



**USAID**  
FROM THE AMERICAN PEOPLE



# FIXED AMOUNT REIMBURSEMENT AGREEMENT (FARA) DELIVERABLE VERIFICATION

YEAR 4: QUARTERS 3 AND 4 (JAN 2020 – JUN 2020)  
QUARTERLY MILESTONES VERIFICATION  
FINAL REPORT

January 4, 2021

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

## CONTENTS

ACRONYMS	III
EXECUTIVE SUMMARY	IV
BACKGROUND	I
PURPOSE	I
VERIFICATION METHODOLOGY	2
METHODOLOGY FOR SAMPLE SIZE	2
FIELD TEAM TRAINING	4
METHODOLOGY FOR DATA COLLECTION	8
DATA COLLECTION AND QUALITY CHECK	10
DATA ANALYSIS APPROACH SUMMARY	12
SECTION 1: QUARTERLY VERIFICATION	12
KEY FINDINGS	13
SECTION 1: KEY FINDINGS IN QUARTER 3 VERIFICATION EXERCISE (JANUARY 2020 TO MARCH 2020)	13
SECTION 2: KEY FINDINGS IN QUARTER 4 VERIFICATION EXERCISE (APRIL 2020 – JUNE 2020)	29
SECTION 3: KEY FINDINGS ON SERVICE DELIVERY MILESTONE 8 FOR QUARTER 1 (JULY 2019 – SEPTEMBER 2019) AND QUARTER 2 (OCTOBER 2019 – DECEMBER 2019)	43
SECTION 4: COMPARISON OF FINDINGS FROM YEAR 4 QUARTERLY VERIFICATION (Q1, Q2, Q3, Q4)	45
OBSERVATIONS	61
RECOMMENDATIONS	61
ANNEX 1: DETAILED DATA ANALYSIS APPROACH	63
SECTION 1: ADMINISTRATIVE MILESTONES	63
SECTION 2: SERVICE DELIVERY MILESTONES	65
ANNEX 2: ADDITIONAL OBSERVATIONS AND RECOMMENDATIONS	69
ANNEX 3: LIST OF THE 134 HEALTH FACILITIES	72
ANNEX 4: LIST OF CHT AND FACILITY PERSONNEL CONSULTED	79
ANNEX 5: VERIFICATION WORK PLAN	88
ANNEX 6: FARA DELIVERABLES VERIFICATION SOW	92

## ACRONYMS

CHES	Community Health Education and Social Services
CHT	County Health Team
DQM	Data Quality Manager
FARA	Fixed Amount Reimbursement Agreement
FP	Family Planning
F2F	Face-to-Face
GCM	Grand Cape Mount
GOL	Government of Liberia
GRG	Grand Gedeh
HF	Health Facility
HFDC	Health Facility Development Committee
HMIS	Health Management Information System
IPT	Intermittent Preventive Therapy
IQVIA	IQVIA Government Solutions, Inc.
ITN	Insecticide Treated Net
LMIS	Logistics Management Information System
LSA	Liberia Strategic Analysis
M&E	Monitoring and Evaluation
MOH	Ministry of Health
OIC	Officer-in-Charge
PBF	Performance Based Financing
PNC	Post-Natal Care
QC	Quality Control
SOP	Standard Operating Procedures
TL	Team Lead
TOT	Training of Trainers
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

USAID/Liberia through Liberia Strategic Analysis (LSA) requested IQVIA Government Solutions, Inc. (IQVIA) to verify the 16 milestones of the Fixed Amount Reimbursement Agreement (FARA) (Administrative and Service Delivery) supported in six counties. The verification covered FARA Year 4 Quarters 3 - 4 (January to March 2020, and April to June 2020). The objective of the verification was to collect data pertaining to all the milestones, and additionally, to determine the accuracy of results of the milestones the Ministry of Health (MOH)/FARA presented to USAID. Results from the verification will help USAID determine the extent to which MOH is reimbursed for the outputs achieved for each milestone.

USAID and LSA provided guidance to IQVIA that the verification would be carried out in 134 facilities (50 percent of the total facilities) in the six FARA supported counties of Bong, Lofa, Nimba, Grand Cape Mount, Grand Gedeh, and River Gee. The verification exercise was to capture data on milestones under quarterly verification category (comprising 16 milestones from the Administrative and Service Delivery categories) for Year 4 Quarter 3 (January to March 2020) and Quarter 4 (April to June 2020).

From each of the six counties, IQVIA selected half the total number of facilities – Bong (27), Lofa (29), Nimba (38), Grand Cape Mount (18), Grand Gedeh (12), and River Gee (10) – for a total of 134 facilities for quarterly verification.

Based on population, the counties were split into larger counties (Bong, Nimba, and Lofa) and smaller counties (River Gee, Grand Gedeh, and Grand Cape Mount). The health facilities were divided into four categories, based on the catchment population. Fifty percent of the FARA implementing facilities were selected in each county for the quarterly verification. To obtain the proportionate selected facilities by category in each county, 50 percent of new health facilities from the last round of verification were selected for the verification exercise. The selection of facilities was done based on IQVIA and LSA's understanding of the requirements and guidelines. USAID approved the list of sampled health facilities.

IQVIA reviewed relevant FARA documents, registers, ledgers, and other source documents at the facilities, County Health offices, and MOH and HMIS records. IQVIA was supported in the data collection exercise by a local partner, Community Health Education and Social Services (CHESS). CHESS' role was to hire on-ground personnel, arrange data collection logistics, and execute the data collection activities.

IQVIA conducted a two-day virtual training of trainer workshop for the research team lead and data quality manager. This virtual training was preferred on account of COVID-19 travel restrictions, and was to equip the participants with additional knowledge and to reinforce learning from training during the previous verification.

A three-day classroom training program (with online support during discussions and mock sessions) was conducted for all the data collectors and supervisors, including the Research Team Lead (TL), Data Quality Manager (DQM), and Data Quality Assistant for effective execution of the project. The training was delivered using presentations, demonstrations, and role play activities. At the start of the training, the team administered a pre-test. After the training, a post-training test was conducted to ensure that the field survey team members and data collectors understood the data collection tools and possessed

the ability to record accurate data. In the pre-test, the average score was approximately 68 percent, which increased to approximately 87 percent in post-test.

IQVIA finalized three questionnaires for data collection at the facility, county, and central MOH level. A data collection tool on SurveyCTO was created for each of the questionnaires. The data collectors and supervisors were assigned brand new smartphones for data collection – one for each team and one for each supervisor – and the SurveyCTO application was downloaded on each of the phones.

Field data collection was conducted from November 16 to November 27, 2020. Eighteen teams (two data collectors each) and nine supervisors were deployed, initially working concurrently in five counties: Bong, Nimba, Lofa, Grand Cape Mount, and River Gee. After completion of data collection at River Gee, the teams deployed there were sent to Grand Gedeh. Data collectors with their supervisors were supported and supervised by three additional field staff: a Research Lead, DQM, and Assistant DQM.

During field work, the data collectors recorded data manually on a hard copy of the questionnaire. At the end of data collection at a facility, the supervisor reviewed data before submitting it to the SurveyCTO application. During the data collection process, progress was monitored by supervisors on the field and by research team lead through daily reporting. Prior to submission to SurveyCTO, data underwent a first level of quality check by the supervisor. The DQM and Assistant DQM downloaded the data from SurveyCTO platform and reviewed for the second level of quality check before sharing with central quality control (QC) team. The central team then carried out a third level of quality check by conducting thorough review of the data, and shared feedback with the DQM for verification of certain data points.

The verified and final clean datasets were then shared with IQVIA to proceed with data analysis.

The results of the verification exercise are summarized below.

QUARTER 3 VERIFICATION

QUARTER 3 VERIFICATION						
DELIVERABLES	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
<b>Administrative Milestones</b>						
#1						
% of sampled facilities assessed to have implemented at least 80% of planned activities in updated business plan	59%	55%	37%	33%	58%	50%
#2						
% of health facilities submitting timely and complete data in Logistics Management Information System (LMIS)						
ARV and Test Kits	2%	27%	18%	15%	4%	5%
CHA Products	2%	2%	1%	3%	4%	5%
Essential Medicines	0%	14%	25%	59%	0%	60%
Eye Health	0%	39%	0%	3%	4%	20%
Family Planning and Reproductive Health	0%	34%	14%	71%	4%	80%
Infection Prevention	2%	19%	1%	53%	4%	60%
Lab Commodities	0%	22%	1%	3%	4%	20%
Malaria Program	2%	27%	22%	44%	4%	75%
Mental Health	2%	31%	19%	24%	4%	65%
Non-Communicable Disease	2%	2%	1%	3%	4%	5%
Nutritional Supplement	0%	25%	1%	9%	4%	65%
TB and Leprosy	2%	10%	1%	15%	0%	55%

QUARTER 3 VERIFICATION						
DELIVERABLES	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
Vaccines	2%	36%	1%	68%	4%	80%
#3 % of health facilities that held at least three Health Facility Development Committee (HFDC) meetings per quarter with all the conditions fulfilled	48%	10%	39%	11%	33%	20%
#4 % of maternal deaths reported with reviews conducted and actions taken	0%	67%	100%	100%	100%	NA
#5 % of neonatal deaths reported with reviews conducted and actions taken	25%	67%	100%	0%	67%	50%
#6 Timely and completeness of CHT quarterly financial and program reports submitted	100%	100%	100%	100%	100%	0%
#7 % of health facilities with quarterly bonus paid on time (within 21 days of remittance)	100%	100%	68%	0%	NA	0%
#8 % of staff on official MOH payroll fully paid within 30 days after the end of the quarter	95%	97%	88%	88%	100%	83%

QUARTER 3 VERIFICATION							
DELIVERABLES	MEASURE ASSESSED	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
<b>Service Delivery Milestones</b>							
#9 % of deliveries in health facility attended by skilled personnel	Data accuracy	99.97%	96.89%	99.83%	98.91%	99.70%	97.08%
#10	Data accuracy	98.12%	92.06%	99.48%	98.51%	87.52%	98.31%

## QUARTER 3 VERIFICATION

DELIVERABLES	MEASURE ASSESSED	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
% of post-partum women attending post-natal care within two days after delivery							
#11							
% of pregnant women who took third dose of IPT for malaria	Data accuracy	94.05%	98.30%	99.64%	99.09%	97.71%	98.71%
#12							
% of women that receive ITNs after delivery at health facility	Data accuracy	99.82%	92.14%	99.91%	87.52%	99.69%	99.13%
#13							
Number of clients counselled for family planning	Data accuracy	88.14%	78.64%	96.87%	93.03%	89.97%	95.25%
#14							
% of health facilities providing family planning counseling and/or services	Primary data collection	100%	100%	100%	100%	100%	100%
#15							
% of children under 1 year of age fully immunized	Data accuracy	90.98%	92.11%	96.26%	82.59%	54.29%	78.74%
#16							
% of sick children (under five) whose weight/height is assessed	Primary data collection	62%	53%	26%	56%	31%	90%

## QUARTER 4 VERIFICATION

QUARTER 4 VERIFICATION							
DELIVERABLES		BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
<b>Administrative Milestones</b>							
#1		70%	45%	39%	39%	58%	30%



## QUARTER 4 VERIFICATION

DELIVERABLES	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
% of sampled facilities assessed to have implemented at least 80% of planned activities in updated business plan						
#2						
% of health facilities submitting timely and complete data in Logistics Management Information System (LMIS)						
ARV and Test Kits	0%	3%	49%	38%	79%	35%
CHA Products	2%	2%	1%	3%	4%	5%
Essential Medicines	0%	7%	10%	21%	63%	60%
Eye Health	0%	14%	1%	3%	63%	35%
Family Planning and Reproductive Health	4%	17%	0%	76%	88%	50%
Infection Prevention	0%	15%	1%	38%	79%	70%
Lab Commodities	4%	15%	3%	18%	79%	25%
Malaria Program	2%	15%	29%	71%	79%	65%
Mental Health	0%	15%	32%	44%	83%	65%
Non-Communicable Disease	2%	2%	1%	3%	4%	5%
Nutritional Supplement	0%	17%	1%	29%	88%	65%
TB and Leprosy	2%	8%	1%	18%	92%	40%
Vaccines	4%	17%	0%	56%	88%	55%
#3						
% of health facilities that held at least three HFDC meetings per quarter with all the conditions fulfilled	44%	7%	47%	22%	25%	40%
#4	0%	40%	90%	NA	50%	100%

QUARTER 4 VERIFICATION							
DELIVERABLES	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE	
% of maternal deaths reported with reviews conducted and actions taken							
#5							
% of neonatal deaths reported with reviews conducted and actions taken	0%	0%	95%	100%	33%	NA	
#6							
Timely and completeness of CHT quarterly financial and program reports submitted	100%	100%	0%	100%	100%	0%	
#7							
% of health facilities with quarterly bonus paid on time (within 21 days of remittance)	100%	96%	23%	0%	0%	0%	
#8							
% of staff on official MOH payroll fully paid within 30 days after the end of the quarter	95%	97%	86%	96%	100%	75%	

QUARTER 4 VERIFICATION							
DELIVERABLES	MEASURE ASSESSED	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
<b>Service Delivery Milestones</b>							
#9							
% of deliveries in health facility attended by skilled personnel	Data accuracy	99.93%	97.61%	99.30%	97.36%	100%	99.57%
#10							
% of post-partum women attending post-natal care within two days after delivery	Data accuracy	95.42%	92.82%	98.31%	86.67%	89.26%	88.03%

## QUARTER 4 VERIFICATION

DELIVERABLES	MEASURE ASSESSED	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
#11 % of pregnant women who took 3rd dose of IPT for malaria	Data accuracy	98.63%	99.83%	98.64%	91.44%	99.20%	97.55%
#12 % of women that receive ITNs after delivery at health facility	Data accuracy	97.56%	97.41%	91.06%	96.86%	97.05%	91.71%
#13 Number of clients counselled for family planning	Data accuracy	67.86%	83.42%	94.73%	77.75%	68.37%	66.30%
#14 % of health facilities providing family planning counseling and/or services	Primary data collection	100%	100%	100%	100%	100%	100%
#15 % of children under 1 year of age fully immunized	Data accuracy	97.98%	95.59%	93.56%	62.77%	56.86%	84.21%
#16 % of sick children (under five) whose weight/height is assessed	Primary data collection	77%	61%	32%	87%	38%	96%

## QUARTER 1 AND QUARTER 2 VERIFICATION

DELIVERABLES	MEASURE ASSESSED	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
<b>Service Delivery Milestone 8</b>							
Quarter 1 - Deliverable #16							
% of sick children (under five) whose weight/height is assessed	Primary data collection	5%	17%	9%	46%	39%	60%

**QUARTER 1 AND QUARTER 2 VERIFICATION**

<b>DELIVERABLES</b>	<b>MEASURE ASSESSED</b>	<b>BONG</b>	<b>LOFA</b>	<b>NIMBA</b>	<b>GRAND CAPE MOUNT</b>	<b>GRAND GEDEH</b>	<b>RIVER GEE</b>
Quarter 2 - Deliverable #16							
% of sick children (under five) whose weight/height is assessed	Primary data collection	11%	31%	16%	49%	38%	77%

The following overall observations were made during the data verification:

1. Weak compliance with the implementation of activities listed in business plans due to inadequate funding at health facilities.
2. Weak compliance with conducting and documenting HFDC Meetings.
3. Challenges with implementation of documented action points post mortality reviews.
4. Wide differences in the data records available at health facility level with respect to the data submitted in HMIS (especially family planning counselling data).
5. Unavailability of data due to poor management of ledgers/records.
6. Unavailability of important supplies and skillsets in the team at service provider level.
7. Weak compliance with timely payment of bonus by CHTs in most of the counties including Nimba, Grand Cape Mount, Grand Gedeh, River Gee.
8. Specific registers/ledgers for recording data were not available at certain health facilities. For instance: for recording data on ITN distribution, the information was observed to be captured in patient charts.

The following overall remedial actions are recommended:

1. Orientation of Officer-in-Charge (OIC)/staff on mandatory conditions while conducting HFDC meetings on the verification conditions (MOH).
2. Identify best practices from best performing counties and implement them across all counties (MOH).
3. Increased funding to support the implementation of maternal and neonatal death review action points (USAID).
4. Adequate monitoring and implementation on release of timely funds/bonus to be undertaken (MOH and USAID).
5. Develop sample material (for example – how to record data on family planning counselling, how and what details to be added while recording immunization details, which details to be referred to while submitting the financial and program reports, etc.) to share with facility and county staff on proper documentation (MOH and USAID).
6. Learning events for sharing experiences on how to monitor and ensure the data accuracy along with strengthening of data quality review activities through CHT teams and interdepartmental units (MOH).
7. For ensuring proper documentation and record keeping (MOH):

- a. Develop training programs and capacity building exercises to sensitize staff on need and process for proper documentation and record keeping (i.e., what data needs to be recorded, where and how).
  - b. Develop sample material (for example, how to record data on family planning counselling, how and what details to be added while recording immunization details, which details to be referred to while submitting the financial and program reports, etc.) to share with facility and county staff on proper documentation.
  - c. Develop standardized reporting format (i.e., what data has to be reported and where it should be recorded) based on MOH monitoring and evaluation guidelines
  - d. Uniformity in the ledgers/record formats available at each facility
8. For preventing stock outs (MOH):
- a. Develop a facility-specific minimum and maximum stock levels of essential supplies and items for all the health facilities that can help to maintain availability of vaccines/other supplies such as ITNs across all the health facilities with suitable mechanisms for triggering order before minimum quantity is reached.
  - b. Provision for inventory audits to ensure stocks (vaccines/ITNs etc.)

## BACKGROUND

USAID has supported the Liberian health sector through the Fixed Amount Reimbursement Agreement (FARA). The Government of Liberia (GOL) pre-finances FARA through the national budget. Through this agreement, USAID reimburses fixed amounts quarterly to the GOL for achievement of milestones.

### PURPOSE

The purpose of this verification was to gather data, conduct reviews/analysis of reports, and verify the milestone data submitted by the health facilities. The exercise also verified the evidence of healthcare services delivered according to the FARA milestones.

USAID identified 16 milestones across two categories (Administration and Service Delivery) under the FARA Framework for this review to assure implementation compliance with the agreed standards. The verification exercise collected evidence of the milestones through field visits, interviews, observations and reviews of reports for Quarter 3 (January – March 2020) and Quarter 4 (April – June 2020), and validated the quality of the outputs reported for the period assessed.

The scope of work for the verification included:

- Quarterly verification exercise for Quarter 3 (January – March 2020): Administrative and Service Delivery Milestones
- Quarterly verification exercise for Quarter 4 (April – June 2020): Administrative and Service Delivery Milestones
- Data on Milestone #8 Service Delivery for Q1 (July – September 2019) and Q2 (October – December 2019)

FIGURE 1: LIST OF MILESTONES

ADMINISTRATIVE	SERVICE DELIVERY
1 % of facilities assessed to have implemented at least 80% of planned activities in updated business plan	1 Number of deliveries in health facility attended by skilled personnel
2 % of health facilities submitting complete and timely data in LMIS	2 Number of post-partum women attending post-natal care within two (2) days after delivery
3 % of health facilities that held at least three HFDC meetings per quarter	3 Number of pregnant women who took 3rd dose of IPT for malaria
4 % of maternal deaths reported with reviews conducted & actions taken	4 Number of women that receive ITNs after delivery at health facility
5 % of neonatal deaths reported with reviews conducted & actions taken	5 Number of clients counselled for Family Planning
6 Timely and completeness of CHT quarterly financial and program reports submitted	6 % of health facilities providing family planning (FP) counseling and/or services
7 % Health facilities with quarterly bonus paid on time	7 Number of children under 1 year of age fully immunized
8 % of staff on official MOH payroll fully paid within 30 days after the end of the quarter	8 % of sick children (under five) whose weight/height is assessed

## VERIFICATION METHODOLOGY

Based on the discussions during the kick-off and other meetings held with key stakeholders (USAID, MOH, and LSA), and experience from previous round of verification, IQVIA conducted the verification exercise across six counties: Bong, Lofa, Nimba, River Gee, Grand Gedeh, and Grand Cape Mount. The data collection involved desk review, including previous reports, documents, and other materials from the MOH FARA Management Team. The exercise also included review of records from the health facilities, County Health Teams (CHTs) and MOH HMIS, and interviews and observations. IQVIA was supported in the data collection exercise by local partner, Community Health Education and Social Services (CHESS), whose role was to hire the on-ground personnel (data collectors, supervisors, data quality manager, research assistant and research lead), arrange for the logistical requirements for the data collection (vehicles and fuel for travel, arrangements for staff deployed to the field), and execute the data collection exercise.

### METHODOLOGY FOR SAMPLE SIZE

A total of 267 facilities have implemented FARA milestones across six counties in Liberia. Through discussions with LSA, USAID, and MOH, it was confirmed that the following approach would be adopted in determining the number of facilities to be included in the verification process: 50 percent of 267 health facilities in all six FARA supported counties would be selected for verification of quarterly milestones.

**Step 1:** Based on population, the counties were split into larger counties (Bong, Nimba, and Lofa) and smaller counties (River Gee, Grand Gedeh, and Grand Cape Mount).



**Step 2:** LSA and IQVIA team scanned through the list of facilities in all six counties, and based on the catchment population, the health facilities were categorized as shown in Table 1.

TABLE 1: CATEGORIES FOR SELECTION OF FACILITIES

CATEGORY BASED ON CATCHMENT POPULATION	LARGER COUNTIES (BONG, NIMBA, AND LOFA)	SMALLER COUNTIES (RIVER GEE, GRAND GEDEH, AND GRAND CAPE MOUNT)
1	<3,000	<2,000
2	3,001-8,000	2,001-5,000
3	8,001-15,000	5,001-8,000
4	>15,000	>8,000

**Step 3:** Based on the parameter to cover maximum health facilities that were not covered during previous FARA verification, 50 percent of the health facilities were selected in different counties. To obtain the proportionate selected facilities by category in each county, learning from previous verification performed by team (such as accessibility) was also utilized. A total of 134 facilities were identified for the two-quarterly verification exercises.

Table 2 represents the number of facilities selected from each county in each category for the quarterly verification exercise.

TABLE 2: NUMBER OF FACILITIES SELECTED FOR QUARTERLY VERIFICATION

LARGER COUNTY	CATEGORY BASED ON CATCHMENT POPULATION				TOTAL FACILITIES SELECTED
	NAME (NUMBER OF FACILITIES WITH FARA APPLICATION)	<3,000	3,001-8,000	8,001-15,000	
<b>Bong (53)</b>	03	08	12	04	27
<b>Nimba (76)</b>	01	21	12	04	38
<b>Lofa (59)</b>	08	15	05	01	29
SMALLER COUNTY	CATEGORY BASED ON CATCHMENT POPULATION				TOTAL FACILITIES SELECTED
	<2,000	2,001-5,000	5,001-8,000	>8,000	
<b>River Gee (20)</b>	00	08	01	01	10
<b>Grand Gedeh (24)</b>	00	06	03	03	12
<b>Grand Cape Mount (35)</b>	04	07	04	03	18
<b>Total</b>					134

The list of select 134 health facilities visited for verification of quarterly milestones (on Administration and Service Delivery) is contained in Annex 3.

The selection of facilities was done based on IQVIA and LSA’s understanding of the requirements and guidelines. The list of selected facilities was finalized based on inputs from USAID. After the initiation of the field activities, two of the selected facilities were replaced (Cocopa Clinic replaced with Beindin in Nimba County, Isaac Gbema replaced with Yeala Clinic in Lofa County) based on inputs from CHT teams, and one health facility selected in River Gee was replaced due to accessibility (U-bor replaced with Nyaaken Clinic).

## FIELD TEAM TRAINING

### PRE-DEPLOYMENT QUALITY CONTROL MEASURES

Due to COVID-19 travel restrictions, IQVIA adopted the TOT (Training of Trainer) program for the local field partner team. Thereafter, the partner firm then provided training to the data collectors and supervisors for field activities.

A TOT program ensured that all the trainers were fully equipped to provide training to the enumerators. A two-day virtual training session (held from November 9-10, 2020) was conducted for

Research Leads and Data Quality Managers for knowledge transfer on the data collection tools and reinforcing the lessons from previous verification. The training material and related presentations were developed by IQVIA team and handed over during the TOT program for further review.

A three-day classroom training program (with online support during discussions and mock sessions held from November 11-13, 2020) was conducted for all the data collectors and supervisors. The Research Team Lead, Data Quality Manager, Data Quality Assistant conducted the training.

The training sessions covered the following:

- Discussion of the purpose and objectives of the research/verification;
- Discussion and review of the data collection tools and how to collect data;
- Basic structure of tools, order of the administration of the questionnaires and understanding each question of the verification tool for each milestone;
- Debriefing from previous verification exercise;
- Session on mock interviews for participant's practice;
- Data security and confidentiality – Session for data security of participant's personal information, facility data, etc.;
- Behavioral aspects and ethics – informed consent, voluntary participation;
- Data quality assurance aspects;
- Special session for field supervisors; and
- COVID-19 related infection prevention protocols.

TABLE 3: TRAINING PLAN

TRAINING PROGRAM (3-DAY TRAINING WITH DEBRIEFING ON LEARNINGS FROM PREVIOUS VERIFICATION)		
Training Location – Liberia		
DAY 1 (WEDNESDAY, NOVEMBER 11, 2020)		
TIME	TOPIC	TRAINER NAME
08:30 – 09:30	Introduction of participants, expectations, overview of agenda	-
09:30 – 10:30	Pre-test of the participants of training programme (field data collectors)	-
10:30 – 11:30	<b>Training Module 1 – Introduction to FARA Programme in Liberia</b> Overview of verification Scope of work Timelines and deliverables (concerning the field work)	Robert G. Mesleh – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
11:30 – 13:30	<b>Training Module 2 – Understanding the Tools for Administrative Milestones</b> Discussion on key terms and abbreviations Content and the intent of the questions Orientation on related SOPs/guidelines	Robert G. Mesleh – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
13:30 – 14:00	Lunch	
14:00 – 16:00	<b>Training Module 2 – Understanding the Tools for Administrative Milestones continued</b> Data quality assurance aspects Learnings from previous verification	Othello Solo – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
16:00 – 17:30	Q&A Session	
DAY 2 (THURSDAY, NOVEMBER 12, 2020)		
08:30 – 09:30	Recap of Day 1 session	Robert G. Mesleh – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
09:30 – 10:30	<b>LSA/SI Team Interaction and Session</b>	

## TRAINING PROGRAM

### (3-DAY TRAINING WITH DEBRIEFING ON LEARNINGS FROM PREVIOUS VERIFICATION)

10:30 – 11:30	<b>Training Module 3 – Soft Skills Training and Research Ethics including Data Security and Confidentiality</b>	Robert G. Mesleh – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
11:30 – 13:30	<b>Training Module 4 – Understanding the Tools for Service Delivery Milestones</b>  Discussion on key terms and abbreviations  Content and the intent of the questions  Orientation on related SOPs/guidelines	Robert G. Mesleh – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
13:30 – 14:00	Lunch	
14:00 – 16:00	<b>Training Module 4 – Understanding the Tools for Service Delivery Milestones continued</b>  Data quality assurance aspects  Learnings from previous verification	Othello Solo – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
16:00 – 17:30	<b>Training Module 5 - COVID-19 Related Infection Prevention Protocols</b>	Robert G. Mesleh – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
17:30 – 18:00	Q&A Session	
<b>DAY 3 (FRIDAY, NOVEMBER, 13 2020)</b>		
08:30 – 09:30	Recap of Day 1 and 2 sessions	
09:30 – 11:30	<b>Key Takeaways on Experience from Past Verification and Data Quality</b>	Othello Solo and Supervisors – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
11:30 – 13:30	<b>Training Module 6 – Demonstration of Survey CTO Application</b>	Robert G. Mesleh – F2F Facilitator Debarghya Dasgupta and Edwin Akpotor – Remote Facilitator
13:30 – 14:00	Lunch	
14:00 – 16:00	Role play and simulation on milestones	Led by Senior Research Team
16:00 – 17:00	Practice on usage of SurveyCTO tool with Q&A session	

## TRAINING PROGRAM

### (3-DAY TRAINING WITH DEBRIEFING ON LEARNINGS FROM PREVIOUS VERIFICATION)

17:00 Post-training test and final selection of  
– 36 data collectors (as buffer attendance  
18:00 is expected during sessions)

---

The training was delivered using presentations, demonstrations, group discussions, and role play activities. At the start of the training, the team conducted a pre-test. After the training, a post-training test was conducted to ensure that the field survey team members and data collectors understood the tools and possessed the ability to record accurate data without errors.

In the pre-test, the average score of the selected data collectors was approximately 68 percent, which increased to approximately 87 percent in post-test. In the pre-test, nearly 28 percent of enumerators had a score of less than 60 percent, while in the post-test, nearly 72 percent of enumerators had a score of more than 80 percent.

To ensure timely and quality delivery of the project, the training was attended by eight extra data collectors. This was to ensure selection of the top data collectors based on their post-training evaluations and to have a pool of trained data collectors ready to replace on-ground data collectors in the event of attrition.

The trainings were also attended by a team from LSA to provide overall guidance and ensure that quality of training program is maintained throughout.

## METHODOLOGY FOR DATA COLLECTION

The IQVIA team completed the verification field exercise after training and deployment of the identified data collectors as per the set timelines.

**Field Data Collectors:** A team of 36 data collectors spread across 18 teams conducted the verification exercise, in teams of two members each. The teams were a mix of males and females as appropriate and to the extent possible. Additional data collectors were held as back-up in case replacement was required. The data collectors were selected based on the ability to collect and interpret quantitative data, accounting knowledge, and experience working in the health sector. The general qualification of data collectors was a bachelor's degree in nursing, physician assistant, or administration; approximately 50 percent of the data collectors selected possessed a clinical background.

Each team of two members visited one health facility and completed both quarterly verification (Q3 and Q4 verification) exercises in two person-days, including the data for Q1 and Q2 on milestone #8.

TABLE 4: METHODOLOGY FOR DATA COLLECTION

TYPE OF DATA COLLECTION	TOTAL NO.	DURATION	FIELD DATA COLLECTORS	TOTAL TIME REQUIRED BY DATA COLLECTORS
Quarterly Verification	134*2= 268	1 day	One team of two members	Minimum 268 peron-days. Approximately 8 days for data collection with a team of 36 data collectors from facilities plus two days for County Health Centre (CHC)/MOH level (CHT in briefing and debriefing were managed simultaneously to ensure data collection is completed within strict timelines)

IQVIA adopted a phased approach to data collection. The teams were deployed in five counties to cover all facilities and after completion. The teams from River Gee were also deployed to Grand Gedeh County.

**Field Supervisors:** Nine field supervisors were in the field to monitor the data collectors and support compliance with the standard operating procedures (SOPs) for work schedule and field activity. Apart from supervision of data collectors, the supervisors led data collection at the county level.

**Data Quality Manager and Assistant Data Quality Manager:** One Data Quality Manager and one Assistant Data Quality Manager were assigned with the Research Team Lead to manage the verification data. The role of quality manager was to monitor data collection to ensure that all data points and entries in the data collection platform are completed, provide feedback to data collection teams based on findings, and run data quality checks to ensure that outliers were immediately rectified. The Data Quality Managers were held responsible to identify various types of errors in the data after reviewing the remarks wherever available.

**Research Team Lead:** One Research Team Lead supervised and monitored the entire verification activity. Random checks were conducted by the Research Team Lead, who also ensured implementation of deployment plan, to ensure that the field teams follow field survey methodologies, promoting high quality of data, and conducting daily follow-up to help identify errors and take corrective actions. The Research Team Lead was also responsible for data collection at the MOH level.

**Reporting:** Weekly reporting (every Thursday) on the status of field activity and progress of the exercise was followed throughout the exercise. Weekly calls were conducted between IQVIA and LSA to discuss concerns and issues relating to implementation. The weekly report also included the information on:

- Number/names of facilities covered;
- Number/names of facilities that refuse verification;
- Challenges faced during data collection;
- Status of data quality control; and
- Number of facilities pending for quality control check.

## **DATA COLLECTION AND QUALITY CHECK**

### **DATA COLLECTION TOOL**

Three questionnaires were developed for data collection at the facility, county, and central/ MOH levels. A data collection tool was created on SurveyCTO for each of the questionnaires.

The data collectors and supervisors were assigned new smartphones for data collection, one for each team and one for each supervisor. The SurveyCTO application was downloaded on each phone. The data collectors and the supervisors were each given unique login credentials for the SurveyCTO application on their devices.

The mobile application had in-built validations and checks to ensure the quality of data.

### **PROCESS FOR DATA COLLECTION**

During data collection, the data collectors recorded the data manually on a hard copy of the questionnaire. At the end of the data collection at a facility, the data was reviewed by the supervisor before submitting on the SurveyCTO application. The manually completed hard copy was preserved carefully and submitted at the end of the field work to serve as a record of collected data in case of an erroneous entry of data into the application.

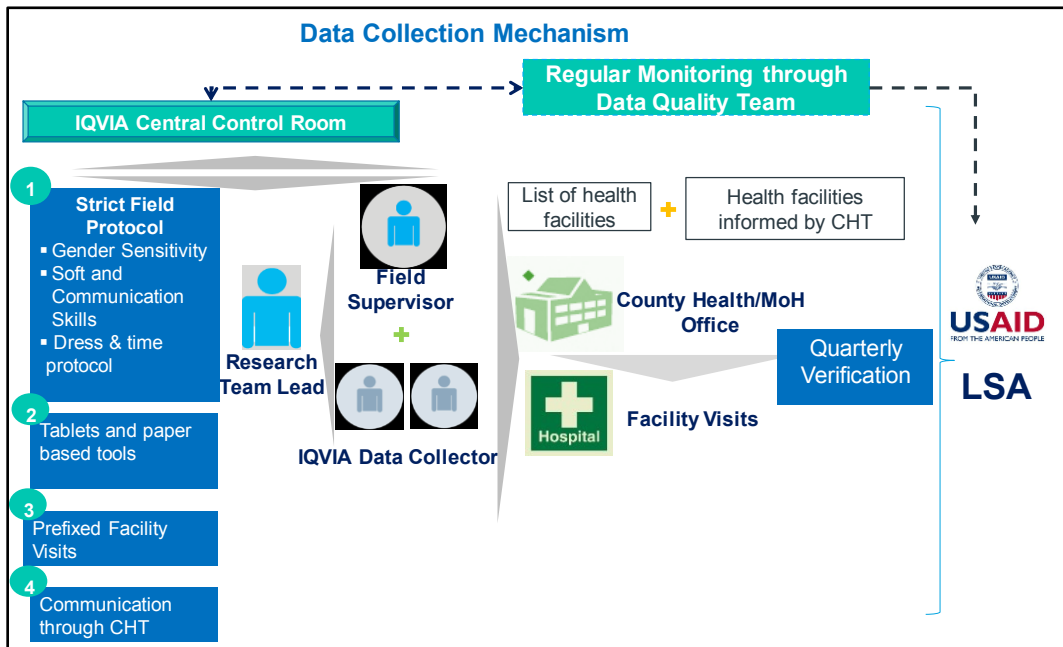
### **MONITORING AND SUPERVISION OF DATA COLLECTION PROCESS**

During the data collection process, progress was monitored as follows:

1. Daily reporting by Research Lead on the status of data collection;
2. Daily reporting by Data Quality Manager on the status of data quality control; and
3. Daily report by the supervisor on status of data collection, challenges faced, and successes recorded over a WhatsApp group created for this purpose.



FIGURE 2: DATA COLLECTION MECHANISM



### QUALITY CHECK OF THE DATA

The data was downloaded by the Data Quality Manager (DQM) from the SurveyCTO platform. Prior to submission to SurveyCTO, the data first underwent a round of quality checking by the supervisor. This downloaded data was then reviewed by the DQM for a second round of quality check before sharing with central quality control (QC) team. The central QC team then carried out a third round of quality check through a thorough review of the data, and shared feedback with DQM for verification of certain data points, where the data appeared to be erroneous.

On the data points suggested for verification by central QC team, the additional verification was carried out by the DQM by matching submitted data on the SurveyCTO application with the data on the manually completed hard copy questionnaire, and in some instances, by confirming data with the relevant supervisors and data collectors. The necessary changes were made on the collected data.

The LSA team performed random field visits to monitor and evaluate the performance of field team (data collectors and supervisors). Additionally, several monitoring tools such as mobile-phone based discussion groups to monitor performance and provide real-time guidance were developed during the verification exercise. The verified data was then reshared with the core team to proceed with data analysis.

# DATA ANALYSIS APPROACH SUMMARY<sup>1</sup>

## SECTION I: QUARTERLY VERIFICATION

### ADMINISTRATIVE AND SERVICE DELIVERY MILESTONES

There were eight administrative milestones verified during this exercise. Two of these milestones were verified at the central (MOH) level, three at the county level, and the remaining three were assessed at the facility level. Similarly, there were eight service delivery milestones verified during this assignment, all eight verified at the facility level.

TABLE 5: SUMMARY OF ADMINISTRATIVE AND SERVICE DELIVERY MILESTONES DATA ANALYSIS APPROACH

TYPE/LEVEL	DATA ANALYSIS APPROACH
Administrative/ facility-level verification. <sup>1</sup>	Facility level data points for administrative milestones were analyzed based on their indicator using automated Microsoft Excel (MS-Excel) functions. A step-wise process of verifying positive responses to the sets of questions tied to each indicator was conducted. The results of the data analysis per facility per indicator were aggregated to represent each county. Although county-level data were presented, when and where necessary, the analysis of specific facility with notable strong or weak performance(s) are mentioned in the key findings.
Administrative/ central (MOH)- level verification. <sup>1</sup>	The data analysis approach for central (MOH) level to verify administrative milestones was done by direct counting and summation of the responses to the research questions. Wherever appropriate, strategic additional information was projected from the collected and analyzed MOH data points to buttress the findings.
Administrative/ county-level verification. <sup>1</sup>	County (CHT)-level data were analyzed through a straight-forward counting and summation process based on the findings for each data point. Most of the summed-up data point values were converted to percentages. Where and when necessary, relevant and important additional information was projected from the collected and analyzed county data points.
Service delivery/ facility-level verification. <sup>1</sup>	Validated facility-level data points for service delivery milestones were analyzed based on their indicator using automated MS-Excel functions. A step-wise approach (detailed in Annex 1) was used in conducting the data analysis for Service Delivery Milestones 1 to 5 and 7 to arrive at the level of accuracy between respective figures in facility ledger(s) and facility submitted figures on HMIS database. For Service Delivery Milestones 6 and 8, a summation of facilities responses to the research question were made and converted into percentages at the county level to complete this task. Where and when necessary, additional analysis was performed on the available data sets to obtain critical narrative that would strengthen the respective key findings.

<sup>1</sup>Detailed explanation in Annex 1

## KEY FINDINGS<sup>2</sup>

The key findings are divided into four sections:

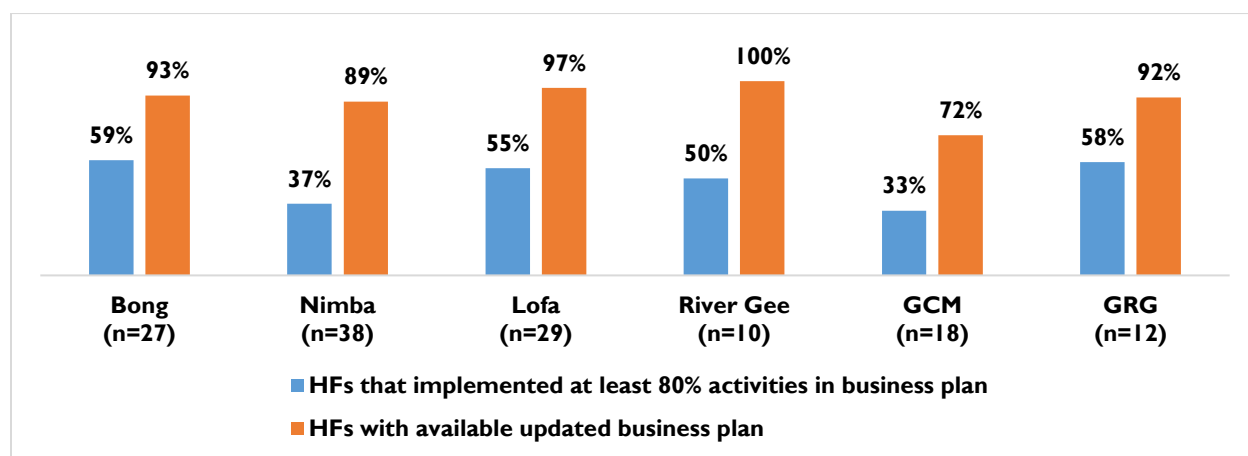
- Section 1: Key findings from Quarter 3 verification exercise (January 2020 to March 2020)
- Section 2: Key findings from Quarter 4 verification exercise (April 2020 to June 2020)
- Section 3: Key findings on Service Delivery Milestone 8 for Quarter 1 (July 2019 – September 2019) and Quarter 2 (October 2019 – December 2019)
- Section 4: Comparison of Findings on Year 4 Quarterly Verification (Q1, Q2, Q3, Q4)

### SECTION 1: KEY FINDINGS IN QUARTER 3 VERIFICATION EXERCISE (JANUARY 2020 TO MARCH 2020)

#### ADMINISTRATIVE MILESTONES

##### DELIVERABLE 1: ADMINISTRATIVE MILESTONE #1 - PERCENT OF SAMPLED FACILITIES ASSESSED TO HAVE IMPLEMENTED AT LEAST 80 PERCENT OF PLANNED ACTIVITIES IN UPDATED BUSINESS PLAN (QUARTER 3)

FIGURE 3: PERCENTAGE OF FACILITIES WITH AVAILABLE UPDATED BUSINESS PLAN AND THOSE THAT IMPLEMENTED AT LEAST 80 PERCENT OF PLANNED ACTIVITIES IN UPDATED BUSINESS PLAN



\* "n" represents the number of sampled health facilities

The data reflects that in Quarter 3 (Q3), in Bong, 25 out of 27 facilities had an updated business plan and of those, 16 facilities had implemented at least 80 percent of planned activities. Kpaai and Rock Crusher facilities in Bong did not have a business plan.

In Nimba, 34 out of 38 facilities had an updated business plan and of those, 14 facilities had implemented at least 80 percent of planned activities. Bahn Health Center, Zuaplay, Consolata, and Flumpa facilities in Nimba did not have a business plan.

<sup>2</sup> Annex 2

In Lofa, 28 out of 29 facilities had an updated business plan and of those, 16 facilities had implemented at least 80 percent of planned activities. Fissebu facility in Lofa did not have a business plan.

In River Gee, 10 out of 10 facilities had an updated business plan and of those, five facilities had implemented at least 80 percent of planned activities.

In Grand Cape Mount, 13 out of 18 facilities had an updated business plan and of those, six facilities had implemented at least 80 percent of planned activities. Bamballa, Fahnja, Bendaja, Tallah, and Sinje Health Center facilities in Grand Cape Mount did not have a business plan.

In Grand Gedeh, 11 out of 12 facilities had an updated business plan and of those, seven facilities had implemented at least 80 percent of planned activities. Gorbowroga facility in Grand Gedeh did not have a business plan.

It was observed that the potential reasons for not implementing 80 percent of activities in the updated business plan, across counties, were inadequate funding at health facilities to implement activities, and the lack of knowledge of health facility staff to develop business plans.

## DELIVERABLE 2: ADMINISTRATIVE MILESTONE #2 - PERCENT OF HEALTH FACILITIES SUBMITTING TIMELY AND COMPLETE DATA IN LOGISTICS MANAGEMENT INFORMATION SYSTEM (LMIS) (QUARTER 3)

TABLE 6: PERCENTAGE OF FACILITIES SUBMITTING TIMELY AND COMPLETE HEALTH PRODUCT DATA ON LMIS

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
1	ARV and Test Kits	2%	18%	27%	5%	15%	4%
2	CHA Products	2%	1%	2%	5%	3%	4%
3	Essential Medicines	0%	25%	14%	60%	59%	0%
4	Eye Health	0%	0%	39%	20%	3%	4%
5	FP and Reproductive Health	0%	14%	34%	80%	71%	4%
6	Infection Prevention	2%	1%	19%	60%	53%	4%
7	Lab Commodities	0%	1%	22%	20%	3%	4%
8	Malaria Program	2%	22%	27%	75%	44%	4%
9	Mental Health	2%	19%	31%	65%	24%	4%
10	Non-Communicable Disease	2%	1%	2%	5%	3%	4%
11	Nutritional Supplement	0%	1%	25%	65%	9%	4%
12	TB and Leprosy	2%	1%	10%	55%	15%	0%
13	Vaccines	2%	1%	36%	80%	68%	4%

\* "n" represents the total number of health facilities in each County

In Q3, the percentage of health facilities submitting timely and complete healthcare product data on the Logistics Management Information System (LMIS) ranged from 0 percent to 80 percent. Bong did not submit timely and complete healthcare product data on the LMIS for five product groups. River Gee had the highest rate of submission amongst the six counties.

Overall, CHA products have least compliance rate to reporting across all the counties.

TABLE 7: PERCENTAGE OF FACILITIES SUBMITTING TIMELY HEALTH PRODUCT DATA ON LMIS

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
1	ARV and Test Kit	2%	22%	100%	5%	21%	4%
2	CHA Products	2%	1%	2%	5%	3%	4%
3	Essential Medicines	2%	61%	100%	85%	94%	4%
4	Eye Health	2%	1%	100%	55%	3%	4%
5	FP and Reproductive Health	2%	33%	100%	85%	85%	4%
6	Infection Prevention	2%	1%	100%	80%	71%	4%
7	Lab Commodities	2%	3%	100%	35%	6%	4%
8	Malaria Program	2%	41%	100%	90%	91%	4%
9	Mental Health	2%	18%	100%	80%	26%	4%
10	Non-Communicable Diseases	2%	1%	93%	5%	3%	4%
11	Nutritional Supplements	2%	1%	100%	70%	15%	4%
12	TB and Leprosy	2%	1%	73%	55%	15%	4%
13	Vaccines	2%	1%	100%	85%	85%	4%

\* "n" represents the total number of health facilities in each county

CHA products data were submitted in a timely manner to the LMIS by the least number of health facilities in the six counties during this period, while products for Essential Medicines and Malaria Program data were similarly submitted by the greatest number of health facilities in the six counties during this period.

Bong had the lowest rate of timely submission amongst all the counties across categories, while Lofa had the highest rate of timely submission amongst all the counties across categories.

TABLE 8: PERCENTAGE OF FACILITIES SUBMITTING COMPLETE HEALTH PRODUCT DATA ON LMIS

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
1	ARV and Test Kit	87%	50%	27%	65%	18%	79%
2	CHA Products	2%	1%	2%	5%	3%	4%
3	Essential Medicines	52%	34%	14%	70%	65%	75%
4	Eye Health	17%	36%	39%	20%	3%	63%
5	FP and Reproductive Health	89%	49%	34%	85%	76%	88%
6	Infection Prevention	80%	53%	19%	70%	56%	71%
7	Lab Commodities	30%	42%	22%	20%	3%	67%
8	Malaria Program	91%	53%	27%	85%	47%	92%
9	Mental Health	41%	63%	31%	70%	24%	79%
10	Non-Communicable Diseases	2%	1%	2%	5%	3%	4%
11	Nutritional Supplements	52%	42%	25%	70%	9%	79%
12	TB and Leprosy	80%	71%	10%	60%	15%	75%
13	Vaccines	93%	39%	36%	85%	74%	79%

“n” represents the total number of health facilities in each county.



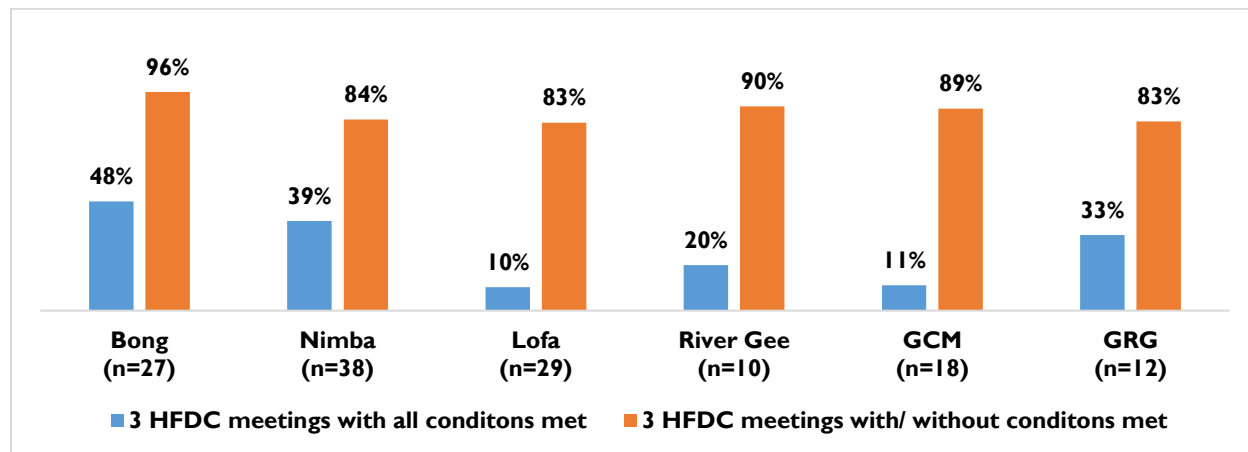
The data reflects that complete CHA products and products for non-communicable diseases data were submitted in the LMIS by the least number of health facilities in the six counties during this period. On the other hand, complete data for Family Planning (FP) and Reproductive Health, Infection Prevention, Malaria Program, and Mental Health were submitted in the LMIS by the greatest number of health facilities in the six counties during this period.

Lofa had the fewest complete data submissions amongst all the counties across categories, while Grand Gedeh had the highest complete data submission.

The CHTs complained of late submission of data from the health facilities (HFs), and there appeared to be limited capability in collating and sharing of data at the HF level, especially in larger counties.

**DELIVERABLE 3: ADMINISTRATIVE MILESTONE #3 - PERCENT OF HEALTH FACILITIES THAT HELD AT LEAST THREE HFDC MEETINGS PER QUARTER (WITH ALL THE CONDITIONS FULFILLED) (QUARTER 3)**

FIGURE 4: PERCENTAGE OF SAMPLED FACILITIES CONDUCTING HFDC MEETINGS



\*“n” represents the number of sampled health facilities.

The conditions to be met include availability of meeting notes, date, venue, attendance, agenda, action points, and follow up on the previous month’s action points for all three meetings in a quarter. In addition, at least one of the meetings should be dedicated to performance review of service delivery indicators.

In Bong, 26 out of the 27 sampled health facilities held three HFDC meetings (with or without all the conditions met), 13 met all the conditions. Palala facility held fewer than three HFDC meetings.

In Nimba, 32 out of the 38 sampled health facilities held three HFDC meetings (with or without all the conditions met), 15 met all the conditions. St Mary’s, Duoplay, Zuolay, Graie, Bahn Health Center, and Flumpa facilities held fewer than three HFDC meetings.

In Lofa, 24 out of the 29 sampled health facilities held three HFDC meetings (with or without all the conditions met), three met all the conditions. Sorlumba, Porluma, Borkeza, Popalahun, and Bondi Selma facilities held fewer than three HFDC meetings.

In River Gee, nine out of the 10 sampled health facilities held three HFDC meetings (with or without all the conditions met), two met all the conditions. Killepo facility held fewer than three HFDC meetings.

In Grand Cape Mount, 16 out of the 18 sampled health facilities held three HFDC meetings (with or without all the conditions met), two met all the conditions. M’baloma and Varguaye facilities held fewer than three HFDC meetings.

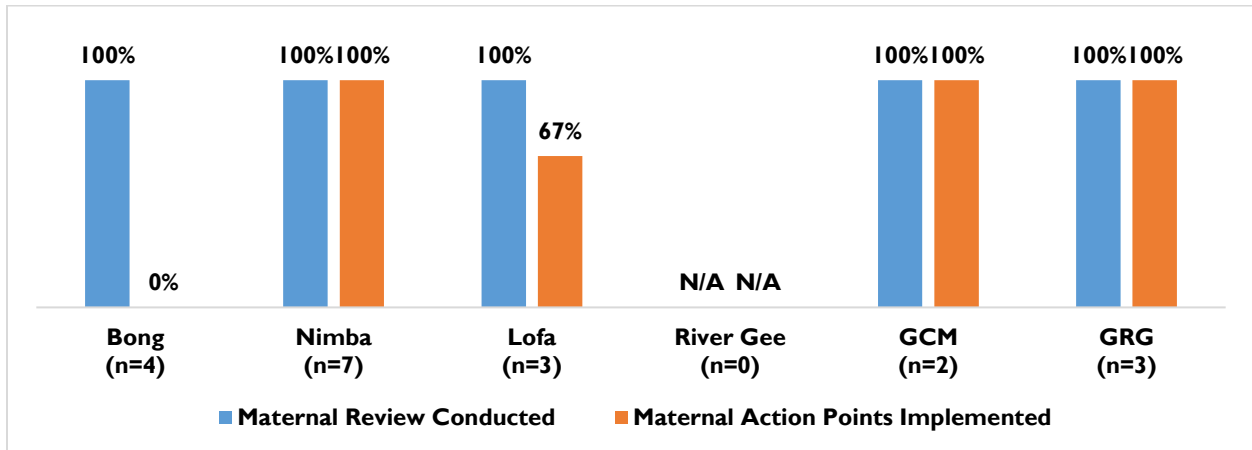
In Grand Gedeh, 10 out of the 12 sampled health facilities held three HFDC meetings (with or without all the conditions met), four met all the conditions. Gorbowrogba and Kannah Comm facilities held fewer than three HFDC meetings.

It was observed that health facilities were either unaware of the mandatory conditions or not compliant with documentation requirements while conducting meetings. Additionally, a challenge faced was the

lack of functional HFDC at some health facilities. At a few of the health facilities, it was communicated that due to COVID-19, the meetings were not held per set frequency (three in each quarter).

**DELIVERABLE 4: ADMINISTRATIVE MILESTONE #4 - PERCENT OF MATERNAL DEATHS REPORTED WITH REVIEWS CONDUCTED AND ACTIONS TAKEN (QUARTER 3)**

FIGURE 5: PERCENTAGE OF CHT MATERNAL DEATH REVIEWS AND ACTION POINT IMPLEMENTATION



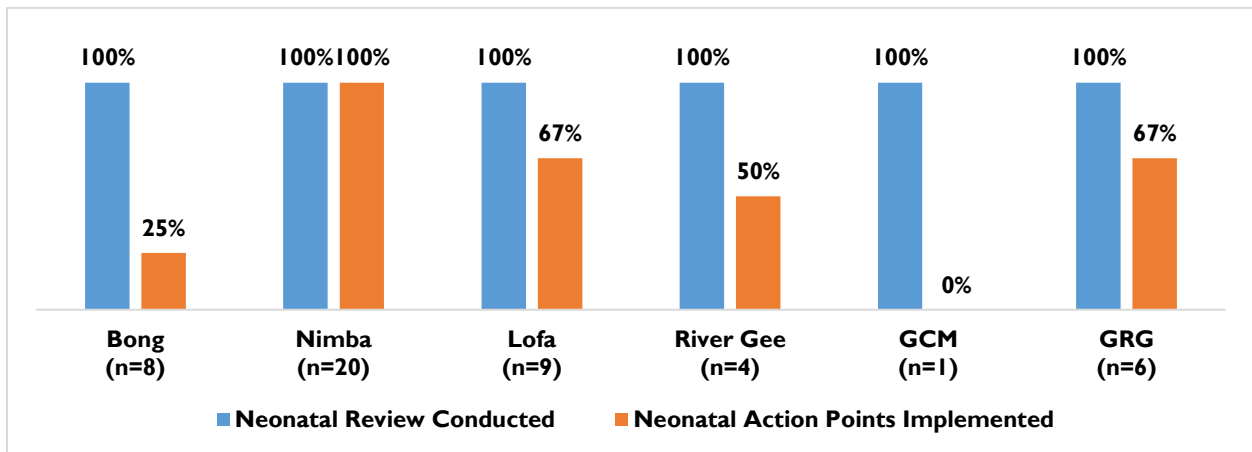
\*“n” represents the number of maternal deaths in each county

\*\* “N/A” or “not applicable” status is due to no neonatal death recorded across this county

The findings show that in Bong, action points from none of the four maternal death reviews were implemented. In Nimba, action points from seven of the seven maternal death reviews were implemented. In Lofa, action points from two of the three maternal death reviews were implemented. In River Gee, no maternal deaths were reported. In Grand Cape Mount, action points from two of the two maternal death reviews were implemented. In Grand Gedeh, action points from all three maternal death reviews were implemented.

**DELIVERABLE 5: ADMINISTRATIVE MILESTONE #5 - PERCENT OF NEONATAL DEATHS REPORTED WITH REVIEWS CONDUCTED AND ACTIONS TAKEN (QUARTER 3)**

FIGURE 6: PERCENTAGE OF CHT NEONATAL DEATH REVIEWS AND ACTION POINT IMPLEMENTATION



\*“n” represents the number neonatal deaths in each county



The findings show that in Bong, action points from two of the eight neonatal death reviews were implemented. In Nimba, action points from all 20 neonatal death reviews were implemented. In Lofa, action points from six of the nine neonatal death reviews were implemented. In River Gee, action points from two of the four neonatal death reviews were implemented. In Grand Cape Mount, action points from none of the one neonatal death review were implemented. In Grand Gedeh, action points from four of the six neonatal death reviews were implemented.

**DELIVERABLE 6: ADMINISTRATIVE MILESTONE #6 - TIMELY AND COMPLETENESS OF CHT QUARTERLY FINANCIAL AND PROGRAM REPORTS SUBMITTED (QUARTER 3)**

TABLE 9: SUBMISSION OF TIMELY AND COMPLETE CHT FINANCIAL AND PROGRAM REPORTS

S/N	INDICATORS	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
1.	Submission of timely and complete CHT financial and program report	Yes	Yes	Yes	Yes	Yes	No
2.	Timely submission Q3 program report	Yes	Yes	Yes	Yes	Yes	No
3.	Timely submission Q3 financial report	Yes	Yes	Yes	Yes	Yes	Yes
4.	Submission of Q3 payment vouchers and receipts <sup>3</sup>	No	No	No	No	No	No
5.	Submission of Q3 budget versus actual expenditure report	Yes	Yes	Yes	Yes	Yes	Yes
6.	Submission of Q3 bank reconciliation statements	Yes	Yes	Yes	Yes	Yes	Yes

Five indicators (points 2 to 6 above) were used in measuring this deliverable. Based on the information provided by an MOH official, as submission of quarterly payment vouchers and receipts are not required and no CHT has been asked to share them, the remaining four parameters were used in grading.

It was observed that all counties except River Gee submitted the program report on time and all counties submitted the financial report on time. All counties submitted budget versus actual expenditure report and bank reconciliation statements.

<sup>3</sup> The finance officer at MOH said “submission of quarterly payment vouchers and receipts were not required by MOH and none of the CHT has been told to submit them.”

**DELIVERABLE 7: ADMINISTRATIVE MILESTONE #7 - PERCENT OF HEALTH FACILITIES WITH QUARTERLY BONUS PAID ON TIME (WITHIN 21 DAYS OF REMITTANCE) (QUARTER 3)**

TABLE 10: PERCENTAGE OF FACILITIES PAID QUARTERLY BONUS ON TIME

S/N	INDICATORS	BONG (N=41)	LOFA (N=53)	NIMBA (N=57)	GRAND CAPE MOUNT (N=32)	GRAND GEDEH (N=22)	RIVER GEE (N=18)
1.	Received Q3 bonus payment from MOH.	Yes	Yes	Yes	Yes	Yes	Yes
2.	Made payment to FARA supported facilities.	Yes	Yes	Yes	No	Yes	No
3.	# of facilities paid Q3 bonus.	41	53	39	0	N/A	0
4.	Percentage of facilities paid Q3 bonus	100%	100%	68%	0%	N/A	0%

\* "n" represents the number of FARA supported facilities eligible to receive bonuses as per MOH financial management guidelines in each County

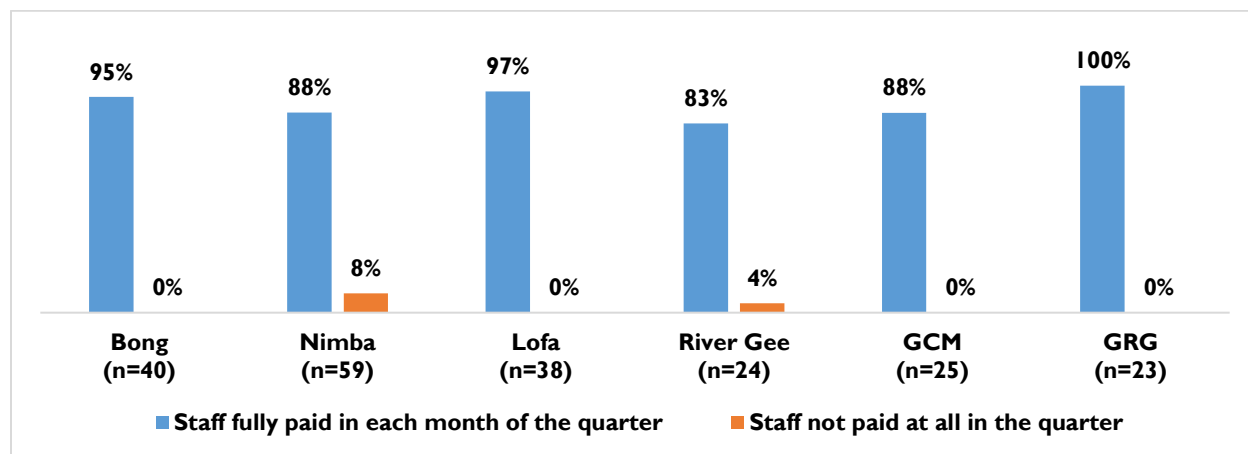
The findings reveal that all counties received quarterly bonus payment from MOH in Q3. Also, quarterly bonus payment was made to the FARA supported facilities in all counties except Grand Cape Mount and River Gee. In Bong (all 41 facilities), Lofa (all 53 facilities), and Nimba (39 facilities), facilities were paid by the respective CHT within 21 days of fund receipt from MOH, while in Grand Cape Mount and River Gee, none of the facilities were paid by the respective CHT within this time.

In Grand Gedeh, the CHT officials were unable to provide evidence of the date on which the county received its quarterly bonus payment from MOH in Q3 and hence the calculation of “percent of health facilities receiving quarterly bonus within 21 days of remittance” could not be performed.

In Grand Gedeh, the county accountant stated that main reason for not disbursing funds to facilities is pending appraisal (at Human Resource Manager level) of some of the facilities staff. In Grand Cape Mount, the county accountant reported that funds were received late, and were not sufficient to pay all HF, so they decided to await remaining funds to carryout combined payment of bonus.

**DELIVERABLE 8: ADMINISTRATIVE MILESTONE #8 - PERCENT OF STAFF ON OFFICIAL MOH PAYROLL FULLY PAID WITHIN 30 DAYS AFTER THE END OF THE QUARTER (QUARTER 3)**

FIGURE 7: PERCENTAGE OF STAFF AT FACILITY LEVEL ON OFFICIAL MOH PAYROLL FULLY PAID



\* “n” represents the number of staff interviewed; maximum three staff on MOH payroll were interviewed at each health facility

The data reflects that in Bong County, of the 40 staff on official MOH payroll interviewed, 38 were fully paid in each of the three months in the quarter, and two were paid in either one/two months.

In Nimba County, of the 59 staff on official MOH payroll interviewed, 52 were fully paid in each of the three months in the quarter, two were paid in either one/two months, and five were not paid at all in Q3.

In Lofa County, of the 38 staff on official MOH payroll interviewed, 37 were fully paid in each of the three months in the quarter, and one was paid in either one/two months.

In River Gee County, of the 24 staff on official MOH payroll interviewed, 20 were fully paid in each of the three months in the quarter, three were paid in either one/two months, and one was not paid at all in Q3.

In Grand Cape Mount County, of the 25 staff on official MOH payroll interviewed, 22 were fully paid in each of the three months in the quarter and three were paid in either one/two months.

In Grand Gedeh County, of the 23 staff on official MOH payroll interviewed, all were fully paid in each of the three months in the quarter.

## SERVICE DELIVERY MILESTONES

### DELIVERABLE 9: SERVICE DELIVERY MILESTONE #1 - PERCENT OF DELIVERIES IN HEALTH FACILITY ATTENDED BY SKILLED PERSONNEL (QUARTER 3)

TABLE 11: DATA ACCURACY OF HMIS AND FACILITY RECORDED DELIVERIES

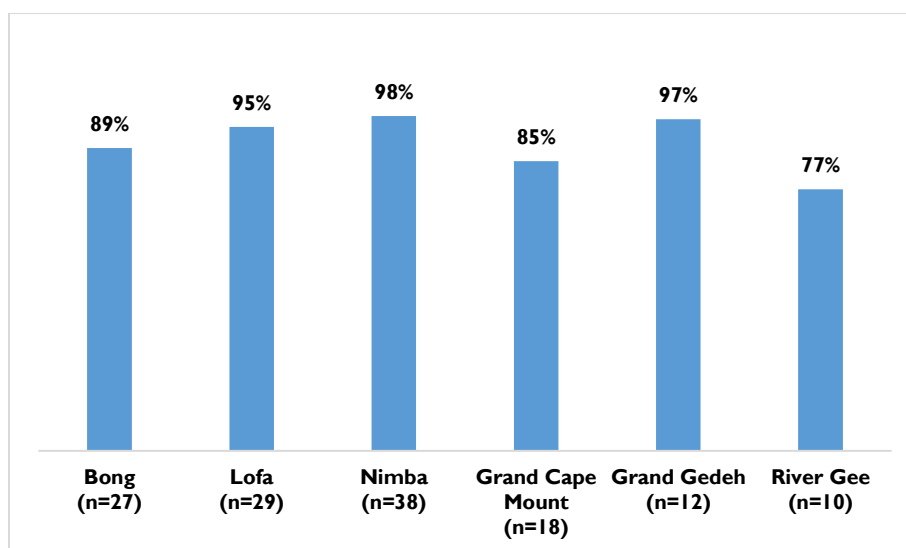
	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2867	2868	-1	0.03%	99.97% ↑
<b>Lofa (n=29)</b>	1435	1481	-46	3.11%	96.89% ↑
<b>Nimba (n=38)</b>	3452	3446	6	0.17%	99.83% ↓
<b>Grand Cape Mount (n=18)</b>	744	736	8	1.20%	98.91% ↓
<b>Grand Gedeh (n=12)</b>	658	656	2	0.30%	99.70% ↓
<b>River Gee (n=10)</b>	233	240	-7	2.92%	97.08% ↑

\*\* The data captured in "Health Facility" is derived from the delivery ledger; presence of partograph was not considered

<b>KEY</b>	Over reporting, HMIS figures are higher than data in facility register	↑
	Under reporting, HMIS figures are lower than data in facility register	↓
	No difference, HMIS figures and data in facility register are the same (i.e. when the HMIS and facility ledger variance percent is equal to 0%)	↔
"n" = number of sampled health facilities		

The findings reveal that in Q3, three counties (Bong, Lofa, and River Gee) over-reported and three counties under-reported HMIS data for number of deliveries in health facilities attended by skilled personnel in the HMIS by the sampled health facilities. The accuracy of data on number of deliveries in health facility attended by skilled personnel ranged from 96.89 percent (Lofa) to more than 99 percent (Bong, Nimba, and Grand Gedeh).

FIGURE 8: PROPORTIONS OF DELIVERIES THAT HAD PARTOGRAPH RECORDING (Q3)



\*“n” represents the number of sampled health facilities

In Q3, for 2,549 deliveries in Bong County, partographs were filled in across the 27 health facilities sampled and assessed during this verification exercise. In Nimba, 3,394 deliveries that were recorded in the facility delivery registers across the 38 sampled health facilities had accompanying partograph recordings. In Lofa, Grand Gedeh, Grand Cape Mount, and River Gee Counties, 1,365 deliveries, 641 deliveries, 633 deliveries, and 179 deliveries, respectively, had recorded entries in the facilities delivery ledgers from the assessed health facilities, and had completely filled in partographs.

Nimba County has the highest percent (98 percent) of compliance for completed partographs for deliveries.

It was observed that there were cases of the partograph being out of stock at the facility, not filled by staff, or in certain instance incomplete/incorrectly filled by staff at the health facilities.

#### DELIVERABLE 10: SERVICE DELIVERY MILESTONE #2 - PERCENT OF POST-PARTUM WOMEN ATTENDING POST-NATAL CARE WITHIN TWO DAYS AFTER DELIVERY (QUARTER 3)

TABLE 12: DATA ACCURACY OF HMIS AND FACILITY RECORDED PNC VISITS

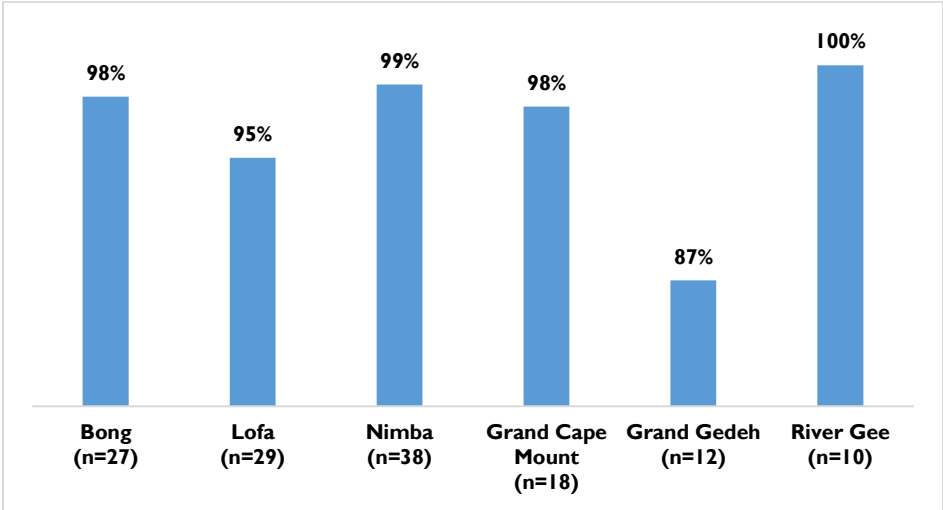
	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2814	2868	-54	1.88%	98.12% ↑↑
<b>Lofa (n=29)</b>	1357	1474	-117	7.94%	92.06% ↑
<b>Nimba (n=38)</b>	3413	3431	-18	0.52%	99.48% ↑
<b>Grand Cape Mount (n=18)</b>	726	737	-11	3.71%	98.51% ↑
<b>Grand Gedeh (n=12)</b>	575	657	-82	12.48%	87.52% ↑

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>River Gee (n=10)</b>	233	237	-4	1.69%	98.31% ↑

\* "n" represents the number of sampled health facilities

The findings show that in Q3, all the counties over reported data for the number of post-partum women who attended post-natal care within two days after delivery in the HMIS. The accuracy of data on number of post-partum women attending post-natal care within two days after delivery ranged from 87.52 percent (Grand Gedeh) to 99.48 percent (Nimba).

FIGURE 9: PROPORTION OF DELIVERIES THAT ATTENDED PNC VISITS (Q3)



\* "n" represents the number of sampled health facilities

It was observed that all the women that delivered in sampled health facilities across River Gee attended post-natal care at their respective facilities. However, according to the PNC and delivery ledgers, 53 women who delivered across the 27 sampled facilities in Bong did not attend PNC. In Nimba, Grand Cape Mount, Grand Gedeh, and Lofa, there were 39, 18, 83, and 78 women, respectively, who did not access PNC after delivery in health facilities within 48 hours of delivery. There were certain instances where women visited health facilities for PNC after 48 hours of delivery.

It was observed that there were no records in the PNC ledger for most of the months of the quarter assessed at Kumah Town Clinic from Grand Gedeh.

## DELIVERABLE 11: SERVICE DELIVERY MILESTONE #3 - PERCENT OF PREGNANT WOMEN WHO TOOK THIRD DOSE OF IPT FOR MALARIA (QUARTER 3)

TABLE 13: DATA ACCURACY OF HMIS AND FACILITY RECORDED WOMEN GIVEN THIRD IPT DOSE

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2608	2773	-165	5.95%	94.05%↑
<b>Lofa (n=29)</b>	1917	1885	32	1.70%	98.3%↓
<b>Nimba (n=38)</b>	2463	2472	-9	0.36%	99.64%↑
<b>Grand Cape Mount (n=18)</b>	871	901	-30	3.33%	99.09%↑
<b>Grand Gedeh (n=12)</b>	716	700	16	2.29%	97.71%↓
<b>River Gee (n=10)</b>	235	232	3	1.29%	98.71%↓

\* "n" represents the number of sampled health facilities

The findings reveal that in Q3, three counties (Bong, Nimba, and Grand Cape Mount) over-reported, and three counties under-reported on the milestone. The accuracy of data on number of pregnant women who took a third dose of IPT for malaria ranged from 94.05 percent (Bong) to 99.64 percent (Nimba).

## DELIVERABLE 12: SERVICE DELIVERY MILESTONE #4 - PERCENT OF WOMEN THAT RECEIVE ITNS AFTER DELIVERY AT HEALTH FACILITY (QUARTER 3)

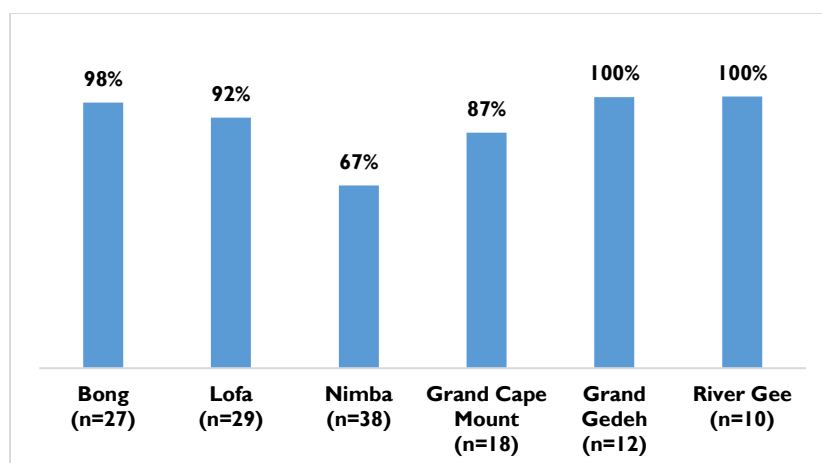
TABLE 14: DATA ACCURACY OF HMIS AND FACILITY RECORDED ITNS

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2805	2800	5	0.18%	99.82%↓
<b>Lofa (n=29)</b>	1324	1437	-113	7.86%	92.14%↑
<b>Nimba (n=38)</b>	2324	2322	2	0.09%	99.91%↓
<b>Grand Cape Mount (n=18)</b>	645	737	-92	14.46%	87.52%↑
<b>Grand Gedeh (n=12)</b>	657	655	2	0.31%	99.69%↓
<b>River Gee (n=10)</b>	233	231	2	0.87%	99.13%↓

\* "n" represents the number of sampled health facilities

The findings in Q3 show that two counties (Lofa and Grand Cape Mount) over-reported and four counties under-reported on the milestone. The accuracy of data on number of women that receive ITNs after delivery at health facility ranged from 87.52 percent (Grand Cape Mount) to more than 99 percent (Bong, Nimba, and Grand Gedeh).

FIGURE 10: PROPORTION OF DELIVERIES THAT RECEIVED ITNS (Q3)



\* "n" represents the number of sampled health facilities

It was observed that across the 38 health facilities sampled in Nimba County, 2,324 women who delivered in those health facilities were given ITNs. ITNs were given to 2,805, 1,324, and 645 women in Bong, Lofa, and Grand Cape Mount, respectively, who delivered in health facilities sampled there. In River Gee and Grand Gedeh, the compliance to issuing ITNs for deliveries was 100 percent across the health facilities assessed across the county.

The team observed cases of the facilities being out of stock of ITNs, and the staff were not recording the delivery of ITNs because of a lack of relevant column for recording in the ledger.

### DELIVERABLE 13: SERVICE DELIVERY MILESTONE #5 - NUMBER OF PATIENTS COUNSELLED FOR FAMILY PLANNING (QUARTER 3)

TABLE 15: DATA ACCURACY OF HMIS AND FACILITY RECORDED FP COUNSELLING AND DELIVERIES

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	24091	27334	-3243	11.86%	88.14% ↑
<b>Lofa (n=29)</b>	11950	15196	-3246	21.36%	78.64% ↑
<b>Nimba (n=38)</b>	22607	23337	-730	3.13%	96.87% ↑
<b>Grand Cape Mount (n=18)</b>	7369	7921	-552	9.10%	93.03% ↑
<b>Grand Gedeh (n=12)</b>	5464	6073	-609	10.03%	89.97% ↑
<b>River Gee (n=10)</b>	3290	3454	-164	4.75%	95.25% ↑

\* "n" represents the number of sampled health facilities

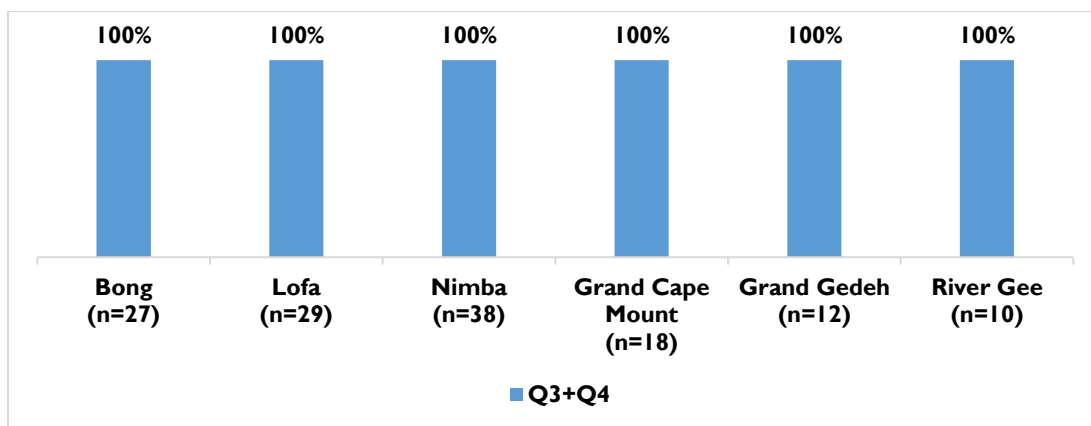
The findings for Q3 reveal that there was over-reporting of the number of patients counselled on family planning data in the HMIS by sampled health facilities in all the six counties. The accuracy of data on number of clients counselled for family planning ranged from 78.64 percent (Lofa) to 96.87 percent (Nimba).



It was observed at multiple health facilities that the ledger for recording this data was in a fragile state with torn pages, leading to loss of recorded data. The team also observed that facility staff were making separate records on family planning counseling as the FP counselling ledger was completely damaged (for example, Kpein Health facility in Nimba).

**DELIVERABLE 14: SERVICE DELIVERY MILESTONE #6 - PERCENT OF HEALTH FACILITIES PROVIDING FAMILY PLANNING (FP) COUNSELING AND/OR SERVICES (QUARTER 3)**

FIGURE 11: PERCENTAGE OF HEALTH FACILITIES PROVIDING FAMILY PLANNING COUNSELLING AND/OR SERVICES



\* “n” represents the number of sampled health facilities

The findings show that all the health facilities (134) visited for FARA verification provide family planning (FP) counseling and/or services.

Since the assessment question was same for both the quarters, whether the facility provides FP counselling and/or services, same data is presented for Q3 and Q4.

**DELIVERABLE 15: SERVICE DELIVERY MILESTONE 7 - PERCENT OF CHILDREN UNDER 1 YEAR OF AGE FULLY IMMUNIZED (QUARTER 3)**

TABLE 16: DATA ACCURACY OF HMIS AND FACILITY RECORDED CHILDREN FULLY IMMUNIZED

HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)	
Bong (n=27)	2521	2771	-250	9.02%	90.98% ↑
Lofa (n=29)	1541	1673	-132	7.89%	92.11% ↑
Nimba (n=38)	2599	2700	-101	3.74%	96.26% ↑
Grand Cape Mount (n=18)	626	758	-132	17.74%	82.59% ↑
Grand Gedeh (n=12)	266	490	-224	45.71%	54.29% ↑
River Gee (n=10)	237	301	-64	21.26%	78.74% ↑

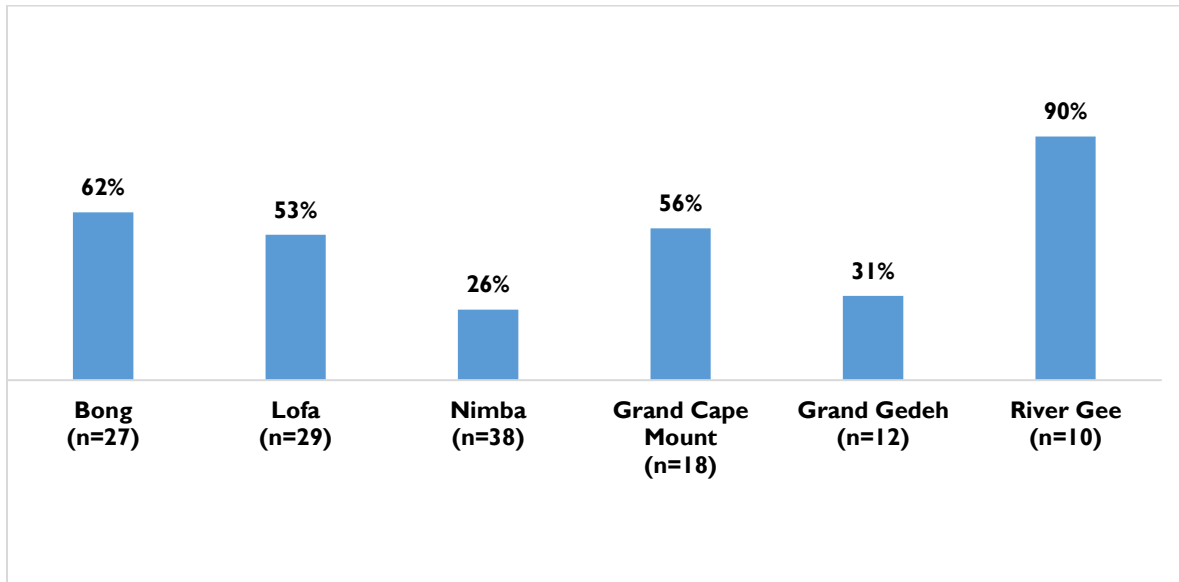
\* “n” represents the number of sampled health facilities

The findings reveal that in Q3, over-reporting of data in the HMIS for children under 1 year of age that were fully immunized was observed in sampled health facilities in all the six counties. The accuracy of

data on number of children under 1 year of age fully immunized ranged from 54.29 percent (Grand Gedeh) to 96.26 percent (Nimba).

**DELIVERABLE 16: SERVICE DELIVERY MILESTONE #8 - PERCENT OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/HEIGHT IS ASSESSED (QUARTER 3)**

FIGURE 12: PERCENTAGE OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/HEIGHT WERE ASSESSED DURING Q3



\* “n” represents the number of sampled health facilities

The findings reveal that sampled health facilities in River Gee had the highest percentage of height and weight assessment of under-5 sick children. Bong County had the second highest compliance with assessing height or weight of sick children. This was followed by Grand Cape Mount, Lofa, Grand Gedeh, and Nimba Counties. Nimba had the lowest percentage of assessing under-5 sick children’s height or weight measurement among the six counties assessed.

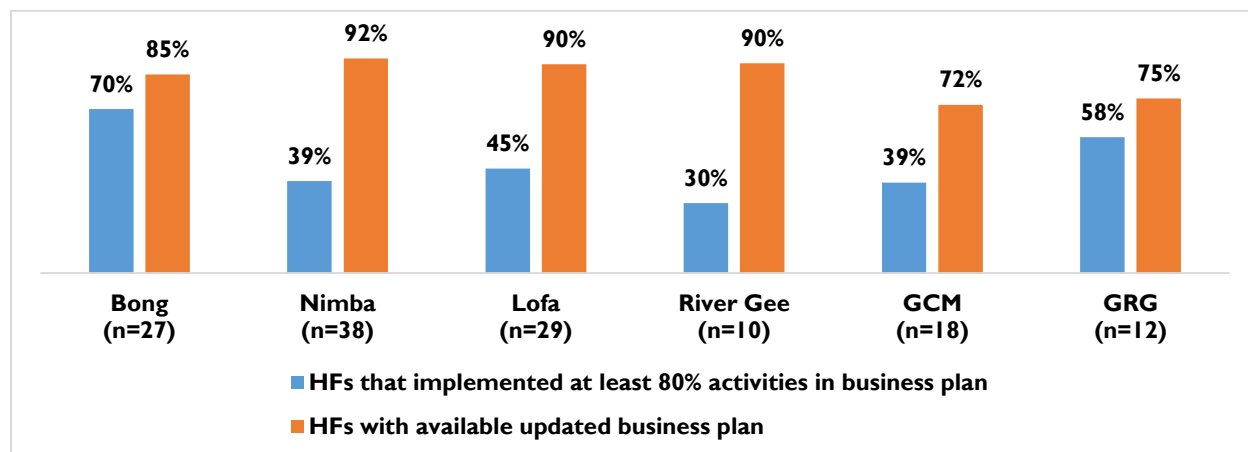
The team observed cases of the reading either not being recorded or not being entered in the Under-5 register.

## SECTION 2: KEY FINDINGS IN QUARTER 4 VERIFICATION EXERCISE (APRIL 2020 – JUNE 2020)

### ADMINISTRATIVE MILESTONES

#### DELIVERABLE 1: ADMINISTRATIVE MILESTONE #1 - PERCENT OF SAMPLED FACILITIES ASSESSED TO HAVE IMPLEMENTED AT LEAST 80 PERCENT OF PLANNED ACTIVITIES IN UPDATED BUSINESS PLAN (QUARTER 4)

FIGURE 13: PERCENTAGE OF FACILITIES HAD AVAILABLE BUSINESS PLAN AND THOSE THAT IMPLEMENTED AT LEAST 80 PERCENT OF ACTIVITIES IN UPDATED BUSINESS PLAN



\*“n” represents the number of sampled health facilities

The findings show that in Quarter 4 (Q4), in Bong, 23 out of 27 facilities had an updated business plan and of those, 19 facilities had implemented at least 80 percent of planned activities. Zebey, Zowienta, Totota, and Rock Crusher facilities did not have a business plan.

In Nimba, 35 out of 38 facilities had an updated business plan and of those, 15 facilities had implemented at least 80 percent of planned activities. Bahn Health Center, Consolata, and Flumpa facilities did not have a business plan.

In Lofa, 26 out of 29 facilities had an updated business plan and of those, 13 facilities had implemented at least 80 percent of planned activities. Fissebu, Balakpalasu, and Fangoda facilities did not have a business plan.

In River Gee, nine out of 10 facilities had an updated business plan and of those, three facilities had implemented at least 80 percent of planned activities. Sarbo Health Center did not have a business plan.

In Grand Cape Mount, 13 out of 18 facilities had an updated business plan and of those, seven facilities had implemented at least 80 percent of planned activities. Bamballa, Varguaye, M’baloma, Tallah, and Madina facilities did not have a business plan.

In Grand Gedeh, nine out of 12 facilities had an updated business plan and of those, seven facilities had implemented at least 80 percent of planned activities. Toe Town, Putu Pennokon, and Gorbowroga facilities did not have a business plan.

The team observed that the major reasons for not implementing 80 percent of activities in the updated business plan, across counties, were inadequate funding at health facilities to implement activities, and the lack of capability of health staff to develop business plans.

**DELIVERABLE 2: ADMINISTRATIVE MILESTONE #2 - PERCENT OF HEALTH FACILITIES SUBMITTING TIMELY AND COMPLETE DATA IN LOGISTICS MANAGEMENT INFORMATION SYSTEM (LMIS) (QUARTER 4)**

TABLE 17: HEAT MAP TO REPRESENT PERCENTAGE OF FACILITIES SUBMITTING TIMELY AND COMPLETE HEALTH PRODUCT DATA ON LMIS

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
1	ARV and Test Kits	0%	49%	3%	35%	38%	79%
2	CHA Products	2%	1%	2%	5%	3%	4%
3	Essential Medicines	0%	10%	7%	60%	21%	63%
4	Eye Health	0%	1%	14%	35%	3%	63%
5	FP and Reproductive Health	4%	0%	17%	50%	76%	88%
6	Infection Prevention	0%	1%	15%	70%	38%	79%
7	Lab Commodities	4%	3%	15%	25%	18%	79%
8	Malaria Program	2%	29%	15%	65%	71%	79%
9	Mental Health	0%	32%	15%	65%	44%	83%
10	Non-Communicable Disease	2%	1%	2%	5%	3%	4%
11	Nutritional Supplement	0%	1%	17%	65%	29%	88%
12	TB and Leprosy	2%	1%	8%	40%	18%	92%
13	Vaccines	4%	0%	17%	55%	56%	88%



In Q4, the percentage of health facilities submitting timely and complete healthcare product data on the LMIS ranged from zero percent to 92 percent. Bong did not submit timely and complete healthcare product data in the LMIS for six product groups. Grand Gedeh had the highest report submission data amongst the six counties.

TABLE 18: HEAT MAP TO REPRESENT PERCENTAGE OF FACILITIES SUBMITTING TIMELY HEALTH PRODUCT DATA ON LMIS

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
1	ARV and Test Kit	2%	54%	36%	60%	47%	88%
2	CHA Products	2%	1%	2%	5%	3%	4%
3	Essential Medicines	2%	17%	86%	85%	94%	79%
4	Eye Health	2%	1%	98%	40%	3%	63%
5	FP and Reproductive Health	4%	1%	90%	80%	85%	92%

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
6	Infection Prevention	2%	1%	97%	85%	53%	83%
7	Lab Commodities	7%	3%	92%	30%	50%	92%
8	Malaria Program	4%	47%	86%	90%	88%	88%
9	Mental Health	2%	30%	98%	75%	50%	92%
10	Non-Communicable Diseases	2%	1%	2%	5%	3%	4%
11	Nutritional Supplements	2%	1%	90%	85%	29%	88%
12	TB and Leprosy	2%	1%	73%	45%	21%	92%
13	Vaccines	4%	1%	85%	85%	65%	88%

\* "n" represents the total number of health facilities in each county



CHA products and non-communicable diseases data were submitted in a timely manner to the LMIS by the least number of health facilities in the six counties during this period. Products for Malaria Program data were likewise submitted in the LMIS by the greatest number of health facilities in the six counties during this period.

Bong had the lowest record of timely submission amongst all the counties across categories, while River Gee and Grand Gedeh had the best record of timely submission amongst all the counties across categories.

TABLE 19: HEAT MAP TO REPRESENT PERCENTAGE OF FACILITIES SUBMITTING COMPLETE HEALTH PRODUCT DATA ON LMIS

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
1	ARV and Test Kit	70%	61%	10%	40%	38%	79%
2	CHA Products	2%	1%	2%	5%	3%	4%
3	Essential Medicines	63%	47%	7%	60%	21%	75%
4	Eye Health	17%	84%	14%	65%	3%	63%
5	FP and Reproductive Health	83%	51%	17%	55%	76%	88%
6	Infection Prevention	85%	64%	15%	80%	41%	96%
7	Lab Commodities	33%	63%	15%	40%	21%	83%
8	Malaria Program	76%	46%	20%	70%	71%	88%

S/N	HEALTHCARE PRODUCTS	BONG (N=46)	NIMBA (N=76)	LOFA (N=59)	RIVER GEE (N=20)	GRAND CAPE MOUNT (N=34)	GRAND GEDEH (N=24)
9	Mental Health	33%	88%	15%	75%	44%	88%
10	Non-Communicable Diseases	2%	1%	2%	5%	3%	4%
11	Nutritional Supplements	37%	67%	17%	75%	29%	92%
12	TB and Leprosy	78%	78%	8%	60%	18%	96%
13	Vaccines	89%	47%	17%	60%	56%	96%

\* "n" represents the total number of health facilities in each county



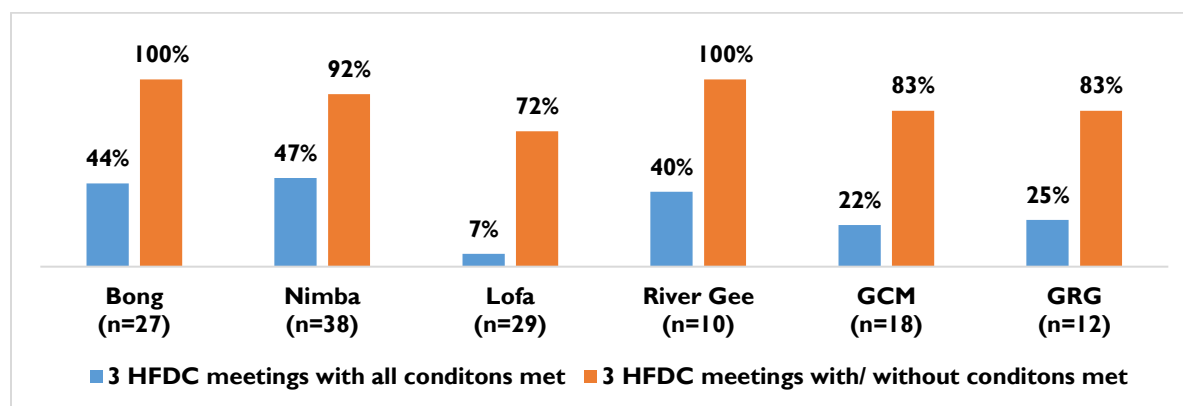
Complete CHA products and non-communicable diseases data were submitted in the LMIS by the lowest number of health facilities in the six counties during this period. Products for FP and Reproductive Health, Infection Prevention, Vaccines and Malaria Program data were completely submitted in the LMIS by the greatest number of health facilities in the six counties during this period.

Lofa had the lowest record of complete submission amongst all the counties across categories while Nimba and Grand Gedeh had the best record of complete submission amongst all the counties across categories.

The CHTs complained of late submission of data from the HF and districts and there appeared to be limited capability in collating and sharing of data at the HF level, especially in larger counties.

### DELIVERABLE 3: ADMINISTRATIVE MILESTONE #3 - PERCENT OF HEALTH FACILITIES THAT HELD AT LEAST THREE HFDC MEETINGS PER QUARTER (WITH ALL THE CONDITIONS FULFILLED) (QUARTER 4)

FIGURE 14: PERCENTAGE OF SAMPLED FACILITIES CONDUCTING HFDC MEETINGS



\* "n" represents the number of sampled health facilities

The conditions to be met include availability of meeting notes, date, venue, attendance, agenda, action points, and follow-up on the previous month's action points for all three meetings in a quarter. In

addition, at least one of the meetings should be dedicated to performance review of service delivery indicators.

In Bong, 27 out of the 27 sampled health facilities held three HFDC meetings (with or without all the conditions met), and 12 met all the conditions.

In Nimba, 35 out of the 38 sampled health facilities held three HFDC meetings (with or without all the conditions met), and 15 met all the conditions. St Mary’s, Graie, and Karnwee facilities held fewer than three HFDC meetings.

In Lofa, 21 out of the 29 sampled health facilities held three HFDC meetings (with or without all the conditions met), and two met all the conditions. Worsonga, Fissebu, Sorlumba, Borkeza, Popalahun, Foya Community Clinic, Balakpalasu, and Lawalazu facilities held fewer than three HFDC meetings.

In River Gee, all 10 of the sampled health facilities held three HFDC meetings (with or without all the conditions met), and four met all the conditions.

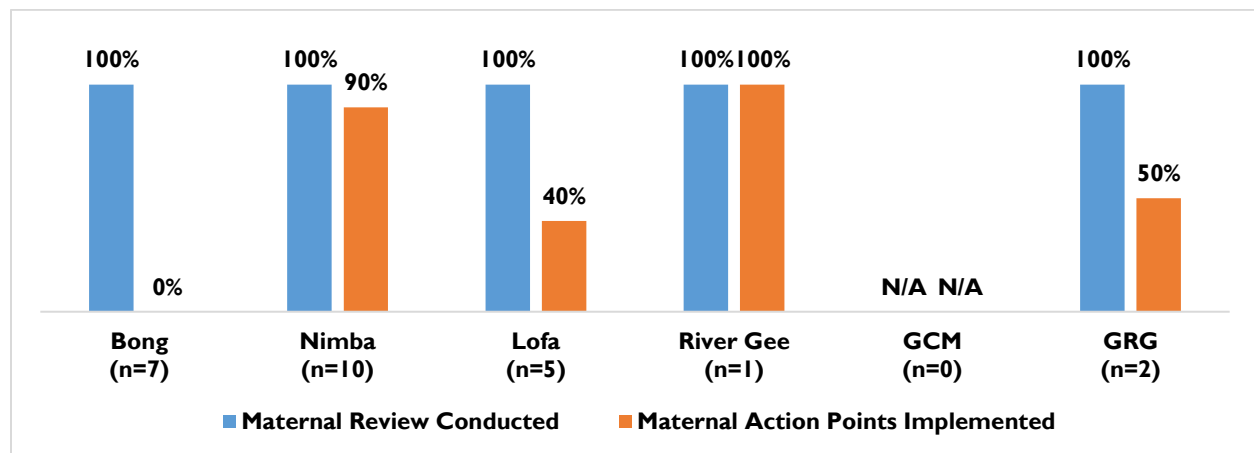
In Grand Cape Mount, 15 out of the 18 sampled health facilities held three HFDC meetings (with or without all the conditions met), and four met all the conditions. Zaway, Kinjor Community, and Jundu facilities held fewer than three HFDC meetings.

In Grand Gedeh, 10 out of the 12 sampled health facilities held three HFDC meetings (with or without all the conditions met), and three met all the conditions. Gorbowrogbra and Kannah Community facilities held fewer than three HFDC meetings.

The team observed that health facilities were either unaware of the mandatory conditions or not compliant with documentation requirements while conducting meetings. Additionally, a challenge faced was the lack of functional HFDC at health facilities.

**DELIVERABLE 4: ADMINISTRATIVE MILESTONE #4 - PERCENT OF MATERNAL DEATHS REPORTED WITH REVIEWS CONDUCTED AND ACTIONS TAKEN (QUARTER 4)**

FIGURE 15: PERCENTAGE OF CHT MATERNAL DEATH REVIEWS AND ACTION POINT IMPLEMENTATION

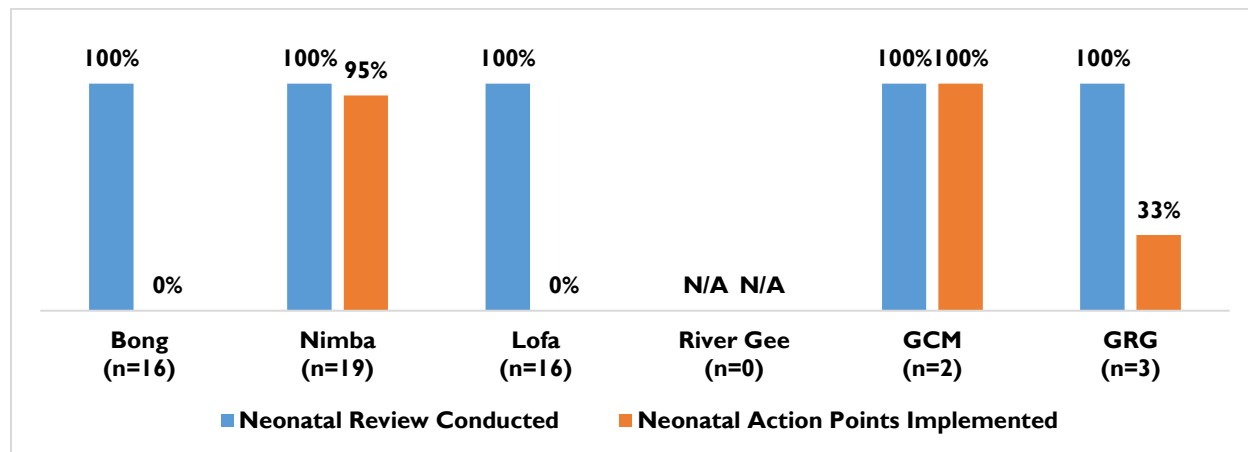


\* “n” represents the number of maternal deaths in each county

The findings show that in Bong, action points from none of the seven maternal death reviews were implemented. In Nimba, action points from nine of the 10 maternal death reviews were implemented. In Lofa, action points from two of the five maternal death reviews were implemented. In River Gee, action points of the only maternal death for the quarter were implemented. In Grand Cape Mount, no maternal deaths were reported. In Grand Gedeh, action points from one of the two maternal death reviews were implemented.

**DELIVERABLE 5: ADMINISTRATIVE MILESTONE #5 - PERCENT OF NEONATAL DEATHS REPORTED WITH REVIEWS CONDUCTED AND ACTIONS TAKEN (QUARTER 4)**

FIGURE 16: PERCENTAGE OF CHT NEONATAL DEATH REVIEWS AND ACTION POINT IMPLEMENTATION



\* “n” represents the number of neonatal deaths in each county

\*\* “N/A” represents “not applicable” because no neonatal death was recorded across this county

The findings show that in Bong, action points from none of the 16 neonatal death reviews were implemented. In Nimba, action points from 18 of the 19 neonatal death reviews were implemented. In Lofa, no action points from the 16 neonatal death reviews were implemented. In River Gee, no neonatal deaths were reported. In Grand Cape Mount, action points from both of the neonatal death reviews were implemented. In Grand Gedeh, action points from one of the three neonatal death reviews were implemented.

**DELIVERABLE 6: ADMINISTRATIVE MILESTONE #6 - TIMELY AND COMPLETENESS OF CHT QUARTERLY FINANCIAL AND PROGRAM REPORTS SUBMITTED (QUARTER 4)**

TABLE 20: SUBMISSION OF TIMELY AND COMPLETE CHT FINANCIAL AND PROGRAM REPORTS

S/N	INDICATORS	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
1.	Submission of timely and complete CHT financial and program reports	Yes	Yes	No	Yes	Yes	Yes
2.	Timely submission Q4 program report	Yes	Yes	Yes	Yes	Yes	Yes
3.	Timely submission Q4 financial report	Yes	Yes	No	Yes	Yes	Yes



S/N	INDICATORS	BONG	LOFA	NIMBA	GRAND CAPE MOUNT	GRAND GEDEH	RIVER GEE
4.	Submission of Q4 payment vouchers and receipts <sup>4</sup>	No	No	No	No	No	No
5.	Submission of Q4 budget versus actual expenditure report	Yes	Yes	Yes	Yes	Yes	Yes
6.	Submission of Q4 bank reconciliation statements	Yes	Yes	Yes	Yes	Yes	Yes

Five indicators (points 2 to 6 above) were used in measuring this deliverable. Based on the information provided by an MOH official, as submission of quarterly payment vouchers and receipts are not required and no CHT has been asked to share them, the remaining four parameters were used in grading.

The team observed that all counties submitted the program report on time, and all counties except Nimba submitted the financial report on time. All counties submitted budget versus actual expenditure report and bank reconciliation statements.

#### **DELIVERABLE 7: ADMINISTRATIVE MILESTONE #7 - PERCENT OF HEALTH FACILITIES WITH QUARTERLY BONUS PAID ON TIME (WITHIN 21 DAYS OF REMITTANCE) (QUARTER 4)**

TABLE 21: PERCENTAGE OF FACILITIES PAID QUARTERLY BONUS ON TIME

S/N	INDICATORS	BONG (N=41)	LOFA (N=53)	NIMBA (N=57)	GRAND CAPE MOUNT (N=32)	GRAND GEDEH (N=22)	RIVER GEE (N=18)
1.	Received Q4 bonus payment from MOH	Yes	Yes	Yes	Yes	Yes	Yes
2.	Made payment to FARA supported facilities	Yes	Yes	Yes	No	No	No
3.	# of facilities paid Q4 bonus	41	51	13	0	0	0
4.	Percentage of facilities paid Q4 bonus	100%	96%	23%	0%	0%	0%

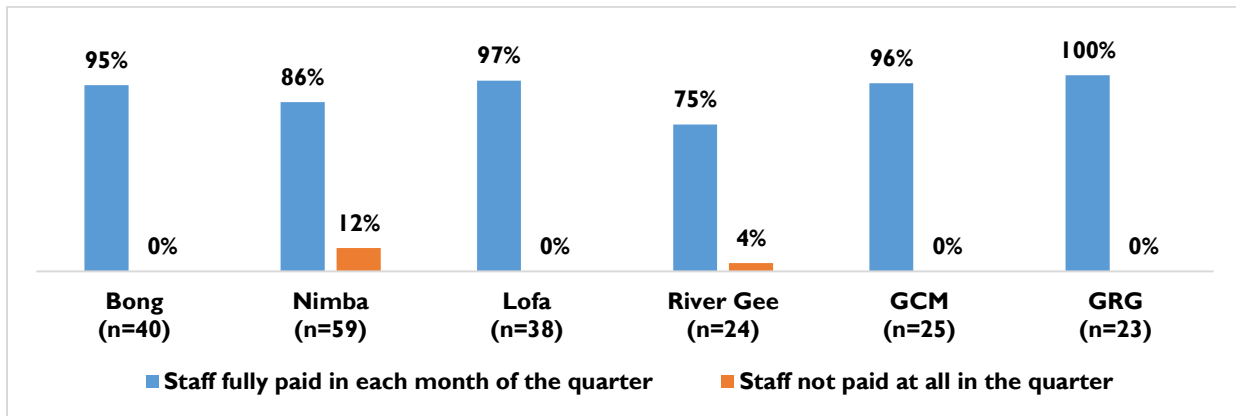
\* "n" represents the number of FARA supported facilities eligible to receive bonuses as per MOH financial management guidelines in each county

The findings reveal that all counties received quarterly bonus payment from MOH in Q4. Also, a quarterly bonus payment was made to the FARA supported facilities in all counties except Grand Cape Mount, Grand Gedeh, and River Gee. In Bong (all 41 facilities), Lofa (51 facilities), and Nimba (13 facilities), facilities were paid by the respective CHTs within 21 days of fund receipt from MOH. In Grand Cape Mount, Grand Gedeh, and River Gee none of the facilities were paid by the respective CHT within 21 days of fund receipt from MOH.

<sup>4</sup> The finance officer at MOH said "submission of quarterly payment vouchers and receipts were not required by MOH and none of the CHT has been told to submit them."

**DELIVERABLE 8: ADMINISTRATIVE MILESTONE #8 - % OF STAFF ON OFFICIAL MOH PAYROLL FULLY PAID WITHIN 30 DAYS AFTER THE END OF THE QUARTER (QUARTER 4)**

FIGURE 17: PERCENTAGE OF STAFF AT FACILITY LEVEL ON OFFICIAL MOH PAYROLL FULLY PAID



\* "n" represents the number of staff interviewed; maximum three staff on MOH payroll were interviewed at each health facility

The data reflects that in Bong County, of the 40 interviewed staff on official MOH payroll, 38 were fully paid in each of the three months in the quarter; two were paid in either one/two months.

In Nimba County, of the 59 staff on official MOH payroll interviewed, 51 were fully paid in each of the three months in the quarter, one was paid in either one/two months, and seven were not paid at all in Q4.

In Lofa County, of the 38 staff on official MOH payroll interviewed, 37 were fully paid in each of the three months in the quarter, and one was paid in either one/two months.

In River Gee County, of the 24 staff on official MOH payroll interviewed, 18 were fully paid in each of the three months in the quarter, five were paid in either one/two months, and one was not paid at all in Q4.

In Grand Cape Mount County, of the 25 staff on official MOH payroll interviewed, 24 were fully paid in each of the three months in the quarter, and one was paid in either one/two months.

In Grand Gedeh County, of the 23 staff on official MOH payroll interviewed, all were fully paid in each of the three months in the quarter; no staff was paid in either one/two months.

## SERVICE DELIVERY MILESTONES

### DELIVERABLE 9: SERVICE DELIVERY MILESTONE #1 - PERCENT OF DELIVERIES IN HEALTH FACILITY ATTENDED BY SKILLED PERSONNEL (QUARTER 4)

TABLE 22: DATA ACCURACY OF HMIS AND FACILITY RECORDED DELIVERIES

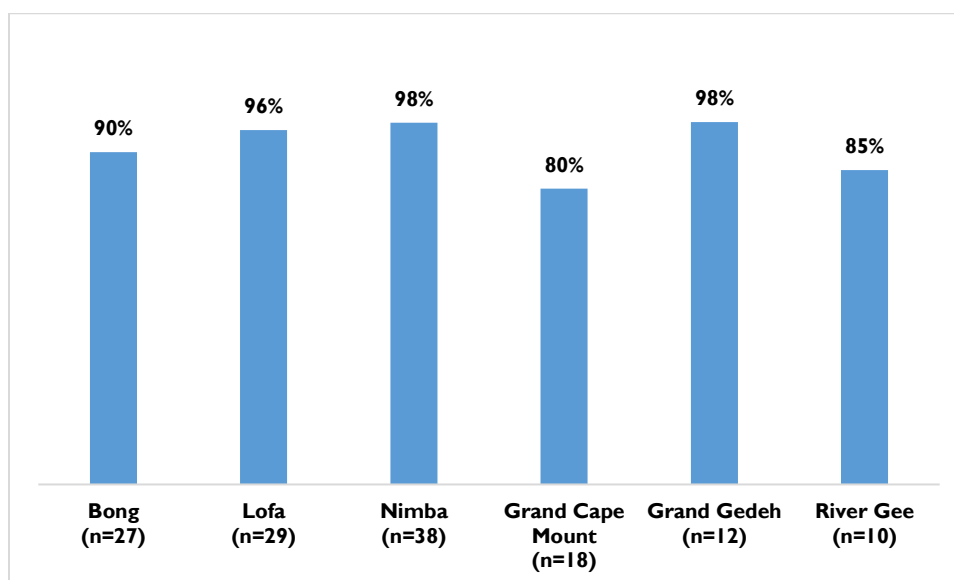
	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2910	2908	2	0.07%	99.93% ↓
<b>Lofa (n=29)</b>	1514	1551	-37	2.39%	97.61% ↑
<b>Nimba (n=38)</b>	3600	3575	25	0.70%	99.30% ↓
<b>Grand Cape Mount (n=18)</b>	817	796	21	0.12%	97.36% ↓
<b>Grand Gedeh (n=12)</b>	698	698	0	0.00%	100% ↔
<b>River Gee (n=10)</b>	233	234	-1	0.43%	99.57% ↑

\* “n” represents the number of sampled health facilities

The data captured in “Health Facility” is derived from the Delivery ledger; the presence of partograph was not considered.

The findings reveal that in Q4, two counties (Lofa and River Gee) over-reported data in the HMIS, three counties under-reported data in HMIS, and Grand Gedeh County recorded the exact same data on the milestone when comparing the HMIS data with the data from health facility ledger. The accuracy of data on number of deliveries in health facility attended by skilled personnel ranged from 97.36 percent (Grand Cape Mount) to 100 percent (Grand Gedeh).

FIGURE 18: PROPORTIONS OF DELIVERIES THAT HAD PARTOGRAPH RECORDING (Q4)



\* “n” represents the number of sampled health facilities

The team observed that 2,626 deliveries across the 27 sampled health facilities in Bong County had partograph recordings, which were captured in the facility delivery ledgers. Similarly, 3,538 deliveries in Nimba, 656 deliveries in Grand Cape Mount, 1,457 in Lofa, 687 deliveries in Grand Gedeh, and 199 deliveries in River Gee had partograph recordings, as documented in the facility-level ledgers.

The team observed that there were cases of the partograph being out of stock at the facility, not filled by staff, or incomplete/incorrectly filled by staff. In certain cases, date of delivery and other details were missing in the partographs.

**DELIVERABLE 10: SERVICE DELIVERY MILESTONE #2 - PERCENT OF POST- PARTUM WOMEN ATTENDING POST-NATAL CARE WITHIN TWO (2) DAYS AFTER DELIVERY (QUARTER 4)**

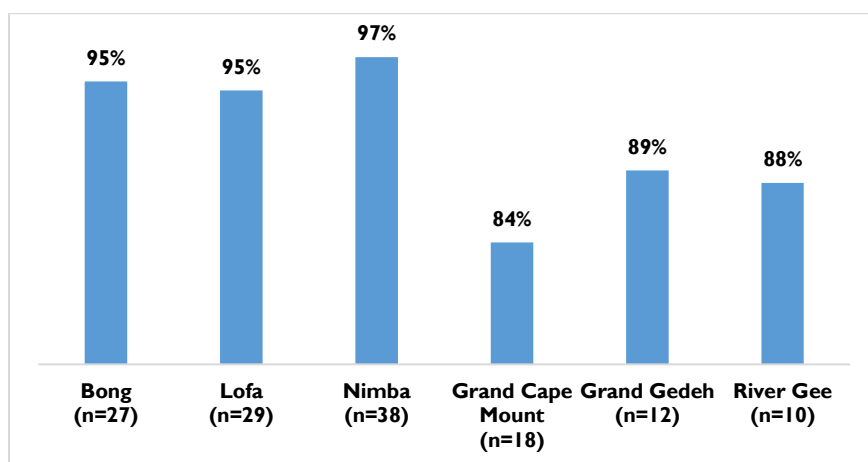
TABLE 23: DATA ACCURACY OF HMIS AND FACILITY RECORDED PNC VISITS

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2774	2907	-133	4.58%	95.42% ↑
<b>Lofa (n=29)</b>	1434	1545	-111	7.18%	92.82% ↑
<b>Nimba (n=38)</b>	3492	3552	-60	1.69%	98.31% ↑
<b>Grand Cape Mount (n=18)</b>	689	795	-106	15.67%	86.67% ↑
<b>Grand Gedeh (n=12)</b>	623	698	-75	10.74%	89.26% ↑
<b>River Gee (n=10)</b>	206	234	-28	11.97%	88.03% ↑

\* “n” represents the number of sampled health facilities

The findings show that in Q4, over reporting of the number of post-partum women who attended post-natal care within two days after delivery in the HMIS was observed in all the six counties. The accuracy of data on number of post- partum women attending post-natal care within two days after delivery ranged from 86.67 percent (Grand Cape Mount) to 98.31 percent (Nimba).

FIGURE 19: PROPORTION OF DELIVERIES THAT ATTENDED PNC VISITS (Q4)



\* “n” represents the number of sampled health facilities

Nimba County recorded the highest proportion (97 percent) of women who attended PNC within two days after delivery. Seventy-five women who delivered in Grand Gedeh did not attend PNC. Nearly 130 (128) women in Grand Cape Mount, 27 women in River Gee, 80 women in Lofa, and 136 women in Bong did not attend PNC within 48 hours after delivery at facilities in those counties.

It was observed from the ledgers that no PNC was done for all the three months during Q4 at Varguaye health facility in Grand Cape Mount, and no PNC was done during May and June at Karnga Clinic in Grand Cape Mount.

At Cheboken Clinic in River Gee, the team observed that 16 PNC visits were recorded in May, but for 10 out of these 16, the date of delivery was not mentioned, so it was not possible to determine whether the PNC visit was within 48 hours of delivery or not.

### DELIVERABLE 11: SERVICE DELIVERY MILESTONE #3 - PERCENT OF PREGNANT WOMEN WHO TOOK THIRD DOSE OF IPT FOR MALARIA (QUARTER 4)

TABLE 24: DATA ACCURACY OF HMIS AND FACILITY RECORDED WOMEN GIVEN THIRD IPT DOSE

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2448	2415	33	1.37%	98.63% ↓
<b>Lofa (n=29)</b>	1725	1722	3	0.17%	99.83% ↓
<b>Nimba (n=38)</b>	2750	2713	37	1.36%	98.64% ↓
<b>Grand Cape Mount (n=18)</b>	761	701	60	4.10%	91.44% ↓
<b>Grand Gedeh (n=12)</b>	760	754	6	0.80%	99.20% ↓
<b>River Gee (n=10)</b>	239	245	-6	2.45%	97.55% ↑

\* "n" represents the number of sampled health facilities

The findings reveal that in Q4, River Gee over-reported, while all other counties (Bong, Nimba, Lofa, Grand Cape Mount, and Grand Gedeh) under-reported the number of pregnant women who took the third dose of IPT<sup>5</sup> for malaria in the HMIS. The accuracy of data on number of pregnant women who took a third dose of IPT for malaria ranged from 91.44 percent (Grand Cape Mount) to 99.83 percent (Lofa).

### DELIVERABLE 12: SERVICE DELIVERY MILESTONE #4 - PERCENT OF WOMEN THAT RECEIVE ITNS AFTER DELIVERY AT HEALTH FACILITY (QUARTER 4)

TABLE 25: DATA ACCURACY OF HMIS AND FACILITY RECORDED ITNS GIVEN

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2837	2908	-71	2.44%	97.56% ↑
<b>Lofa (n=29)</b>	1466	1505	-39	2.59%	97.41% ↑

<sup>5</sup> IPT: Intermittent Preventive Treatment

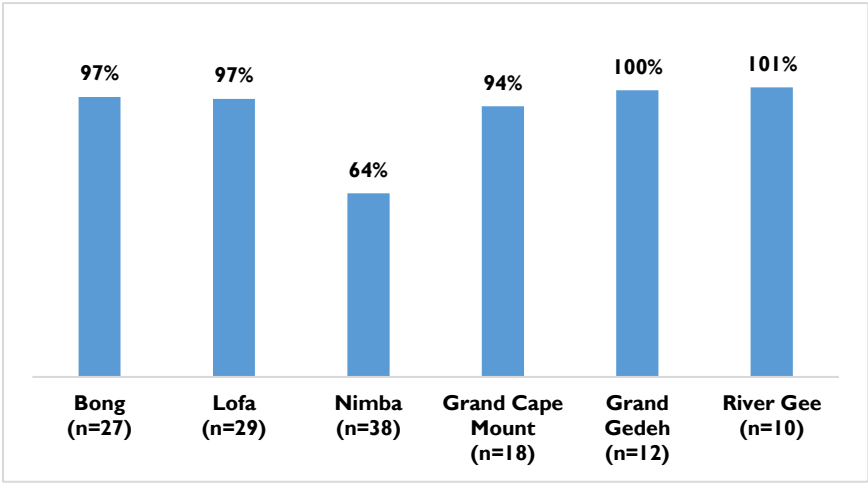
	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Nimba (n=38)</b>	2303	2529	-226	8.94%	91.06% ↑
<b>Grand Cape Mount (n=18)</b>	770	795	-25	5.75%	96.86% ↑
<b>Grand Gedeh (n=12)</b>	697	677	20	2.95%	97.05% ↓
<b>River Gee (n=10)</b>	235	217	18	8.29%	91.71% ↓

\* “n” represents the number of sampled health facilities

The Q4 findings show that there was over reporting by the sampled health facilities in the HMIS for the number of women who received ITNs after delivery in Bong, Lofa, Nimba, and Grand Cape Mount Counties. Conversely, under-reporting of data in the HMIS was observed for sampled health facilities in River Gee and Grand Gedeh. The accuracy of data on number of women that receive ITNs after delivery at health facility ranged from 91.06 percent (Nimba) to 97.56 percent (Bong).

It was observed that a) in multiple cases, the facilities were out of stock for ITNs or b) in some cases, the staff did not make a recording of the delivery of ITN in the specified ledger; this was observed to be recorded in the delivery registers in most cases.

FIGURE 20: PROPORTION OF DELIVERIES THAT RECEIVED ITNS (Q4)



\* “n” represents the number of sampled health facilities

The team observed that 2,303 women who delivered across the sampled 38 health facilities in Nimba County were given ITNs. In Bong, Lofa, and Grand Cape Mount Counties, 2,837 women, 1,466 women, and 770 women, respectively, were given ITNs after delivery in the various health facilities in Q4.

In Grand Gedeh, 100 percent of the women delivered in the health facility were provided the ITNs, while the team noted that according to the facility ledger in River Gee 235 women received ITNs.

The team observed that there were cases of the facilities being out of stock of ITNs, and the staff not recording the delivery of ITN because of a lack of relevant column for recording in the ledger.

**DELIVERABLE 13: SERVICE DELIVERY MILESTONE #5 - NUMBER OF PATIENTS COUNSELLED FOR FAMILY PLANNING (QUARTER 4)**

TABLE 26: DATA ACCURACY OF HMIS AND FACILITY-RECORDED FP COUNSELLING

	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	24476	36070	-11594	32.14%	67.86% ↑
<b>Lofa (n=29)</b>	11120	13330	-2210	16.58%	83.42% ↑
<b>Nimba (n=38)</b>	24035	25373	-1338	5.27%	94.73% ↑
<b>Grand Cape Mount (n=18)</b>	12347	10100	2247	18.19%	77.75% ↓
<b>Grand Gedeh (n=12)</b>	7692	11251	-3559	31.63%	68.37% ↑
<b>River Gee (n=10)</b>	3412	2552	860	33.70%	66.30% ↓

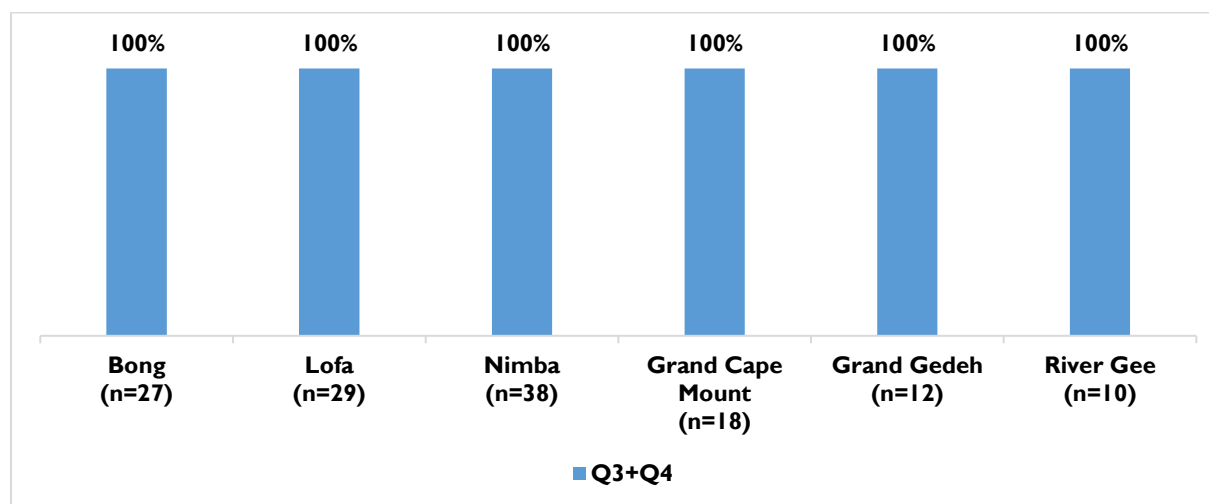
\* “n” represents the number of sampled health facilities

The findings for Q4 reveal that there was over-reporting of the number of clients counselled on FP in the HMIS by sampled health facilities in Bong, Lofa, Nimba, and Grand Gedeh, while Grand Cape Mount and River Gee under-reported on the milestone. The accuracy of data on number of clients counselled for Family Planning ranged from 66.30 percent (River Gee) to 94.73 percent (Nimba).

The team observed that the ledger for recording this data was in a fragile state with torn pages, leading to loss of recorded data.

**DELIVERABLE 14: SERVICE DELIVERY MILESTONE #6 - PERCENT OF HEALTH FACILITIES PROVIDING FAMILY PLANNING (FP) COUNSELING AND/OR SERVICES (QUARTER 4)**

FIGURE 21: PERCENTAGE OF HEALTH FACILITIES PROVIDING FAMILY PLANNING COUNSELLING AND/OR SERVICES



\* “n” represents the number of sampled health facilities

The findings show that all the health facilities (134) visited for FARA verification provide FP counseling and/or services.

Since the assessment question was same for both the quarters, whether the facility provides FP counselling and/or services, the same data is presented for Q3 and Q4.

**DELIVERABLE 15: SERVICE DELIVERY MILESTONE #7 - PERCENT OF CHILDREN UNDER 1 YEAR OF AGE FULLY IMMUNIZED (QUARTER 4)**

TABLE 27: DATA ACCURACY OF HMIS AND FACILITY-RECORDED CHILDREN FULLY IMMUNIZED

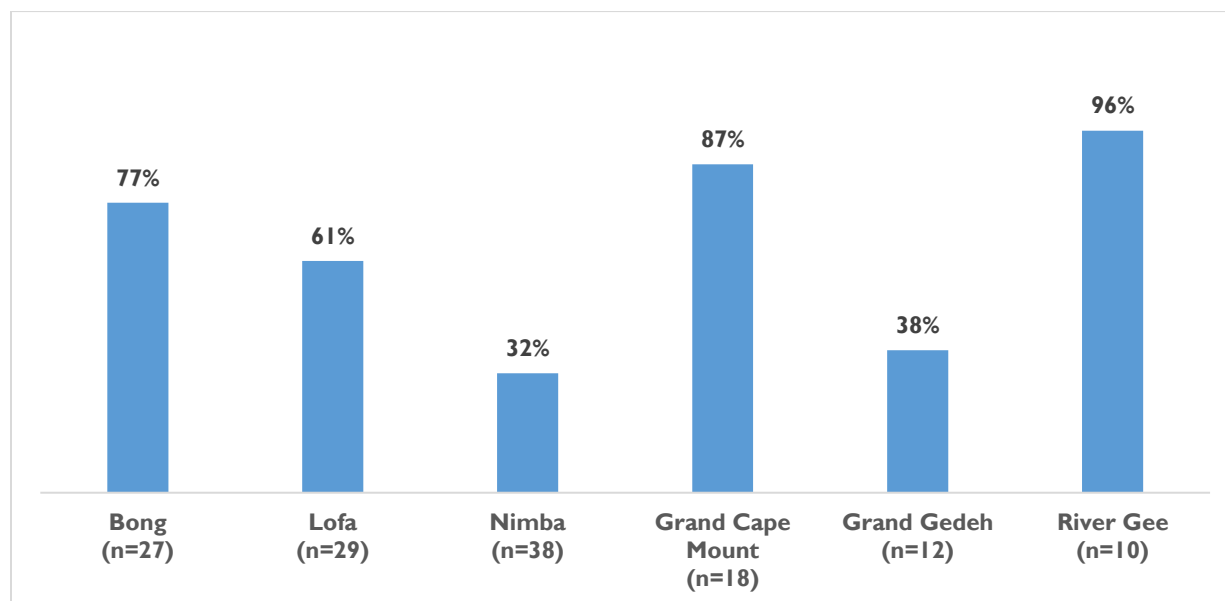
	HEALTH FACILITY	HMIS	VARIANCE	VARIANCE (%)	ACCURACY (%)
<b>Bong (n=27)</b>	2665	2720	-55	2.02%	97.98% ↑
<b>Lofa (n=29)</b>	1429	1495	-66	4.41%	95.59% ↑
<b>Nimba (n=38)</b>	2223	2376	-153	6.44%	93.56% ↑
<b>Grand Cape Mount (n=18)</b>	322	513	-191	37.48%	62.77% ↑
<b>Grand Gedeh (n=12)</b>	116	204	-88	43.14%	56.86% ↑
<b>River Gee (n=10)</b>	176	209	-33	15.79%	84.21% ↑

\* "n" represents the number of sampled health facilities

The findings reveal that in Q4, data for the milestone was over-reported in the HMIS across all six counties. The accuracy of data on number of children under 1 year of age fully immunized ranged from 56.86 percent (Grand Gedeh) to 97.98 percent (Bong).

**DELIVERABLE 16: SERVICE DELIVERY MILESTONE #8 - PERCENT OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/HEIGHT IS ASSESSED (QUARTER 4)**

FIGURE 22: PERCENTAGE OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/HEIGHT WERE ASSESSED DURING Q4



\* "n" represents the number of sampled health facilities

The findings reveal that sampled health facilities in River Gee had the highest percentage (96 percent) in height or weight assessment of sick children under five. Grand Cape Mount County had the second

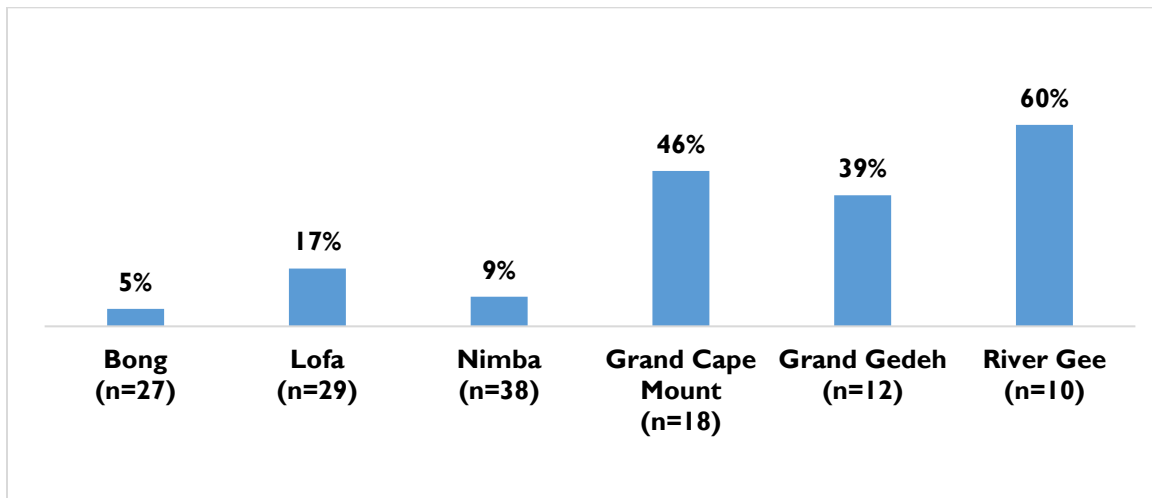


highest record for the milestone, followed by Bong, Lofa, and Grand Gedeh. Nimba recorded with the lowest percentage (32 percent) of assessing under-5 children’s height or weight measurement.

The team observed that there were cases of the reading either not being recorded or not being entered in the Under-5 register, and appropriate instruments for measuring height (height board) and weight (weighing scale) not being available at the facility.

### SECTION 3: KEY FINDINGS ON SERVICE DELIVERY MILESTONE 8 FOR QUARTER 1 (JULY 2019 – SEPTEMBER 2019) AND QUARTER 2 (OCTOBER 2019 – DECEMBER 2019)

FIGURE 23: PERCENTAGE OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/ HEIGHT WERE ASSESSED DURING Q1

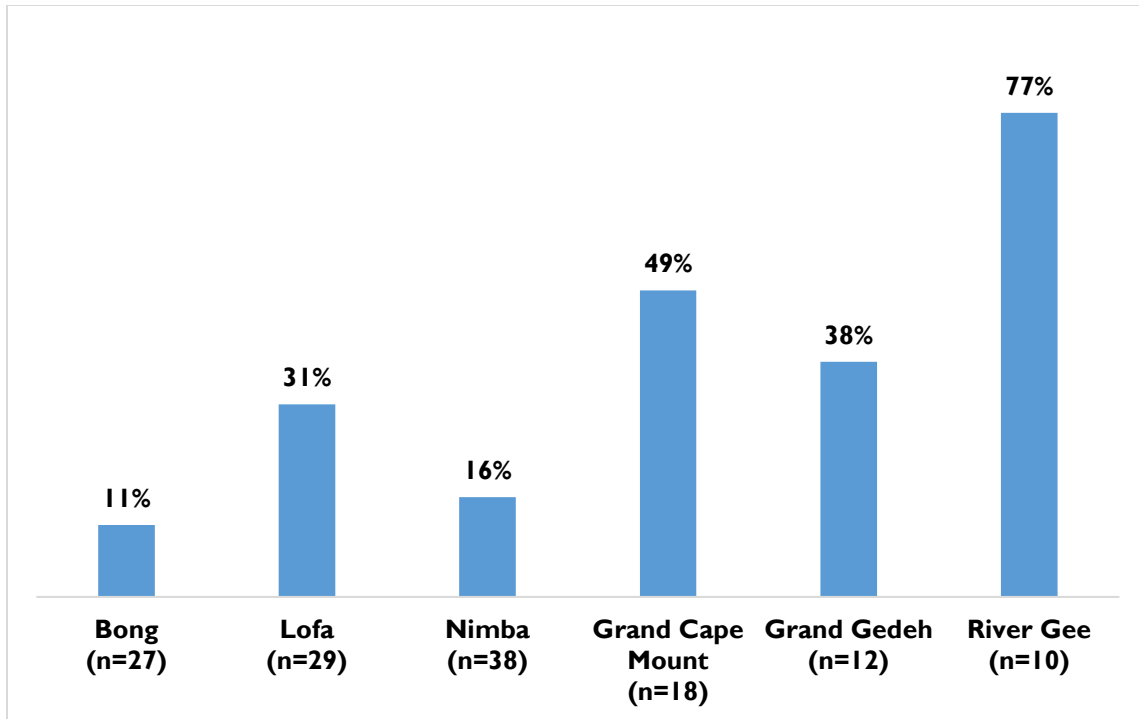


\* “n” represents the number of sampled health facilities

The findings reveal that sampled health facilities in River Gee had the highest percentage (60 percent) in height or weight assessment of sick children under five. Grand Cape Mount County had the second highest rate of assessing height for weight of sick children. This was followed by Grand Gedeh, Lofa, and Nimba. Bong County had the lowest percentage (5 percent) of assessing under-5 children’s height for weight measurement among the six counties.

The team observed that there were health facilities where staff was not aware on how to perform the specific measurements. Also, appropriate instruments for measuring height (height board) and weight (weighing scale) are not being available at the facility; in cases where they were available, the staff was not aware of where to record the information so it was not entered in the Under-5 register.

FIGURE 24: PERCENTAGE OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/HEIGHT WERE ASSESSED DURING Q2



The findings reveal that sampled health facilities in River Gee had the highest percentage (77 percent) of height or weight assessment of sick children under five. Grand Cape Mount County had the second highest rate of assessing height for weight of sick children. This was followed by Grand Gedeh, Lofa, and Nimba. Bong had the lowest percentage (11 percent) of assessing under-five children’s height or weight measurement among the six counties.

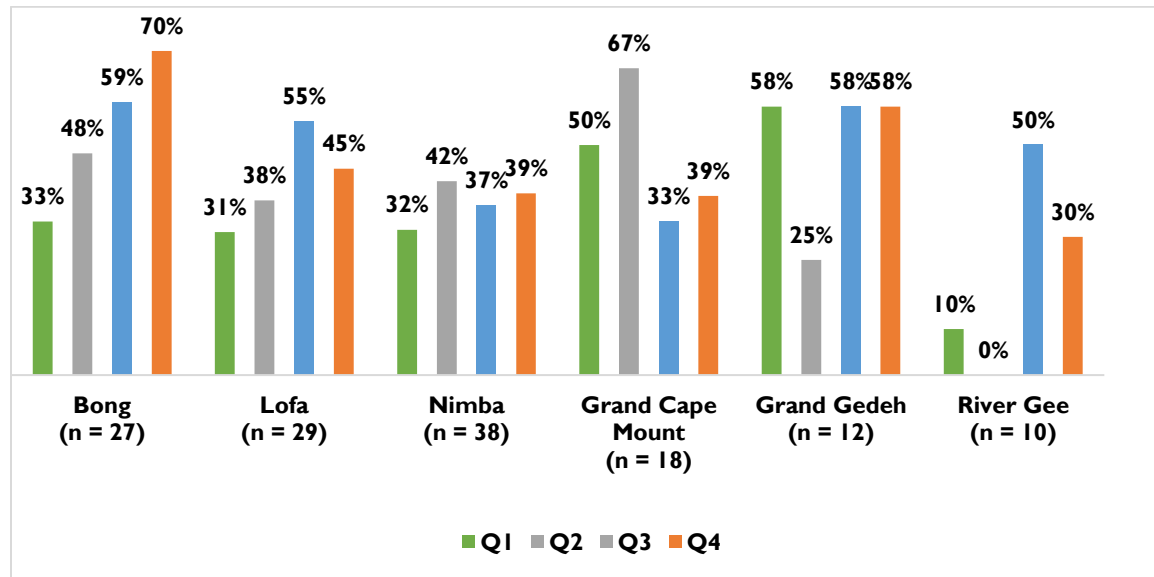
The team observed that there were health facilities where staff was not aware on how to perform the specific measurements. Also, appropriate instruments for measuring height (height board) and weight (weighing scale) were not available at the facility; in the cases where they were available, the staff was not aware on where to record the information so it was not entered in the Under-5 register. At certain health facilities, the staff was provided some trainings during end of Quarter 2 (December 2019) on the recordings and parameters pertaining to the milestone.

## SECTION 4: COMPARISON OF FINDINGS FROM YEAR 4 QUARTERLY VERIFICATION (Q1, Q2, Q3, Q4)

### ADMINISTRATIVE MILESTONES

#### DELIVERABLE 1: ADMINISTRATIVE MILESTONE #1 - PERCENT OF SAMPLED FACILITIES ASSESSED TO HAVE IMPLEMENTED AT LEAST 80 PERCENT OF PLANNED ACTIVITIES IN UPDATED BUSINESS PLAN (QUARTER 1 TO QUARTER 4 COMPARISON)

FIGURE 25: PERCENTAGE OF FACILITIES WITH AVAILABLE UPDATED BUSINESS PLAN AND THOSE THAT IMPLEMENTED AT LEAST 80 PERCENT OF PLANNED ACTIVITIES IN UPDATED BUSINESS PLAN



'n' stands for number of health facilities assessed

Bong has demonstrated continuous improvement from Q1 to Q4, from 33 percent to 70 percent.

Lofa has demonstrated improvement from Q1 to Q4, going from 31 percent to 45 percent, although there was further improvement in Q3 at 55 percent, which has since declined in Q4.

Nimba has demonstrated improvement from Q1 to Q4, going from 32 percent to 39 percent, although there was further improvement in Q2 at 42 percent, which has since declined in Q3 and Q4.

Grand Cape Mount has demonstrated a decline from Q1 to Q4, from 50 percent to 39 percent. There was improvement in Q2 to 67 percent, which has since declined in Q4.

Grand Gedeh has stagnated from Q1 to Q4, at 58 percent, although there was decline in Q2 to 25 percent which has since rebounded.

River Gee has demonstrated improvement from Q1 to Q4, from 10 percent to 30 percent. There was greater improvement in Q3 to 50 percent, but this has since declined in Q4.

**DELIVERABLE 2: ADMINISTRATIVE MILESTONE #2 - PERCENT OF HEALTH FACILITIES SUBMITTING TIMELY AND COMPLETE DATA IN LOGISTICS MANAGEMENT INFORMATION SYSTEM (LMIS) (QUARTER 1 TO QUARTER 4 COMPARISON)**

TABLE 28: PERCENTAGE OF FACILITIES SUBMITTING TIMELY AND COMPLETE HEALTH PRODUCT DATA ON LMIS

S/N	HEALTH CARE PRODUCTS	BONG				LOFA				NIMBA				GRAND CAPE MOUNT				GRAND GEDEH				RIVER GEE			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	ARV and Test Kits	0%	0%	2%	0%	5%	24%	27%	3%	3%	22%	18%	49%	0%	0%	15%	38%	0%	0%	4%	79%	0%	10%	5%	35%
2	Cha Products	0%	0%	2%	2%	0%	0%	2%	2%	0%	0%	1%	1%	0%	0%	3%	3%	0%	0%	4%	4%	0%	0%	5%	5%
3	Essential Medicines	0%	0%	0%	0%	7%	8%	14%	7%	15%	30%	25%	10%	0%	0%	59%	21%	0%	0%	0%	63%	0%	40%	60%	60%
4	Eye Health	0%	0%	0%	0%	12%	41%	39%	14%	0%	0%	0%	1%	0%	0%	3%	3%	0%	0%	4%	63%	0%	25%	20%	35%
5	FP and Reproductive Health	0%	0%	0%	4%	19%	29%	34%	17%	15%	0%	14%	0%	35%	0%	71%	76%	0%	0%	4%	88%	0%	40%	80%	50%
6	Infection Prevention	0%	0%	2%	0%	10%	20%	19%	15%	0%	4%	1%	1%	0%	0%	53%	38%	0%	0%	4%	79%	0%	30%	60%	70%
7	Lab Commodities	0%	0%	0%	4%	3%	24%	22%	15%	0%	4%	1%	3%	0%	0%	3%	18%	0%	0%	4%	79%	0%	5%	20%	25%
8	Malaria Program	0%	0%	2%	2%	17%	15%	27%	15%	15%	36%	22%	29%	38%	12%	44%	71%	0%	0%	4%	79%	0%	40%	75%	65%
9	Mental Health	0%	0%	2%	0%	19%	25%	31%	15%	0%	4%	19%	32%	0%	0%	24%	44%	0%	0%	4%	83%	0%	40%	65%	65%
10	Non-Communicable Disease	0%	0%	2%	2%	0%	0%	2%	2%	0%	0%	1%	1%	0%	0%	3%	3%	0%	0%	4%	4%	0%	0%	5%	5%
11	Nutritional Supplement	0%	0%	0%	0%	2%	17%	25%	17%	0%	3%	1%	1%	0%	0%	9%	29%	0%	0%	4%	88%	0%	30%	65%	65%
12	TB and Leprosy	0%	0%	2%	2%	3%	17%	10%	8%	1%	16%	1%	1%	0%	0%	15%	18%	0%	0%	0%	92%	0%	15%	55%	40%
13	Vaccines	4%	0%	2%	4%	7%	37%	36%	17%	0%	5%	1%	0%	0%	0%	68%	56%	0%	0%	4%	88%	0%	30%	80%	55%

Bong has demonstrated improvement (0 to 4 percentage points range) in six out of 13 product categories and no change in the remaining seven.

Lofa has demonstrated improvement (2 to 15 percentage points range) in eight out of 13 product categories, no change in one, and a decline in the remaining four (2 to 4 percentage points range) product categories.

Nimba has demonstrated improvement (1 to 46 percentage points range) in nine out of 13 product categories, no change in two, and a decline in the last two (5 to 15 percentage points range) product categories.

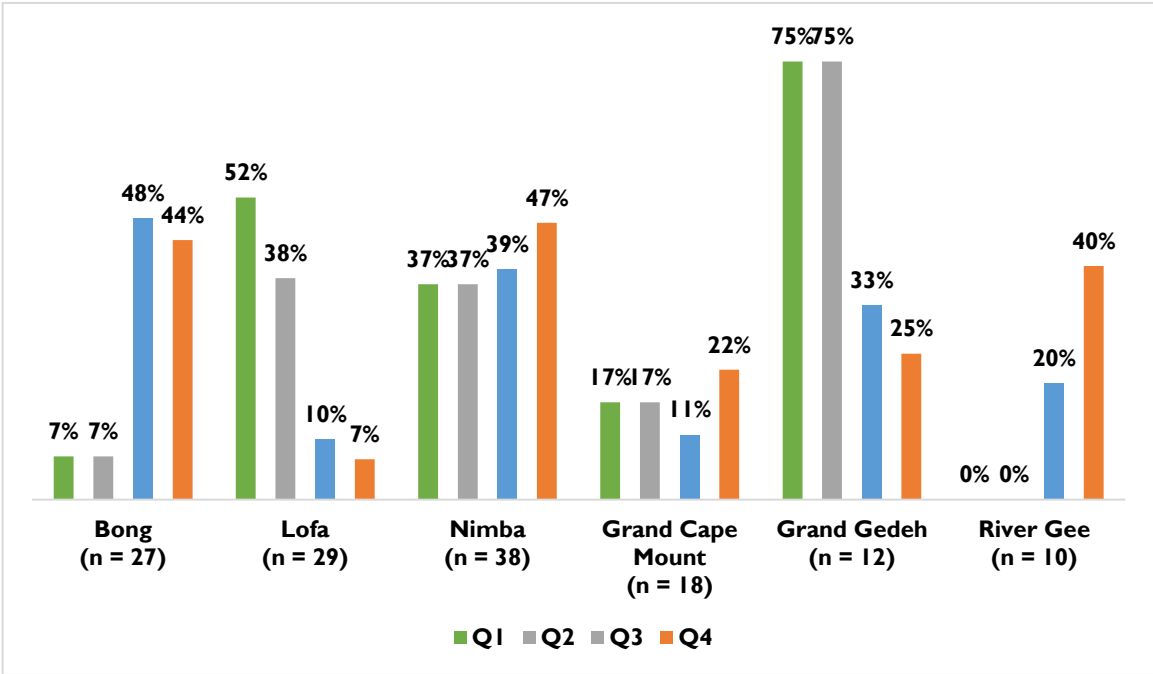
Grand Cape Mount has demonstrated improvement (3 to 56 percentage points range) in 13 out of 13 product categories.

Grand Gedeh has demonstrated improvement (4 to 92 percentage points range) in 13 out of 13 product categories.

River Gee has demonstrated improvement (5 to 70 percentage points range) in 13 out of 13 product categories.

**DELIVERABLE 3: ADMINISTRATIVE MILESTONE #3 - PERCENT OF HEALTH FACILITIES THAT HELD AT LEAST THREE HFDC MEETINGS PER QUARTER (WITH ALL THE CONDITIONS FULFILLED) (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 26: PERCENTAGE OF SAMPLED FACILITIES CONDUCTING HFDC MEETINGS



'n' stands for number of health facilities assessed

Bong has demonstrated improvement from Q1 to Q4, from 7 to 44 percent, although there was further improvement in Q3 to 48 percent, which has since declined in Q4.

Lofa has demonstrated continuous decline from Q1 to Q4, from 52 to 7 percent; there was further improvement in Q3 at 55 percent, but this has since declined in Q4.

Nimba has demonstrated improvement from Q1 to Q4, from 37 to 47 percent.

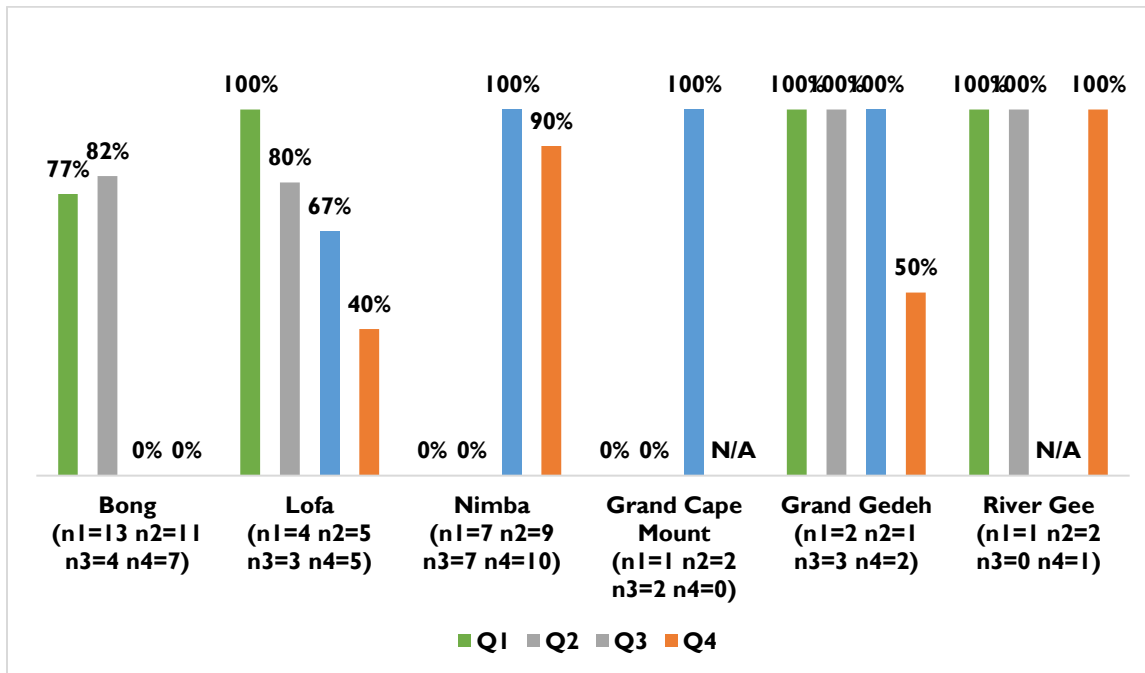
Grand Cape Mount has demonstrated improvement from Q1 to Q4, from 17 to 22 percent.

Grand Gedeh has demonstrated decline from Q1 to Q4, from 75 to 25 percent

River Gee has demonstrated improvement from Q1 to Q4, from 0 to 40 percent.

**DELIVERABLE 4: ADMINISTRATIVE MILESTONE #4 - PERCENT OF MATERNAL DEATHS REPORTED WITH REVIEWS CONDUCTED AND ACTIONS TAKEN (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 27: PERCENTAGE OF CHT MATERNAL DEATH REVIEWS AND ACTION POINT IMPLEMENTATION



'n1' stands for number of maternal deaths in Q1

'n2' stands for number of maternal deaths in Q2

'n3' stands for number of maternal deaths in Q3

'n4' stands for number of maternal deaths in Q4

Bong has demonstrated a decline from Q1 to Q4, from 77 to 0 percent; there was further improvement in Q2 to 82 percent, which has since declined in Q3 and Q4.

Lofa has demonstrated continuous decline from Q1 to Q4, from 100 to 40 percent.

Nimba has demonstrated improvement from Q1 to Q4, from 0 to 90 percent; there was further improvement in Q3 at 100 percent, which declined in Q4.

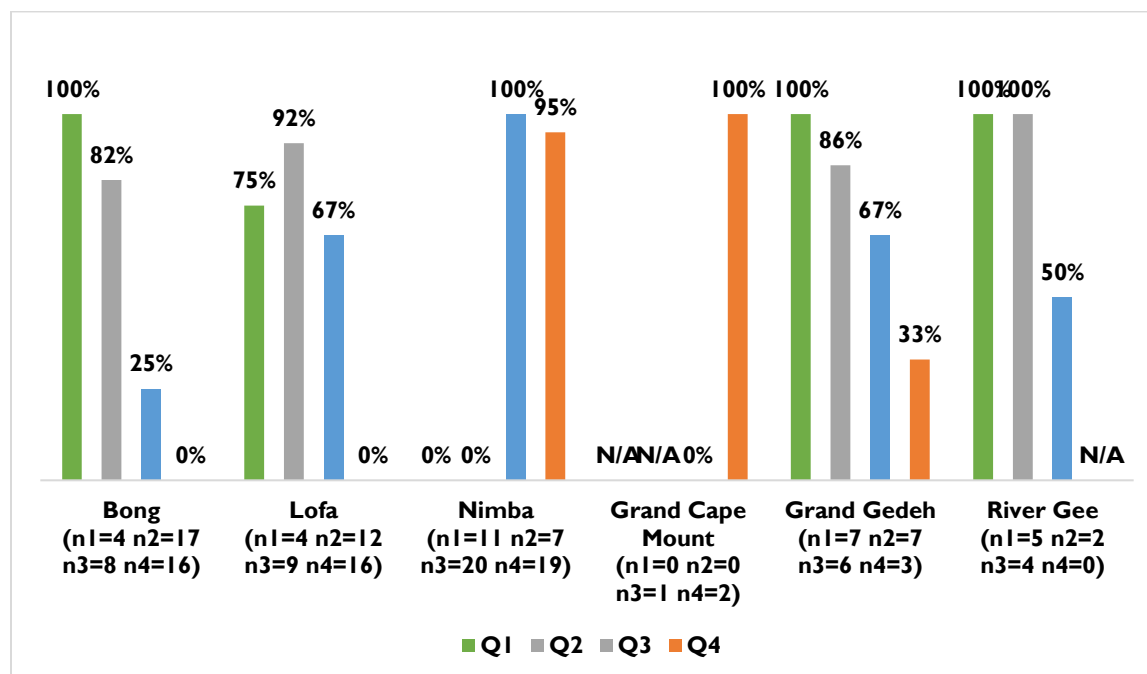
Grand Cape Mount has demonstrated improvement from Q1 to Q3, from 0 to 100 percent. There were no maternal deaths reported in Q4.

Grand Gedeh has demonstrated a decline from Q1 to Q4, from 100 to 50 percent.

River Gee has maintained its performance at 100 percent from Q1 to Q4. There were no maternal deaths reported in Q3.

**DELIVERABLE 5: ADMINISTRATIVE MILESTONE #5 - PERCENT OF NEONATAL DEATHS REPORTED WITH REVIEWS CONDUCTED AND ACTIONS TAKEN (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 28: PERCENTAGE OF CHT NEONATAL DEATH REVIEWS AND ACTION POINT IMPLEMENTATION



'n1' stands for number of neonatal deaths in Q1

'n2' stands for number of neonatal deaths in Q2

'n3' stands for number of neonatal deaths in Q3

'n4' stands for number of neonatal deaths in Q4

Bong has demonstrated continuous decline from Q1 to Q4, from 100 to 0 percent.

Lofa has demonstrated decline from Q1 to Q4, from 75 to 0 percent; there was improvement in Q2 to 92 percent, which has since declined in Q3 and Q4.

Nimba has demonstrated improvement from Q1 to Q4, from 0 to 95 percent; there was further improvement in Q3 at 100 percent, but this has since declined in Q4.

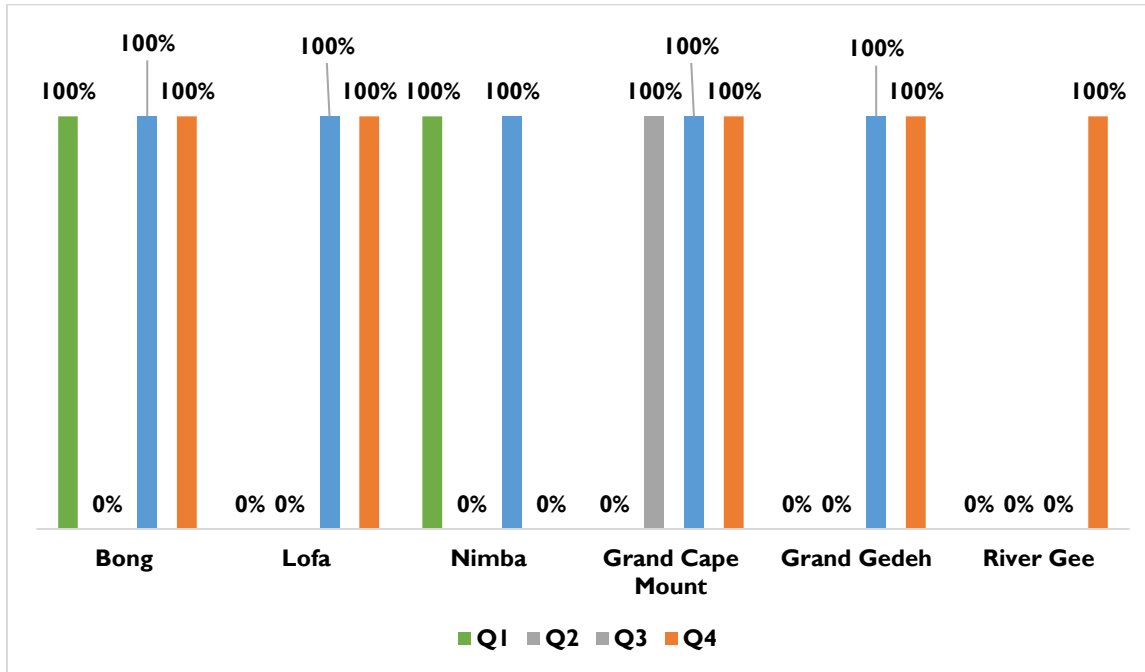
Grand Cape Mount has demonstrated improvement from Q3 to Q4, from 0 to 100 percent. There were no maternal deaths reported in Q1 and Q2.

Grand Gedeh has demonstrated continuous decline from Q1 to Q4, from 100 to 33 percent.

River Gee has demonstrated decline from Q1 to Q3, from 100 to 50 percent. There were no maternal deaths reported in Q4.

**DELIVERABLE 6: ADMINISTRATIVE MILESTONE #6 - TIMELY AND COMPLETENESS OF CHT QUARTERLY FINANCIAL AND PROGRAM REPORTS SUBMITTED (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 29: SUBMISSION OF TIMELY AND COMPLETE CHT FINANCIAL AND PROGRAM REPORTS



'n' stands for number of health facilities assessed

Bong has submitted timely and complete reports in all quarters except Q2.

Lofa has improved its performance, having failed to submit timely and complete records in Q1 and Q2 and succeeding in Q3 and Q4.

Nimba's performance has declined, having succeeded to submit timely and complete records in Q1 and Q3 and failing in Q2 and Q4.

Grand Cape Mount has improved its performance, having failed to submit timely and complete records in Q1 and succeeding in Q2 to Q4.

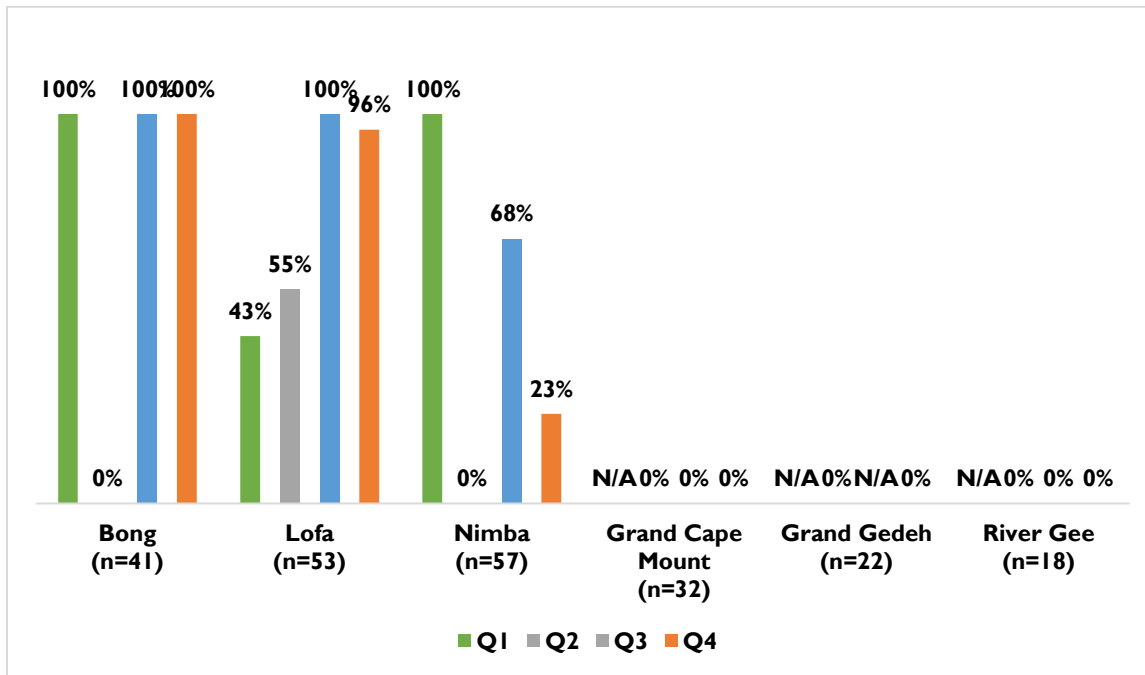
Grand Gedeh has improved its performance, having failed to submit timely and complete records in Q1 and Q2 and succeeding in Q3 and Q4.

River Gee has improved its performance, having failed to submit timely and complete records in Q1 to Q3 and succeeding in Q4.



**DELIVERABLE 7: ADMINISTRATIVE MILESTONE #7 - PERCENT OF HEALTH FACILITIES WITH QUARTERLY BONUS PAID ON TIME (WITHIN 21 DAYS OF REMITTANCE) (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 30: PERCENTAGE OF FACILITIES PAID QUARTERLY BONUS ON TIME



'n' stands for number of FARA-supported facilities eligible to receive bonuses as per MOH financial management guidelines in each county

Bong has maintained its performance from Q1 to Q4, at 100 percent, although there was a temporary decline in Q2.

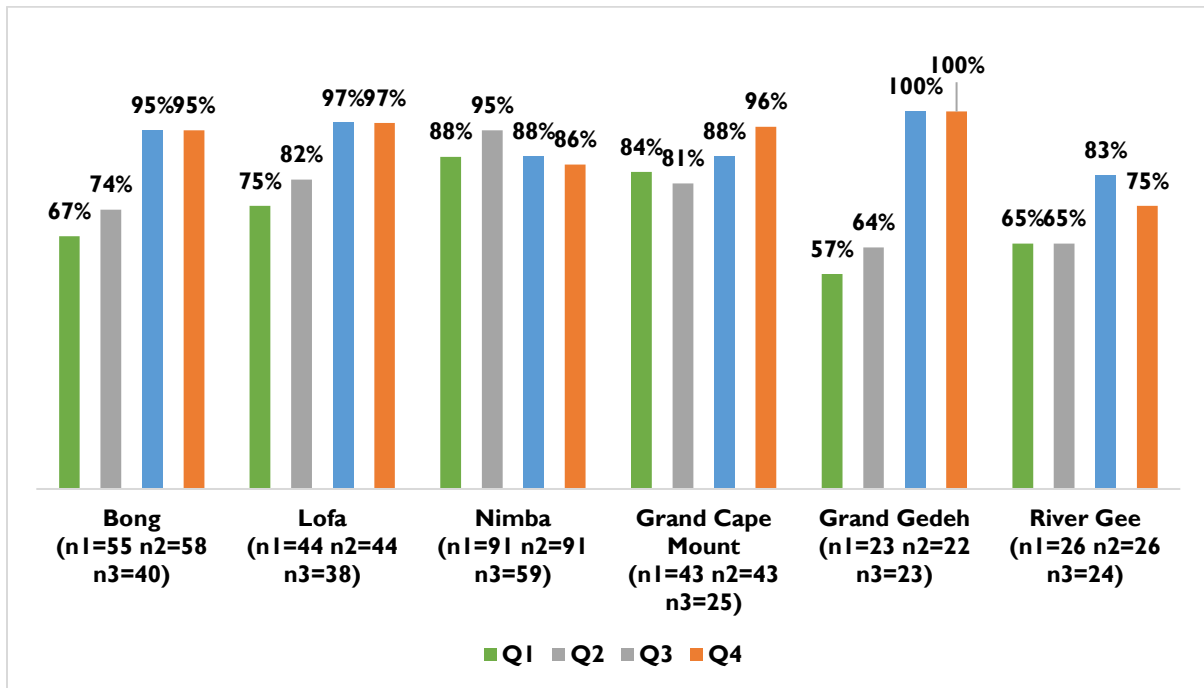
Lofa has demonstrated improvement from Q1 to Q4, from 43 to 98 percent; there was further improvement in Q3 to 100 percent, which has since declined in Q4.

Nimba has demonstrated decline from Q1 to Q4, from 100 to 23 percent.

Grand Cape Mount, Grand Gedeh, and River Gee failed to make timely payment of bonuses from Q2 to Q4.

**DELIVERABLE 8: ADMINISTRATIVE MILESTONE #8 - PERCENT OF STAFF ON OFFICIAL MOH PAYROLL FULLY PAID WITHIN 30 DAYS AFTER THE END OF THE QUARTER (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 31: PERCENTAGE OF STAFF AT FACILITY LEVEL ON OFFICIAL MOH PAYROLL FULLY PAID



n1 = Number of staff interviewed for Q1,

n2 = Number of staff interviewed for Q2,

n3 = Number of staff interviewed for Q3 and Q4 each.

Bong demonstrated improvement from Q1 to Q4, from 67 to 95 percent.

Lofa demonstrated improvement from Q1 to Q4, from 75 to 97 percent.

Nimba demonstrated a slight decline from Q1 to Q4, from 88 to 86 percent; there was improvement in Q2 to 95 percent, which has since declined in Q3 and Q4.

Grand Cape Mount demonstrated improvement from Q1 to Q4, from 84 to 96 percent.

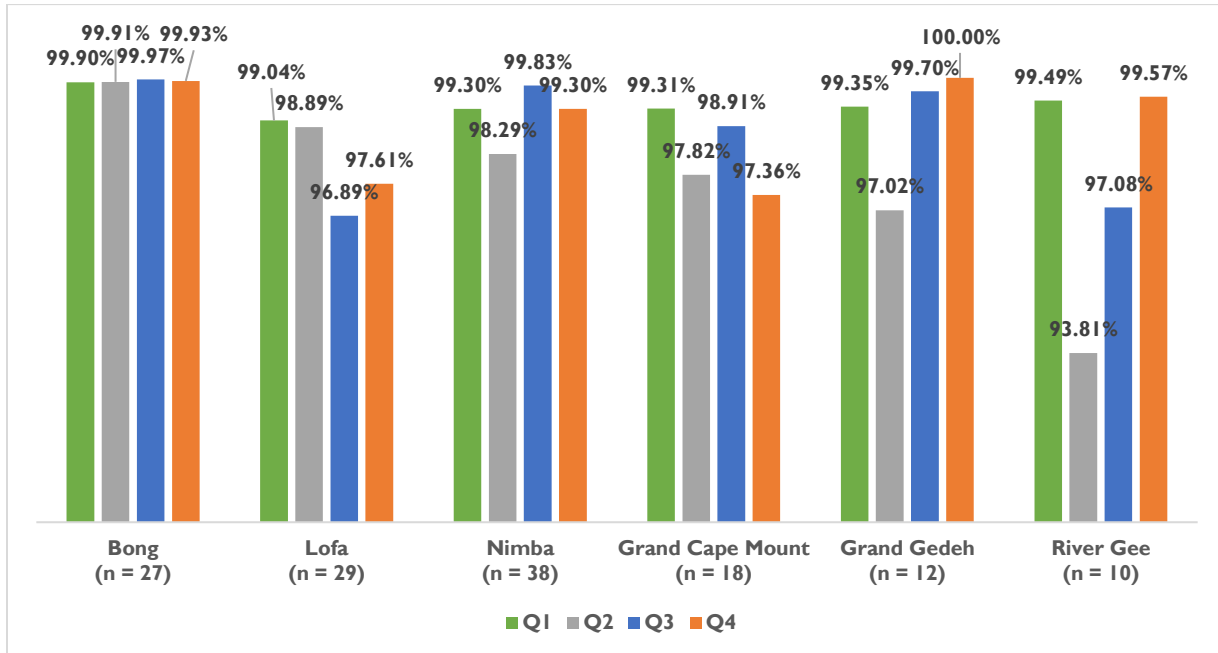
Grand Gedeh demonstrated improvement from Q1 to Q4, from 57 to 100 percent.

River Gee demonstrated improvement from Q1 to Q4, from 65 to 75 percent; there was further improvement in Q3 at 83 percent, but this has since declined in Q4.

## SERVICE DELIVERY MILESTONES

### DELIVERABLE 9: SERVICE DELIVERY MILESTONE #1 - PERCENT OF DELIVERIES IN HEALTH FACILITY ATTENDED BY SKILLED PERSONNEL (QUARTER 1 TO QUARTER 4 COMPARISON)

FIGURE 32: DATA ACCURACY OF HMIS AND FACILITY RECORDED DELIVERIES



'n' represents the number of sampled health facilities

From Q1 to Q4, Bong consistently showed similar data accuracy, with approximately 100 percent accuracy across all quarters.

Bong demonstrated a slight improvement in data accuracy from Q1 to Q4, from 99.90 to 99.93 percent.

Lofa demonstrated a slight decline in data accuracy from Q1 to Q4, from 99.04 to 97.61 percent.

Nimba demonstrated a slight improvement in data accuracy from Q1 to Q3, from 99.30 to 99.83 percent, although there was decline in Q4 again to 99.30 percent.

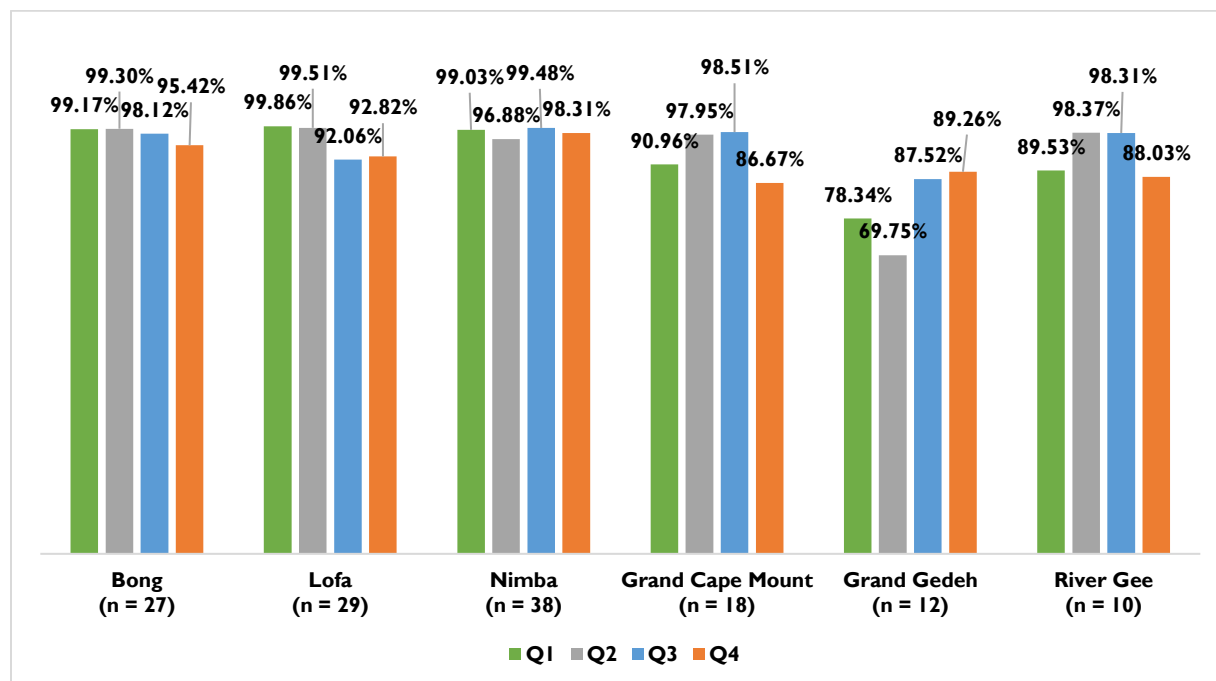
Grand Cape Mount demonstrated a slight decline in data accuracy from Q1 to Q4, from 99.31 to 97.36 percent.

Grand Gedeh demonstrated an improvement in data accuracy from Q1 to Q4, from 99.35 percent to 100 percent.

River Gee demonstrated a slight improvement in data accuracy from Q1 to Q4, from 99.49 to 99.57 percent, although there was decline in Q2 at 93.81 percent.

**DELIVERABLE 10: SERVICE DELIVERY MILESTONE #2 - PERCENT OF POST- PARTUM WOMEN ATTENDING POST-NATAL CARE WITHIN TWO (2) DAYS AFTER DELIVERY (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 33: DATA ACCURACY OF HMIS AND FACILITY RECORDED PNC VISITS



'n' represents the number of sampled health facilities

Bong demonstrated a decline in data accuracy from Q1 to Q4, from 99.17 to 95.42 percent.

Lofa demonstrated a decline in data accuracy from Q1 to Q4, from 99.86 to 92.82 percent.

Nimba demonstrated a slight decline in data accuracy from Q1 to Q4, from 99.03 to 98.31 percent, although there was improvement in Q3 to 99.48 percent.

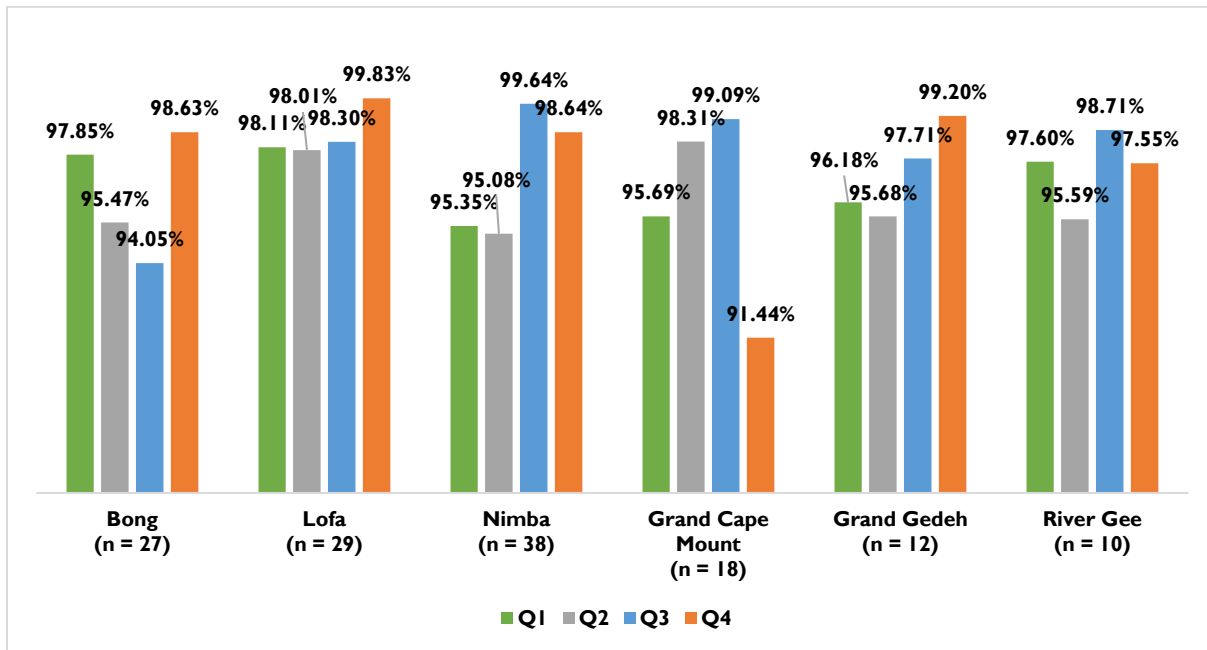
Grand Cape Mount demonstrated a decline in data accuracy from Q1 to Q4, from 90.96 to 86.67 percent, while there has been constant improvement from Q1 to Q3 to 98.51 percent.

Grand Gedeh demonstrated an improvement in data accuracy from Q1 to Q4, from 78.34 to 89.26 percent.

River Gee demonstrated a decline in data accuracy from Q1 to Q4, from 89.53 to 88.03 percent, although there was improvement in Q2 to 93.81 percent.

**DELIVERABLE 11: SERVICE DELIVERY MILESTONE #3 - PERCENT OF PREGNANT WOMEN WHO TOOK THIRD DOSE OF IPT FOR MALARIA (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 34: DATA ACCURACY OF HMIS AND FACILITY RECORDED WOMEN GIVEN THIRD IPT DOSE



'n' represents the number of sampled health facilities

Bong demonstrated an improvement in data accuracy from Q1 to Q4, from 97.85 to 98.63 percent, while there was a decline in data accuracy in Q3 to 94.05 percent.

Lofa demonstrated an improvement in data accuracy from Q1 to Q4, from 98.11 to 99.83 percent.

Nimba demonstrated an improvement in data accuracy from Q1 to Q4, from 95.35 to 98.64 percent; there was a decline in Q2 to 95.08 percent with steep rise in data accuracy by Q3 to 99.64 percent.

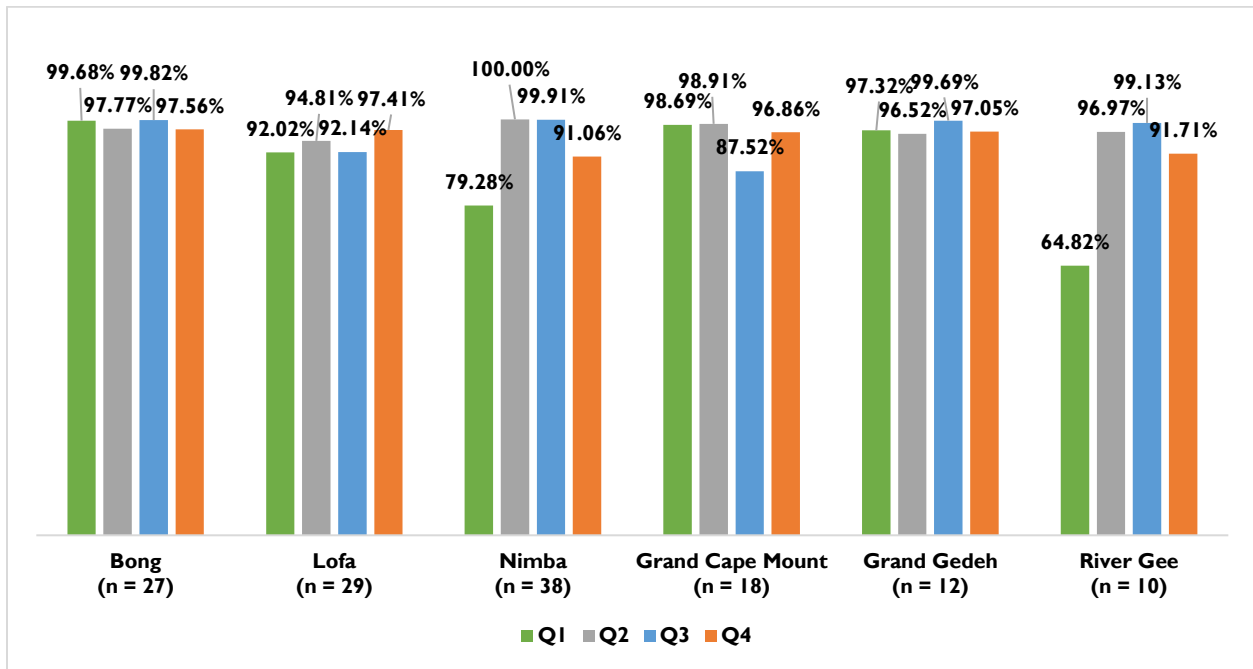
Grand Cape Mount demonstrated a decline in data accuracy from Q1 to Q4, from 95.69 to 91.44 percent, although there has been constant improvement from Q1 to Q3 to 99.09 percent.

Grand Gedeh demonstrated improvement in data accuracy from Q1 to Q4, from 96.18 to 99.20 percent.

River Gee demonstrated a slight decline in data accuracy from Q1 to Q4, from 97.60 to 97.55 percent, although there was improvement in Q3 to 98.71 percent.

**DELIVERABLE 12: SERVICE DELIVERY MILESTONE #4 - PERCENT OF WOMEN THAT RECEIVE ITNS AFTER DELIVERY AT HEALTH FACILITY (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 35: DATA ACCURACY OF HMIS AND FACILITY RECORDED ITNS GIVEN



'n' represents the number of sampled health facilities

Bong demonstrated a decline in data accuracy from Q1 to Q4, from 99.68 to 97.56 percent, although there was improvement in data accuracy during Q3 to 99.82 percent.

Lofa demonstrated an improvement in data accuracy from Q1 to Q4, from 92.02 to 97.41 percent.

Nimba demonstrated an improvement in data accuracy from Q1 to Q4, from 79.28 to 91.06 percent; there was a steep rise in data accuracy during Q2 and Q3, with 100 and 99.91 percent, respectively.

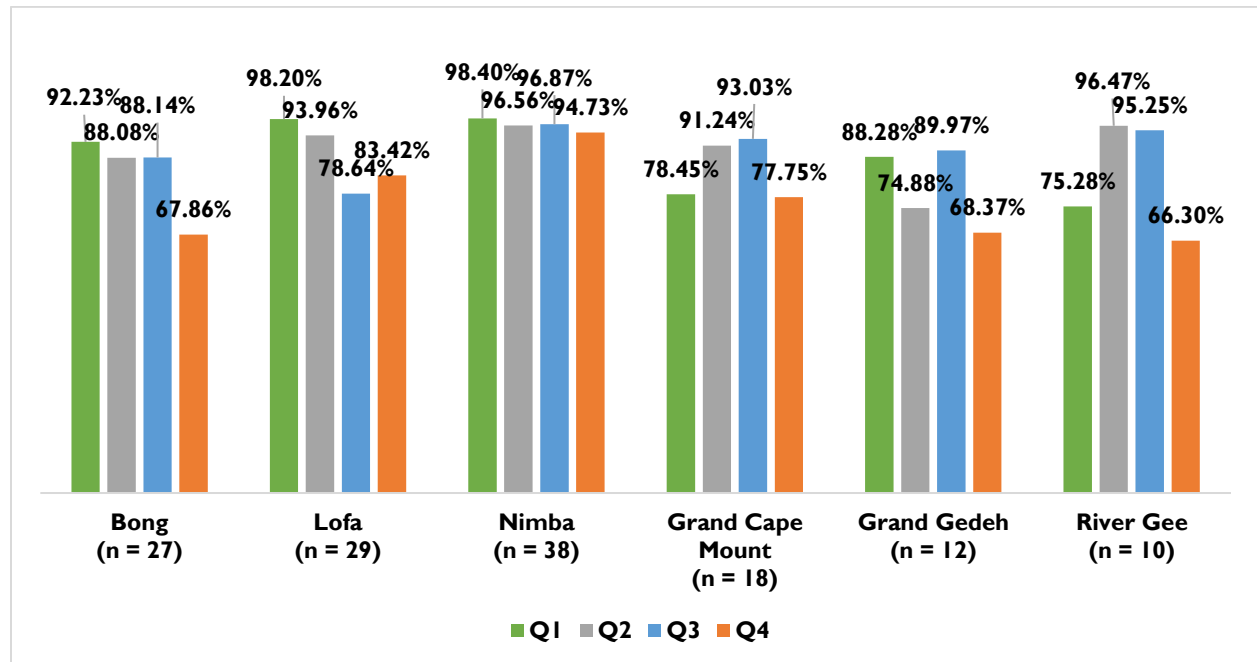
Grand Cape Mount demonstrated a decline in data accuracy from Q1 to Q4, from 98.69 to 96.86 percent, with a major decline in data accuracy during Q3 to 87.52 percent.

Grand Gedeh demonstrated a slight decline in data accuracy from Q1 to Q4, from 97.32 to 97.05 percent.

River Gee demonstrated an improvement in data accuracy from Q1 to Q4, from 64.82 to 91.71 percent, with maximum accuracy levels during Q3 at 99.13 percent.

**DELIVERABLE 13: SERVICE DELIVERY MILESTONE #5 - NUMBER OF PATIENTS COUNSELLED FOR FAMILY PLANNING (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 36: DATA ACCURACY OF HMIS AND FACILITY RECORDED FP COUNSELLING



'n' represents the number of sampled health facilities

Bong demonstrated a decline in data accuracy from Q1 to Q4, from 92.23 to 67.86 percent.

Lofa demonstrated a decline in data accuracy from Q1 to Q4, from 98.20 to 83.42 percent.

Nimba demonstrated a decline in data accuracy from Q1 to Q4, from 98.40 to 94.73 percent.

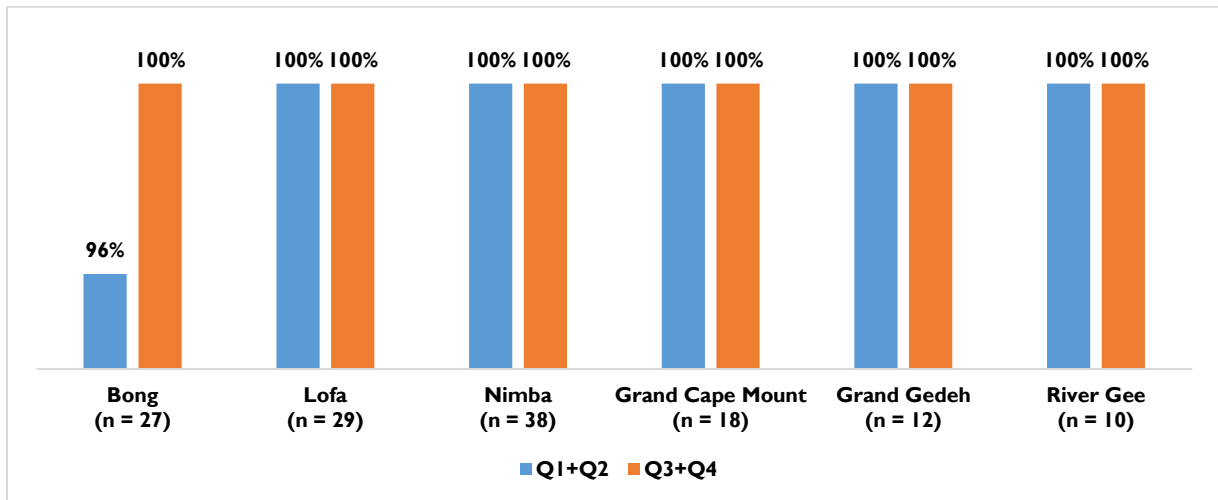
Grand Cape Mount demonstrated a slight decline in data accuracy from Q1 to Q4, from 78.45 to 77.75 percent, although there was improvement until Q3 to 93.03 percent.

Grand Gedeh demonstrated a decline in data accuracy from Q1 to Q4, from 88.28 to 68.37 percent.

River Gee demonstrated a decline in data accuracy from Q1 to Q4, from 75.28 to 66.30 percent, although higher levels of data accuracy were observed in Q2 and Q3 with 96.47 and 95.25 percent, respectively.

**DELIVERABLE 14: SERVICE DELIVERY MILESTONE #6 - PERCENT OF HEALTH FACILITIES PROVIDING FAMILY PLANNING (FP) COUNSELING AND/OR SERVICES (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 37: PERCENTAGE OF HEALTH FACILITIES PROVIDING FAMILY PLANNING COUNSELLING AND/OR SERVICES



\*'n' represents the number of sampled health facilities

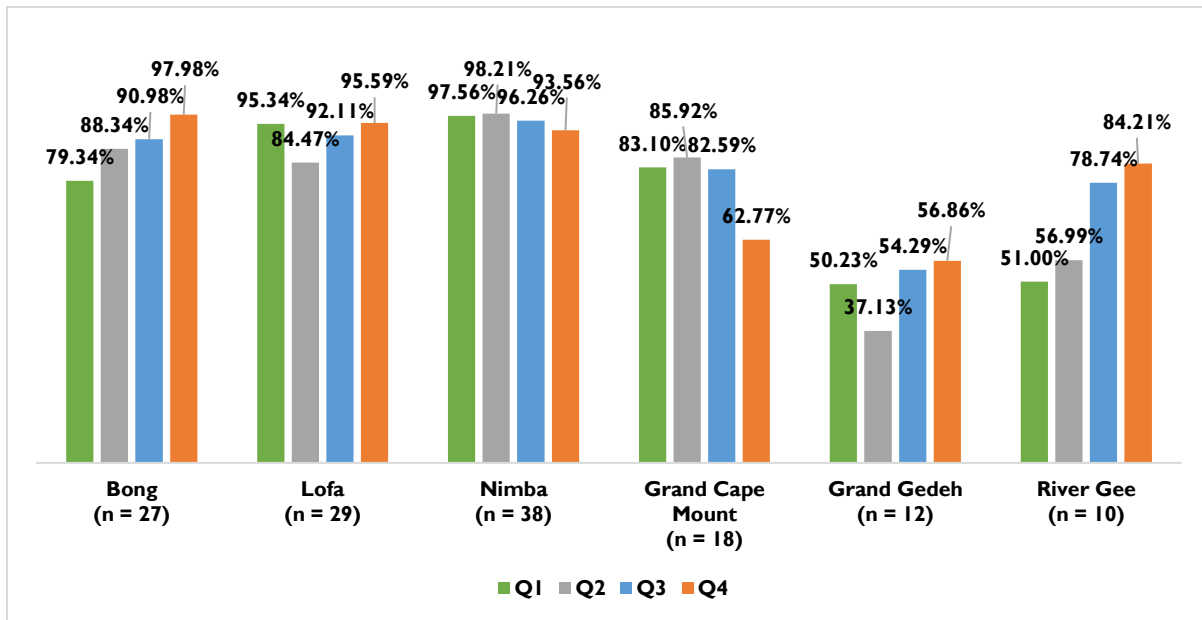
The findings show that all the health facilities (134) visited for FARA verification provided family planning counseling and/or services during Q3 and Q4 assessment. In the previous verification, one facility (African Fundamental Baptist Mission) in Bong was observed not to provide family planning services during the Q1 and Q2 verification exercise. The team observed that the aforementioned facility did not have any record in their FP counselling register, nor did it show any documented evidence that the facility provides FP counselling and services at the time of the verification.

Since the assessment question was simply whether the facility provides FP counselling and/or services, the same figures are presented for two quarters assessed together.



**DELIVERABLE 15: SERVICE DELIVERY MILESTONE #7 - PERCENT OF CHILDREN UNDER 1 YEAR OF AGE FULLY IMMUNIZED (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 38: DATA ACCURACY OF HMIS AND FACILITY-RECORDED CHILDREN FULLY IMMUNIZED



'n' represents the number of sampled health facilities

Bong demonstrated an improvement in data accuracy from Q1 to Q4, from 79.34 to 97.98 percent.

Lofa demonstrated a slight improvement in data accuracy from Q1 to Q4, from 95.34 to 95.59 percent.

Nimba demonstrated a decline in data accuracy from Q1 to Q4, from 97.56 to 93.56 percent.

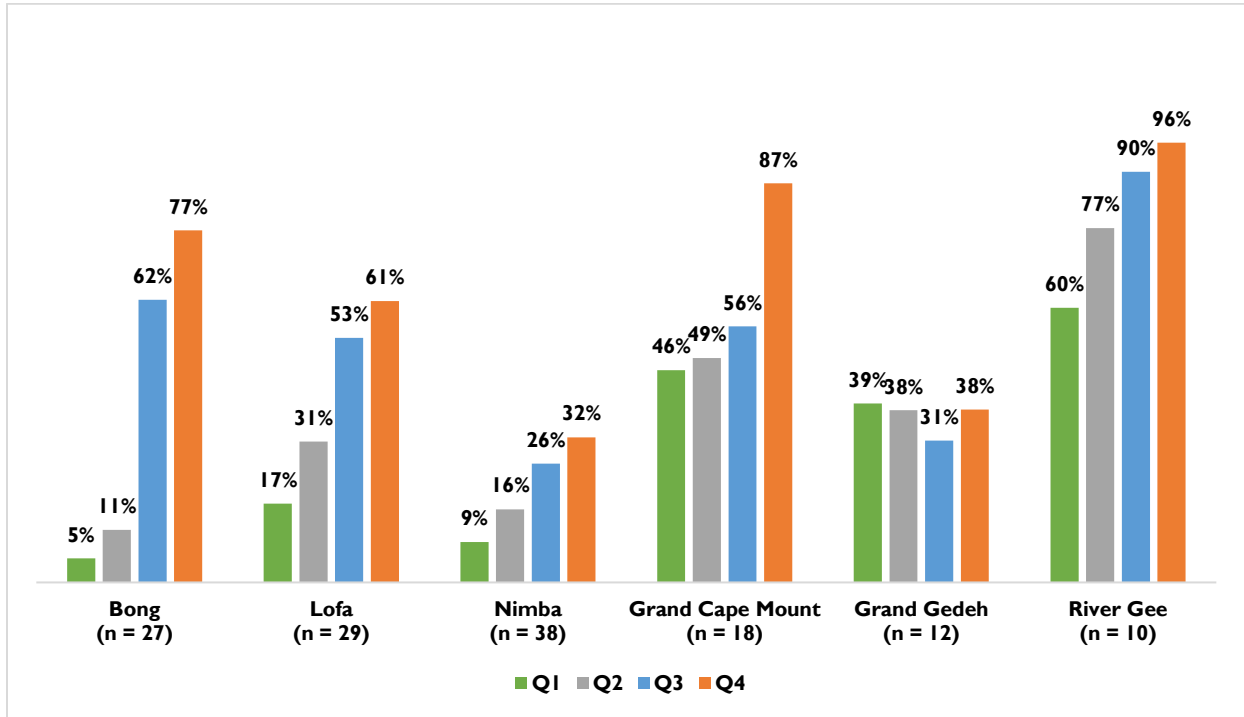
Grand Cape Mount demonstrated a decline in data accuracy from Q1 to Q4, from 83.10 to 62.77 percent, although there was improvement during Q2 to 85.92 percent.

Grand Gedeh demonstrated an improvement in data accuracy from Q1 to Q4, from 50.23 to 56.86 percent.

River Gee demonstrated an improvement in data accuracy from Q1 to Q4, from 51.00 to 84.21 percent, with regular improvements in each quarter.

**DELIVERABLE 16: SERVICE DELIVERY MILESTONE #8 - PERCENT OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/ HEIGHT IS ASSESSED (QUARTER 1 TO QUARTER 4 COMPARISON)**

FIGURE 39: PERCENTAGE OF SICK CHILDREN (UNDER FIVE) WHOSE WEIGHT/HEIGHT WERE ASSESSED DURING EACH QUARTER



'n' represents the number of sampled health facilities

Bong demonstrated considerable improvement in compliance from Q1 to Q4, from 5 to 77 percent.

Lofa demonstrated an improvement in compliance from Q1 to Q4, from 17 to 61 percent.

Nimba demonstrated an improvement in compliance from Q1 to Q4, from 9 to 32 percent.

Grand Cape Mount demonstrated an improvement in compliance from Q1 to Q4, from 46 to 87 percent.

Grand Gedeh demonstrated a similar compliance throughout Year 4 from Q1 to Q4, declining slightly from 39 to 38 percent.

River Gee demonstrated an improvement in compliance from Q1 to Q4, from 60 to 96 percent, with regular improvements in each quarter.

## OBSERVATIONS

The team made the following overall observations during the data verification:

1. Weak compliance with the implementation of activities listed in business plans due to inadequate funding at health facilities.
2. Weak compliance with conducting and documenting HFDC Meetings.
3. Challenges with implementation of documented action points post mortality reviews.
4. Wide differences in the data records available at health facility level with respect to the data submitted in HMIS (especially Family Planning counselling data).
5. Unavailability of data due to poor management of ledgers/records.
6. Unavailability of important supplies and skillsets in the team at the service-provider level.
7. Weak compliance with timely payment of bonuses by CHTs in most of the counties including Nimba, Grand Cape Mount, Grand Gedeh, and River Gee.
8. Specific registers/ledgers were not available at certain health facilities for use to record the data. For instance, for recording data on ITN distribution, the information was observed to be captured in patient charts.

## RECOMMENDATIONS

The team recommends the following overall remedial actions:

1. Orientation of OIC/staff on mandatory conditions while conducting HFDC meetings on the verification conditions (MOH).
2. Identify the best practices from best performing counties and implement them across all counties (MOH).
3. Increase funding to support the implementation of maternal and neonatal death review action points (USAID).
4. Ensure adequate monitoring and implementation on release of timely funds/bonus to be undertaken (MOH and USAID).
5. Develop sample material (for example, how to record data on family planning counselling, how and what details to be added while recording immunization details, which details to be referred to while submitting the financial and program reports, etc.) to share with facility and county staff on proper documentation (MOH and USAID).

6. Learning events for sharing experiences on how to monitor and ensure the data accuracy along with strengthening of data quality review activities through CHT teams and interdepartmental units (MOH).
7. For ensuring proper documentation and record keeping (MOH):
  - a. Develop training programs and capacity building exercises to sensitize staff on need and process for proper documentation and record keeping (i.e., what data needs to be recorded, where and how).
  - b. Develop sample material (for example, how to record data on family planning counselling, how and what details to be added while recording immunization details, which details to be referred to while submitting the financial and program reports, etc.) to share with facility and county staff on proper documentation.
  - c. Develop standardized reporting format (i.e., what data has to be reported and where it should be recorded) based on MOH monitoring and evaluation guidelines.
  - d. Maintain uniformity in the ledgers/record formats available at each facility.
8. For preventing stock outs (MOH):
  - a. Develop facility-specific minimum and maximum stock levels of essential supplies and items for all the health facilities that can help to maintain availability of vaccines/other supplies such as ITNs across all the health facilities with suitable mechanisms for triggering order before minimum quantity is reached.
  - b. Provide for inventory audits to ensure stocks (vaccines/ITNS etc.).

## ANNEX I: DETAILED DATA ANALYSIS APPROACH

### SECTION I: ADMINISTRATIVE MILESTONES

There were eight administrative milestones verified during this exercise. Two of the administrative milestones were verified at the central (MOH) level, three at the county level, and the remaining three milestones at the facility level. Table 29 shows the description for each of the eight administrative milestones and their site of verification.

TABLE 29: DESCRIPTION OF ADMINISTRATIVE MILESTONES

TYPE	INDICATOR	SITE OF VERIFICATION
<b>Administrative Milestone #1</b>	% of sampled facilities assessed to have implemented at least 80% of planned activities in updated business plan	Facility level
<b>Administrative Milestone #2</b>	% of health facilities submitting timely and complete data in Logistics Management Information System (LMIS)	Central (MOH) level
<b>Administrative Milestone #3</b>	% of health facilities that held at least three HFDC meetings per quarter with all the conditions fulfilled	Facility level
<b>Administrative Milestone #4</b>	% of maternal deaths reported with reviews conducted and actions taken	County (CHT) level
<b>Administrative Milestone #5</b>	% of neonatal deaths reported with reviews conducted and actions taken	County (CHT) level
<b>Administrative Milestone #6</b>	Timeliness and completeness of CHT quarterly financial and program reports submitted	Central (MOH) level
<b>Administrative Milestone #7</b>	% of health facilities with quarterly bonus paid on time (within 21 days of remittance)	County (CHT) level
<b>Administrative Milestone #8</b>	% of staff on official MOH payroll fully paid within 30 days after the end of the quarter	Facility level

The field data collection procedure, as explained in the research methodology section, was a participatory process that entailed review of relevant registers, ledgers and documents at the CHT, central (MOH), and facility levels. The data collection teams interacted with key health officials during this process, got clarifications from staff members who were responsible for data entry into the various ledgers, and collected data for which they had recorded or documented evidence(s). Verbal claims alone were not entered as data points but were noted in the remarks section of the data collection tool.

Following the collection and compilation of authenticated data points from the respective verification sites by IQVIA field team, the data were analyzed based on their indicator using automated MS-Excel functions. The administrative milestone data analysis approach for facility entailed a stepwise process of verifying positive responses to the sets of questions tied to each indicator. The results of the data analysis were represented at the county level. For instance, the indicator **“percent of sampled facilities assessed to have implemented at least 80 percent of planned activities in updated business plan”** was analyzed as follows:

- Step one: How many health facilities in County “A” had a business plan? Those without business plan were excluded. This created two categories: “included” and “excluded” health facilities.
- Step two: How many activities are in the business plan of each of the “included” health facilities in County “A”?
- Step three: How many of the activities in the business plan of the “included” health facilities in County “A” were implemented within the respective quarters (Q3 or Q4).
- Step four: Using MS-Excel functions, the percentage business activity implementation was calculated for each “included” health facilities in County “A.”
- Step five: The numbers of “included” health facilities that conducted at least 80 percent of planned activities in the business plan were obtained.
- Step six: The percentage of health facilities as a function of the overall sampled health facilities in County “A” was calculated.

The aforementioned process was repeated for all the counties to obtain this facility-verified administrative milestone. A similar process was followed for the additional administrative milestones where facility data were obtained and analyzed.

The data analysis approach for county (CHT)-level verified administrative milestones was conducted through a straight-forward counting and summation process. As shown in Table 30, the three administrative milestones under this category, had two to five conditions or questions for a positive response to be recorded and final calculation to be made for the respective counties.

TABLE 30: ILLUSTRATION OF DATA ANALYSIS FOR COUNTY (CHT) VERIFIED ADMINISTRATIVE MILESTONES

INDICATOR	HOW MANY MATERNAL DEATHS WERE REPORTED? (A)	HOW MANY REPORTED MATERNAL DEATHS WERE REVIEWED? (B)	HOW MANY REVIEWED MATERNAL DEATHS HAD ACTIONS PLANNED? (C)	HOW MANY REVIEWED MATERNAL DEATHS HAD ACTIONS IMPLEMENTED? (D)	ACTION POINT IMPLEMENTATION PERCENTAGE (D/A)*100
% of maternal deaths reported with reviews conducted and actions taken	12	12	10	5	42%

If there were no maternal reported deaths during the verification period, this indicator was classified as “Not Applicable” (N/A). If there were maternal or neonatal deaths but reviews were not conducted or reviews were conducted but no action points were taken, then the county was marked “0 percent.” Otherwise, the process continues, and the action point implementation percentage was calculated based

on the number of action points implemented against the number of deaths recorded by the County Health Team.

The aforementioned data analysis approach was repeated for the remaining county (CHT)-verified administrative milestones.

The data analysis approach for central (MOH)-level verified administrative milestones was done by direct counting and summation of the responses to the research questions. For example, the indicator **“Timely and completeness of CHT quarterly financial and program reports submitted”** was analyzed based on the two possible responses “Yes” or “No” to the three research questions that were tied to this indicator. The questions were “Was complete CHT quarterly financial report submitted?”, “Was CHT quarterly financial report submitted on time?”<sup>6</sup> and “Was CHT quarterly program report submitted on time?” A “Yes” to all three questions after document confirmation that the reports got to central (MOH) within 30 days of end of the reporting quarter earns the county a final “Yes,” which is equivalent to “100 percent.” A “No” to either of the above question means the county got a “0 percent” or “No.” This straight-forward analysis was repeated for the other central (MOH)-verified administrative milestones.

## SECTION 2: SERVICE DELIVERY MILESTONES

There were eight service delivery milestones verified during this exercise. All eight milestones were verified at the facility level. Table 3I shows the description for each of the eight milestones.

TABLE 3I: DESCRIPTION OF SERVICE DELIVERY MILESTONES

TYPE	INDICATOR	REFERENCE DOCUMENT
<b>Service Delivery Milestone #1</b>	% of deliveries conducted in a health facility and attended by skilled personnel	1. Labor and delivery ledger and delivery notes (including partograph) at facility level 2. HMIS data
<b>Service Delivery Milestone #2</b>	% of post-partum women attending post-natal care within two days after delivery	1. Post-partum ledger at facility level 2. HMIS data
<b>Service Delivery Milestone #3</b>	% of pregnant women who took third dose of IPT for malaria	1. ANC register at facility level 2. HMIS data
<b>Service Delivery Milestone #4</b>	% of women that receive ITNs after delivery at health facility	1. Labor and delivery ledger at facility level 2. HMIS data
<b>Service Delivery Milestone #5</b>	Number of clients counselled for FP	1. Family planning ledger at facility level 2. HMIS data
<b>Service Delivery Milestone #6</b>	% of health facilities providing FP counseling and/or services	1. Family planning ledger at facility level
<b>Service Delivery Milestone #7</b>	% of children under 1 year of age fully immunized	1. EPI register at facility level

<sup>6</sup> On time = within 30 days of the end of the verification quarter

TYPE	INDICATOR	REFERENCE DOCUMENT
		2. HMIS data
<b>Service Delivery Milestone #8</b>	% of sick children (under five) whose weight/height is assessed	1. Under 5 register at facility level

Data collection was done from specific ledgers and registers at the health facilities. Following the collection and compilation of data points from the respective verification sites by IQVIA field team, the data were analyzed based on their indicator using automated MS-Excel functions.

Service Delivery Milestones 1 to 5 and 7 were analyzed in the following manner:

- Step one: Data collected from each facility on a monthly basis was added to derive the quarterly figure at facility level.
- Step two: The quarterly figure for each facility from a county was added to derive the quarterly figure at county level (for assessed 134 health facilities only) as determined from health facility.
- Step three: The quarterly figure for each facility (for assessed 134 facilities only) from HMIS database was added to derive the quarterly figure at county level (for assessed 134 health facilities only) as determined from the HMIS database.
- Step four: The data, as derived in steps two and three above, were compared, and difference and accuracy were calculated. The formulae used are explained in Table 32.
- Step five: The step was repeated for both quarters for the six milestones for all six counties.

TABLE 32: ILLUSTRATION OF CALCULATION OF VARIANCE AND ACCURACY

MILESTONE	COUNTY	QUARTER I DATA FROM HEALTH FACILITIES (A)	QUARTER I DATA FROM HMIS (B)	VARIANCE (C) = A-B	VARIANCE % (D) = 100*ABSOLUTE (C)/B	ACCURACY % (E) = 100-D
% of deliveries conducted in a health facility and attended by skilled personnel	Bong	1,699	1,930	-231	12%	88%

For Service Delivery Milestone #6 (percent of health facilities providing FP counseling and/or services), the following approach was used:

- Step one: A summation was made for the number of facilities answering “Yes” to the question if they provided family planning counseling and/ or services in a county.
- Step two: The value derived in step one was divided by the total number of facilities assessed for that county.
- Step three: The process was repeated for six counties.



Only a single value for this milestone was computed rather than two separate values for Q3 and Q4. Additionally, no HMIS data was available for this milestone and hence an Accuracy (percent) could not be calculated.

For Service Delivery Milestone #8 (percent of sick children (under five) whose weight/height is assessed), the following approach was used:

- Step one: A summation was made of the total children (under five) visiting the facilities in a county during each quarter.
- Step two: A summation was made of the total children (under five) who had height, weight, or weight for height measured and recorded in the Under Five register for the facilities assessed in a county during each quarter.
- Step three: The figure derived from step two was divided by the figure derived from step one to calculate the percent figure.
- Step four: The process was repeated for six counties.

The data for this milestone was captured for all the four quarters (Year 4 FARA (July 2019 to June 2020) – Q1, Q2, Q3 and Q4). Additionally, no HMIS data were available for this milestone and hence Accuracy (percent) was not calculated.

Additional analysis was performed on the available data. An example is mentioned below:

Service Delivery Milestone #1 (percent of deliveries conducted in a health facility and attended by skilled personnel with completed partographs):

- Step one: A summation was made of the total number of partographs filled for a county in a quarter.
- Step two: A summation was made of the total number of deliveries conducted for a county in a quarter.
- Step three: The result as derived in step one was divided by the result derived in step two to calculate the proportion of deliveries that had a partograph filled in.
- Step four: This was repeated for both quarters for all six counties.

Data Triangulation - Linking milestones Service Delivery Milestone #1 (percent of deliveries conducted in a health facility and attended by skilled personnel) and Service Delivery Milestone #4 (percent of women that receive ITNs after delivery at health facility) - Proportion of women that received ITNs after delivery at the health facility:

- Step one: The number of ITNs provided after delivery in a county for a quarter (already calculated earlier) was divided by the total number of deliveries conducted in the county for a quarter (already calculated earlier) to calculate the proportion of deliveries in which ITNs

were provided. The proportion of women receiving ITNs was presented in percent form in the charts along with analysis using absolute numbers in the report.

- Step two: This was repeated for both quarters for all six counties.

## ANNEX 2: ADDITIONAL OBSERVATIONS AND RECOMMENDATIONS

The following observations were made, and recommendations are suggested, arranged by milestone:

MILESTONE	OBSERVATIONS	RECOMMENDATIONS
<p><b>Administrative milestone #1</b> % of sampled facilities assessed to have implemented at least 80% of planned activities in updated business plan.</p>	<p>Facilities reported lack of funds to implement activities in the business plan</p> <p>Facilities complained of <i>inability to develop and implement business plan</i></p>	<p><i>Increased funding</i> to the HFs to support the implementation of activities planned in the business plan</p> <p><i>Capacity building</i> on how to develop and implement a business plan for the facilities without business plan</p>
<p><b>Administrative milestone #2</b> % of health facilities submitting timely and complete data in LMIS.</p>	<p>The CHT complained of late submission of data from the HFs and districts</p> <p>Lack of capacity in collating and sharing of data at the HF level</p>	<p><i>Capacity building and knowledge sharing sessions</i> for the staff involved in data submission in LMIS</p> <p>Improved awareness of staff on the importance of data</p>
<p><b>Administrative milestone #3</b> % of health facilities that held at least three HFDC meetings per quarter (with all the conditions fulfilled).</p>	<p>The health facilities were either <i>unaware of the mandatory conditions</i> and for few instances were found <i>non-compliant</i> while conducting the meetings for conditions such as documenting the agenda, action points, discussions on performance and service delivery outcomes in the meetings</p> <p>Unavailability of functional HFDC committee was reported as another concern</p>	<p>Orientation of OIC/staff responsible for conducting meetings on the necessary conditions</p> <p>Initiation of documentation of <b>action taken report</b> on previous meeting before conducting another meeting</p> <p>A <b>landscaping study</b> should be conducted to identify and document challenges faced by the various HFs in implementing a comprehensive HFDC meetings</p>
<p><b>Administrative milestone #4</b> % of maternal deaths reported with reviews conducted and actions taken.</p>	-	-
<p><b>Administrative milestone #5</b> % of neonatal deaths reported with reviews conducted and actions taken.</p>	-	-
<p><b>Administrative milestone #6</b> Timely and completeness of CHT quarterly financial and program reports submitted.</p>	<p><i>Inadequate capacity</i> across the six counties with regards to submission of timely and complete CHT quarterly financial and program reports was observed</p>	<p><i>Regular capacity building</i> for the finance and program teams</p> <p>The teams should be <i>incentivized</i> (positive reinforcement and recognitions) to submit reports electronically via applications and spreadsheets instead of scanning and sharing reports as email attachments</p>

MILESTONE	OBSERVATIONS	RECOMMENDATIONS
<b>Administrative milestone #7</b> % of health facilities with quarterly bonus paid on time (within 21 days of remittance).	<i>Delayed and late release of funds</i> to the CHT from MOH was reported as potential barrier Delayed appraisal process at health facility level was stated as potential barrier to timely release of funds	Concerted efforts should be made to identify and remove all <i>bottlenecks</i> impeding timely quarterly bonus payment to health facilities Sensitization of the finance team on the importance of timely payment of quarterly bonuses to health facilities
<b>Administrative milestone #8</b> % of staff on official MOH payroll fully paid within 30 days after the end of the quarter.	-	-

MILESTONE	OBSERVATIONS	RECOMMENDATIONS
<b>Service Delivery milestone #1</b> % of deliveries in health facility attended by skilled personnel.	Partographs not filled by the staff Partographs incomplete/incorrectly filled by the staff	<i>Training/refresher trainings</i> of staff and instruction to correctly and fully complete partograph
<b>Service Delivery milestone #2</b> % of post-partum women attending post-natal care within two days after delivery.	-	-
<b>Service Delivery milestone #3</b> % of pregnant women who took third dose of IPT for malaria.	-	-
<b>Service Delivery milestone #4</b> % of women that receive ITNs after delivery at health facility.	ITNs were stock out in multiple health facilities	Ensuring <b>availability of adequate quantity of ITNs</b> at the facility
<b>Service Delivery milestone #5</b> Number of clients counselled for family planning.	The ledger for recording this data was fragile and had pages torn off, with loss of recorded data	Production of <b>quality ledgers with thick pages</b> that are resistant to tearing <i>Training of staff</i> and instruction to maintain data in alternate notebook in case of damage to the relevant page in the ledger

MILESTONE	OBSERVATIONS	RECOMMENDATIONS
<b>Service Delivery milestone #6</b> % of health facilities providing family planning counseling and/or services.	-	-
<b>Service Delivery milestone #7</b> % of children under 1 year of age fully immunized.	<i>Vaccines were out of stock</i> in certain instances Data was not recorded in the register	Ensuring inventory audits at facility level to ensure stocks of vaccines <i>Sensitization to staff</i> and instruction to fill in the relevant register
<b>Service Delivery milestone #8</b> % of sick children (under five) whose weight/height is assessed (on day of visit).	The recording was either not performed or not entered in the Under 5 register The appropriate instruments for measuring height (height board) and weight (weighing scale) were <i>not available</i> in certain facilities	<i>Training</i> to staff and instruction to fill in the details in the Under Five register Ensuring <b>availability of relevant instruments</b> at the facility

## ANNEX 3: LIST OF THE 134 HEALTH FACILITIES

SL NO.	COUNTY	HEALTH FACILITY NAME	HEALTH FACILITY ID	LATITUDE	LONGITUDE
1	Nimba	Gorgoatuo	NIM43	7.4104342	-8.453648
2	Nimba	St. Mary's	NIM46	7.3634405	-8.7069192
3	Nimba	Duoplay	NIM10	7.2865729	-8.4210306
4	Nimba	Loguatuo	NIM51	7.2570955	-8.3661813
5	Nimba	Garplay	NIM14	7.1225322	-8.4633357
6	Nimba	Vayenglay	NIM18	7.1445816	-8.5629872
7	Nimba	Lepula	NIM21	6.9790571	-8.4177271
8	Nimba	Buutuo	NIM59	6.8303399	-8.3433607
9	Nimba	Youhnlay	NIM32	7.2708701	-8.5036276
10	Nimba	Karnplay Health Centre	NIM55	7.2648615	-8.5041134
11	Nimba	Kpairplay	NIM60	7.2008092	-8.5517073
12	Nimba	Slangonplay	NIM45	7.2152296	-8.5829743
13	Nimba	Gbeivonwea	NIM15	7.0817843	-8.4169207
14	Nimba	Beoyoolar	NIM03	7.04815	-8.3214945
15	Nimba	Beadatuo	NIM52	6.9905324	-8.5975722
16	Nimba	Gbloulay	NIM25	6.8945873	-8.5149928
17	Nimba	New Yourpea	NIM26	6.7254079	-8.4863333
18	Nimba	Bahn Health Centre	NIM57	7.0294435	-8.7297722
19	Nimba	Kpaytuo	NIM42	6.832604	-8.813436

SL NO.	COUNTY	HEALTH FACILITY NAME	HEALTH FACILITY ID	LATITUDE	LONGITUDE
20	Nimba	Zuaplay	NIM37	6.74109	-8.8746517
21	Nimba	Zuolay	NIM38	6.6755324	-8.7875311
22	Nimba	Graie	NIM50	6.7084033	-8.771017
23	Nimba	Zekepa Health Centre	NIM62	6.6464368	-9.1170458
24	Nimba	Consolata	NIM06	6.488046	-8.8637662
25	Nimba	Boyee	NIM47	6.4505199	-9.011922
26	Nimba	Diallah	NIM44	6.4768455	-8.6986234
27	Nimba	Mid Baptist	NIM49	6.4951032	-8.8686119
28	Nimba	Kwendin	NIM20	6.4547563	-8.9490101
29	Nimba	Saclepa Comp Health	NIM56	6.9762409	-8.8453369
30	Nimba	Kpallah	NIM12	6.978619	-8.9180533
31	Nimba	Flumpa	NIM13	7.1083582	-8.9118935
32	Nimba	Karnwee	NIM28	7.0271868	-8.8512154
33	Nimba	Kpein	NIM19	7.1290599	-9.0666928
34	Nimba	Duo Town	NIM09	6.82267	-9.18708
35	Nimba	Ganta Community	NIM54	7.145973	-9.033024
36	Nimba	Bunadin	NIM05	7.0107296	-9.0741945
37	Nimba	Tunukpuyee	NIM61	7.0912608	-9.0060213
38	Nimba	Beindin	NIM58	7.0745618	-8.9510097
39	Bong	Garmue	BON09	7.2382466	-9.1716688

SL NO.	COUNTY	HEALTH FACILITY NAME	HEALTH FACILITY ID	LATITUDE	LONGITUDE
40	Bong	Bellemue	BON05	7.1934066	-9.2057512
41	Bong	Boway	BON14	7.2003202	-9.0189665
42	Bong	Foequelleh	BON08	7.1269988	-9.2267591
43	Bong	Palala	BON19	7.0021907	-9.2939786
44	Bong	Gbartala	BON11	6.8903179	-9.6734027
45	Bong	Naama	BON33	6.83413	-9.17886
46	Bong	Yila	BON38	6.81707	-9.18491
47	Bong	Zebay	BON30	6.83413	-9.17886
48	Bong	Kpaai	BON17	6.813575	-9.9386495
49	Bong	Shankpallai	BON22	7.37152	-9.33555
50	Bong	Samay	BON35	6.7720841	-9.4507582
51	Bong	Zowienta	BON27	6.819066654	-9.184705005
52	Bong	Gbalatuah	BON29	7.31221	-9.51111
53	Bong	Wainsue	BON25	7.003246003	-10.01541575
54	Bong	Tamay ta	BON28	6.8059556	-9.4666228
55	Bong	Rock Crusher	BON37	6.4996589	-9.4966188
56	Bong	Totota	BON24	6.810689097	-9.941833498
57	Bong	Botota	BON31	6.6532842	-9.3770331
58	Bong	Salala	BON20	6.750087961	-10.09790863
59	Bong	Gbarnla	BON32	7.005079294	-9.748276096



SL NO.	COUNTY	HEALTH FACILITY NAME	HEALTH FACILITY ID	LATITUDE	LONGITUDE
60	Bong	Zeansue	BON36	6.881251402	-9.760635068
61	Bong	Bahta	BON02	6.654073	-9.3688693
62	Bong	Gbecohn	BON34	6.6687929	-9.4334847
63	Bong	Beletanda	BON04	7.152396	-9.8283734
64	Bong	Sanoyea	BON21	6.97444	-9.98164
65	Bong	Gbonota	BON12	7.1086643	-9.7816779
66	Grand Cape Mount	M Baloma Clinic	GCM22	6.958945297	-10.9980522
67	Grand Cape Mount	Varguaye Clinic	GCM28	7.159902043	-10.95879469
68	Grand Cape Mount	Zaway Clinic	GCM21	7.0036207	-11.1260586
69	Grand Cape Mount	Karnga Clinic	GCM20	6.881429748	-11.06505451
70	Grand Cape Mount	Bamballa Clinic	GCM01	7.222151737	-11.17287456
71	Grand Cape Mount	Fahnja Clinic	GCM19	7.015925436	-11.26357395
72	Grand Cape Mount	Bendaja Clinic	GCM03	7.15800743	-11.24363372
73	Grand Cape Mount	Gonelor Clinic	GCM08	7.039237435	-11.2579139
74	Grand Cape Mount	Kinjor Community Clinic	GCM10	7.0088046	-11.1180371
75	Grand Cape Mount	Tallah Clinic	GCM17	6.771003175	-11.30327034
76	Grand Cape Mount	Kulangor	GCM11	6.92217421	-11.3881382
77	Grand Cape Mount	Diah	GCM07	6.960116	-11.3345593
78	Grand Cape Mount	Kpeneji Clinic	GCM27	6.92996652	-11.25206274
79	Grand Cape Mount	Tienii	GCM18	6.968260637	-11.30978831

SL NO.	COUNTY	HEALTH FACILITY NAME	HEALTH FACILITY ID	LATITUDE	LONGITUDE
80	Grand Cape Mount	Jundu Clinic	GCM23	6.706119606	-11.13134686
81	Grand Cape Mount	Fanti Town Clinic	GCM26	6.7551711	-11.3606582
82	Grand Cape Mount	Madina Clinic	GCM25	6.7193506	-11.0745349
83	Grand Cape Mount	Sinje Health Center	GCM24	6.818232608	-11.1368082
84	Grand Gedeh	Toe Town Clinic	GRG16	6.4132135	-8.5530568
85	Grand Gedeh	Duogee Clinic	GRG14	6.26657	-8.520965
86	Grand Gedeh	Putu Pennokon Clinic	GRG17	5.60081	-8.15361
87	Grand Gedeh	Gorbowrogba Clinic	GRG15	5.754545	-8.3488301
88	Grand Gedeh	Zai Town Clinic	GRG10	6.1910144	-8.3008451
89	Grand Gedeh	Gbarzon Health Center	GRG03	6.2268191	-8.4400809
90	Grand Gedeh	Kumah Town Clinic	GRG09	5.93455	-8.24599
91	Grand Gedeh	Karlorwleh Town Clinic	GRG07	5.75411	-8.148292
92	Grand Gedeh	Tuzon Clinic	GRG13	6.1703099	-8.2515069
93	Grand Gedeh	Gboleken Clinic	GRG01	6.0870815	-8.1520577
94	Grand Gedeh	Kannah Comm Clinic	GRG06	6.21578	-8.12356
95	Grand Gedeh	Toffoi Town Clinic	GRG12	5.9698683	-8.0869617
96	River Gee	Putuken Clinic	RIV08	5.3627819	-8.0131947
97	River Gee	River Gbeh Clinic	RIV15	5.216418	-7.658542
98	River Gee	Killepo Clinic	RIV06	5.491598	-8.093217
99	River Gee	Sarbo Health Center	RIV09	5.131545	-7.732405

SL NO.	COUNTY	HEALTH FACILITY NAME	HEALTH FACILITY ID	LATITUDE	LONGITUDE
100	River Gee	Cheboken Clinic	RIV01	5.260104	-8.085354
101	River Gee	Pronoken Clinic	RIV13	5.1844688	-7.9677859
102	River Gee	Jimmyville Clinic	RIV14	4.880514	-7.6215716
103	River Gee	Tuobo Clinic	RIV10	5.022854	-7.659957
104	River Gee	Jayproken Clinic	RIV11	5.2891493	-7.8472119
105	River Gee	Nyaahken Clinic	RIV12	4.851291	-7.59926
106	Lofa	Salayea Clinic	LOF20	7.619269619	-9.49167974
107	Lofa	Gbonyea Clinic	LOF10	7.507180275	-9.549375609
108	Lofa	Yekpedu	LOF37	8.2681381	-10.1380253
109	Lofa	Foya Tengia Clinic	LOF39	8.276095623	-10.27959157
110	Lofa	Yarpuah Clinic	LOF26	7.655124722	-9.422480803
111	Lofa	Leingbamba Clinic	LOF36	8.2681381	-10.1380253
112	Lofa	Worsonga Clinic	LOF45	8.361251773	-10.2834525
113	Lofa	Kpaiyea Clinic	LOF16	7.715876991	-9.385780545
114	Lofa	Fissebu Clinic	LOF38	7.823605512	-9.468228528
115	Lofa	Sucromu Clinic	LOF33	7.721950991	-9.436120448
116	Lofa	Sorlumba Clinic	LOF44	8.495975535	-10.16075369
117	Lofa	Porluma Clinic	LOF43	8.43631627	-10.10749845
118	Lofa	Konia Health Center	LOF13	7.962725348	-9.54335918
119	Lofa	Shello Clinic	LOF40	8.3595418	-10.2034907

SL NO.	COUNTY	HEALTH FACILITY NAME	HEALTH FACILITY ID	LATITUDE	LONGITUDE
120	Lofa	Borkeza Clinic	LOF41	7.907358204	-9.458740006
121	Lofa	Foya Community Clinic	LOF08	8.3492624	-10.1974681
122	Lofa	Luyeama Clinic	LOF18	8.069030	-9.635035
123	Lofa	Barziwen Clinic	LOF32	8.153263344	-9.647805273
124	Lofa	Popalahun Health Clinic	LOF35	8.175788706	-10.23390673
125	Lofa	Balakpalasu Clinic	LOF02	8.16854281	-9.692357369
126	Lofa	Duogomai Clinic	LOF34	8.153263344	-9.647805273
127	Lofa	Korworhun Clinic	LOF14	8.316035828	-10.15060635
128	Lofa	Fangoda Clinic	LOF07	8.2214629	-10.173421
129	Lofa	Mbalotahun Clinic	LOF31	8.2033812	-10.1715348
130	Lofa	Bondi Selma Clinic	LOF05	8.26956	-9.76002
131	Lofa	Zenalormai Clinic	LOF28	8.33000804	-9.836595173
132	Lofa	Vezala Clinic	LOF24	8.370651213	-9.90256244
133	Lofa	Yeala Clinic	LOF30	7.822412972	-9.400712555
134	Lofa	Lawalazu Clinic	LOF42	8.4258135	-9.7646079

## ANNEX 4: LIST OF CHT AND FACILITY PERSONNEL CONSULTED

SL NO.	COUNTY	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
1	-	Shelford S. Somwarbi	MOH/USAID Finance Officer	0886437919	0778546979
2	Bong	Zowah Nenyeh	Reproductive Health Supervisor	0886561887	0777953271
3	River_Gee	Marthelyn T. Geleplay-Taryee	Reproductive Health Supervisor	0886576471	0770599745
4	Lofa	Garmai Tokpa	Reproductive Health Officer	0888192675	0777002987
5	Nimba	Priscilla S. Mabiah	County reproductive Supervisor	0776264905	0886492609
6	Grand Cape Mount	Massayam K. Jallah	Community Health Director	0770646785	0886646785
7	Grand Gedeh	Matilda Billy	Reproductive Health supervisor	0886784975	0770057648

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
1	Nimba	NIM43	Gorgoatuo	Marie R. Barlay	Officer in Charge	0770475867	0886419992
2	Nimba	NIM46	St. Mary's	Joseph T. Tokpah	Officer in Charge	0777728675	
3	Nimba	NIM10	Duoplay	Amos M. Tiawon	Officer in Charge	0770417667	0886202031
4	Nimba	NIM51	Loguatu	Joice Dahn	Officer in Charge	0880510310	0775241514
5	Nimba	NIM14	Garplay	Beatrice D. Karbeah	Officer in Charge	0886628896	0770058028
6	Nimba	NIM18	Vayenglay	Jonathan Suah	Acting Officer in Charge	0777977515	
7	Nimba	NIM21	Lepula	Christina S. Dinyea	Officer in Charge	0775251381	0888065486
8	Nimba	NIM59	Buutuo	Solomie Domah	Maternal and Child Health Head	0886450652	

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
9	Nimba	NIM32	Youhnlay	Precious B. Gibson	Officer in Charge	0770402892	
10	Nimba	NIM55	Karnplay Health Centre	Darkagar G.Daniels	Officer in Charge	0777575103	
11	Nimba	NIM60	Kpairplay	Pay W. Freeman	Officer in Charge	0886671201	0775897855
12	Nimba	NIM45	Slangonplay	Linda L. Diah	Maternal and Children Health Head	0777787522	
13	Nimba	NIM15	Gbeivonwea	Jerry Z. Gono	Officer in Charge	0777688768	0886752565
14	Nimba	NIM03	Beoyoolar	Theresa D. Mlangbeah	Officer in Charge	0555880100	0778242200
15	Nimba	NIM52	Beadatuo	Cecelia C. Toweh	Register Midwife	0770725828	
16	Nimba	NIM25	Gbloulay	Betty Sulonkemelee	Maternal and Child Health Head	0886593586	
17	Nimba	NIM26	New Yourpea	Jerry G. Bahgou	Officer in Charge	0886715054	0775446959
18	Nimba	NIM57	Bahn Health Centre	L. Fester Yormie	Officer in Charge	0886646275	0770283278
19	Nimba	NIM42	Kpaytuo	Tetie Sidiki	Community Health Services Supervisor (CHSS)	0886571592	0775809069
20	Nimba	NIM37	Zuaplay	Harrison L. L. Garwon Sr.	Officer in Charge	0886901394	0777227300
21	Nimba	NIM38	Zuolay	Joyce K. Womba	Maternal and Child Health supervisor	0886959245	0776336970
22	Nimba	NIM50	Graie	Partricia T. Wah	Community Health Services Supervisor (CHSS)	0776695243	0886855853
23	Nimba	NIM62	Zekepa Health Centre	Amelia Flomo	Acting Officer in Charge	0775088940	

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
24	Nimba	NIM06	Consolata	Lusata N. Barkerh	Officer in Charge	0886496273	0770454667
25	Nimba	NIM47	Boyee	Brooks G. Menleh	Officer in Charge	0886944969	0770773304
26	Nimba	NIM44	Diallah	Susan D. Kor	Officer in Charge	0776721038	0886721038
27	Nimba	NIM49	Mid Baptist	P. Garrison Menmon	Officer in Charge	0886839793	0775131882
28	Nimba	NIM20	Kwendin	N.Leroy Kozay	Community Health Services Supervisor (CHSS)	0770210299	0555915264
29	Nimba	NIM56	Saclepa Comp Health	Yah B. Nyahn	Officer in Charge	0776097176	0886616388
30	Nimba	NIM12	Kpallah	Jensen S. Genseh	Officer in Charge	0886451226	0777125628
31	Nimba	NIM13	Flumpa	Cynthia D. Koukou	Officer in Charge	0886464768	0770197358
32	Nimba	NIM28	Karnwee	Wehyee Yengar	Officer in Charge	0770283246	0886458663
33	Nimba	NIM19	Kpein	Massa M. Dukuly	Officer in Charge	0886593539	0770198180
34	Nimba	NIM09	Duo Town	Kormassa Hawa Johnson	Register nurse/ maternal and child health supervisor	0770152135	0886317072
35	Nimba	NIM54	Ganta Community	Grace K. Joe	Officer in Charge	0886486091	0776347818
36	Nimba	NIM05	Bunadin	Nyah Ben	Officer in Charge	0886870446	0770283274
37	Nimba	NIM61	Tunukupyee	Emmanuel S. Martehn	Officer in Charge	0880260021	0770736056
38	Nimba	NIM58	Beindin	Williette Wuozenneh	Officer in Charge	0775794155	0880048995
39	Bong	BON09	Garmue	Rebecca D. Vesselee	Officer in Charge	0880379063	0770190468
40	Bong	BON05	Bellemue	Katherine N. Tokpah	District Reproductive Health Supervisor	0886740491	

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
41	Bong	BON14	Boway	Miatta M. Korkollie	Officer in Charge	0886301454	0778443855
42	Bong	BON08	Foequelleh	Irene A. Kerkulah	Officer in Charge	0770203575	0880551145
43	Bong	BON19	Palala	Gertrude T. Kollie	Officer in Charge	0886305116	0770289872
44	Bong	BON11	Gbartala	Naomi L. Smith	Officer in Charge	0886252712	
45	Bong	BON33	Naama	Roy T. Ford	Officer in Charge	0886898707	0775712805
46	Bong	BON38	Yila	Daniel G Flomo	Officer in Charge	0770283259	0886653243
47	Bong	BON30	Zebay	Esther Wolobah	Officer in Charge	0886602924	0775545343
48	Bong	BON17	Kpaai	Kou N. Massadee	Officer in Charge	0886428523	0777755927
49	Bong	BON22	Shankpallai	Obeto .K. Gonlar	Officer in Charge	0775505297	0880697185
50	Bong	BON35	Samay	Kollieny Cooper	Screeener	0770155368	0888941705
51	Bong	BON27	Zowienta	Abel Moses Dakinah	Officer in Charge	0880796472	0888897906
52	Bong	BON29	Gbalatuah	Kindness S. Forkpah	Officer in Charge	0888220581	0776351497
53	Bong	BON25	Wainsue	Evelyn D Shilling	Officer in Charge	0886856374	0770354996
54	Bong	BON28	Tamay ta	Amos S. Kweneh	Officer in Charge	0777419399	0886442669
55	Bong	BON37	Rock Crusher	Joe D Kuanellen	Officer in Charge	0770579549	0886682062
56	Bong	BON24	Totota	Clarena P Findor	Officer in Charge	0886242633	0770134437
57	Bong	BON31	Botota	Garmah G. Gleh	Officer in Charge	0880519635	0776653031
58	Bong	BON20	Salala	Joe K. Tonorlah	Officer in Charge	0880309735	0777333165
59	Bong	BON32	Gbarnla	Yankai B. Mulbah	Officer in Charge	0886441398	0555363472



SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
60	Bong	BON36	Zeansue	Violaree L.Y. Gweh	Officer in Charge	0886845363	0770204192
61	Bong	BON02	Bahta	Nathan K. Sayuo	Officer in Charge	0880436409	0770307191
62	Bong	BON34	Gbecohn	Vera N. Sumo	Officer in Charge	0886874472	0775031888
63	Bong	BON04	Beletanda	Perry Yeabarkeh	Officer in Charge	0880464423	0775285943
64	Bong	BON21	Sanoyea	Rommina T. Yah	Midwife	0886564573	0886491474
65	Bong	BON12	Gbonota	Garmah B. Kerbah	Registered Midwife	0555600377	
66	Grand Cape Mount	GCM22	M Baloma Clinic	Kula B. Kalleh	Officer in Charge	0776255424	0880347110
67	Grand Cape Mount	GCM28	Varguaye Clinic	Francis F. Tamba	Community Health Services Supervisor	0886387819	0770387997
68	Grand Cape Mount	GCM21	Zaway Clinic	Morris S. Zoduah	Second Screener	0778548072	0886682275
69	Grand Cape Mount	GCM20	Karnga Clinic	Kruba M. Saymolue	Officer in Charge	0775466249	0886832701
70	Grand Cape Mount	GCM01	Bamballa Clinic	T. Melvin Yougor	Officer in Charge	0886367763	0776618389
71	Grand Cape Mount	GCM19	Fahnja Clinic	Yvonne S. Ballayan	Officer in Charge	0776643362	0886813584
72	Grand Cape Mount	GCM03	Bendaja Clinic	Alexander G. Harris	Second Screener	0880144607	
73	Grand Cape Mount	GCM08	Gonelor Clinic	Dehcontee G. Kokolie	Officer in Charge	0770107541	0886316390
74	Grand Cape Mount	GCM10	Kinjor Community Clinic	J. Nuah W. Leah	Officer in Charge	0886129294	0777381720
75	Grand Cape Mount	GCM17	Tallah Clinic	Weyah G. Gaspa	Officer in Charge	0886459196	0770459196
76	Grand Cape Mount	GCM11	Kulangor	Nora Y. Suah	Officer in Charge	0880461639	0775162546
77	Grand Cape Mount	GCM07	Diah	Bintu S. Sherrif	Officer in Charge	0770551219	0886551219

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
78	Grand Cape Mount	GCM27	Kpeneji Clinic	Muah Kerkula	Officer in Charge	0880905046	0770982285
79	Grand Cape Mount	GCM18	Tienii	Massa Wiles	Second Screener	0886253156	0776861057
80	Grand Cape Mount	GCM23	Jundu Clinic	Matilda S. J. Tolbert	Officer in Charge	0886688187	0776372323
81	Grand Cape Mount	GCM26	Fanti Town Clinic	Gladys Washington	Officer in Charge	0886697247	
82	Grand Cape Mount	GCM25	Madina Clinic	Nyeh C. Nyancy Gee	Officer in Charge	0880011167	0778434325
83	Grand Cape Mount	GCM24	Sinje Health Center	Jestmie K. Dogoleo	Acting Officer in Charge	0886550684	0775536651
84	Grand Gedeh	GRG16	Toe Town Clinic	Abdullah S. Dulleh	Officer in Charge	0770474092	0880759707
85	Grand Gedeh	GRG14	Duogee Clinic	Mai N. Tuobie	Officer in Charge	0555302764	
86	Grand Gedeh	GRG17	Putu Pennokon Clinic	Jason G. Sohn	Officer in Charge	0886369690	
87	Grand Gedeh	GRG15	Gorbowrogba Clinic	Evelyn Gbolo	Officer in Charge	0886784174	
88	Grand Gedeh	GRG10	Zai Town Clinic	Miatta K. Zackpah	Officer in Charge	0886920182	
89	Grand Gedeh	GRG03	Gbarzon Health Center	Joseph F. Weedor	Officer in Charge	0777469491	0880791488
90	Grand Gedeh	GRG09	Kumah Town Clinic	Decontee J. Paye	Officer in Charge	0777707657	
91	Grand Gedeh	GRG07	Karlorwleh Town Clinic	Dah W. Mialor	Officer in Charge	0880406821	
92	Grand Gedeh	GRG13	Tuzon Clinic	Beatrice J. Jillah	Officer in Charge	0886577908	0886227434

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
93	Grand Gedeh	GRG01	Gboleken Clinic	Karen Gbaryee	Officer in Charge	0886985010	0770776470
94	Grand Gedeh	GRG06	Kannah Comm Clinic	Mohammed S. Kamara	Officer in Charge	0888638188	
95	Grand Gedeh	GRG12	Toffoi Town Clinic	Catherine B. Dennis	Officer in Charge	0880338757	0770519303
96	River Gee	RIV08	Putuken Clinic	Patience Quayee	Officer in Charge	0775135811	
97	River Gee	RIV15	River Gbeh Clinic	Andrea S. Doe	Acting Officer in Charge	0886905170	
98	River Gee	RIV06	Killepo Clinic	Mark M. Jallah	Officer in Charge	0880593326	0775293634
99	River Gee	RIV09	Sarbo Health Center	Geraldine M. Davis	Acting Officer in Charge	0886133224	0775047433
100	River Gee	RIV01	Cheboken Clinic	Shadrach Q. Gbeasea	Lab Assistant	0775381064	0880654213
101	River Gee	RIV13	Pronoken Clinic	Masnoh Wuo	Officer in Charge	0886245380	0775583794
102	River Gee	RIV14	Jimmyville Clinic	Doris B. Saylee	Officer in Charge	0886782166	0775227935
103	River Gee	RIV10	Tuobo Clinic	Rosetta Y. Wordsworth	Acting Officer in Charge and Registered Midwife	0886213252	0775660189
104	River Gee	RIV11	Jayproken Clinic	Thomas Koffa	Acting Officer in Charge	0775295193	0886848627
105	River Gee	RIV12	Nyaahken Clinic	Futa Barry	Acting Officer in Charge	0880267325	
106	Lofa	LOF20	Salayea Clinic	Henry Marwolo	Officer in Charge	0888152120	
107	Lofa	LOF10	Gbonyea Clinic	Roye S. Zah	Officer in Charge	0777367994	0886762696

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
108	Lofa	LOF37	Yekpedu	Joseph Duwor, Sr.	Officer in Charge	0770350852	0886684120
109	Lofa	LOF39	Foya Tengia Clinic	J. Elijah Cooper	Officer in Charge	0886386496	0777188837
110	Lofa	LOF26	Yarpuah Clinic	Yamah Rogers	Officer in Charge	0888789447	0881192284
111	Lofa	LOF36	Leingbamba Clinic	Amos M. Akoi	Officer in Charge	0776082395	0888388311
112	Lofa	LOF45	Worsonga Clinic	Alhaji Koroma	Officer in Charge	0888040983	0770452260
113	Lofa	LOF16	Kpaiyea Clinic	Rosander T. Zarr	Officer in Charge	0886331541	0777531541
114	Lofa	LOF38	Fissebu Clinic	Chris M. Luotee	Officer in Charge	0886848228	0777061637
115	Lofa	LOF33	Sucromu Clinic	Joseph M. Leo	Officer in Charge	0880708066	0777754541
116	Lofa	LOF44	Sorlumba Clinic	Isaac T. Akoi	Officer in Charge	0886651588	0770359977
117	Lofa	LOF43	Porluma Clinic	Siata Kamara	Register Midwife	0776238099	0886324182
118	Lofa	LOF13	Konia Health Center	Patricia F. Goanue	Officer in Charge	0770456640	0886283434
119	Lofa	LOF40	Shello Clinic	Yassah K. David	Officer in Charge	0770126767	0886467014
120	Lofa	LOF41	Borkeza Clinic	Roland M. Dolo	Officer in Charge	0777323165	0886690275
121	Lofa	LOF08	Foya Community Clinic	Alexander Korpu	Officer in Charge	0775454288	0880151364
122	Lofa	LOF18	Luyema Clinic	Jackson B. Kaddeh	Officer in Charge	0777956431	0881452857
123	Lofa	LOF32	Barziwen Clinic	Sarah S. Tuah	Officer in Charge	0777549254	0886523715

SL NO.	COUNTY	HEALTH FACILITY ID	HEALTH FACILITY NAME	NAME	POSITION	CONTACT NUMBER 1	CONTACT NUMBER 2
124	Lofa	LOF35	Popalahun Health Clinic	Ruth Mulbah	Register Midwife	0886657512	
125	Lofa	LOF02	Balakpalasu Clinic	Miatta A. Feika	Officer in Charge	0776557904	0880746340
126	Lofa	LOF34	Duogomai Clinic	Christopher K. Brima	Officer in Charge	0776586085	0886139912
127	Lofa	LOF14	Korworhun Clinic	Rebecca K. Bundor	Officer in Charge	0777383973	0880612111
128	Lofa	LOF07	Fangoda Clinic	Jae George	Officer in Charge	0886101390	0777885204
129	Lofa	LOF31	Mbalotahun Clinic	Evelyn K. Ghandolo	Officer in Charge	0770429799	0886401838
130	Lofa	LOF05	Bondi Selma Clinic	Dorcas K. Arku	Officer in Charge	0776488737	0886872089
131	Lofa	LOF28	Zenalormai Clinic	Juhannah W. Jarnda	Officer in Charge	0777983242	0886132098
132	Lofa	LOF24	Vezala Clinic	Jallah T. Kollie	Officer in Charge	0775321676	
133	Lofa	LOF30	Yeala Clinic	Kebbeh Flomo	Midwife	0777688496	0880144289
134	Lofa	LOF42	Lawalazu Clinic	Judianna Yei Mator	Officer in Charge	770039265	

## ANNEX 5: VERIFICATION WORK PLAN

OCTOBER 2020						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29 Initial discussions with LSA, Selection of Health Facilities, Selection of field team/data collection team	30 Commencement of drafting of inception report and finalization of data collection tools	31	

NOVEMBER 2020						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
						1
2 Development of training modules	3 Continuation of developing the inception report  Development of training modules	4 Development of training modules  Coding of data collection tools on the SurveyCTO	5 Submission of inception report to LSA,  Field team listing and detailed profiles to LSA	6 Submission of Inception Report to USAID  Feedback on the selection of field team  Approval with feedback on inception report by USAID	7	8
9 Inception Meeting with LSA and USAID	10	11 Training program for field team/data collectors (Day 1)	12 Training program for field team/data collectors (Day 2)	13 Training program for field team/data collectors (Day 3)	14	15 Deployment of data collectors,

NOVEMBER 2020						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Commencement of 2-day program for training of trainers	Continuation of TOT program (2 <sup>nd</sup> day) with teach back sessions		Incorporation of feedback in the inception report	Revised inception report submitted to LSA  Finalization of data collection tools based on mock sessions		supervisors and other staff on the field
16  Commencement of Data Collection Activities in five counties (Bong, Nimba, Lofa, River Gee, Grand Cape Mount)  CHT In brief meetings	17  Commencement of Data Collection Activities at health facility level	18  Data Collection Activities at health facility level	19  Data Collection Activities at health facility and MOH level  Weekly Report to LSA	20  Data Collection Activities at health facility and MOH level  Debrief Meeting at River Gee CHT	21	22
23  Data Collection Activities at health facility level  Commencement of data collection at Grand Gedeh  CHT In brief meeting	24  Data Collection Activities at health facility and MOH level  Weekly call with LSA  Data Quality Check by field data QC team	25  Data Collection Activities at health facility and MOH level  Data Quality Check by field data QC team	26  Data Collection Activities at health facility and MOH level  Debrief Meeting at Bong and Lofa CHT  Data Quality Check by field data QC team  Weekly Report to LSA	27  Data Collection Activities at health facility level  Debrief Meeting at Grand Gedeh, Nimba and Grand Cape Mount CHT  Data Quality Check by field data QC team	28	29
30  Public Holiday						

DECEMBER 2020						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	1 Data Quality Check by field data QC team Data Quality Check by Central team	2 Data Quality Check by Central team	3 Data Quality Check by Central team Feedback to the field team to clean datasets Creation of automated data analysis tool	4 Data Quality Check by Central team Feedback to the field team to clean datasets Creation of automated data analysis tool	5	6
7 Data Quality Check by Central team Feedback to the field team to clean datasets Creation of automated data analysis tool	8 Data Analysis	9 Data Analysis and Commencement of development of preliminary findings matrix report	10 Continuation of development of preliminary findings matrix report	11 Preliminary Findings matrix report shared with LSA	12	13 Feedback from LSA on Preliminary Findings matrix report
14 Development of Preliminary Findings Presentation Preliminary Findings Presentation shared with LSA	15 Revision of Preliminary Findings Presentation based on feedback from LSA and USAID	16 Virtual Meeting with LSA and USAID on Preliminary Findings	17 Data triangulations and Commencement of development of draft report	18 Continuation of development draft report	19	20
21 Continuation of development draft report	22 Continuation of development draft report	23 Submission of draft report to LSA	24 Feedback from LSA on draft report Commencement of development of presentation for Learning Event	25 Public Holiday	26	27
28 Revision of the draft report based on feedback from LSA, Submission of revised draft report to LSA	29 Continuation of development of presentation for Learning Event Submission of revised draft report to USAID	30 Learning Event with MOH, USAID, LSA, and other stakeholders	31 Finalization of final report			



JANUARY 2021						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				1 Public Holiday	2 Feedback on final report from LSA/USAID	3
4 Submission of the final report	5 Submission of the final presentation	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## ANNEX 6: FARA DELIVERABLES VERIFICATION SOW



SOW.docx