

USAID/LIBERIA

FY 2002 ANNUAL REPORT

Please Note:

The attached results information is from the FY 2002 Annual Report for Liberia and was assembled and analyzed by the USAID/Liberia.

The Annual Report is a “pre-decisional” USAID document and does not reflect results of USAID budgetary review(s). Additional information on the attached can be obtained from Carrie Johnson (AFR/DP) and Edward W. Birgells, Office of Director, USAID/Liberia.

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The attached RESULTS INFORMATION is from the FY 2002 Annual report, and was assembled and analyzed by the country or USAID operating unit identified on the cover page.

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A. Challenges

Development challenges in Liberia remain significant. The current government's policies on human rights and regional security have prevented the international community from providing the support that Liberia desperately needs to overcome its serious problems. Four years after presidential elections marked the end of the Civil War, little has been done to establish an environment where democratic institutions and sustainable market led growth can survive. Economic growth has been positive, led by an unsustainable dependence on logging, in addition to private sector investments in rubber and charcoal production. Efforts to rejuvenate the potentially lucrative cocoa and coffee sector have failed due to the lack of formal marketing initiatives and policies following the failure of the Liberia Produce Marketing Corporation. The country's GDP remains at about fifty percent of pre-war levels. The Civil War destroyed most of the country's productive infrastructure and without donor assistance, it is unlikely much will be done to improve it. Electricity and pipe borne water have still not been restored to most of the capital.

The health status of Liberia's children is desperate. Access to health care for most of the population is extremely limited. The major causes of morbidity in children, especially for those under five, are acute respiratory infection, malaria and diarrhea. The leading causes of mortality in children are mainly due to the following preventable diseases: neonatal tetanus, acute respiratory infection and malaria. Infant mortality stands at 117/1000 live births and under five mortality stands at 235/1 000 live births. Maternal mortality is estimated at 780/100,000 and is among the highest in Africa. With these high mortality rates, Liberia is placed among the ten most underdeveloped countries in the world.

Approximately 70% of the population are rural, subsistence farmers. Agriculture is characterized by low productivity resulting in low cash incomes. Upland rice, vegetables and cassava are produced for household consumption, while various cash crops, including coffee, cocoa and palm produce, generate meager cash incomes used to purchase other basic needs and services. This sector contributes about 20% of the country's GDP. The production of rice and cassava, the two principal food crops are close to pre-war levels, demonstrating the resiliency and resolve of the rural population to put their lives back together. The formation of Village Development Committees, is a positive step towards empowering rural people to assume responsibility for managing their own development activities. These committees tend to be more successful in areas not beset by ethnic conflict, mistrust among local people and heavy-handed interventions by government authorities,

In rural areas, villages tend to be comprised of members of one ethnic group, although many villages have ethnic minorities living in their midst. The war and its aftermath have exacerbated conflicts through forced internal migration of ethnic groups and introducing a culture of violence, through the activities of ex-combatants, security forces and members of the Armed forces of Liberia (ARL), in harassing and looting previously peaceful villages. Social structures have also been altered: The size of the average rural family has been reduced, the authority of elders and traditional chiefs undermined and, the number of households headed by women increased.

Several key governance areas need to be addressed to build public and donor confidence in the government. These include: (a) restructure the size of the army, police and special security forces, and transform their members into skilled professionals who uphold human rights and the rule of law; (b) reform and de-politicize the civil service and the legal system; (c) establish sound fiscal and macro-economic policies; (d) improve human rights and engage in dialogue with the political opposition, critics of the regime and the media.

Advocacy groups from civil society have emerged to champion human rights, freedom of the press, gender equality and policies to reform social and economic institutions. USAID has been working with some of these groups, as well as international NGOs and community groups to help provide basic services and facilitate the strengthening of Liberia's civil society to build self-reliance, foster civic education and human rights.

The USAID program has been successful in delivering health, social services and improved agriculture practices to community groups, principally through Village Development Committees and has begun laying the ground work for self reliance. The program is working with some local NGOs but much more needs to be done to identify, strengthen, incorporate and integrate other groups and sectoral projects into the program. Efforts will be made to strengthen the role of civil society to mobilize voters and monitor the elections planned for 2003, as well as to strengthen and assist NGOs in helping to resolve conflicts, monitor human rights abuses, continuing with civic education programs and to implement sectoral programs in health and agriculture.

B. Program Performance

669-003: Increased Use of Essential Primary Health Care Services Through Civil Society

The SO exceeded planned targets for delivery of primary health care services and for polio and EPI immunization programs. No targets were established for strengthening civil society. However, from grantee indicators and the Mission monitoring of grantee implementation, USAID feels a solid foundation has been established for the development of community based organizations (CBOS) and the development of local NGO capacity.

Beneficiaries: The estimated population of 269,782 children under five years of age and 317,391 women of reproductive age in the project areas are the target beneficiaries. The program supports 74 rural clinics that service 1,307 remote communities in Gbarpolu, Bomi, Grand Cape Mount, Montserrado, Margibi, Bong and Nimba counties. The total estimated population of these counties is 1,568,953.

Achievements:

Delivery of Primary Health Care: The Primary Health Care program (PHC) is implemented through four international NGOs - World Vision International (WVI), International Rescue Committee (IRC), Save the Children (SCF) and Africare. PHC supports MOH policies and is coordinated closely with UNICEF, WHO and the MOH.

The USAID funded program has increased access and utilization of primary health care services in project areas, which has resulted in subsequent reduction in the case fatality of endemic diseases and improved health status of target populations. A total of 158,538 consultations for the under five population was reported with malaria, acute respiratory infections and diarrhea accounting for 67% of these consultations. Eighty five percent of the estimated 47,000 children under one year of age, received measles immunization, 80% received the third dose of polio immunization (OPV 3), and 59% received the third dose of diphtheria-pertussis-tetanus immunization (DPT 3). These coverage rates exceeded those planned, and led to a significant reduction in the incidence of vaccine preventable diseases. Incidence rates for measles, pertussis, tuberculosis and neonatal tetanus, fell dramatically last year compared to 2000.

Last year there were 158,695 pregnant women in the project area, 32% received two or more doses of tetanus toxoid immunization (TT 2) and prenatal consultations as opposed to 25% in 2000. Of the 16,600 deliveries reported, 17% were attended by trained medical personnel, while

83% were attended by traditional birth attendants. Increased use of traditional birth attendants is a direct result of training. Last year, PHC trained over 1,700 community health workers, including; traditional birth attendants. Training has improved the quality of services delivered by health workers. In addition to the training workshops, certified midwives periodically visit traditional birth attendants to provide follow-up training, encourage them to accompany their clients to the health facilities for prenatal assessments and promote collaboration. These efforts led to the prompt referral of complicated deliveries to the health facilities for appropriate management with subsequent reduction in maternal mortality.

USAID supported Liberia's third year of polio eradication activities, through the World Health Organization. Targets for vaccinating children under five were surpassed. Over 850,000 children were vaccinated last year. Since the report of 13 confirmed cases of wild polio virus in 1999, there has not

been any other confirmed case of wild polio virus in Liberia. Eighty-four percent of all cases of acute flaccid paralysis (AFP) detected and investigated during this reporting period had two stool specimen collected within 14 days of the onset of the paralysis as opposed to 68% during the last reporting period. The attainment of an adequate stool specimen rate of more than 80% is an indication that the AFP surveillance in Liberia has now reached the certification standard. The non-polio AFP detection rate was 3.0/100,000 for children under 15 years of age validating the high quality AFP surveillance.

Last year USAID provided 3,266 couple-years of prevention, through condoms donated to UNFPA to support efforts to reduce unwanted pregnancies and the transmission of sexually transmitted infections and HIV/AIDS. The distribution was carried out through the national drug service (NDS) essential drug and medical supply distribution system. The family health division and the national AIDS control program also served as distribution routes. Community based distributors and peer educators were involved in the distribution of condoms and the provision of reproductive health information.

Civil Society Development: WVI, IRC and SCF directly manage the operations of 52 clinics with their own staff. These NGOs, provide essential drugs and medical supplies, support supervision and training clinic staff to ensure the delivery of improved quality of services. Africare works with three national NGOs, the Christian Health Association of Liberia (CHAL), the Breast Feeding Advocacy Group (BAG) and the Family Planning Association of Liberia (FPAL). The program supports 22 CHAL member clinics and 200 communities. CHAL provides the requisite training and supportive supervision to improve the quality of child survival and safe motherhood interventions to ensure an improved quality of service delivery. FPAL and BAG assist CHAL to integrate reproductive health, breast-feeding and other appropriate infant feeding practices into these services.

All the USAID funded NGOs form productive partnership with community health and development committees (CHDCs). During the construction/rehabilitation of clinics, latrines and hand pumps, the CHDCs mobilize community members to provide labor and locally available construction materials (sand, sticks/wood, mud bricks, etc.). In order to contribute toward eventual sustainability, cost sharing measures have been introduced in all community clinics last year. The CHDCs are directly involved in the administration of funds collected.

Other Program Elements: The United Methodist Committee on Relief, receives funding from the USAID Displaced Children and Orphans Fund. Last year, 393 Liberians received prosthesis from the Ganta Prosthetic and Orthopedic Center and 113 children received corrective surgeries for polio and other mobility deformities from the Benedict Menin Rehabilitation Center. Two hundred and thirty seven physically disabled Liberians received physiotherapeutic services from both institutions. These interventions have improved the quality of life of these physically disabled persons and have facilitated their socioeconomic reintegration.

USAID/Washington also provides funding to UNICEF to support war affected youths. Last year, 1,021 boys and girls received training in vocational skills. Thirty-five percent are now employed, 20% went into formal regular academic programs, while job placement is being sought for the remaining 45%. Over 9,000 youths and community members attended 25 community awareness sessions on STI/HIV/AIDS prevention and control. HIV/AIDS materials in easy-to-read English were also produced.

Changes to the SO: USAID, along with our implementing partners will develop a Results Framework and Performance Monitoring Plan to describe and measure actual and planned activities to strengthen community groups and NGOs. More LNGOs need to be incorporated into the program. It is clear from site visits that some communities are ready, willing and able to do more than community health. The sectoral approach needs to be better integrated with other USAID and donor programs to foster the further development of these communities. Consideration should be given to increasing USAID support for HIV/AIDS prevention in Liberia, including the continuous supply of condoms. It may be time to look into the feasibility of a social marketing program, as well. The Mission would welcome USAID/Washington support in developing a more comprehensive program, possibly with FY2003 funding.

669-004: Increased **Food Security** in **Targeted Areas**

Site visits and grantee indicators suggest this SO is making good progress in food crops. Multiplication of improved planting materials such as rice seed and cassava cuttings have enhanced farming outputs. Hectares under improved cultivation and organized community groups are meeting grantee targets. There is evidence of increased availability of food crops in markets in project areas. Technical capacity and marketing problems have adversely affected the small ruminant and tree crop components.

Beneficiaries include over 864 communities, benefiting around 267,000 farmers or 44,500 farm families in more than 13 districts in nine of Liberia's fifteen counties, including Bomi, Nimba, Sinoe, Grand Bassa, Margibi, Bong, Rivercess, Montserrado and Grand Cape Mount.

Achievements

Increased Production of Diversified Food Crops: For the past two years, USAID has supported World Vision Liberia and Lutheran World Federation in their food crop programs. A key intervention has been the provision of improved, high-yielding planting materials, i.e., rice seed, roots and tubers crops. Improved planting materials were imported from international research institutions in the region. The planting materials are multiplied at selected locations and distributed free to project beneficiaries. Over the last two years, about 28 tons of lowland rice seed and 4,600 bundles of cassava cuttings were distributed to participating farmer organizations. This has resulted in a significant improvement in the availability of planting materials. The NGOs support the production of lowland rice technology, which eliminates the traditional slash and burn methods traditionally used by Liberian farmers.

Last year, 164 new community groups, with an estimated membership of 22,000, were organized and supplied 17 tons of lowland rice seed. The community groups cultivated 81 hectares of lowland rice, which produced an estimated 194,400 MT of paddy rice. At a conservative conversion rate of sixty-five percent, this translates into 126,360 MT of rice, and if sold at U\$20 per 100-lb bag would yield \$115 per farmer. The program is resulting in better nutrition and cash which farmers are using to pay for community social infrastructure such as health clinics and for personal use such as improving their homes. In addition, 57 community groups cultivated 41 hectares of cassava cuttings that yielded 517 MT of cassava.

The small ruminants' component of the program did not meet the anticipated target as a result of delays in project implementation, due primarily to the absence of adequate technical advice. Of the thirty-five community-based organizations targeted to receive 245 small ruminants (mainly goats), only 10 communities received 70 ruminants.

Increased Cash Crop Income for Smallholder Farmers: USAID supported Catholic Relief Services and Lutheran World Services in the program. CRS ended their program during the reporting period. Cocoa and coffee seedlings are provided to farmers for rehabilitation and replacement of dead trees resulting from neglect during the war years. Since the inception of the program two years ago, grantees report that 915 hectares, owned by members of 136 community groups, have been rehabilitated or replanted against a target of 1,046 hectares. For last year, 417 hectares owned and operated by members of 69 community groups were rehabilitated against a target of 560 hectares. These figures have not been verified by USAID. Low prices due to a lack of formal marketing facilities, have severely hampered the program. Before the war, farmers sold their produce domestically to the Liberia Produce Marketing Corporation (LPMC), a Liberian Government parastatal. Currently, the Corporation is inactive due to lack of funds to rehabilitate its war-damaged infrastructure and facilities.

Changes to the SO: Results in this SO are encouraging, however, USAID plans to refocus its efforts to put more emphasis on food crops. Long-term success will be dependent upon addressing conflict issues and establishing security in rural areas. Illustrative interventions could include: 1) Information, training, material assistance to the private sector and farmer groups to foster rural economic growth, with an emphasis on food security; 2) Providing improved high-yielding rice and cassava varieties and other inputs adaptable to local farming environment on a sustainable basis; 3) Developing marketing input supply, post harvest storage and processing through the private sector, as well as farmer and community groups; and 4) Addressing key policy constraints limiting the growth of sustainable agriculture and private

sector growth. These interventions could foster commercial linkages between farmers and the private sector. The program will work within the current transitional framework existing in Liberia, but will lay the groundwork for a more sustainable approach to agriculture and rural development. The mission plans to have the program operational in FY 2003. Prior to this, USAID, along with its partners, will develop a Performance Monitoring Plan for the agriculture program that will not only provide agriculture inputs but also measures the support provided to the development of grassroots organizations and local NGOs.

669-005: Increased Role of Civil Society in Democratic Governance

Political, management, financial matters and delays were a problem during the review period. Some of these have been resolved. Grantee indicators and Mission site visits indicate the SO is making progress.

Beneficiaries include approximately 8,000 rural and urban inhabitants in Margibi, Bong, Nimba and Grand Gedeh, in addition to local NGOs and community groups.

Achievements

Community Organizations Strengthened: The International Foundation for Education and Self-Help (IFESH) program completed its Phase I activities. Phase II encountered management problems which have been resolved and IFESH is moving forward with its program. IFESH provided practical adult literacy, civic education and human rights training for 1,500 people. In addition, IFESH provided institutional capacity support to the Liberia Democracy and Resource Center, Action Aid Liberia, the National Adult Education Association of Liberia, Amnesty International Liberia and

the Justice and Peace Commission. Twenty communities received training and support in civic education awareness and human rights. IFESH rehabilitated six elementary and junior high schools in Nimba. This year, with the Mission's support, IFESH will provide additional services to NGOs, local communities, and thousands of community members in civic education, human rights awareness and social services delivery. These will be linked with programs in primary health care and agriculture.

Civic Action to Promote Democratic Governance Increased: USAID support to the International Foundation for Election Systems and the Carter Center provided assistance to the Press Union of Liberia to purchase a printing press and a 37-KVA generator. IFES also provided assistance to the Catholic Church supported Radio Veritas to develop a short-wave transmission capacity. The GOL has not granted clearance to the Press Union of Liberia to operate the printing press. GOL requires that the press operate as an independent business entity that will be subject to taxation, while the Press Union wants to operate the Press as an NGO. The issue is still being resolved. The GOL has recently approved the short-wave license for Radio Veritas to operate. Short-wave transmission may commence in May 2002.

IFES has also provided support to the Liberia Talking Drum Studio (TDS), through the Search For Common Ground to achieve the following objectives: (1) Increase awareness among Liberians of their rights and responsibilities and of democratic principles. (2) Increase awareness among Liberians of HIV/AIDS and how to prevent the transmission of the virus. (3) Increase awareness among Liberians of day-to-day issues concerning reconstruction and how to address such issues through non-violent means. Although implementation of the program has been hampered by delays in funding, TDS has developed HIV/AIDS and civic education campaigns. TDS is now in the process of obtaining clearances from relevant GOL authorities, i.e. National Aids Control Program (NACP) to enable the airing of HIV/AIDS and civic education awareness programs. The TDS has developed a total of nine HIV/AIDS and civic education awareness programs that are to be broadcast over the country's major radio stations in a number of local languages.

Through CEEPS, USAID funded a four person Elections Assessment Mission with representatives of the Carter Center, the International Foundation for Elections Systems (IFES), the National Democratic Institute (NDI) and the International Republican Institute (IRI). The Team has proposed a thorough program to assist Liberia in holding free and fair elections in 2003. USAID will use the report in its discussions with other donors and the GOL on any future assistance for the elections.

Changes to SO: This year USAID will structure and focus activities under this SO to more actively address important issues and the role of civil society in addressing them. A key area is conflict resolution and identifying and working with organizations that are dealing with the issues. Second, will be assistance for the 2003 elections. We expect to continue with existing activities since these will support civic education and human rights, and make contribution to the development of civil society.

Table 1: Annual Report Selected Performance Measures

February 25, 2002

Indicator (all data should pertain to FY or CY 01)		OU Response			Fund Account	Data Quality Factors
Pillar I: Global Development Alliance: GDA serves as a catalyst to mobilize the ideas, efforts, and resources of the public sector, corporate America and non-governmental organizations in support of shared objectives						
1	Did your operating unit achieve a significant result working in alliance with the public sector or NGOs?	Yes	No	N/A x		FY01was first year of three year transition strategy, moving Liberia from humanitarian to development assistance. Many elements are not inlace to develop suitable alliances. Mission plans to develop more suitable programs for promoting alliances and begin implmentation in FY03.
2	a. How many alliances did you implement in 2001? (list partners)					
	b. How many alliances do you plan to implement in FY 2002?					
3	What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?					
Pillar II: Economic Growth, Agriculture and Trade: USAID works to improve country economic performance using five approaches: (1) liberalizing markets, (2) improving agriculture, (3) supporting microenterprise, (4) ensuring primary education, and (5) protecting the environment and improving energy efficiency.						
4	If you have a Strategic Objective or Objectives linked to the EGAT pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met	Not Met x	DA	SO4: Increased food security in targeted areas exceeded objectives with food crops, however indicators under cash crop component,did not meet expectations, due to management and marketing constraints.
USAID Objective 1: Critical, private markets expanded and strengthened						
5	Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		
USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged						
6	Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	NGO data suggests that significant increased were achieved in project areas.
USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable						
7	Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	NGO data suggests nutrition and incomes in project areas increased due to interventions..

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded					
8 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
9 a. Number of children enrolled in primary schools affected by USAID basic education programs (2001 actual) b. Number of children enrolled in primary schools affected by USAID basic education programs (2002 target)	Male	Female	Total		
USAID Objective 5: World's environment protected					
10 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A x		
11 a. Hectares under Approved Management Plans (2001 actual) b. Hectares under Approved Management Plans (2002 target)					
Pillar III: Global Health: USAID works to: (1) stabilize population, (2) improve child health, (3) improve maternal health, (4) address the HIV/AIDS epidemic, and (5) reduce the threat of other infectious diseases.					
12 If you have a Strategic Objective or Objectives linked to the Global Health pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met X	Not Met	CSD/DA	Data are provided by NGOs and are sub-national.
USAID Objective 1: Reducing the number of unintended pregnancies					
13 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	Data are provided by NGOs and are sub-national.
USAID Objective 2: Reducing infant and child mortality					
14 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	CSD	Data are provided by NGOs and are sub-national.

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth					
15 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	CSD/DA	Data are provided by NGOs and are sub-national.
USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries					
16 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X	N/A	No HIV/AIDS funding.
USAID Objective 5: Reducing the threat of infectious diseases of major public health importance					
17 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes x	No		CSD	Polio data is national. Routine EPI data sub-national.
Pillar IV: Democracy, Conflict and Humanitarian Assistance					
18 If you have a Strategic Objective or Objectives linked to the Democracy, Conflict and Humanitarian Assistance Pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met X	Not Met	DA	N/A
USAID Objective 1: Rule of law and respect for human rights of women as well as men strengthened					
19 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X	N/A	N/A
USAID Objective 2: Credible and competitive political processes encouraged					
20 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X	N/A	N/A
USAID Objective 3: The development of politically active civil society promoted					
21 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	DATA PROVIDED BY INTL' NGOs, IFESH
USAID Objective 4: More transparent and accountable government institutions encouraged					
22 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A x	N/A	

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 5: Conflict					
23 Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X	N/A	N/A
24 Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A	N/A	N/A
25 Number of refugees and internally displaced persons assisted by USAID	Male	Female	Total	N/A	N/A
USAID Objective 6: Humanitarian assistance following natural or other disasters					
26 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X	N/A	N/A
27 Number of beneficiaries					

Table 2: Selected Performance Measures for Other Reporting Purposes

The information in this table will be used to provide data for standard USAID reporting requirements

Indicator (all data should pertain to FY or CY 01)		OU Response			Fund Account	Data Quality Factors
Child Survival Report						
Global Health Objective 1: Reducing the number of unintended pregnancies						
1	Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS)	N/A				
Global Health Objective 2: Reducing infant and child mortality						
2	Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	Male	Female	Total	CSD	Data provided by NGOs and are sub-national.
3	Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)	Male	Female	Total	N/A	
4	Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	Male	Female	Total	N/A	
5	Were there any confirmed cases of wild-strain polio transmission in your country?	NO			CSD	Data provided byWHO and are national.
Global Health Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth						
6	Percentage of births attended by medically-trained personnel (DHS/RHS)	17%			DA/CSD	Data provided by NGOs and are sub-national.
Global Health Objective 5: Reducing the threat of infectious diseases of major public health importance						
7	a. Number of insecticide impregnated bed-nets sold (Malaria) (2001 actual)	N/A			N/A	No Infectious Disease funding.
	b. Number of insecticide impregnated bed-nets sold (Malaria) (2002 target)	N/A				
8	Proportion of districts implementing the DOTS Tuberculosis strategy	N/A				

HIV/AIDS Report

Global Health Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

<p>9</p> <p>a. Total condom sales (2001 actual)</p> <p>b. Total condom sales (2002 target)</p>	<p>N/A</p> <p>N/A</p>			<p>N/A</p>	<p>No HIV/AIDS funding.</p>
<p>10</p> <p>a. Number of individuals treated in STI programs (2001 actual)</p> <p>b. Number of individuals treated in STI programs (2002 target)</p>	<p>Male</p>	<p>Female</p>	<p>Total</p>		
<p>11</p> <p>Is your operating unit supporting an MTCT program?</p>					
<p>12</p> <p>a. Number of individuals reached by community and home based care programs (2001 actual)</p> <p>b. Number of individuals reached by community and home based care programs (2002 target)</p>	<p>Male</p>	<p>Female</p>	<p>Total</p>		
<p>13</p> <p>a. Number of orphans and vulnerable children reached (2001 actual)</p> <p>b. Number of orphans and vulnerable children reached (2002 target)</p>	<p>Male</p>	<p>Female</p>	<p>Total</p>		
<p>14</p> <p>a. Number of individuals reached by antiretroviral (ARV) treatment programs (2001 actual)</p> <p>b. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 target)</p>	<p>Male</p>	<p>Female</p>	<p>Total</p>		

Victims of Torture Report						
Democracy, Conflict, and Humanitarian Assistance Objective 7: Providing support to victims of torture						
15	Did you provide support to torture survivors this year, even as part of a larger effort?	N/A			N/A	N/A
16	Number of beneficiaries (adults age 15 and over)	Male	Female	Total	N/A	N/A
17	Number of beneficiaries (children under age 15)	Male	Female	Total	N/A	N/A

Global Climate Change					
USAID Objective 5: World's environment protected					
18	Global Climate Change: See GCC Appendix				

Pillar II: EGAT

Annual Report Selected Performance Data Indicators.

INDICATORS	FISCAL YEAR	
	2001	
	Target	Actual
1. INCREASED PRODUCTION OF DIVERSIFIED FOOD		
A. LOWLAND RICE		
Number (in hectares) of lowland rice cultivated	65	81.8
Quantity of seed produced (MT)	170	214.2
Quantity of paddy (in MT) processed (at 65% conversion)	N/A	139.2
Number of CBOs that received improved rice seed	74	243
Number of CBOs keeping records	N/A	N/A
B. CASSAVA		
Number (in hectares) of cassava under cultivation	25.1	40.5
Quantity of cassava produced (MT)	318	517.3
Quantity of cassava (in MT) processed	N/A	12
Number of CBOs receiving improved cassava varieties	120	57
Number of CBOs keeping records	120	50
C. SMALL RUMINANTS (GOATS/SHEEP)		
Number of CBOs that received animals	35	10
Number of animals received	245	70
Number of CBOs keeping records	35	10
2. INCREASED CASH CROP INCOMES FOR SMALL HOLDERS		
A. TREE CROPS		
Hectares of tree crops rehabilitated	560	417
Number of CBOs that received improved seedlings	70	69
Number of CBOs keeping records	25	23

Pillar III: Global Health

Annual Report Selected Performance Data Indicators.

INDICATORS	FISCAL YEAR	
	2001	
	Target	Actual
1. IMPROVED HEALTH STATUS OF RESIDENTS IN TARGETED COMMUNITIES.		
A. DPT 3, MEASLES, AND TT2 COVERAGE (IMMUNIZATIONS)		
Proportion of children less than 1 year of age who received DPT3 immunization	55%	59%
Proportion of children less than 1 year of age who received measles immunization	65%	85%
Proportion of pregnant women who have received two or more doses of TT2.	30%	32%
B. COUPLE YEARS PROTECTION (CYP)		
Couple of Year Protection provided by family planning for period under review.	3,209	3,266
C. LOWER LIMB PROSTHESIS		
Number of lower limb amputees fitted with prosthetic limbs.	400	393
D. ACUTE FLACCID PARALYSIS (AFP) DETECTION RATE		
Number of non-polio AFP cases per 100,000 under 15 years old population.	1.0/100,000 0 population	3.0/100,000 population < 15 yrs.
E. PHYSIOTHERAPY PROVISION		
Number of physically disabled who received physiotherapy services.	185	237
F. PROVISION OF CORRECTIVE SURGERY		
Number of physically disabled who received corrective surgery.	110	113
G. TEEN-AGE MOTHERS ATTENDING TRAINING IN STI/HIV/AIDS PREVENTION AND CONTROL		
Number of teen-age mothers attending training in STI/HIV/AIDS prevention and control, Sexual/Reproductive Health, Early Child Care/Child Survival, Growth and Development.	250	256
H. OPV COVERAGE AMONGST THE UNDER FIVES DURING NIDs 2001		
Proportion of the targeted number of under fives that received OPV during NIDs 2001 campaign.	85%	115%
I. YOUTHS SERVING AS HIV/AIDS PEER EDUCATORS		
Number of youths serving as HIV/AIDS peer educators.	150	134
J. ADEQUATE STOOL SPECIMEN		
Proportion of AFP cases with two stool specimen collected within 14 days of the onset of paralysis.	80%	84%

Pillar IV: Democracy, Conflict and Humanitarian Assistance

Annual Report Selected Performance Data Indicators.

INDICATORS	FISCAL YEAR	
	2001	
	Target	Actual
1. CIVIL SOCIETY ROLE IN DEMOCRATIC GOVERNANCE STRENGTHENED		
A. COMMUNITY ORGANIZATIONS STRENGTHENED		
Number of communities that received training and support in civic education awareness.	22	20
Number of communities that received training and support on human rights issues.	22	20
Number of civic organizations, NGOs provided institutional strengthening and support.	5	5
B. INCREASED NGO/CBO ADVOCACY RELATED TO SOCIAL SERVICES		
Number of persons that received training in adult literacy, civic education and human rights.	1,807	1,500
Number of beneficiaries who received integrated health, agriculture and civic education services.	7,500	8,000
C. CIVIC ACTION TO PROMOTE DEMOCRATIC GOVERNANCE INCREASED		
Number of beneficiaries receiving media broadcast HIV/AIDS and civic education awareness.	7,500	8,000
Number of HIV/AIDS and civic education awareness programs developed by Talking Drum.	9	9
D. STRENGTHENING OF PRINT MEDIA AND BROADCAST INSTITUTIONS		
Number of media broadcast institutions strengthened, (Radio Veritas and Star Radio).	2	0
Number of print media strengthened, (Press Union of Liberia).	1	0

Part VII: Environmental Concerns

USAID expects that at least two new initial environmental examinations will be required over the next reporting period. One will be for the DG funded Civil Society Program and the other for the Community Health Program. We do not expect to have the Rural Economic Growth Program ready for review during the next reporting period. We would request USAID/Washington recommendations and support in undertaking the appropriate environmental reviews for these activities.

USAID realizes that there are a number of environmental concerns with regard to the current program and we request USAID/Washington's recommendations and assistance in resolving them over