USAID
FROM THE AMERICAN PEOPLE

FIXED AMOUNT REIMBURSEMENT AGREEMENT

QUARTER I (JULY – SEPTEMBER 2018)
DELIVERABLES VERIFICATION

FINAL REPORT

April 19, 2019

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Liberia Strategic Analysis.

Table of Contents

Acronyms

CHT	County Health Team
DHIS-2	District Health Information System
FARA	Fixed Amount Reimbursement Agreement
FHD	Family Health Division
GOL	Government of Liberia
HF	Health Facility
HMIS	Health Management Information System
IPT3+	Intermittent Preventive Therapy 3+ doses
LSA	Liberia Strategic Analysis
M&E	Monitoring and Evaluation
MoH	Ministry of Health
PBF	Performance Based Financing
RDT	Rapid Diagnostic Test
USAID	United States Agency for International Development
VFPCC	Voinjama Free Pentecostal Church Clinic
YMCA	Young Men Christian Association
ZRTTI	Zorzor Rural Teachers Training Institute

Executive Summary

USAID/Liberia requested Liberia Strategic Analysis (LSA) to verify results reported by Ministry of Health (MoH) for the Fixed Amount Reimbursement Agreement (FARA Year 3 Quarter 1). The objective of the verification is to determine the accuracy of results on deliverables presented by the MoH/FARA to USAID. This will help USAID determine the extent to which MoH gets reimbursed for the outputs achieved for each deliverable below:

Deliverable 1: # of suspected malaria cases diagnosed by RDT or microscopy
Deliverable 2: # of women that receive counseling on family planning
Deliverable 3: # of women with postpartum visits within 48 hours of delivery
Deliverable 4: # of pregnant women that receive IPT3+
Deliverable 5: # of deliveries at the health facility with a skilled birth attendant

Based on a 90% confidence level and assuming a 50% accuracy per deliverable, LSA selected a representative sample of forty-nine facilities from the 166 FARA supported health facilities in Lofa, Bong and Nimba counties for this verification exercise. The forty-nine facilities were proportionally allotted as follows: Bong (12 HFs); Lofa (17 HFs), and Nimba (20 HFs). LSA reviewed relevant FARA documents; reviewed service delivery registers at the facilities; and interviewed 225 clients who accessed care at these facilities. Field data collection was conducted from January 28 to February 21, 2019. Two teams (4 data collectors each) were deployed, working concurrently in Lofa and Bong until February 12. Both teams converged in Nimba to conclude the verification, with separate assignments at facilities in upper and lower Nimba.

The verification findings suggest a high level of accuracy between the DHIS2 data and the data verified at the health facilities. For each deliverable, the variance is less than ten percent. The highest variance was observed for IPT3+ (6.4%) and RDT/microscopy (5.9%). The deliverables with the most accurate data reported are family planning counseling (0.1%) and facility-based delivery by skilled attendants (0.4%). The verification found that FARA/MoH achieved more outputs than were reported for the period under review. Results for all deliverables were under-reported.

LSA interviewed 225 clients to gauge their perception about the quality of care provided at these health facilities. Those interviewed perceived good health services to mean two things: 1) the clinics are always open (60%), and drugs are available (37%). Majority of clients think that good treatment encompasses a spectrum of care including good counseling (42%), friendly health workers (8%) and receiving medicine (7%). However, 89% lamented that their main concern is the lack of drugs at these facilities. This is why three-fourths (76%) of respondents argued that no matter how adequate the facility infrastructure or how friendly the health workers are, if clients do not receive medicine, it defeats the overall aim of the facility.

There is inconsistency between the family planning deliverable definition and the data being reported. The deliverable measures *"# of women that receive family planning counseling*, while the data reported is *"# of persons that receive family planning counseling."* The registers for recording laboratory tests results do not have fields for reporting on pregnant women who are tested. This may be one reason for data inaccuracies for RDT/microscopy. Also, the verification noted that RDT stock out was an issue of concern in many facilities.

Based on these findings, the MoH should work with the CHTs to strengthen facility-level data review and validation processes when compiling periodic reports. This would help minimize wide variations in data reported. Additionally, USAID should lead a process to redefine the deliverable on family planning to ensure harmonization with data collected and reported by the MoH.

The exit interviews on perception of the quality of care covered clients who had recently visited the health facilities. They claimed that facilities are always open and the staff are available to serve patients. Nearly all respondents reported that they are tested before treatment for malaria. However, the stock out of RDT seem to question how reliable this finding is, since some clients were treated based on clinical diagnosis. This is why it is important to ensure that RDT/microscopy reagents are always available to prevent treating patients without being tested.

In addition to receiving drugs, clients expect to receive good counseling services and to have friendly interactions with facility staff. This means that while the primary reason for visiting the clinic is to receive treatment, clients are equally concerned about the nature of interactions between them and the health workers.

In summary, clients seem happy with the quality of services they received – they claim facilities are always open; and staff are available to help them access the needed services. However, they are concerned about stock outs of needed drugs.

Recommendations

In review of these findings, the following recommendations are put forth:

1. CHTs should adopt/enforce a system of monthly internal data review to be undertaken by staff to validate monthly reports before preparing the HMIS reports.
2. FARA management needs to harmonize the definition of family planning counseling deliverable and associated data collection tools to enable disaggregation of tallied family planning counseling by sex.
3. MoH needs to update the design of laboratory registers to include fields to consistently capture data for RDT or microscopy test results for pregnant women.
4. CHTs should ensure effective supply chain management of RDT or reagents for blood smear for malaria, as well as other essential drugs to prevent stock out.
5. It is important for health facility staff to spend more time educating clients and providing other services where needed. This will help improve client satisfaction of the quality of services provided by health facilities.

Background

USAID/Liberia requested Liberia Strategic Analysis (LSA) to verify results reported by the Ministry of Health for the Fixed Amount Reimbursement Agreement (FARA Year 3 Quarter 1: July-August 2018).

FARA provides critical support to the Liberian health sector to reduce maternal, neonatal and child mortality through integrated systems and service delivery investments. This support also helps to strengthen MoH stewardship and capacity to improve accountability and oversight. Under this agreement, USAID provides financial support to the Government of Liberia (GoL) to deliver key health services in Bong, Lofa, and Nimba counties.

Purpose

The purpose of the verification was to provide an independent and in-depth examination of FARA deliverables achieved for the period mentioned above. A second aspect of the verification was to assess the quality of health care provided at the FARA facilities, as perceived by clients. Summary of the five FARA deliverables are listed below (*Annex 1*):

1. Deliverable1: # of suspected malaria cases diagnosed by RDT or microscopy
2. Deliverable 2: # of women that receive counseling on family planning
3. Deliverable 3: # of women with postpartum visits within 48 hours of delivery
4. Deliverable 4: # of pregnant women that receive IPT3+
5. Deliverable 5: # of deliveries at the health facility with a skilled birth attendant

Objective and Scope

The objective of the verification was to determine the accuracy of results on deliverables presented by the FARA/MoH to USAID. The findings of the verification will provide information for USAID to determine the level of reimbursement of funds to the MoH.

Verification Methodology

Field data collection was conducted from January 28 to February 21, 2019 (*Annex 6*). Two teams (4 data collectors each) were deployed, working concurrently in Lofa and Bong until February 12, 2019. Both teams converged in Nimba to conclude the verification, with separate assignments at facilities in upper and lower Nimba. LSA held in-brief and debrief meetings with each County Health Team (CHT). Samuel Ayamba from USAID joined the verification team in Nimba on February 14 and 15.

Based on a 90% confidence level and assuming that 50% of health facilities reported accurately per deliverable, LSA selected a representative sample of forty-nine (49) facilities (*Annex 2*) from the 166 FARA supported health facilities in Bong, Lofa and Nimba counties for the verification exercise. The distribution of sampled health facilities in each county was based on proportionate sampling: Bong (12 HFs); Lofa (17 HFs), and Nimba (20 HFs). To achieve this proportional random sampling, each of the 166 health facilities was assigned a random number, using Microsoft Excel random function. The random numbers were arranged in descending order, thereby reshuffling the entire list of health facilities, from which the target samples were selected for each county. This computerized random selection technique promoted an unbiased selection of the facilities for the verification.

Two facilities originally selected (ZRTTI and Kpayaquelleh) for verification in Lofa County were replaced with Kpademai and Bazagizai, respectively. The Lofa CHT requested these replacements because Kpayaquelleh was a newly constructed facility that had not begun service provision during the period under review. ZRTTI is a boarding training institution that does not provide the full range of FARA deliverables. Nonetheless, the replacements were informed by the random list prepared for Lofa because the selection was based on the next two available facilities on the random list.

LSA designed, pre-tested and modified accordingly the data collection tools (*Annex 3*) and exit interview questionnaire (*Annex 4*). Additionally, LSA reviewed relevant reports and background documents as well as held meetings with key MoH units (FARA Management team, Family Health Division (FHD), Performance Based Financing (PBF) Unit, M&E Unit and Supply Chain) prior to field work. The LSA team travelled to the three counties and conducted on-site verification of the five deliverables at all forty-nine selected health facilities. At each facility, primary documents reviewed included: a) registers for RDT and microscopy; b) diagnosis registers for under five and above five patients; c) registers for family planning counseling; d) registers for ante-natal care visits; e) registers for post-natal care visits, and f) delivery registers. Other supporting documents reviewed were partographs and bin cards for stocks on Rapid Diagnostic Test (RDT). LSA worked along with the facility staff and personnel of the CHTs to plan and implement the verification (*Annex 5*).

Data in the District Health Information System (DHIS-2) were assessed at the county level and compared to source documents at the health facility. This approach was used to determine the accuracy of data reported by the CHTs.

A client satisfaction survey (interview) was conducted to assess the perception of the quality of care at health facilities. LSA modified the exit interview methodology to achieve a higher response rate by also interviewing clients from the host communities. The initial plan was to interview clients who attended the facility on the day of the verification exercise, i.e. interview clients after they had received treatment. However, it was realized that owing to the tedious nature of health records review, nearly all clients would not be available at the facility when records review was completed. Accordingly, LSA worked with the facility staff to visit the community and identify anyone who received care from the facility within the last two weeks. LSA interviewed 225 respondents in the three counties. The interviews focused primarily on clients' perception of the quality of health services received during their last visit.

Limitations

Ideally, a verification of this nature should be based on a robust sample that allows for more appropriate analysis such as comparing results of CHTs. However, for practical and logistical reasons it was not possible to verify a much larger sample. Our selection of clients for the exit interview targeted those living within the host community. Thus, their views may be limited only to experience with the available service.

Key Findings

Data Accuracy

The primary objective of the verification was to determine the accuracy of results presented by FARA/MoH. The variances, which measure/assess how different verified data are from data reported in DHIS-2, were calculated as a measure of accuracy.

Overall, the data suggest that FARA/MoH achieved more outputs than were reported for the period under review. As shown in Figure 1, results for all deliverables were under-reported.

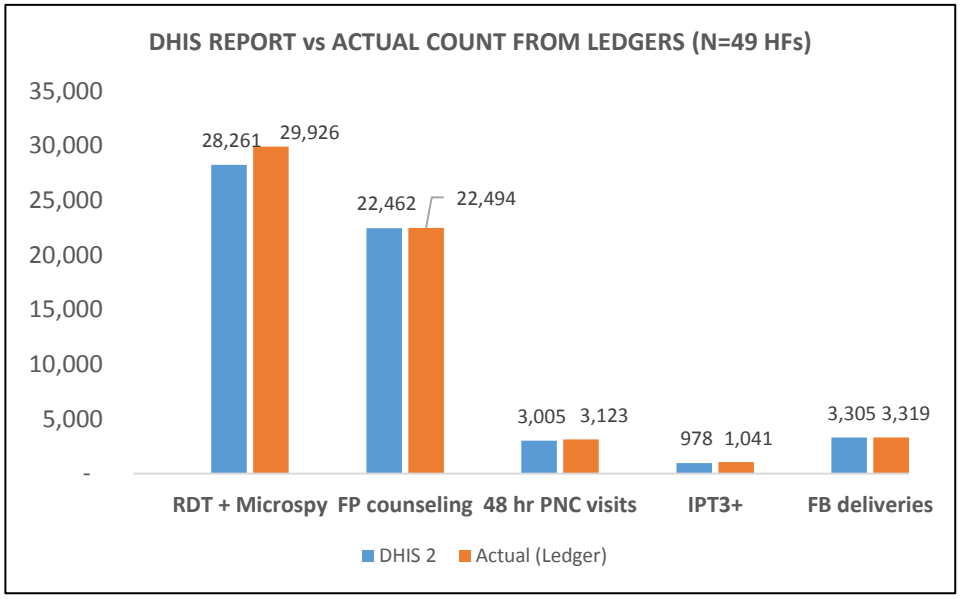

Figure 1: Comparison of DHIS Report and Data from HF Registers

Table 1 presents THE variance of data by deliverable. The results show a low level of variance between the DHIS2 report and data verified in the health facility ledgers.

Table 1: Variance of DHIS2 Report and Verified HF Data

Deliverables	Q1 DHIS2 Report	Q1 Verified HF Data	Difference	Variance[1]
RDT + Microscopy	28,261	29,926	1,665	5.9%
FP counseling	22,462	22,494	32	0.1%
48 hr. PNC visits	3,005	3,123	118	3.9%
IPT3+	978	1,041	63	6.4%
Facility delivery by skilled attendants	3,305	3,319	14	0.4%

[1] Variance = [(Difference) / (Q1 DHIS2 Report)] * 100%

As shown in Table 1, the highest variance was observed for IPT3+ (6.4%) and RDT/microscopy (5.9%). The deliverables with the most accurate data reported are family planning counseling (0.1%) and facility-based delivery by skilled attendants (0.4%).

The verification observed inconsistency between the family planning deliverable definition and the data being reported. The deliverable measures *"# of women that receive family planning counseling*, while the data reported is *"# of persons that receive family planning counseling*." Thus, the data reported does not really measure what was intended. Also, the registers for recording laboratory test results for malaria do not have fields for reporting on pregnant women who are tested. This may be one reason for data inaccuracies for RDT/microscopy. Besides, RDT/microscopy tests results for pregnant women cannot be independently verified in the laboratory register without consulting other data sources such as ANC registers. The verification also determined that some data errors are due to wrong tabulation by facility staff. Also, the verification noted stock out of RDT in many facilities during the period under review.

Within each county, health facilities data show different levels of variance for the deliverables. The variance indicate either under-reporting or over-reporting. These results are shown in Tables 2, 3 and 4.

Table 2: Data Variances at Facility Level in Bong

Variances at Facility Level			FP		Postpartum	Facility-based	RDT/
No	County	Facility Name	Counseling	IPT3+	Visit	Delivery	microscopy
1	Bong	Zoweinta	14.8%	85.0%	0.0%[2]	0.0%	12.1%
2	Bong	Shankpalai	54.0%	-13.2%	-2.2%[3]	0.0%	4.7%
3	Bong	Naama	0.2%	0.0%	0.0%	1.1%	11.6%
4	Bong	Gbonota	-56.9%	0.0%	-1.0%	0.0%	33.1%
5	Bong	Janyea	-78.0%	-22.2%	13.0%	0.0%	45.9%
6	Bong	Bah-ta	-30.1%	25.8%	0.0%	0.0%	63.4%
7	Bong	Gbecohn	-72.8%	50.0%	1.1%	0.0%	13.8%
8	Bong	Manowainsue				0.0%	
9	Bong	Foequelleh	-8.5%	0.0%	0.0%	0.0%	15.5%
10	Bong	Kpaai	2.5%	-9.1%	0.0%	0.0%	7.3%
11	Bong	Belefanai	125.0%	0.0%	0.0%	0.0%	3.8%
12	Bong	Nyarta	-51.7%	-35.7%	-23.4%	48.8%	-21.0%

Table 2 shows that in Bong, no health facility reported accurate data for all five deliverables, as each of the twelve facilities has variance for at least one deliverable. All health facilities reported accurate data for facility-based deliveries, except Nyarta and Naama. No facility data reported for family planning and RDT/microscopy are accurate. Facilities whose data show the least accuracy (on four or more

[2] A variance of 0.0% suggests a 100% accuracy, which means the data reported in DHIS2 equal what was verified in the facility registers.
[3] A positive variance implies that the data in DHIS2 are under reported, while a negative variance means the data were over reported.

deliverables) are Nyarta, Gbecohn, Janyea, and Shankpalai. Nyarta is the only facility that reported inaccurate data for all five deliverables.

Belefanai and Foequelleh were the only facilities for which accurate data were reported for three deliverables (IPT3+, postpartum visit and facility-based delivery by skilled birth attendants).

Regarding missing data points, the CHT explained that for the period under review, Manowainsue had been newly incorporated under FARA. Consequently, the facility was not fully integrated in the data management system; thus, its data had not been uploaded in DHIS2.

Table 3: Data Variances at Facility Level in Lofa

Variances at Facility Level			FP		Postpartum	Facility-based	RDT/
No	County	Facility Name	Counseling	IPT3+	Visit	Delivery	microscopy
1	Lofa	Fissebu	2.3%	0.0%	3.8%	0.0%	-4.3%
2	Lofa	Worsonga	0.0%	0.0%	0.0%	0.0%	-39.6%
3	Lofa	Bolahun	-32.7%	5.9%	0.0%	-6.4%	-0.3%
4	Lofa	Fassavolu	-154.7%	0.0%	-66.7%	0.0%	-17.6%
5	Lofa	Tubugissizu	1.0%	0.0%	0.0%	0.0%	-40.2%
6	Lofa	Salayea	9.9%	2.6%	0.0%	0.0%	14.2%
7	Lofa	Kamatahun	0.3%	-7.4%	0.0%	0.0%	-1.3%
8	Lofa	Kpademai	3.4%	-8.3%	31.3%	0.0%	-3.5%
9	Lofa	Popolahun	-589.5%	0.0%	0.0%	0.0%	0.5%
10	Lofa	Shelloe	0.0%	-21.4%	-1.6%	0.0%	2.6%
11	Lofa	Yekpedu	-513.7%	6.3%	4.3%	0.0%	17.0%
12	Lofa	Bazagizia	26.1%	0.0%	0.0%	0.0%	-2.4%
13	Lofa	Vezela	0.0%	-9.1%	0.0%	0.0%	-0.8%
14	Lofa	Fangonda	0.0%	66.7%	7.9%	4.8%	0.0%
15	Lofa	Vahun	0.0%	0.0%	0.0%	0.0%	39.9%
16	Lofa	Sucromu	-48.1%	0.0%	-26.5%	0.0%	-38.1%
17	Lofa	VFPC	0.0%	-140.0%	4.8%	0.0%	19.1%

Similar to Bong, no health facility in Lofa reported accurate data for all five deliverables, as shown in Table 3. Data reported for RDT/microscopy (16 HFs) and family planning counseling (11 HFs) showed the largest variance. Facilities that reported the most inaccurate data are Kpademai and Yekpedu (four deliverables

each). The largest variance were observed in family planning counseling data reported in Popolahun, Yekpedu and Fassavolu.

Unlike Bong, each facility in Lofa reported accurate data for at least one deliverable. The deliverable with the most accurate data reported are facility-based delivery (15 HFs) and post-partum visit (9 HFs). Fangonda is the only facility that reported accurate data for RDT/microscopy. Worsonga and Vahun reported that most accurate data (four deliverables).

Table 4: Data Variances at Facility Level in Nimba

Variances at Facility Level			FP		Postpartum	Facility-based	RDT/
No	County	Facility Name	Counseling	IPT3+	Visit	Delivery	microscopy
1	Nimba	Zorgowee	0.0%	0.0%	0.0%	0.0%	0.0%
2	Nimba	YMCA	10.3%	0.0%	-20.9%	1.6%	9.7%
3	Nimba	Karnplay	0.0%	-6.3%	3.3%	0.0%	1.8%
4	Nimba	Duotiayee	-0.7%	3.1%	-10.0%	0.0%	6.0%
5	Nimba	Kpairplay	100.0%	0.0%	25.0%	0.0%	-4.0%
6	Nimba	Beadatuo	5.7%	12.5%	-4.9%	0.0%	-1.9%
7	Nimba	Gbeivonwea	-1.9%	4.3%	0.0%	0.0%	7.2%
8	Nimba	Slangonplay	30.2%	0.0%	2.4%	0.0%	-1.2%
9	Nimba	Bahn	6.0%	30.0%	35.7%	-0.3%	-75.0%
10	Nimba	Dorcas Martor	100.0%		0.0%	0.0%	116.8%
11	Nimba	Gblarlay	-173.7%			-9.8%	-60.6%
12	Nimba	Mid Baptist	-203.5%	7.7%	10.5%	0.0%	127.5%
13	Nimba	Zoulay	44.6%		31.7%	0.0%	-2.7%
14	Nimba	Duayee	100.0%		77.3%	0.0%	-34.7%
15	Nimba	Agape	57.4%		37.5%	40.0%	667.0%
16	Nimba	Karnwee	88.0%	0.0%	0.0%	0.0%	25.8%
17	Nimba	Buutuo	38.8%	0.0%	0.0%	0.0%	25.4%
18	Nimba	Duo	-38.7%	7.7%	0.0%	0.0%	0.7%
19	Nimba	Graie	2.7%	0.0%	61.5%	1.5%	13.0%
20	Nimba	Consolata		0.0%	5.2%	-1.7%	2.7%

As was seen with the data for Bong and Lofa, Table 4 suggests that deliverables with the most inaccurate data in Nimba are RDT/microscopy (19 HFs) and family planning counseling (17 HFs). YMCA, Duotiayee, Beadatuo, Bahn, Mid Baptist, Agape and Graie reported inaccurate data for at least four deliverables. Similar to Nyarta in Bong, Bahn is the only facility that reported inaccurate data for all five deliverables.

Consistent with data from Bong and Lofa, the most accurate data were reported for facility-based delivery (14 HFs) and IPT3+ (8 HFs). Among the three CHTs, Zorgowee is the only facility that reported accurate data for all five deliverables. Karnwee and Buutuo reported accurate data for three deliverables each.

The missing data points reflect two issues: 1) data reported in DHIS2 is zero; 2) or no services were provided at the health facility for the period under review.

Perception about Quality of Health Services

In addition to reviewing health service records of the five deliverables, LSA conducted interviews with clients who had attended the forty-nine health facilities, during two weeks prior to the verification. The purpose of the interviews was to determine service users' perception of the quality of health services they received at the facilities. Two hundred twenty-five (225) interviews were conducted.

Respondents Profile

In line with the distribution of FARA health facilities, Figure 3 shows that majority of the respondents are from Nimba (42%). More females (85%) than males (15%) were interviewed. Over half (58%) of respondents are single, and thirty-nine percent are married. The median age of respondents is 28 years. Most of the respondents were themselves the clients (52%), compared to 28 percent friends/community members and 20 percent caregivers.

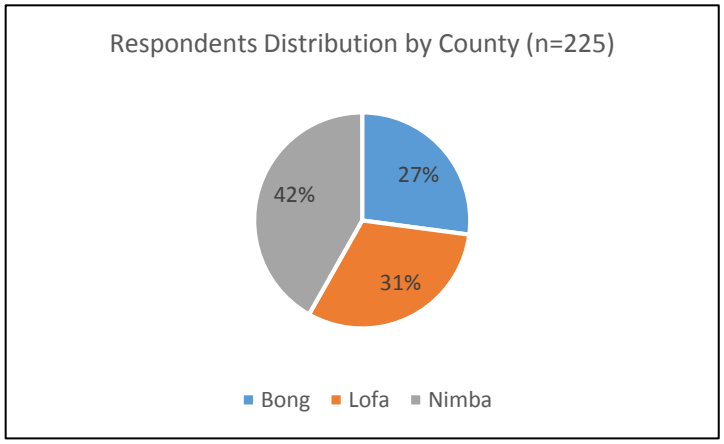

Figure 3: Respondents Distribution by County

Approximately a third (30%) have no formal education. Twenty-three percent have only elementary education, junior high-level twenty-seven percent, senior high-level seventeen percent and college and above level three percent.

Accessibility

Table 5: Places Where Clients Seek Health Care

When you are sick, where do you go for care?	percent
Clinic	99.1
Drugstore	0.9
	100

Since clients interviewed had visited the health facilities within the previous two weeks of data collection, it was not surprisingly that nearly all the respondents (99 %) reported seeking health care at the facilities when they are sick. When asked, "*Why do you go to this place for care*," they reported that the main reason for visiting the facility are proximity (31%), workers approach people well (21%) and presence of

staff at the facility (19%). Respondents are likely to seek health care for any type of sickness (84%), including simple headache and fever (11%).

Physical Environment of Health Facilities

Respondents were asked questions about the roles of community members in promoting sanitation at the health facilities. According to them, cleaning the health facility (for example, grass cutting) is mainly done by health workers (56%). But often, community members (32%) participate in the exercise. Over half (52%) of respondents think the existing clinic buildings are small, but others (38%) think the infrastructure is adequate to serve their needs. This is not surprising because some communities have health centers.

Perception about Good Health Service

Table 6: Meaning of Good Health Service

Please tell us what you mean by the health service is good, or meeting patients' needs.	Percent
Clinic is always open	59.9
Clinic has drugs	36.5
Staff help patients on referral	3.6
Total	100

As shown in Table 6, participants were asked about their understanding of good health services. As perceived by respondents, good health service means two key things: 1) the clinic is always open (60%) and 2) drugs are available (37%).

When asked about the waiting time before they get treatment at these facilities, over a third of respondents (39%) reported that waiting time is long (about 30 minutes). Yet about the same proportion of respondents (37%) said the waiting time is not long (under 20 minutes).

Overall, nearly all the respondents (97%) think the health workers at these facilities know their job well. Respondents believe that good treatment encompasses a spectrum of care at the facility, including good counseling (42%), friendly health workers (8%) and receiving adequate medicine (7%). Nonetheless, over three-fourths (76%) of respondents averred that no matter how good that experience may be, if clients do not receive medicine, it defeats the purpose of the facility. This assertion implies that while the primary reason for visiting the clinic is to receive treatment, clients are equally concerned about the nature of interactions between them and the health workers.

Views about Key Services

Malaria

Table7: Testing for Malaria

When you come to the clinic sick, what do the health workers do before you are treated? (n=214)	Percent
I am checked/tested before treatment	97.7
No test was done	1.4
Feel well from the malaria	0.9
Total	100

Nearly all respondents (98%) reported that when they visited the facilities, they were tested before treatment for Malaria. The interviews were conducted in January/February 2019 at which time health facilities would have been well stocked with RDT. The satisfaction survey findings do not relate to the period July to September 2018 when there was stock out of RDT at health facilities.

Family Planning

Respondents (n=111) were asked to describe the family planning services at the facility. Over two-thirds (69%) reported that family planning is open to everyone. However, some (13%) argued that the focus of family planning is on women. Generally, respondents believe that family planning is beneficial, but key barriers to service uptake include misconceptions that family planning is bad (8%), and fear of side effects such as bleeding (7%). These findings suggest the need for more inclusive approach to encourage and increase male participation in family planning, as well as increase awareness to dispel myths and sensitize people on side effects.

Postnatal Care

Respondents (n=83) were asked in a multiple response question to share their experience at the facility during their first visit after delivery. Thirty seven percent of respondents answered this question. The main factors defining their experience at the facility included: staff were available to help (95%); staff were on time and ready (69 %); got treatment as expected (65%).

IPT3+

Table 8: Most Preferred Reason for Choosing IPT3+ Service Site

Could you share with us reasons why you chose to come to this health facility (for IPT3+)? (n=124)	Percent
Staff always show concern	58.1
I relocated near this health facility	22.6
I am travelling and this health is closer	12.1
I heard the health facility has good services	7.3
Total	100

More than half of respondents (55%) answered this question. Majority (58%) reported that the main reason for choosing the facility for IPT3+ is that staff always show concern, and that they have relocated near the facility (23%). Others (12%) mentioned that they were traveling, and the facility is closer to them. This means approximately a third (35%) of respondents received their third does of IPT3+ at a facility other than where they previously received initial doses.

Labor and Delivery

Respondents (n=127) were asked to describe the delivery and care in the facility. Sixty-one percent of the respondent answered this question. Of this proportion, half of respondents (50%) believe staff at the facility are caring and the health facility is clean (45%). About a third (36%) believe health facilities have trained staff. However, few hold views (12%) that some staff are untrained and uncommitted.

Aside from the above services, the major overall concern that respondents have about the state of the health facilities is the lack of drugs (89%) for patients.

Conclusion

Overall, the verification findings suggest a high level of accuracy between the DHIS2 data and the data verified at the health facilities. The highest variance was observed for IPT3+ (6.4%) and RDT/microscopy (5.9%). The deliverables with the most accurate data reported are family planning counseling (0.1%) and facility-based delivery by skilled attendants (0.4%).

Within each county, health facilities data show different levels of variance for the deliverables. The variance indicate either under-reporting or over-reporting. Based on these findings, it was observed that FARA/MoH underreported for all deliverables.

Because the interviews on quality of care covered clients who had recently visited the health facilities, it was not surprising that majority reported seeking health care at the facilities. They claimed that facilities are always open and the staff are available to serve patients. Nearly all respondents reported that they are tested before treatment for malaria. It is important to note that the interviews were conducted in January/February 2019 at which time health facilities would have been well stocked with RDT. The satisfaction survey findings do not relate to the period July to September 2018 when there was stock out of RDT at health facilities.

In addition to receiving drugs, clients expect to receive good counseling services and to experience friendly interactions with facility staff. This means that while the primary reason for visiting the clinic is to receive treatment, clients are equally concerned about the nature of interactions between them and the health workers. In summary, clients seem happy with the quality of services they received – they claim facilities are always open; and staff are available to help them access the needed services. However, they are concerned about stock outs of needed drugs.

Recommendations

In review of these findings, the following recommendations are put forth:

1. CHTs should adopt/enforce a system of monthly internal data review to be undertaken by staff to validate monthly reports before preparing the HMIS reports.
2. FARA management needs to harmonize the definition of family planning counseling deliverable and associated data collection tools to enable disaggregation of tallied family planning counseling by sex.
3. MoH needs to update the design of laboratory registers to include fields to consistently capture data for RDT or microscopy test results for pregnant women.
4. CHTs should ensure effective supply chain management of RDT or reagents for blood smear for malaria, as well as other essential drugs to prevent stock out.
5. It is important for health facility staff to spend more time educating clients and providing other services where needed. This will help improve client satisfaction of the quality of services provided by health facilities.

Annex 1: Verification Framework (County Level Deliverables)

Deliverable	DEFINITION	QUALITY DIMENSION	DATA REPORTING SOURCE AND FREQUENCY	ANNUAL MOH BASED TARGETS AND CEILINGS*	REIMBURSEMENT ABOVE BASE TARGET**
# of suspected malaria cases diagnosed by RDT or microscope. EPHS Services used: (1) Malaria Treatment <5 (2) >5 (there is no separate service diagnosis)	Suspected cases of malaria are confirmed through either an RDT or microscope. It does not include clinical diagnosis of malaria	Best practice is to confirm malaria with diagnostic before treatment. This indicator reinforces alignment with NMCP protocols	HMIS: combination of malaria cases diagnosed by microscope and RDT both (-) negative (+) positive	BONG: 45,389 (Ceiling: 121, 523) LOFA: 48,722 (Ceiling: 130, 448) NIMBA:91,143(Ceiling: 244,024)	**Unit Cost** BONG $9.92 LOFA $11.86 NIMBA $10.18
# of women that receive counseling on family planning: EPHS used. (1) Family Planning OC consultation only	Number of women that receive counselling on family planning.	FARA also supports national family planning compliance activity to ensure that FP Counselling aligns with best practice to avoid coercion and promote informed choice.	HMIS: # of women that receive counselling on family planning.	**Bong: 25,472** (Ceiling: 68,198) **Lofa: 21,191** (Ceiling: 56, 736) **Nimba**: **18,542** (Ceiling: 49.1430)	**Unit Cost** Bong $ 6.13 Lofa $ 8.06 Nimba $ 6.38
# of women with postpartum visit within 48 hours after delivery. EPHS SERVICES USED (1) Postpartum Care (Including BEmONC)	Number of women attending postpartum care at a health facility 48 hours after delivery, including those delivering at facility	According to FHD, most neonatal deaths are occurring in the first week after delivery. Encouraging women to attend this visit could provide BCC and care	HMIS, # of women with postpartum visit within 48 hours of delivery indicator	**Bong: 4,427** (Ceiling:11, 852) **Lofa: 3,007** (Ceiling: 8052) **Nimba: 5,746** (Ceiling: 15, 384)	**Unit Cost** Bong $5.95 Lofa $7.89 Nimba$6.20
# of pregnant women that receives IPT3+ EHPS SERVICES USED (!) Malaria Prevention: IPT	Pregnant women that receive more than three doses of SP during pregnancy	Pregnant women should receive IPT at ANC visits to prevent malaria. Encouraging IPT3+ also incentivizes women to attend ANC4+	HMIS, 3rd +IPT dose	**Bong: 190** (Ceiling: 508) **Lofa**: **439** (Ceiling: 1,176) **Nimba: 1, 230** (Ceiling: 3292)	**Unit Cost** **Bong:** $7.21 **Lofa:** $9.15 **Nimba:** $7.46
# of deliveries at health facilities with a skilled birth attendant EPHS SERVICES (1) Labor and delivery care at facility.	Number of deliveries at Health Facilities and attended by skilled health professionals (Physician, certified midwife, physician assistant, nurse)	MoH wants to encourage facility-based delivery that is attended by skilled health professional. This indicator reinforces alignment with MOH Protocols	HMIS, Institutional deliveries by skilled birth attendant's indicator	**Bong: 6, 891** (Ceiling:18,451) Lofa: 4,763 (Ceiling: 12, 752) Nimba: 9,947 Ceiling: 26, 633)	**Unit Cost** **Bong:** $13.35 **Lofa:** 15.29 **Nimba:** $13.61

*MOH Based Target: The number of units of Service the MOH needs to meet before reimbursement.

** Reimbursement rate per unit of service above base target and up to annual ceiling maximum.

Annex 2: List of 49 Health Facilities

SN	County	Name of Facility	District	Location
1	Bong	Zoweinta	Kpaai	Zoweinta
2	Bong	Naama Clinic	Zota	Naama
3	Bong	Janyea	Jorquelleh	Janyea
4	Bong	Mano Wainsue Clinic	Jorquelleh	Jorquelleh
5	Bong	Nyarta	Suakoko	Nyarnta
6	Bong	Bah-ta	Kokoyah	Kokoyah
7	Bong	Gbonota	Sanoyea	Gbonota
8	Bong	Foequelleh	Panta	Foequelleh
9	Bong	Belefanai HC	Zota	Belefanai
10	Bong	Gbecohn	Kokoyah	Gbecohn
11	Bong	Kpaii	Kpaa	Kpaii
12	Bong	Shankpallah	Kokoyah	Shankpallai
13	Lofa	Kpademai	Voinjama	Kpademai
14	Lofa	Salayea Clinic	Salayea	Salayea town
15	Lofa	Fissebu Clinic	Zorzor	Fissebu
16	Lofa	Bolahun Health Center	Kolahun	Bolahun town
17	Lofa	Worsonga Clinic	Foya	Worsonga town
18	Lofa	Fangonda Clinic	Kolahun	Fangonda town
19	Lofa	VFPCC (Faith Based)	Voinjama	Vonijama
20	Lofa	Toborgizzie Clinic	Voinjama	Tobogizizu
21	Lofa	Kamatahun Clinic	Kolahun	Kamatahun town
22	Lofa	Vahun Health Center	Vahun	Vahun town
23	Lofa	Shello Clinic	Foya	Shello town
24	Lofa	Fassavolu Clinic	Kolahun	Voijama
25	Lofa	Sucromu Clinic	Salayea	Sucromu town
26	Lofa	Vezela	Voinjama	Vezela
27	Lofa	Bazagizia	Voinjama	Bazagizia
28	Lofa	Kolahun	Kolahun	kolahun
29	Lofa	Foya	Yekpedu	Yekpedu
30	Nimba	Consolata Clinic	Tappita	Tappita City
31	Nimba	Agape Clinic	Sanniquellie-Mah	Ganta City
32	Nimba	Kpairplay Clinic	Gbehlay-Geh	Kpairplay Town
33	Nimba	Gbarlay	Zoe-Geh	Gbarlay Town
34	Nimba	Duo Tiayee Clinic	Sanniquellie-Mah	Duo Tiayee Town
35	Nimba	Karnplay HC	Gbehlay-Geh	Karnplay City
36	Nimba	Zorgowee	Gbehlay-Geh	Zorgowee Town
37	Nimba	Gbeivonwea	Gbehlay-Geh	Gbeivonwea Town

SN	County	Name of Facility	District	Location
38	Nimba	Duo	Saclepea-Mah	Duo Town
39	Nimba	Slangonplay Clinic	Gbehlay-Geh	Slangonplay Town
40	Nimba	Beadatuo Clinic	Zoe-Geh	Beadatuo Town
41	Nimba	Duayee clinic	Saclepea-Mah	Duayee Town
42	Nimba	Graie Clinic	Tappita	Graie Town
43	Nimba	Dorcus Mantor Clinic	Saclepea-Mah	Saclepea City
44	Nimba	YMCA	Sanniquellie-Mah	Yekepa City
45	Nimba	Mid Baptist Clinic	Tappita	Tappita City
46	Nimba	Bahn Health Center	Zoe-Geh	Bahn City
47	Nimba	Zoulay	Gbehlay-Geh	Zoulay
48	Nimba	Karnwee	Saclepea-Mah	Karnwee
49	Nimba	Buutuo	Zoe-Geh	Buutuo

Annex 3: Data Collection Tools

FARA VERIFICATION DATA COLLECTION TOOL

County: _____ Verification Period: _____ to _____ Date: _____

1. Name of Facility: _____ Community: _____
2. Name of OIC at time of Visit: _____ Title: _____ Tell: _____
3. Name of Verifier: _____Organisation: _____ Position_____
4. Name of Verifier: _____Organisation: _____ Position: _____

FAMILY PLANNING COUNSELING				
# of women that receive counseling on family planning	**Facility Target**	**DHIS2 Report**	**Facility HMIS Report**	
Facility Family Planning Counseling Ledger Report		**Disaggregation**		
			Male	**Female**
July		**July**		
August		**August**		
September		**September**		
Total		**Total**		
Comments				

INTERMITTENT PREVENTIVE TREATMENT (IPT 3+)			
# of pregnant women that receive IPT 3+	**Facility Target**	**DHIS 2 Report**	**Facility HMIS Report**
Facility IPT3+ Ledger Report			
July			
August			
September			
Total			
Comments			

POST NATAL CARE			
# of women with post-partum visit within 48 hrs. after delivery	**Facility Target**	**DHIS 2 Report**	**Facility HMIS Report**
Facility Post Natal Care Ledger Report			
July			
August			
September			
Total			
COMMENTS:			

FACILITY BASED DELIVERY			
# of deliveries at health facilities with a skilled birth attendant	**Facility Target**	**DHIS 2 Report**	**Facility HMIS Report**
Facility Labor and Delivery Ledger Report			
July			
August			
September			
Total			
Comments:			

MALARIA DIAGNOSIS							
# of suspected malaria cases diagnosed by RDT or microscope	**Facility Target**		**DHIS 2 Report**		**Facility HMIS Report**		
Facility RDT/Microscopy Ledger Report							
	< 5 yrs.		**> 5 yrs.**		**Pregnant Women**		**Total Tested**
	(+)	**(-)**	**(+)**	**(-)**	**(+)**	**(-)**	
July							
August							
September							
Total							
Comments:							

Annex 4: Interview Questionnaire

FARA DELIVERABLE: SERVICE USER'S/CLIENT QUALITATIVE QUESTIONNAIRE[4]

Annex C: FARA Verification Service Users' Exit Interview Questionnaire

FACILITY IDENTIFICATION QUESTIONNAIRE
(Tick the bracket next to the county you are working and write the name of the district)

County:	1 [ ] Lofa District:_____	2 [ ] Bong District: _____		3[ ] Nimba District:	
Clinic Name		Number of Health staff assigned to facility		Level of Officer arge	
Community/Town		Exit Interview ıdent No.		Date	
Data Collector		Supervisor			

INFORMED CONSENT

Hello. My name is _____, and I am working with Social Impact. We are collecting information from people who come to this health facility for treatment. I would like to ask you a few questions about your experience with the facility today. We are asking you to take part in this study because your personal views and experience as community member is important to us. The questions we will ask usually takes 15-20 minutes to complete. Whatever information you provide will be kept strictly confidential.

Taking part in this verification "health facility users' exit interview" is voluntary. You can choose not to answer any individual question or all of the questions. You can stop the interview at any time. However, we hope that you will take part in this exercise because your views are important.

Will you take in this exercise? You can ask me any questions you want to know about this exercise?

Yes [ ] No [ ]

Section 1: RESPONDENT'S PROFILE

1. Gender of the respondent: a. [ ] Female b. [ ] Male
2. Respondent Status: a. [ ] Single b. [ ] Married living together
   c. [ ] Separated/Divorced
   d. [ ] Widow/er
3. How old are you now? _____ {Age will be grouped during analysis.} Help the interviewee estimate his or her age, if he or she does not know.
4. Who is this respondent? a) Patient [ ], b) Caregiver [ ], c) Friend or Community member [ ]
5. What is the relation to the patient a) Wife [ ], b) Husband [ ], c). Brother/sister of the husband/wife [ ]
   d) Daughter[ ], e) Son[ ] f) Grandparent [ ] g) Others[ ]: Specify_____
8. How far did you reach in formal education? A) no formal education [ ], B) Formal Education [ ]
   a) Junior High [ ] (level 7-9) b) Elementary (level 1-6) [ ], c) Senior High (level 10-12) [ ], d) College and above [ ]

[4] Adopted from: UNICEF-Liberia: A 2013 study on current community access to and practices on Water, Sanitation and Hygiene in select rural and urban settlements in Liberia

Section 2: Accessibility; Reasons "Service Users" go to facility for Health Care

Reminders: *Tick the appropriate boxes correctly. Do not explain the choices to the respondent. Let them speak self-reliantly. Review your guide on the verification*

A. When you are sick where do you go for care? (What type of place do you seek health care?)**?**

1. Health clinic [ ] 3. People who sell medicine in buckets [ ] 5. Other specify
2. Drug Store [ ] 4. Herbalist /country doctor _____

B. Why do you go to this place for health care or treatment?

1. Service provider (s) always present [ ] 3. Workers approach people well [ ]
2. The place is near my (our) home [ ] 4. Good news about this place [ ]
5. Other reasons specify: _____

C. What type of sickness will make you visit this place?

1. Simple headache and fever [ ] 3. Any type of sickness [ ]
2. Serious sickness [ ] 4. When I am advised by family or friend [ ]
5. Other reasons specify: _____

Section 3: PHYSICAL ENVIRONMENT; Factors "Service Users" or "Clients" Perceived as Quality Health Service

Reminders: *Tick the appropriate boxes correctly. Provide the needed data/information when required. Do not explain the choices to the respondent. Let them speak self-reliantly. Review your guide on the verification*

A. Who is responsible to clean the health facility?

1. The health workers [ ]
2. Community members. [ ]
3. NGOs and or government [ ]
4. Other specify: _____

B. Please tell us what you think about the current clinic building and the surrounding?

1. The structure is small, has little space and often over crowded with patients/clients [ ]
2. The structure is very large, too many open spaces and not maintained. [ ]
3. Health care workers here do not keep the facility clean (over grown grass, waste in compound etc.[ ]
4. The community/MoH does not support maintenance of the facility (broken ceilings, no running water, poor waste facilities-placenta pit, incinerators, ash pit etc.) [ ]
5. Specify: _____

Section: 4: TECHNICAL SET-UP; Client or service- users confidence level and perception of health care provider ability to meet their needs

A. Please tell us what you mean by the health service is good, or meeting patients' needs

1. The clinic is always open (has a staff or emergency service ready) [ ]
2. The clinic has drugs/medical supplies on hand to serve patients [ ]
3. The health facility staff help patients on where to go when referred for drugs /medical supply [ ]

B. How long is the waiting time before you get treatment?

1. Immediately or right on the spot (Five to Ten minutes) [ ]
2. Not too long just a little while (short time; Fifteen to twenty minutes) [ ]
3. Long waiting time (twenty-five thirty-five minutes) [ ]
4. Other specify [ ]
5. More than thirty minutes specify: _____

C. How would you describe the work of health workers in this clinic (health facility)?

1. The clinic workers know their work well [ ]
2. The health workers follow-up patients and give feedback on the treatment plan [ ]
3. The clinic worker don't know their work. Example they don't talk good to people [ ]
4. The clinic worker do not show concern about patient. Example they don't follow up patient treatment [ ]
5. Other reasons specify: _____

D. Describe what you think is good treatment when patients come for treatment at this facility.

(1. All or most of the patients that use this facility report that they get good treatment.)

a) Clients or patient get plenty medicine [ ]
b) Good counselling [ ]
c) Health workers are always friendly [ ]
d) All of these [ ]
e) None of these [ ]

E. Describe what you think patients would mean bad treatment or poor service when they visit this facility.

a) No medicine or medical supplies [ ]
b) Poor counselling [ ]
c) Health worker are not friendly [ ]
d) Health workers give paper for patient to buy medicine [ ]
e) None of these [ ]

Section 5: Deliverables: DISEASE MORBIDITY/MORTALITY & MANAGEMENT

DELIVERABLE 1: MALARIA

When you come to the clinic sick, what do the health worker do before you are treated

a) I am checked, tested before treatment [ ]
b) No test was done, only got treatment. [ ]
c) Other specify: _____

DELIVERABLE 2: FAMILY PLANNING COUNSELLING[5]

A How would you describe the Family Planning services in this health facility?

[5] Acceptability as a key determinant of client satisfaction: lessons from an evaluation of adolescent friendly health services in Mongolia
Tugsdelger Sovd, M.D.a, Kristin Mmari, Dr.PH.b, Varja Lipovsek, Ph.D.c,*, and Semira Manaseki-Holland, M.R.C.P.
A Ministry of Health, Mongolia, b. Johns Hopkins University, Bloomberg School of Public Health, Baltimore, Maryland
c. Department of Child and Adolescent Health and Development, World Health Organization, Geneva, Switzerland

1. Family planning is open for everybody in this clinic [ ]
2. Family planning is focus on women only [ ]
3. Family planning is only focus on pregnant women and women who deliver [ ]
4. Other specify: _____

B What do you think are the barriers/doubts to FP?

1. FP is bad medicine and not good for women [ ]
2. FP interrupts God (natural) birth process and against God's plan [ ]
3. FP makes users' (women /men) run around from person to person [ ]
4. Other specify: _____

DELIVERABLE 3: POST PARTUM SERVICES[6] WITHIN 48 HOURS

A. Describe your experience at this facility on your first visit after you deliver (give birth).

1. Were health staff available to help you Yes [ ] No [ ]
2. Were health staff on time and ready Yes [ ] No [ ]
3. I got treatment (counselling or medication) as expected. Yes [ ] No [ ]
4. Other specify _____

DELIVERABLE 4: PREGNANT WOMEN THAT RECEIVES ANC/ IPT3

A Could you share with us reasons why you chose this facility to come?

1. The health staff here always show concern for me and my pregnancy. [ ]
2. I relocated near this health facility [ ]
3. I am travelling, and this facility is closer and the time for my 3rd does of IPT is now [ ]
4. I heard this facility has good services [ ]
5. Other specify:_____

DELIVERABLE 5: LABOR AND DELIVERY CARE AT THIS FACILITY

E1.0 How would you describe the delivery and care in this health facility?

1.1 This facility is clean and has sanitary tools, and equipment [ ]
1.2 The health workers here are very caring [ ]
1.3 This facility has poor environment with unclean tools and equipment [ ]
1.4 Other specify: _____

E2.0 How would you describe the work of health workers that do delivery at this facility?

2.1 Well trained, professional and caring health workers [ ]
2.2 Trained and committed health workers [ ]
2.3 Untrained, none-caring health workers [ ]
2.4 Untrained and none committed health workers [ ]

E3.0 Others:

Ask the interviewee to share any other thoughts they have with you.

6 Client satisfaction and quality of health care in rural Bangladesh
Jorge Mendoza Aldana,1 Helga Piechulek,2 & Ahmed Al-Sabir3

Annex 5: List of CHT and Facility Personnel Consulted

NO	COUNTY	HEALTH FACILITY	NAME	POSITION
1	Lofa	CHT	Dr John Doedeh	CHO
2	Lofa	CHT	Augustine O. S. Feekpah	HR
3	Lofa	CHT	Govego B. Thompson	Data manager
4	Lofa	CHT	Garmai Tokpa	CRHS
5	Lofa	CHT	Sando Kawala	M&E
6	Lofa	CHT	J. Mehmon Tokpa	FARA/ FP
7	Lofa	CHT	James D. Gizzie	Clinical Supervisor
8	Lofa	CHT	Edmond T. Eisah	CHDD
9	Lofa	Shelloe	Yassa David	OIC/RN
10	Lofa	Yekpedu	Joseph Duwor	OIC/RN
11	Lofa	Fangonda	Jae George	OIC/RN
12	Lofa	Fangonda	Susan Mauhm	RM
13	Lofa	Kamatahum	Mamie Gwein	RM
14	Lofa	Sucromu	Joseph Leo	OIC/RN
15	Lofa	Sucromu	Princess Mulbah	RM
16	Lofa	Sucromu	Mary K. Sumo	CM
17	Lofa	Bazagizia	Meatta Feika	OIC/RN
18	Lofa	Torbugizizu	Johnson Forkpa	OIC/RN
19	Lofa	Vezela	Tarnue Kollie Jallah	OIC/RN
20	Lofa	Vezela	Musu Sumo	RM
21	Lofa	Fisssivula	Armah Fahnwhen	RN
22	Lofa	Bolahun	Alphanso kerkula	RN
23	Lofa	Salayea	Henry Mawolo	OIC
24	Lofa	Kamatahun	Kolee Ngafua	RM
25	Lofa	Fissibu	Chris Loutee	RN/OIC
26	Lofa	Popalahun	Bangorlee Ndehbeh	OIC/RN
27	Lofa	Voinjama FPCC	Sayba Karleva	Screener
28	Lofa	Kpademai	Jennet Williams	RM/OIC
29	Lofa	Worsonga	Ahiji Koroma	RN/OIC
30	Lofa	Vahum	Lorpu M. Johnson	RM/DRH
31	Lofa	Vahum	Benson Kalan	Lab. assist
32	Lofa	Vahum	Patrick K. Ambalai	Screener
33	Bong	CHT	Alphonso w. Kofa	CHDD
	Bong	CHT	Adolphus T. Yeiah	CHO
34	Bong	CHT	Aloysius Nyanplu	M&E FARA
35	Bong	CHT	Samuel B. Kuetay	Data manager
36	Bong	Kpaai HF	Gertrude T. Kollie	OIC
37	Bong	Kpaai HF	Nathaniel Dolo	Data Clerk
38	Bong	Kpaai HF	J. Eastman Cassell	dispenser
39	Bong	Bah-ta	William H. Narkpalai	OIC

NO	COUNTY	HEALTH FACILITY	NAME	POSITION
40	Bong	Bah-ta	M. Oneke Bates	CM
41	Bong	Bah-ta	George K. Doh	Lab Tech
42	Bong	Janyea	Ruth Kollie	RM
43	Bong	Janyea	Emmanuel S. Newoh	LPN/SCREENER
44	Bong	Gbonota	Joe K. Tonorlah	OIC
45	Bong	Gbonota	Veronica S. Crawford	Screener
46	Bong	Gbonota	Linda Sonkalay	RM
47	Bong	Naama	Wilma N. Dormea	OIC/RN
48	Bong	Naama	Esther Pewee	RM
49	Bong	Naama	Lorpu Duyan	RM
50	Bong	Naama	Irene A. Kerkulah	Screener
51	Bong	Zoweinta	Perry Yeabarkeh	OIC/RN
52	Bong	Zoweinta	Sarah B. Willie	Screener
53	Bong	Zoweinta	Eliza K. Flomo	Nurse Aide
54	Bong	Manoweinsue	Garmai T. S. Ziahman	RM
55	Bong	Manoweinsue	Korpo Zamamu	Screener
56	Bong	Gbecholm	Vera N. Sumo	OIC
57	Bong	Gbecholm	Jannice B. Tuklo	Screener
58	Bong	Gbecholm	Quita Kerkula	RM
59	Bong	Gbecholm	Joshua M. Gbawoquiya	Data Clerk
60	Bong	Nyarta	Arthur D. Bee	OIC
61	Bong	Nyarta	Larwuo G. Kalaplee	RM
62	Bong	Zota	Edward Johnson	OIC
63	Bong	Zota	Annie Getergbelleh	RM
64	Bong	Zota	Beyan G. Kezulu	Screener
65	Bong	Belefanai	Mabel F. R. King	OIC
66	Bong	Belefanai	James B. Menekemu	Lab. Aide
67	Bong	Belefanai	Lamenso N. Getty	Screener
68	Bong	Belefanai	Genevie W. Sarkor	RM
69	Bong	Forquelleh	J. Emmanuel P. Kennae	OIC/RN
70	Bong	Forquelleh	Ocelia K. Mombo	RM
71	Bong	Forquelleh	Jimmy Warmue	Data clerk
72	Nimba	CHT	C Paul Nyanzee	CHDD
73	Nimba	CHT	Jerry P. Manneh	Accountant
74	Nimba	CHT	Emmaunel G. Mensar	Data manager
75	Nimba	CHT	Harris Nyakaryah	HRM
76	Nimba	CHT	Emmaunel L.Boyah	FARA FP
77	Nimba	CHT	Rufus G. Saye	Clinical supervisor
78	Nimba	CHT	J. Gonleyen Dahn	M&E
79	Nimba	CHT	Wilson S. Dolo	logistician
80	Nimba	Buutuo	Kou S. Yeaban	OIC/RN
81	Nimba	Duo Town	Cynthia Korkou	RN/OIC

NO	COUNTY	HEALTH FACILITY	NAME	POSITION
82	Nimba	Duo Town	Audrel	Screener/RN
83	Nimba	Karnwee	Whyee Yangian	PA
84	Nimba	Graie	Mary Tomah	OIC
85	Nimba	Tappita/Consolata	Lasata Barkeh	OIC/RN
86	Nimba	Tappita/Consolata		
87	Nimba	Mid Baptist	P. Garrison Memon	OIC/RN
88	Nimba	Gbarlay	Arthur Dolo	OIC
89	Nimba	Dorcas Martor	F. Shadrach Wonjeh	OIC
90	Nimba	Duayee	David Z. Wuo	RN
91	Nimba	Bahn	Mercy N. Sonyah -Walkie	CM
92	Nimba	Bahn	James K. Yorgbor	BSC./Screener
93	Nimba	Bahn	Eliza W. Kiki	RN
94	Nimba	Bahn	Irene B. Vonhm	CM
95	Nimba	Bahn	Abraham K. Nyan	Lab. Tech
96	Nimba	Bahn	Charles K. Wagmah	Data Clerk
97	Nimba	Bahn	Wongbou Z. Geh	Lab. Aide
98	Nimba	Zorgowee	Gbelleh G. Womgbah	MCH/RM
99	Nimba	Zorgowee	NyaH P. Gbormie	RN/CHSS
100	Nimba	Zorgowee	Peter Luogon	Lab. Aide
101	Nimba	Sannmah/YMCA	Tawoda Flomo	OIC/RN
102	Nimba	Karnplay	Augustine S. N. Teewah	Lab. Tech
103	Nimba	Karnplay	Onille G. Gaypue	Lab. Assist
104	Nimba	Karnplay	Cellina W. Kargou	BSC/RN
105	Nimba	Karnplay	Kpannah A. Gbeadeh	RN
106	Nimba	Karnplay	Kou S. Gluashea	RM
107	Nimba	Karnplay	Clarance Miameh	RM
108	Nimba	Karnplay	Karen N. Klesa	RN
109	Nimba	Duotiayee	Rachel M. Khowon	RN
110	Nimba	Duotiayee	Patience T. Flahn	RM
111	Nimba	Beadatuo	Beatrice T. Sumo	OIC/RN
112	Nimba	Beadatuo	Cecelia C. Toweh	RM
113	Nimba	Beadatuo	Alice M. Geegbay	Lab. Aide
114	Nimba	Beadatuo	George Weamie	Screener
115	Nimba	Kpairplay	Paye W. Freeman	OIC/RN
116	Nimba	Kpairplay	Makia A. Swaray	MCH/HEAD
117	Nimba	Kpairplay	William Largeh	Lab. Aide
118	Nimba	Gbeinvonwea	Suah Vankpanah	RM
119	Nimba	Gbeinvonwea	Alice K. Bleh	CM
120	Nimba	Gbeinvonwea	Boyah B. Zeih	Lab. Aide

Annex 6: Verification Work Plan

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Jan 20	Jan 21	Jan 22	Jan 23	Jan 24	Jan 25	Jan 26
Jan27	Jan 28 Lofa verification Team deploys	Jan 29 Lofa Team works in Voinjama	Jan 30 Bong team Deploys	Jan 31 Verification team works in Lofa & Bong	Feb 1 Verification team works in Lofa & Bong	Feb 2 Verification Team reviews week's work
Feb 3 Team rest	Feb 4 Verification team works in Lofa & Bong	Feb 5 Verification team works in Lofa & Bong	Feb 6 Verification team works in Lofa & Bong	Feb7 Verification team works in Lofa & Bong	Feb 8 Verification team works in Lofa & Bong	Feb 9 Sat Verification team works in Lofa & Bong
Feb 10 Verification Teams from Lofa joins Bong team	Feb 11 Arm forces day National Holiday Lofa & Bong team reviews work and plans for joint Nimba Verification	Feb 12 Lofa & Bong Team combines and travel to and meet & in-brief Nimba CHT on verification	Feb 13 Teams splits and visit four health facilities	Feb 15 Teams splits and visit four health facilities	Feb 14 Teams splits and visit four health facilities	Feb 16 Team reviews weeks work
Feb 17 Verification Team in Nimba	Feb 18 Teams splits and visit four health facilities	Feb19 Teams splits and visit four health facilities	Feb 20 Teams splits and visit four health facilities	Feb 21 Debrief NCHT and Depart for Monrovia	Feb 22	Feb 23
Feb 24	Feb 25 Inputting Data from exit survey	Feb 26 Inputting Data from exit survey	Feb 27 Inputting Data from exit survey	Feb 28 Inputting Data from exit survey	Mar 1 Review and clean deliverable data	Mar 2
Mar 3	Mar 4 Review and clean deliverable data	Mar 5 Share preliminary deliverable data with SI COP & USAID	Mar 6 Debrief Mission on findings	Mar 7 In-cooperate feedback from Mission into report	Mar 8 Participate in mid-year FARA review at MoH	Mar 9
Mar 10	Mar 11 Consolidate analysis and share with COP	Mar 12 COP reviews /comment and sent back to FARA team	Mar 13 National Holiday (Decoration Day)	Mar 14 Summarize COPs feedback and finalized & report	Mar 15 National Holiday (JJ Roberts Birthday)	Mar 16
Mar 17	Mar 18	Mar 19	Mar 20	Mar 21	Mar 22 inquire feedback on verification report from USAID/Health	Mar 23
Mar 24	Mar 25	Mar 26	Mar 27	Mar 28	Mar 29	Mar 30
Mar 31	April 1	April 1	April 1	April 1	April 1	April 1