
- Africare placed an order to Schein Pharmaceuticals USA for the first portion of drugs. These drugs will be given to CHAL health facilities implementing CHI project activities in Bong and Nimba Counties as seed stock, to enhance their cost recovery schemes.

- Conducted the training of supervisors and interviewers for conducting the two KPC surveys in Bong and Nimba Counties with the KPC Survey Trainer/Consultant.

#### IV. Analysis of Constraints/Problems and Recommendations

The greatest challenge is getting the Coordinator and staff of BAG to be more involved in the project, as the organization had only volunteers who are readily available when needed. CHI staff will follow up with staff of BAG more closely to accelerate implementation of needed activities to promote breast feeding and appropriate infant feeding practices.

#### V. Summary of Project Status at End of Reporting Period

Implementation of activities are proceeding very well and included the following: The completion of the comprehensive report of the Child Survival and Reproductive Health training Course which will help in the implementation of training programs for county level staff. The development of training guides taking into consideration the findings in the report of the health facility assessment and updated information. The successful implementation of the Health Facility Management, How to Share Health Information and Reproductive Health Workshops. The distribution of some resource materials, copies of a book: The Essential of Contraceptive Technology and a poster: Do You Know Your Family Planning Choices and the Child Survival and Reproductive Health TOT Workshop Report which includes the Trainer Guide and training materials on designing and implementing projects to improve quality, access and utilization of child survival including safe motherhood services. Finalization of arrangements for the KPC survey and the beginning of survey activities; and the completion of the first joint monitoring visit. Also, undertaken this quarter were the drug orders have been placed with Schein Pharmaceuticals and are expected shortly in country.

#### VI. Projected Activities for Next Reporting Period

For the next reporting period, April to June 2000, major activities to be implemented include the following:

- Conduct two KPC Surveys in Bong and Nimba Counties and finalize the surveys report and make presentations to MOH, County Health Teams and communities and other NGOs. This will enable us to finalize the DIP, as we will now have measurable indicators based on baseline findings from the KPC survey.
- Participate in the CHI Grant Awareness Workshop for health facilities in Bong County.

- Develop training guide/curriculum for child survival and life saving skills in safe motherhood for training PAs, CMs and RNs and participate as co-facilitator in the first Child Survival and Safe Motherhood Workshop for health workers.
- Participate in the second and third sessions of the Reproductive Health Workshop for health workers.
- Conduct both joint and monthly monitoring visits to sub-recipients.
- Move the CHI County Coordination office to Cuttington University College Campus in Bong County.
- Opening of the Resource Center at Africare office.
- Conduct the Child Survival and Reproductive Health IEC Committee Meeting and finalize arrangements for the production and distribution of the two child survival posters in Bong and Nimba Counties.
- Participate in the second Working with Community Workshop.
- Follow up with sub-grantees to ensure completion of year one activities and work aggressively with BAG to ensure that with the new coordinator and staff become an integral part of the project as the others.

**VII. Proposed Project/Budget Amendments**

There are no proposed project or budgets amendments for the April to June reporting period.