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USAID Community Health Activity
(USAID-CHA)

FY 2021
Year One Q2 Report

April 1, 2021 – June 30, 2021

Submitted by the International Rescue Committee, Inc.

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Cover Photo: USAID-Community Health Activity Reactivates CHC meeting in Levuma Town, Vahun District: photo by Rawling S. Jusu on June 21, 2021.

Abbreviations and Acronyms

AAOR	Alternate Agreement Officer's Representative
AIP	Annual Implementation Plan
AMELP	Activity Monitoring, Learning and Evaluation Plan
AOR	Agreement Officer Representative
BoCHT	Bong County Health Team
CBIS	Community Based Information System
CEBS	Community Event Based Surveillance
CHFP	Community Health Focal Person
CHA	Community Health Assistant
CHC	Community Health Committee
CHDD	Community Health Department Director
CHO	County Health Officer
CHRRP	Community Health Risk Reduction Plan
CHSD	Community Health Services Division
CHSPSP	Community Health Services Policy and Strategic Plan
CHSS	Community Health Services Supervisor
CHSTWG	Community Health Services Technical Working Group
CHT	County Health Team
CHV	Community Health Volunteer
CMO	Community Mobilizer Officer
CSC	County Steering Committee
CSI	Community Safety Initiative
CSO	Civil Society Organization
DEHT	District Environmental Health Team
DEN-L	Development Education Network– Liberia
DEOH	Division of Environmental and Occupational Health
DHT	District Health Team
DSC	District Steering Committee
EHTs	Environmental Health Teams
eIDSR	Electronic Integrated Disease Surveillance and Response
EMMP	Environmental Management and Mitigation Plan
ETL	Education Through Listening
EVD	Ebola Virus Disease
FARA	Fixed Amount Reimbursement Agreement
FDA	Federal Drug Administration
FP	Family Planning
G2G	Government to Government
GHSC-PSM	Global Health Supply Chain–Procurement and Supply Management
GOL	Government of Liberia
HFDC	Health Facility Development Committees
HPFP	Health Promotion Focus Person
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
iCCM	Integrated Community Case Management

IRC	International Rescue Committee
IPT_P	Intermittent preventive treatment for the prevention of malaria during pregnancy
KAP	Knowledge, Attitudes, and Practices
LCHT	Lofa County Health Team
LMH	Last Mile Health
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MMD	Materials and Messaging Development
MOH	Ministry of Health
NCHSS	National Community Health Services Strategy
NHCS	National Health Communication Strategy
NCHAP	National Community Health Assistant Program
NDS	National Drug Service
NGOs	Non-Governmental Organizations
NHCSP	National Community Health Services Policy
NHPD	National Health Promotion Division
NLNs	Natural Leader Networks
NMCP	National Malaria Control Program
NPHIL	National Public Health Institute of Liberia
NPHP	National Policy for Health Promotion
NTCU	National Technical Coordinating Unit
DEOH	Division of Environmental and Occupational Health
DHIS2	District Health Information System
DHT	District Health Team
EPHS	Expanded Package of Health Services
G2G	Government to Government
OCA	Organizational Capacity Assessment
OD	Open Defecation
OH	One Health
OIC	Officer in Charge
ORS	Oral Rehydration Salts
PD	Program Description
PMI	President's Malaria Initiatives
QRM	Quarterly Review Meeting
RDT	Rapid Diagnostic Test
RCCE	Rick Communication and Community Engagement
SCMU	Supply Chain Management Unit
SIMEX	Simulation Exercise
STTA	Short Term Technical Assistance
TOT	Training of Trainers
USAID	United States Agency for International Development
WHO	World Health Organization

I. INTRODUCTION

The USAID Community Health Activity is designed to strengthen the Liberian community health system to provide health care services in hard-to-reach areas while transferring ownership to the Government of Liberia by increasing the coverage of Community Health Assistants (CHA) in underserved districts, improving the capacity of CHAs to deliver quality health services, and strengthening county health teams and communities' capacity to plan, manage and monitor health services. Together, the International Rescue Committee (IRC), Last Mile Health (LMH), and three national partners (Community Safety Initiative (CSI), Development Education Network of Liberia (DEN-L), and EQUIP Liberia make up the consortium to implement the USAID-CHA project in Bong, Lofa, River-Gee, and Grand Kru counties. The consortium brings together local and international expertise in strengthening community health systems with a deep understanding of the Liberian health system, key actors in the system, local realities; geographic presence; and established networks that further enhance the effective implementation of the project. The design of USAID Community Health Activity is informed by a thorough analysis of the sector, lessons learned from implementing the USAID Partnership for Advancing Community-Based Services (PACS), and consultation with the Ministry of Health (MOH), County Health Teams, and civil society organizations.

Drawing on this analysis, the project identified four principles to achieve the goals of USAID Community Health Activity First, the project will prioritize client voices and choices through sustainable feedback mechanisms, monitoring, and user-centered design processes to ensure that health services respond to the needs of diverse clients. Second, the interventions promote gender equality, from addressing gaps in recruitment and retention of female CHAs to facilitating policy improvements in maternal health services. Third, the project will improve data collection and quality by building capacity for health actors and communities to collect, analyze, and use data to support data-driven system strengthening. Finally, the interventions have been designed to achieve sustainable results for self-reliance by transitioning responsibility for managing and financing of the National Community Health Assistant Program (NCHAP) to the MOH and county health teams and by strengthening civil society organization (CSO) leadership in monitoring community health services. To operationalize these principles, the project has developed a flexible, adaptive management approach designed to foster collaboration, learning, and adaption (CLA) at all levels with core personnel in Monrovia and county-level staff embedded in national partner offices. The management structure and commitment to CLA are supported by a robust monitoring and evaluation system allowing Scaling-up Community Health Services Activity to identify challenges and successes and evaluate performance.

The project team's contextually driven approach, staff with a nuanced understanding of the Liberian health sector and committed partners will ensure that USAID's investment in Scaling-up Community Health Services Activity leads to sustainable government and community ownership and implementation of the NCHAP.

II. PROJECT GOAL, OBJECTIVES AND EXPECTED RESULTS

Summary:

The USAID Community Health Activity is designed to increase the coverage of CHAs to population ratio in underserved districts and communities in the three counties. Under this objective USAID and MOH expect increase coverage of NCHAP to ensure access to remote areas in underserved districts and communities in the three counties. Improve the quality of health services through trained, supervised, and motivated CHAs so that CHAs can deliver quality health services to communities living more than 5km from a health facility; and so that communities adopt best practices for prevention of disease and increase early care seeking behavior. And to enhance county health teams' and communities' capacity to plan, manage, and monitor a comprehensive delivery of health services.

To achieve the above desirable goal and the expected results of the USAID CHA, IRC and its consortium partners will ensure CHTs, and communities are engaged and influence how community health services are delivered, and so that the Government of Liberia (GOL) MOH and CHTs have increased ownership of the NCHAP.

During this reporting period the main achievements were:

- IRC submitted USAID-CHA AMELP to the AOR April 30, 2021, and got USAID approval on June 29, 2021
- USAID-CHA advocacy for CHWs involvement in national health campaigns:
  - 249 CHAs (87 Bong & Lofa 162) and 489 CHVs (322 Bong and 167 Lofa) participated in the June 2021, nationwide campaign, and distribution of Long-Lasting Insecticide Nets (LLINs) in Bong and Lofa.
- IRC conducted Organization Capacity Assessment (OCA) exercise with BoCHT and Den-L in June 2021 to allow them to assess their own ability to lead, manage and relate capacities gaps

III. CHANGES REPORTED

The first USAID-CHA's AMELP was submitted to the AOR on April 30, 2021. The Mission reverted with feedback and recommendations on May 25, 2021. As part of the mission's feedback, (11) standard indicators were recommended while the IRC presented 14 indicators. Based on USAID's recommendation, seven custom indicators were replaced while seven were dropped. However, two of the standard indicators recommended were not practical and were not incorporated. Those indicators are:

i. HL.7.1-2: Percent of USG-assisted service delivery sites providing family planning counseling and/or services
ii. Proportion of pregnant women referred for intermittent preventive treatment for the prevention of malaria during pregnancy (IPTp).

Objective 1: Increased coverage of CHAs to population ratio in underserved districts and communities in the three counties.

Result 1.1: Increased coverage of NCHAP to ensure access to remote areas in underserved districts and communities in the three counties.

Activity 1.1.1: Mobilize and coordinate with CHCs to select CHAs.

On June 1 and 2, 2021, USAID CHA Consortium Team and Lofa County Health Team, conducted community entry meetings in Kolahun, Zorzor, Salayea, Vahun, Foya and Voinjama districts to inform local authorities and stakeholders about the USAID funded CHA and how the project intend to improve the community health program. During the meeting, the roles, and responsibilities of the project's stakeholders (CHT staff, Commissioners, DHOs, etc., including what is expected from health and local authorities and their communities as well as the community structures were discussed and agreed on). The project objectives, duration and sustainability were also discussed. Attendance of meetings disaggregated by gender were 115 (43 females and 72 males).

Den-L has begun holding meetings with community elders, community health committees (CHC), natural leaders etc., to explain the project and why their support is needed in the selection process of CHAs in the communities. The CHC in those communities were USAID-CHA need to recruit CHAs to close the existing gap, met with CHTs and suggested that the recruitment exercise be placed on hold due to the slow pace of the policy revision. Recruiting CHAs now would raise expectation for incentives.

Activity 1.1.2: Training conducted for CHSSs and CHAs using NCHAP curriculum and training methodology

On May 29, 2021, the USAID Community Health Activity supported the Bong County Health Team (BoCHT) to review 44 applications for CHSS positions in upper Bong County.
To ensure qualify individuals are recruited, the BoCHT established an interviewed panel including the BoCHT HR Manager, Administrative Assistant, Community Health and Mental Health Focal Persons, and CHT Clinical Supervisor. The recruitment is meant to fill up the CHSS gap in the current iCCM districts and scale-up iCCM activities in upper Bong. At the end of the recruitment, the panel selected 34 qualified applicants (18 females and 16 males) to serve as CHSS based on their demonstrative understanding of the roles and responsibilities of CHSS. USAID-CHA Bong office reached out to BoCHT to ascertain whether the 34 CHSS recruits are on GOL payroll and BoCHT will informed the project whether they are on GOL payroll or not when the process is concluded.

Activity 1.1.3. Equip and deploy CHAs to communities to provide health services.

In April 2021, USAID-CHA verified existing CHAs and supplied them with reporting tools for the next two quarters. In quarter-2 USAID-CHA team distributed 39, 956 (Bong 16,688 and Lofa 23,268) pieces of various iCCM reporting forms to 51 (Lofa 35 and Bong 16) health

facilities. Following the completion of the policy revision, new recruits will be equipped and deployed accordingly.

Activity 1.1.4. Support for payment of CHAs and CHSSs in all districts.

Work with CHTs to verify CHAs and CHSS' who qualify for monthly incentive payment as per SOP

In April 2021, USAID-CHA team worked with the Lofa and Bong CHTs and compiled a list of CHSS that are actively supervising CHAs in Bong and Lofa. In April 2021, USAID CHA developed an SOP that governed the payment of CHSS and CHAs incentives. The standard operating procedure (SOP) for payment of incentives and operational cost to community cadres has been revised and approved by Lofa and Bong CHTs. The SOP requires CHA and CHSS to submit their reports for verification before they can receive the monthly stipend. The reports must be validated and satisfied by USAID-CHA staff before payment can be initiated. During the April 23 to 30 CHAs validation exercises it was established that out of the 241 CHAs, nine were inactive, four persons were sick, and six deaths were reported.

From April 23-30, 2021, USAID-CHA provided logistical support to Lofa and Bong CHTs to verify and satisfy CHAs and CHSS February and March reports. As the result of USAID-CHA logistical support, Lofa and Bong CHTs validated 198 CHAs and 14 CHSS reports for February 2021, and IRC made direct mobile money payment to each CHAs and CHSS who reports were satisfied. Lofa and Bong CHTs also validated 204 CHAs and 14 CHSS March 2021 reports and IRC Finance Team made direct mobile money payment to each individual account.

Activity 1.1.5. Provide technical assistance to MOH CHSD during policy review to improve recruitment and retention of gender balanced NCHAP workforce.

This is an ongoing activity. From April 27 to 29, 2021 the USAID-CHA team supported all three of the four thematic areas of the NCHAP policy revision which include:

- Leadership Governance and community engagement which is supported by Partnership Director
- Service delivery, training and supervision supported by Sr. Community Health Engagement Coordinator and Project Director
- M&E/CBIS and Supply chain supported by M&E Advisor and M&E Coordinator

From May 25-28, 2021, USAID-CHA in close collaboration with MOH, provided operational supports for the service delivery component. USAID-CHA organized and facilitated a four-day technical working session and revised the service delivery component of the community health policy**.** The session was attended by 17 (10 female & 7 Male) persons on the first day, 19 (9 women, 10 men) on the second day, 19 (10 women, 9 men) on the third day and on the fourth day was 17 (9 women, 8 men) persons. The MOH with support from USAID-CHA and other partners revised the service delivery package to include four additional modules as follows:

a. Develop content of Modules 1 to 4

b. Develop Module 1 content: emphasis on rights-based approach, gender mainstreaming and multi-sectoral partnerships.
c. Module 2 content: Surveillance (Community Event Based Surveillance and Community Emergency Preparedness and Response policy)
d. Module 3 content: (Maternal Reproductive Health and Adolescent Health)
e. Module 4 content: (Child Health)

From June 8 to 9, 2021, three USAID-CHA staff participated in the remaining (Leadership, Governance, Community Engagement and Service delivery) thematic areas of the NCHAP policy. The USAID-CHA team co-facilitated the reviewed process and made immense contributions based on IRC's experience working in those thematic areas. Below are few suggestions the review team is strongly considering.

Table 1: Suggestion from the NCHAP Policy Reviewed

Thematic areas	Suggestions from the review meetings
Leadership and Governance:	• The current community organogram only reflects two carders, CHA and CHP. There were suggestions to reflect other carders (TTMs & CAHW) • To include coordination as a sub session to leadership and governance. This will cover how community health workers coordinate with other structures such as MIA, MOA etc. • To include "innovative means" to sustain functionality of the HFDC and CHC meetings. • Based on the addition of new content the work of CHAs, routine household visit should increase from one to two per household in a month
Service delivery:	• To expand current modules from four to eight • New content on eye health, mental health nutrition and malaria treatment for 6 to 13 years were added.

Objective 2: Improved quality of health services through trained, supervised, and motivated CHAs.

Result: 2.1: CHAs deliver quality health services to communities living more than 5km from a health facility

The existing mapping data and reports of CHAs and CHSS for Bong and Lofa counties were reviewed and analyzed in April 2021. The analysis showed that 585 CHAs and 51 CHSS are active in both Bong and Lofa Counties. However, 293 new CHAs and 24 CHSS in upper Bong are not active but waiting to be trained in year 2, and there is a gap of seven new CHSS needed in lower Bong County. Both counties will be completely covered with community health activities by the presence of 1,101 CHAs, 111 CHSS in 100 health facilities within 15 districts. The table below shows the statistics of current number of CHAs, CHSS, health facilities and districts covered in Bong and Lofa counties as well as gap areas requiring actions.

Table 2: Statistic of CHAs, CHSS, Health Facilities and Districts indicating current and gaps in Bong and Lofa

County	Current				Gap			
	CHA	CHSS	Health facility	district	CHA	CHSS	Health facility	district
Bong	229	16	16	4	293	31	27	5
Lofa	356	35	35	6	223	26	22	0
Total	**585**	**51**	**51**	**10**	**516**	**57**	**49**	**5**

These numbers will increase in next quarter's report with USAID-CHA extension in the River Gee and Grand Kru counties and the numbers of CHAs, CHSS, Health Facilities and districts are recorded based on the feasibility assessment's report.

In support of the above, the MEL Team will conduct a follow up mapping exercise in catchment communities to collect GPS coordinates of facilities and to record distances between communities that are beyond 5km. Findings will be reported on in Quarter four (Q4) report.

Activity 2.1.1: Provide technical assistance to integrate new approaches into NCHAP training curriculum and tools.

Liaise with community health structures to carrying out awareness on family health planning uptake.

From June 21-30, 2021, CSI collaborated with the district health offices and officers in charge in Salayea, Zorzor Voinjama, Kolahun, Vahun, and Foya districts to conduct awareness on family planning uptake in 18 communities, three awareness in each district. A total of 426 persons participated in the exercise, 70 (16.43%) were females while 356 (83.56%) were males. At the end of the exercise, most of the men promised to encourage their wives and girlfriend to apply the family planning practices emphasized during the awareness.

The table below indicates the number of communities per district:

Table 3: Communities per district in Lofa

District	Number of Communities
Salayea	3
Zorzor	3
Voinjama	3
Kolahun	3
Vahun	3
Foya	3

Meeting with focus on male engagement relating to uptakes of reproductive health planning uptake

From June 21-30, 2021, CSI conducted 18 meetings (three meetings in each district) with emphasis on male engagement on reproductive health planning uptake. A total of 360 males participated in the meeting, with 20 participants per meeting. During the meetings, participants were educated on the different kinds of family planning practices, safety methods of each type

with emphasis placed on the economic and social benefits associated with the reproductive health practices. At the end of the meetings, most participants mentioned that the main reason for denying their wives and girlfriends from using the products was because of the fear of its side effect on their women and could stop them from bearing children. They did not consider the economic and social benefits for them and their families.

Activity 2.1.2: Facilitate re-fresher training to improve quality of community health services.

This has not been done due to the policy revision. However, scoping exercise/conversations are ongoing with partners around ways to safely roll-out the training in the context of the prevailing covid situation in the country.

Activity 2.1.3: Improve supportive supervision and coaching for CHAs.

To facilitate CHSS supervision visits to CHAs assigned in catchment communities, the consortium team worked with the Lofa County Health Team for allocation of three months (February-April 2021) gasoline and maintenance support for 35 CHSS assigned in the county. A motorcycle log sheet is being used for tracking catchment communities visited and total kilometers covered monthly. The supervisory visits by the CHSS are meant to enhance the quality of community health services carried out by CHAs and timely collection of monthly reports.

In the process of guiding, monitoring, and coaching CHAs to promote compliance with standards of practice and assure the delivery of quality health care services at the peripheral level, the Community Health Coordinator conducted supervision for seven CHAs in Kpangihemba, Korlehwai, Hailahun, Samado and Woman or communities. Finding from the supervision visits indicate that CHA assigned in these communities were knowledgeable and adhering to all standards including preventive measures for COVID 19. At the community level, the adherence to COVID-19 preventive measures was poor. CHAs in these communities were cautioned to disseminate COVID-19 and Ebola Virus Disease (EVD) preventive messages on daily basis to curb community transmission of these deadly diseases. Challenges faced by the CHAs are the issues of stockout of many of the drugs which include: (Microlut, Amoxycillin, Zinc Sulfate, Paracetamol and ORS). The Community Health Coordinator made a follow up with LCHT for the replenishment of their supplies, but this is dependent on the arrival of drugs supply to the county.

From June 14 to 18, 2021, the Community Health Coordinator for Bong County conducted a five-day field orientation visit to six health facilities in Salala and Suakoko districts. The purpose of the visit was to get a better acquaintance with the staff and to inform beneficiaries about the activities in the county and districts. The facilities visited during the period were Phebe OPD, Gbartala, Totota, Nyarta, Salala and Fenutoli clinics. The clinic staff at these facilities were all present during the visit. The maternal waiting homes (MHWs) in Nyarta, Salala and Fenutoli were also visited during the orientation period. The lack of safe drinking water at Nyarta clinic and the maternal waiting home was flagged out by TTMs and pregnant women in the waiting home at the time of the visit. However, the clinic staff alleged that the county is aware of the

prolonged lack of safe drinking water at the facility. The Bong County USAID-CHA team promised to follow up with the county and reinforce the message.

On June 18, 2021, the Community Health Coordinator participated in the CHSS monthly meeting held in Salala at the health facility to discuss issue surrounding their work and how they can improve their daily work with expected outcomes. The head of the CHSS Mr. Nathan Willie reiterated their support towards the improvement of the community health activity in the county and country at large. A total of eight CHSS (two women, six men) attended.

Activity 2.1.4: Improve supportive supervision of CHSSs by CHTs.

No activity was done during the quarter as the USAID-CHA coordinators had just been posted (mid-June) in the counties, were settling in and familiarizing themselves with the project and CHTs. As such, there was time constraints with joint planning and collaboration.

Activity 2.1.5: Improve two-way referral system.

The Community Health Coordinators and the M&E Officer continue to visit health facilities to promote the two-way referral system. Joint supervision will be done next quarter to conduct spot barriers analysis in order to properly address gaps/weakness that has been identified in this quarter.

Activity 2.1.6: Contribute to improved planning and accountability for CHA commodities.

The County health teams were engaged through meetings and one on one engagement during the quarter from June 21-30, 2021, but it will be done during next quarter due to the Covid-19 outbreaks in the Counties.

Activity 2.1.7: Engage with other community-based programs for specific activities.

In Bong County, DEN-L worked alongside with the CHAs and CHVs to mobilize over 150 communities across the entire county about the dates of the campaign and where they could go and redeem their tickets for nets. Information was also provided on the proper usage and care of the nets. This increased the number of community dwellers that turned out during the insecticide treated nets distribution.

DEN-L advocated with the Bong County Health Team to ensure 412 community health workers (CHAs and CHVs) participated in the June 16-24, 2021, insecticide treated nets (LLINs) distribution in the county. In addition, about 614 community health workers (CHAs and CHVs) participated in the round two nationwide polio immunization campaigns that took place from June 10-14, 2021. As a result of their involvement in these campaigns and compensation, they are motivated to work harder for their respective communities. With the help of CHWs, Bong met

its polio campaign target of 100% coverage and distributed about 90% of the total LLINs that came to Bong County.

The USAID-CHA team along with DHOs, OICs, CHAs, CHVs and local community leaders The community residents were also educated on COVID-19 preventive measures and USAID-CHA observed the GoL new measures during the various awareness sessions to curb community transmission.

Result 2.2: Communities adopt best practices for prevention of disease and increase early care seeking behavior

Activity 2.2.1: Communities have knowledge and self-efficacy to prevent and treat disease.

No activities conducted during this quarter.

Activity 2.2.2: Foster an enabling environment to support communities in carrying out best practices to prevent and treat disease.

In May 2021, MOH/NMCP (National Malaria Control Program) in collaboration with national and international partners launched a nationwide campaign and distribution of Long-Lasting Insecticide Nets (LLINs) in Liberia. The exercise was conducted in phases, including household mapping, awareness, and distribution of LLINs. The activity lasted for a month (May 19 to June 29, 2021). During the campaign, USAID-CHA advocated for the involvement of Community Health Workers (CHWs) in Bong and Lofa counties. On average, 67% of (1,099) workforce used for the exercise in Bong and Lofa are community health assistants (CHAs and CHVs). The table below shows the participation of CHWs against the total participants during the LLINs nationwide campaign:

Table 4: Statistics of CHVs and CHAs that participated in the nationwide LLINs campaign

County	Total participants	CHVs	CHAs	% of CHVs & CHAs that participated
Bong	580	322	87	70.5%
Lofa	519	167	162	63.4%
Total	1,099	489	249	67%

Objective 3: County health teams' and communities' capacity to plan, manage, and monitor a comprehensive delivery of health services enhanced.

Result 3.1: CHTs and communities are engaged and influence how community health services are delivered.

Activity 3.1: Strengthen CHTs Capacity Community engagement through identification and implementation of local solutions

To ascertain the functionality of Health Facility Development Committees (HFDCs) and Community Health Committees (CHCs), DEN-L follows up on HFDCs meetings held at Gbartala, Zeansue, Totota, Sanoyea, and Gbonota health facilities in lower Bong County in June 2021. In June 2021, during the HFDC meetings, CHAs presented on the general health status of their catchment communities and their work as well as an update on the LLINs household registration and distribution exercises that took placed.

CHAs also provided information on the need to create more awareness in their communities about Tuberculosis and follow up with clients. The National Community Health Services Strategy (NCHSS) required the HFDC to monitor, assist in dissemination and coordination of campaigns to ensure that quality equitable services and supports are provided for community health cadres across the facilities. However, during the just ended June 2021 County level nets distributions and polio campaign, HFDC were not involved and some members from Bong County expressed dissatisfaction with their non-participation in the net distribution and polio campaign in their catchment communities. They further attributed the low turnout during the HFDC meetings to the lack of motivation for CHC members. At the end of those meetings, CHC members attending the meeting promised to mobilize their colleagues who have been absent from the meeting to form part of subsequent meetings. They further committed to pay one cup of rice and $25.00LD towards their feeding during their meeting.

To determine the functionality of the Health Facility Development Committee (HFDC) Community Health Committees (CHCs) in Lofa County, CSI conducted HFDC and CHC meetings verification exercise in 56 health facilities and 420 catchment communities in Salayea, Zorzor, Voinjama, Kolahun, Vahun, and Foya Districts. At the end of the exercise, it was established that only six HFDCs are still conducting monthly meetings and 326 communities still have functional CHCs regular monthly meetings.

HFDC Assessment and Reactivation Meeting in Fissebu Clinic, Zorzor Health District, 08/06/21

Reactivation of HFDCs/CHCs in the health facility and community

At the end of the functionality assessment in June 2021, CSI worked with community's leaders, DHTs, OIC, CHAs and activated 73 CHCs in communities that were under-served, reactivated 326 CHCs in communities where the CHCs stopped functioning, and reactivated 50 HFDCs at health facilities where meetings do not bring held, the activation and reactivation was based on the national community health policy. During this process, the inclusion of traditional leaders and female participants was considered. The current CHC membership in the 420 communities are 2,369, (910 females and 1459 males). CSI will continue to engage communities to increase female's participation in the CHCs and HFDCs. The table below provides disaggregated data per districts.

Table 5: Number of nonfunctional CHC per district in Lofa:

District	# of CHC Reactivated	# of CHC Activated	# of HFDC Re-activated	# of HFDC Active
Salayea	55	0	9	1
Zorzor	83	29	9	1
Voinjama	22	19	11	1
Kolahun	67	0	9	2
Vahun	10	0	5	0
Foya	89	25	7	1
Total	326	73	50	6

Train members of newly formed and re-activated CHCs/HFDCs on roles and responsibilities.

In June 2021, CSI collaborated with the LCHT, DHT, OIC and CHSS to conduct training for 50 HFDCs and 420 CHCs with 2,369 members (1,459 males and 910 females) on their roles and responsibilities. The aim of the training was to better prepare HFDC and CHC members to fully carry out the functions both at the health facilities and in their various communities. In addition to their functions, the training also highlighted the support needed from communities to CHWs as form of motivation (such as, helping with farming activities, as well as excluding them from joint community work to allow them carry out their functions, etc.). At the end of the training, HFDC and CHC in their separate discussions agreed on a specific meeting dates and timeframe at their respective facilities and catchment communities.

HFDC training participants at the Kpayea Health Facilitate

All training notes and attendance were filed for reference and CHC and HFDC members are now trained and knowledgeable on their roles and responsibilities. To support the HFDC and CHC meetings, the USAID-CHA provided one ledger and one pack of pen each to the 56 HFDCs and 420 CHCs who were trained.

Activity 3.1.2: Strengthen capacity of CHTs and CSOs to promote local ownership of NCHAP.

On May 18 and 20, 2021 USAID-CHA partnership team conducted two days of orientation training for CSI and DEN-L project staff on their roles and responsibilities in Lofa and Bong Counties. During the two days project management training, CSI and DEN-L understood their roles and responsibilities and the partnership team helped them reviewed their financial reporting templates, the USAID CHA compliance, and a review of the draft annual implementation plan for year one of the project. A total of twenty-two persons participated in the training, five females and 17 males, 13 participants from CSI and nine participants from DEN-L.

As a result of the training, both CSI and DEN-L worked with Lofa and Bong County Health Teams and developed work plans and reactivated community health committees, and health facility development committees. CSI also worked with 10 communities and reviewed their community health risk reduction plans in Salayea district, monitored CHAs, and provided coaching to reinforce skills in health promotion activities.

From June 22-25, 2021, USAID-CHA Partnership Team organized and facilitated an organizational capacity assessment (OCA) for the BoCHT in Phebe, Bong County. The BoCHT OCA forum was attended by 21 (17 men, 4 women) senior and junior managers across several divisions. The IRC's OCA is an evidence based self-assessment process that allow organization to assess its ability to Lead, Manage and Relate on the scale of zero to four with zero being no capacity and four being the functional capacity level. The USAID-CHA partnership team facilitated the BoCHT OCA process and assessed its ability to lead (vision and purpose, effective leadership, strategic planning, and effective policymaking); the ability to manage (financial management, human resources management, procurement management, program management, information management and internal communications) and the ability to relate (coordination, client voice and outreach, strategic communications, strategic partnerships). Table 6 below present BoCHT average scored by category area.

The findings from the OCA average scored showed that BoCHT ability to lead is 2.56, the ability to manage is 3.58 and the ability to relate is 2.82. However, BoCHT aims to achieve a maximum score of 4 on the scale but unfortunately, none of the thematic areas reached the desirable scored. Please see table 6 (below) for average scored by category area.

At the end of the OCA exercised, BoCHT developed a capacity development action plan to be implemented based on its short- and long-term priorities. The USAID-CHA project will support BoCHT to mobilize resources to execute the plan. However, USAID-CHA support to the BoCHT capacity developed plan will be limited to the project life span.

Table 6: BoCHT Organizational Capacity Assessment average scores per thematic area and subcategories.

Thematic Area One:	**Ability to Lead**	
Categories		**Average Score**
Category 1	Vision and Purpose	2.5
Category 2	Effective Leadership	2.6
Category 3	Strategic Planning	2.7
Category 4	Effective Policymaking	2.4
Category 5	Monitoring and Oversight	2.7
Thematic Area Two:	**Ability to Manage**	
Category 1	Financial Management	2.4
Category 2	Human Resources Management	2.2
Category 3	Procurement Management	2.1
Category 4	Program Management	2.5
Category 5	Information Management and Internal Communications	2.4

Thematic Area Three	Ability to Relate	
Category 1	Coordination	3.0
Category 2	Client Voice and Outreach	2.5
Category 3	Strategic Communications	2.9
Category 4	Strategic Partnerships	2.9

Result 3.2: GOL MOH and CHTs have increased ownership of the NCHAP

This is dependent on the finalization of LMH. Negotiation with LMH is ongoing.

Activity 3.2.1: Provide technical assistance to develop transition strategy for increased financial responsibility of NCHAP.

No activities were conducted during this quarter as negotiation is still ongoing with LMH. Following receival of the subaward, they will be expected to provide technical assistance towards increasing GOL MOH and CHT ownership.

Activity 3.2.2: Provide targeted capacity building support for planning and implementation of NCHAP.

No activities were conducted during this quarter as negotiation is still ongoing with LMH. Following receival of the subaward, they will be expected to provide technical assistance to the MOH.

IV. INDICATOR PERFORMANCE (M&E)

IRC submitted the USAID-CHA AMELP to the AOR on April 30 and the mission reverted with feedback and recommendations on May 25, 2021. As part of the mission's feedback, (11) standard indicators were recommended and a concern of high number of performance indicators presented by IRC was raised. Based on USAID's recommendation, seven custom indicators were replaced while seven were dropped in adherence to the suggestions. However, two of the standard indicators recommended were not practical and were not incorporated and USAID approved the AMELP on June 29, 2021. (see description in "changes").

This suggests a change in the number of indicators as previously reported in Q1. The current number of indicators in the approved version of the AMELP is 36 (25 custom and 11 standard). The custom indicators are 15 CHA and 10 MOH while the Standard indicators include five Performance Plans a Report (PPR) and six PMI indicators. The total number of indicators has reduced by two from 38 to 36 indicators in the AMELP. Finally, USAID has approved the AMELP on June 29, 2021, and it is ready for use as a desk tool to monitor and evaluate project activities in FY21.

The monitoring and evaluation (M&E) team has started preparation for the referral and counter-referral research and the barriers women face in attending ANC visits and Seeking Early Care for Malaria research. The M&E team is currently developing the term of reference (TOR) for USAID-CHA baseline study consultant. It is intended for the consultant to use mixed methods (such as qualitative and quantitative). The baseline will heavily be dependent on desk review but

with a component of field data collection using qualitative method to document the views and opinions of caregivers on their iCCM practices. The M&E team also intends to rope in the operational research on referral and counter-referral. The research data will be analyzed in collaboration with IRC through the Rustandy Center for Social Innovation, University of Chicago Booth School of Business (research and innovation partner).

The MOU and Research Protocol were developed and discussed with IRC country team and Rustandy Center with inputs from USAID-CHA Technical Advisors. The research protocol was shared with the Standard Ethics Board at the MOH for review, input, and endorsement. But the process has stalled since June 2021 because the Board has not reverted with their input despite all efforts. The IRC country team continues to engage the MOH to ensure they respond to the research protocol to allow further planning.

USAID and MOH are discussing on how to further strengthen epidemic preparedness and response activities through community surveillance in USAID priority counties, through an expanded eIDSR system that will track disease trigger and report real time nationwide.

On April 8, 2021, IRC, MOH and NPHIL organized one day eIDSR stakeholders meeting at the Corina hotel in Monrovia. The purpose of this meeting was for MOH to present the eIDRS development plan to stakeholders and to explain how it is anticipated to be structured and operationalized. The road map and steps leading from recruitment of consultant(s), development, piloting/testing, training of users both at central and county levels and maintenance of the system were presented by MOH. During the meeting, IRC reaffirmed its commitment to sponsor the development of eIDSR database system by undertaking the cost of hiring consultant(s) to develop the system, piloting costs and to partially sponsor the operational cost. Other stakeholders that committed themselves to support the development of the eIDSR system include, USAID, GIZ, RIDERS, CDC, IOM etc. It was also agreed that the component of Port of Entry (POE) be included as part of the eIDSR system. During the meeting, Dr. Willimina Jallah made a commitment to immediately employ and deploy 20 port of entry (POE) staff. NPHIL was asked to present the names of health professionals to MOH/HR for immediate inclusion on GOL payroll. The eIDSR meeting was attended by 18 persons (RIDERS-2, GIZ-2, IOM-1, USAID-1, US-CDC-1, LMH-1, MOA-1, NPHIL-4, MOH-3, and IRC-2).

V. CROSS-CUTTING ISSUES

Partnership Coordination

IRC and the Development Education Network Liberia (DEN-L) and Community Safety Initiative (CSI) have signed sub-war agreements under the USAID-CHA to deliver community health package in collaboration with Lofa and Bong CHTs. The consortium coordination meeting is scheduled monthly, and the meeting will be chaired by IRC Partnership Director. The consortium coordination meeting is intended to identify internal and external factors that might delay or affect program outcomes and deploy a mitigation strategy to improve program quality.

Equip-Liberia was proposed for the third county, but IRC was not able to engage Equip until June 29, 2021, when USAID requested IRC to extend in the Southeast. IRC is having program specific discussions with Last Mile Health and Equip-Liberia to finalize their sub-awards. Once LMH subaward process is finalized, they will be expected to provide technical assistance to develop a transition strategy for the increased financial responsibility of NCHAP and Equip-Liberia will move in the Southeast to provide community health package in River Gee and Grand Kru. IRC continues to engage LMH and Equip-Liberia to attend the consortium meeting each month to understand the priorities for CHTs and the USAID-CHA communities.

Coordination with Stakeholders

On June 3, 2021, DEN-L participated in a stakeholder engagement meeting with the USAID-CHA Project Director and the local authority in Gbarnga. The stakeholder engagement meeting was attended by the Bong County Superintendent Madam Esther Y. Walker, the Development Superintendent, Anthony B. Sherriff, Fiscal Affairs Superintendent Mr. Paul A. Solunteh, and the protocol officer of the Superintendent's office. The Project Director informed the local authorities about the USAID-CHA and requested their supports for the project implementation. At the end of the meeting, the superintendent pledged the county's support for the project implementation throughout the county.

Similarly, in Lofa, the USAID-CHA team paid a courtesy visit to the County Superintendent Hon. William Tamba Kemba Sr. who also pledged his support to the team and project.

In June 2021, Jannie Horace (AOR) visited USAID-CHA office in Bong and monitored some field activities along with DEN-L. Jannie visited Gbartala, Suakoko District where the Polio Campaign volunteers training was held. The AOR held an interactive discussion with CHAs, CHVs, OIC, CHSS to understand their involvement in the polio campaign. Based on the feedback from the health care workers she spoke with, the AOR was impressed with the CHAs and CHV's involvement in the campaign and encouraged the USAID-CHA team to work with BoCHT to incorporate other community health cadres in future initiatives.

CSI participated in three planning meetings with the LCHT and USAID-CHA staff and developed a work-plan that is currently supporting the USAID-CHA activities in Salayea, Zorzor, Voinjama, Kolahun, Vahun, and Foya Districts.

The Liberian Government through the Ministry of Finance, Development Planning had struggled over the years to manage aids in a coordinated manner. Aid operations were managed on an ad hoc basis, with roles loosely shared among various government institutions until 2009 when the MFDP established the "Aid Management Unit (now Aid Management and Coordination Unit)." Since the establishment of the unit, MFDP had made significant progress. However, issues such as limited human and institutional capacity, a lack of alignment between external assistance and national priorities, poor predictability, fragmentation in donor funding, huge transaction costs, untimely reporting of aid information, and the inadequate use of the country system, among others, remain a challenge. In August 2020, the MFDP with support for its' partners developed the "National Aids Policy to guide the management of development assistance and partnership cooperation, provides both a framework to effectively mobilize, negotiate and coordinate external assistance.

The MDFP has launched the policy and is educating the public including INGOs, and national CSOs, and Gross Root Organizations (CBOs) to understand the national aids policy requirements and report as mandated by the policy.

From June 9 -10, 2021, the MFDP with funding support from UNDP conducted two National Aids policy/NGO awareness training workshops for cross-sections of NGOs operating in Liberia and the IRC Grants Manager attended the two days training. The training was intended to educate aids workers on how the national aids policy seeks to improve the effectiveness of aid, mobilize aid in a coordinated way with a wider reach; produce more visible results, collaborate more closely with NGOs, and serve as a reference for the Government of Liberia and Development Partners in the management of official development assistance.

The key takes away from the training were:

- All NGOs need to read the national aids policy and the procedure manual to understand the policy requirements of each organization.
- Use the Liberia Projects Dashboard to make intervention decisions.
- Before an organization submits a funding application, the organization should consult with GoL through the Aid Management Unit to align the proposed intervention with GoL priorities.

The USAID-CHA M&E Advisor participated in the Lassa Fever After Action Review Meeting held in Buchanan, Grand Bassa County (June 9 – 11, 2021). The purpose of the meeting was to deliver on in-depth review of the actions taken during the outbreak response in each county. During the meeting, priority actions were identified to know the gaps and build on strengths, identify the root causes of Lassa Fever outbreak in the six counties in 2020, developed country action plan and allow counties and partners to reflect on their experiences and challenges of the response. The meeting was attended by approximately 50 persons from MOH, NPHIL, IRC, AFENET, WHO, MIA etc. The County Surveillance Officers (CSOs) from Margibi, Grand Bassa, Bong, Nimba and Lofa were the key participants of the meeting. The main outcome of the meeting is the development of action plans per county to continue the fight against the Lassa Fever disease. Lofa and Bong agreed to share the presentations containing their action plans with IRC. The next review meeting date was not decided but key issues arising from the meeting were noted and NPHIL promised to address them via working with key stakeholders and partners. The key issues are as follows:

1. Delay in OPS to County Surveillance Officers – inform all CHOs of surveillance officers ops and deliverables.
2. Attack on the surveillance officer of Lofa County by community members and some key stakeholders. The DIDE deputy director to send email to the Lofa CHO regarding Alpha's issue with the communities.
3. Introduce contingency plan to partners in counties.
4. Improve on lab result and sample turnaround time.
5. John Dogba to prepare template for releasing lab result of Lassa Fever (LF) to counties
6. Need for orientation anytime a new data collection tool is introduced.

The USAID-CHA M&E Advisor participated in Break Through Action Social Behavior Change Data Flow research in Bong and Bomi counties. The activity lasted from April 19 – 30, 2021 and it had three phases; i) assembling and training of facilitators and data collectors in Kakata, Margibi County, ii) conduct of problems discovering meeting in selected communities through community engagement and data collection (in a way know as line of inquiry) and iii) the conduct of data collection via the use focus group discussions and key informant interviews. The M&E Advisor could not continue with the activity to the end due to other pressing project matters.

Gender mainstreaming

Strong mobilization and encouragement are being carried out for gender mainstreaming for the uptake and improvement of female participation in the implementation of the community health activities. This is highly emphasized throughout the engagement meetings been held at county, districts, and community level. That is being achieved at county level as startup process with the recruitment of 18 females and 16 males to serve as supervisors to the CHAs in Bong County. The process will continue with close guidance from the CHAs recruitment process.

Sustainability

Conversations of sustainability are constantly highlighted in all counties, districts, and community meetings, especially the HFDCs meetings (a major recuring meeting hosted by the communities at the health facilities). The support and local ownership of the community health program to be supported through local authorities is key for continued engagement.

Challenges and Mitigation Measures

Challenges	Mitigation Measures
Insufficient motorbikes and vehicles for project staff	Procurement is ongoing for motorbikes and vehicles but is slow because of the pandemic. In the interim, old motorbikes and vehicles from the previous project are being repaired to facilitate movement.

VIII. FINANCIAL UPDATE

Financial summary	
Pipeline analysis Pipeline = Total Obligation - Total Expenditure	
Total Obligation	6,098,433.21
Total Expenditure	790,574.12
Pipeline	**5,307,859.09**
Expenditure burn rate Expenditure burn rate = Total Expenditure / # of months elapsed	
Total Expenditure	790,574.12
# of months elapsed	5
Expenditure burn rate	**158,114.82**
Number of months in Pipeline # of months in Pipeline = Pipeline / Expenditure burn rate	
Pipeline	5,307,859.09
Expenditure burn rate	158,114.82
# of months in Pipeline	**33.57**

VI. ANNEXES:

Annex I and II. Success Stories

iCCM Output Indicators

Indicator	FY 2021 Q1				FY 2021 Q2				FY 2021 Q3				FY 2021 Q4			
	Jan-21	Feb -21	Mar-21	Q1[1] Total	Apr-21	May-21	Jun-21	Q2 Total	Jul-21	Aug-21	Sep-21	Q3 Total	Oct 21	Nov 21	Dec.21	Q4 Total
iCCM																
Total # of children treated for malaria with ACT		1615	1398	3013	1613	1390	1008	4011								
% of children <5 years tested positive for malaria (RDT) and treated with ACT within 24 hours by CHAs		67.1%	57.9%	62.5%	72.4 %	68.5%	62.6 %	68.4%								
Number of diarrhea cases identified		135	122	257	205	261	269	735								
Number of child diarrhea cases treated with Zinc + ORS		24	17	41	35	68	71	174								
Number of cases identified with pneumonia		407	386	792	320	303	310	933								
Number of cases treated for pneumonia with antibiotics		336	293	629	287	233	233	753								
Test Positivity Rate (TPR) (malaria)																
Correct treatment rate		74.4%	76.2%	75.2%	71.2 %	78.3%	70.8 %	73.4%								
Nutrition status																
MUAC Green		3006	3507	6513	3213	2711	2743	8667								
MUAC Yellow		34	45	79	40	32	37	109								
MUAC Red		6	10	16	11	7	13	31								
Referrals																
Successful referral rate																
# of referrals for deliveries make by CHAs		815	272	497	243	299	259	801								
Supervision																
% of CHAs who were supervised at least twice during the past month		77.8%	76.3%	78.3%	90.2 %	89.3%	99%	93%								
CHSS Monthly Service Report (MSR) – % reports entered in CBIS on time		100%	98.1%	94.2%	94.2 %	94.2%	98.1 %	96.2%								

[1] The data presented for quarter one was pulled out from the DHIS and will be verified in April, therefore the verification information will be shared in the subsequent reports.

Vital Statistics																
# of routine household visits made by CHAs		35730	37039	72964	37833	34843	37018	109,694								
# of community deliveries reported by CHAs		5	27	32	13	15	19	47								
Births at facility		224	268	492	298	305	297	900								
Still Births		0	0	1	0	0	1	1								
Neonatal Deaths (0-28 days)		1	2	3	0	1	3	4								
Postnatal deaths (29-1yr)		1	0	1	1	1	3	5								
Child deaths (1-5 yrs.)		2	8	10	3	4	3	10								
Maternal deaths		0	0	0	0	0	0	0								

USAID-CHA Quarterly Performance Indicators Table[2]

	Indicator	Year 1 Target	Year 1 Achievement				Reporting frequency	Comments
			Q1	Q2	Q3	Q4		
	Quarterly indicators		Feb – March 21	April – June 21	July – Sept 21	Oct – Dec 21		
	Objective: Increased coverage of CHAs to population ratio in underserved districts and communities in 3 counties							
	Outcome 1.1: Increased coverage of NCHAP to ensure access to remote areas in underserved districts and communities in 3 counties.							
1	# of unreached/underserved districts in which CHA program established	0					Quarterly (tracked only in year 2)	Data not available – the indicator will be tracked in year 2
2	CHA: population ratio	1:300					Annually	This indicator will be tracked in the 4th quarter of FY21
3	Annual retention rate of Community health workers (CHA &CHSS)	98%					Annually	This indicator will be tracked in the 4th quarter of FY21
	Output 1.1.1: NCHAP effectively recruit, train, and deploy gender balanced CHA and CHSS staff in 3 counties							
4	# of CHA/CHV trained in (malaria, FP, diarrhea, pneumonia etc. disaggregated by sex)	N/A					Quarterly (Tracked only in year 2)	This indicator will be tracked once training has stated in year 2
5	# of additional CHAs and CHSSs recruited, trained and deployed in line with MOH policy	NA					Quarterly (Tracked only in year 2)	Recruitment of additional CHAs and CHSS will be done in year 2
	Objective 2: Improved quality of health services through trained, supervised and motivated CHAs							
	Outcome 2.1 CHAs delivery quality health services to communities living more than 5km from a health facility							
6	Number of cases of pneumonia treated in USG-assisted programs	3,000	602	753			Quarterly	The total number of pneumonia cases treated are 753 (70 cases in Bong and 683 in Lofa). Data source: DHIS-2
7	Number of cases of child diarrhea treated in USG-assisted programs	2,146	41	174			Quarterly	A total of 174 cases of diarrhea were treated of these, Bong treated 144 while Lofa treated 30. Data source: DHIS-2
8	Number of USG-assisted community health workers ICHW) providing family planning	590	550	558				All of the active, 558 CHAs who are reporting in both counties are offering FP services.

[2] The data reported in this table was pulled out from the DHIS and HMIS for the month of February and March 2021.

	(FP) information, referrals, and/or services during the year							
9	Proportion of confirmed uncomplicated malaria cases treated with ACTs	98%	93.6%	94%			Quarterly	The total number of cases identified with malaria are 4,247 (2,130 cases in Bong and 2,117 in Lofa) of which 93% (1977) and 96% (2,034) were treated in Bong and Lofa counties, respectively. Currently CHAs are not separating uncomplicated cases from severe cases. Data source: DHIS-2
10	Total malaria cases (RDT positive)	25,204	3112	4,247			Quarterly	The total number of cases identified with malaria are 4,247 (2,130 cases in Bong and 2,117 in Lofa).
11	Proportion of fever or suspected cases tested for malaria	TBD	93.6%	94%				The total number of cases identified with malaria are 4,247 (2,130 cases in Bong and 2,117 in Lofa) of which 93% (1977) and 96% (2,034) were treated in Bong and Lofa counties, respectively. Currently CHAs are not separating uncomplicated cases from severe cases. Data source: DHIS-2
12	Proportion of sever malaria cases given rectal artesunate suppositories as pre-referral drug	TBD	-	-				Currently CHAs have not been provided rectal artesunate as pre referral treatment. The NCHAP policy and curriculum that is current under review will include this to allow CHAs to treat using the rectal artesunate suppositories as pre-referral therapy.
13	# of routine household visits made by CHAs	205,000	67,897	109,694			Quarterly	During the quarter under review, 109,694 routine household visits were done by CHAs in both counties. 16,012 in Bong and 93,683 in Lofa County.
14	Number of children (0-59 months) reached with nutrition-specific interventions through USG-supported programs	32,867	6625	8807				Currently the CHAs are classifying children nutrition status through MUAC and referral those with severe malnutrition and counsel caregiver for the moderately malnourished once. For the quarter under review there were 31 severely malnourished and 131 moderately malnourished children in both counties. For those children reached with the intervention but classified as not needing

								further management were categorized as green, 5053 in Bong and 3614 in Lofa.
15	Number of pregnant women reached with nutrition-specific interventions through USG-supported program	TBD	-	-				This indicator will be monitored after the revised policy and tools in year 2. Also this is a new and standard indicator recommended by USAID in the 2nd quarter of this Activity.
	Output 2.1.1 NCHAP training curriculum and tools revised to incorporate gap areas/new areas							
16	Number of districts in which revised curriculum has been rolled out	N/A	-	-			Quarterly	This will be track starting with year 2 implementation
	Output 2.1.2 Refresher training for CHAs							
17	# CHAs and CHSS receiving refresher training	N/A	-	-			Quarterly (Tracked only in year 2)	This indicator will be tracked in year 2.
	Output 2.1.3: CHAs receive regular supportive supervision and coaching to provide quality health services							
18	[# & %] of active CHAs who were supervised at least twice during the past month	90% [563/626]	-	93%			Quarterly	The community health policy provided that CHAs would be visited twice each month by their supervisor, CHSS. For the quarterly under review 93% of the active CHAs received twice supervision visits. There were in April 90.2%, May 89.3%, and June 99%.
19	# of children <5 years (6 - 59 months) assessed with MUAC by CHA (Red, Yellow, Green)	80,000	6,608	8807			Quarterly	CHAs conducted 8,809 MUAC screenings for children under 5 years in Bong and Lofa counties. Green MUAC accounts for 8,667, yellow 109 and red accounts for 31. 59% of MUAC screening was done in Bong while 41% in Lofa.
	Output 2.1.4: CHSS regularly supervised by CHT							
20	CHSS Monthly Service Report (MSR) – reporting rate	99%	100%	97%			Quarterly	97% of CHSS submitted their monthly service report which is less by 3% compared to the previous quarter. Late data entry is responsible for this.
21	CHSS Monthly Service Report (MSR) – % reports entered in CBIS on time	97%	94%	96%			Quarterly	Out of the 97% of CHSSs that have submitted their monthly service report, 96% have submitted on time. This is 2% higher than the previous quarter.
	Output 2.1.5: Two-way referral system is functional							

22	Number of pregnant women referred for ANC	4,500	496	2447			Quarterly	A total of 2447 pregnant women were referred for ANC visit by CHA for the quarter under review. 48% of them were done in Bong while 52% done in Lofa counties.
23	# of counter referrals from health facilities	1,380					Quarterly	Data pending
24	# of community deliveries reported by CHAs	183	32	47			Quarterly	There was a total of 47 home deliveries in both counties, 85% (40) happened in Bong while 15% (7) in Lofa.
	Output 2.1.6: CHAs have adequate commodities							
25	% of CHAs with life-saving commodities (ACTs, ORS, zinc, antibiotics) in stock during supervision	20%	-	-			Quarterly	This indicator will be track once the revised policy is rolled out in year 2
	Output 2.1.7: CHAs support other community based-programs for specific activities							
26	Proportion of registered school pupils/students that received LLINs	TBD	-	-			Quarterly	This indicator will be tracked when school-base INTs distribution starts
	Outcome 2.2: Communities adopt best practices for prevention of disease and early care seeking behavior							
27	[# & %] correct treatment rate in the community	80%	75%	75.6%			Quarterly	Correct treatment rate is a mention of the total patient treatment records reviewed as a dividend and the total correct treatment as divider. During the quarter 75.6% of the treatment at community level were correct.
	Output 2.2.1: Communities have knowledge and self-efficacy to prevent and treat disease							
28	Proportion of caregivers served that know the correct treatment for uncomplicated malaria	N/A	-	-			Annually (Tracked only in year 4)	This indicator will be tracked beginning year
	Output: 2.2.2: Enabling environment supports communities in carrying out best practices to prevent and treat disease							
29	# of community engagement events	1,500	0	496			Quarterly	This indicator considers communities meetings, CHW mobilizations and awareness for specific activities for engagement. The figure reflects only Lofa for the quarter.
	Objective 3: County health teams' and communities' capacity to plan, manage, and monitor a comprehensive delivery of health services enhanced							
	Outcome 3.1: CHTs and communities are engaged and influence how community health services are delivered							
30	# of Service Improvement Plans Implemented	0	-	-			Quarterly	This indicator will be assessed in year 2

31	# of PDIA interventions implemented	0					Quarterly (Start tracking from year 2)	This indicator will be assessed in year 2
	Output 3.1.2: CSOs have increased capacity to promote local ownership of NCHAP							
32	# of CHT/CSO partners with improved OCA scores	0					Annually (Start tracking from year 2)	This indicator will be assessed in year 2
	Outcome 3.2: GOL MOH have increased ownership of the NCHAP							
33	# of CHSS transitioned to GOL payroll	5	-	-			Quarterly	This indicator will be assess at the end of fiscal year
34	# of CHTs with improved OCA scores	0					Annually (Start tracking from year 2)	This indicator will be assessed in year 2
	Output 3.2.1: GOL MOH receive technical assistance to develop transition strategy for increased financial ownership of NCHAP							
35	# of private sector or non-traditional funding opportunities identified to support NCHAP	0					Quarterly (Start tracking from year 2)	This indicator will be tracked in year 2
	Output 3.2.2: Community Health Service Division and CHTs receive targeted capacity building support for planning and implementation of NCHAP							
36	% of OD policies implemented by CHTs	5%					Annually	This indicator will be assessed in FY21 Q4

List of revised Indicators

Name of Indicator	Status	Justification
CHA1.1.2: #&% of CHA & CHSS receiving timely and correct incentive	Dropped	Given USAID's suggestion that the Activity got lots of indicators, the team decided to drop this indicator since there are other custom indicators that could mention its output.
CHA1.1.3: # of cohort of CHA training completed	Replaced	Instead of measuring the cohorts of training the mission recommended that the activity measures the # of CHAs as followed: New: number of CHAs/CHVs trained (malaria, FP, diarrhea, pneumonia etc0 (disaggregated by sex)
MOH2.1.3: #&% of children <5 years treated for pneumonia with antibiotics by CHAs	Replaced	Both indicators measure the same thing, therefore, the team has decided to standardize the indicator based on USAID recommendation: New: HL6.6-6: Number of cases of childhood pneumonia treated in USG-assisted programs
MOH2.1.4: #&% of children <5 years treated for diarrhea with ORS + Zinc by CHAs	Replaced	Both indicators measure the same thing, therefore, the team has decided to standardize the indicator based on USAID recommendation: New: HL.6.6-1: Number of cases of child diarrhea treated in USG-assisted programs
MOH2.1.5: #&% of children <5 years treated for malaria (RDT) and treated with ACT with 24 hours by CHAs	Replace	Both indicators measure the same thing, therefore, the team has decided to standardize the indicator based on USAID recommendation: New: Proportion of confirmed uncomplicated malaria cases treated with ACTs
PMI2.1.1: Total malaria cases (RDT positive)	Replace	Both indicators measure the same thing, therefore, the team has decided to standardize the indicator based on USAID recommendation: New: The proportion of fever or suspected cases tested for malaria
PMI2.1.2: Test positivity rate (TRP) (malaria)	Replaced	This indicator is replaced because the total RDT used is not reported in the system currently: New: Proportion of severe malaria cases given rectal artesunate suppositories as a pre-referral drug
MOH2.2.7: #&% correct treatment rate in the community	Dropped	Given USAID suggestion that the Activity got lots of indicators, the team decided to drop this indicator since there are other custom indicators that could mention its output.
CHA2.1.5.7: Successful referral rate	Replaced	Both indicators speak of referral, but the mission has recommended use of a standard indicators to more specific the pregnant women care: New: Proportion of pregnant women referred for IPTp (However, this indicator will be difficult measure since CHAs are not referring for IPTp but for ANC). It is at ANC visit that the facility decides to give IPTp to a pregnant woman. Therefore, USAID and IRC have removed this indicator from the approved indicator list. This indicator can probably be reworded as followed: # of pregnant women referred for ANC
MOH2.1.5.12: #&% OF institutional delivery attended by skilled personnel referred by CHA	Dropped	This indicator is dropped because it is a new indicator, the MOH has not started tracking data on it. The current policies revision will advocate for its inclusion in the system.
MOH2.2.14: Proportion of pregnant women that attend four or more ANC visits	Dropped	Given USAID suggestion that the Activity got lots of indicators, the team decided to drop this indicator since there are other custom indicators that could mention its output.

CHA2.2.11: Proportion of people who recall hearing or seeing (malaria/FP) message in the last 6 months	Dropped	The activity is not into BCC messaging. Other USAID IP (Breakthrough Action) is into the BCC messaging in Bong and Lofa so we want to avoid duplication.
CHA3.2.2.20: % of OD policies implemented by CHTs	Dropped	
CHA0.1: USAID CHA in country data quality	Dropped	This is dropped due to limited resources to collect data on it.

USAID-CHA Year 2 Quarter 1(April – June 2021) AIP Activity Status

S/N	Activity	Quarterly Output	Quarterly Outcome	Comments on delays/ future plans
Preliminary & cross-cutting activities				
	Post award meeting with USAID and IRC			Done in quarter one
	Conduct project inception meetings with MOH and stakeholders at national level			Done in quarter one
	Conduct project inception meeting with CHTs and other stakeholders in the counties			Done in quarter one
				Next quarter
Objective 1.0: Increased coverage of CHAs to population ratio in underserved districts and communities in the three counties.				
Result1.1: Increased coverage of NCHAP to ensure access to remote areas in underserved districts and communities in the three counties				
1.1.2	Training conducted for CHSSs and CHAs using NCHAP curriculum and training methodology			This will be done in yr2
1.1.3	Equip and deploy CHAs to communities to provide health services	Old CHAs are equip with reporting tools	The CHAs & CHSS are reporting to the health facilities	ongoing
1.1.4	Support for payment of CHAs and CHSSs in all districts	Average of 205 CHA paid in Bong and 347 in Lofa Counties		4 districts in Bong and 6 districts in Lofa
1.1.5	Provide technical assistance to MOH CHSD during policy review to improve recruitment and retention of gender balanced NCHAP workforce	Three meetings were supported which includes: hall rental, feeding, DSA and technical	This has promoted several meetings and	Three meetings were supported with Hall, DSA and Transportation

		Assistance to the Community health Division	draft has been developed,	
Objective 2.0: Improved quality of health services through trained, supervised, and motivated CHAs.				
Result 2.1: CHAs delivery quality health services to communities living more than 5km from a health facility				
2.1.1	Provide technical assistance to integrate new approaches into NCHAP training curriculum and tools	This has been pushed through the revision and design of the new policy		ongoing
2.1.2	Facilitate re-fresher training to improve quality of community health services.			This was removed from the AIP for yr 2
2.1.3	Improve supportive supervision and coaching for CHAs	The 51 CHSS in Bong and Lofa were supported with cash for supervision for three months	This has improved the performance of	Ongoing
2.1.4	Improve supportive supervision to CHSS by CHTs.	The 51 CHSS in Bong and Lofa were supported with cash for supervision for three months		This is ongoing
2.1.5	*Improve two-way referral system*			This will begin next quarter
2.1.6	Contribute to improved planning and accountability for CHA commodities			Next quarter
2.1.7	Engage with other community-based programs for specific activities.	Break through Action, PLAN international and STAIP were engaged on their activities. CHSS & CHAs got involved in the awareness and distribution of ITN	This will prevent double dipping in the counties. The distribution help to motivate CHSS & CHAs in Bong and LOFa	Done
Result 2.2: Communities adopt best practices for prevention of disease and increase early care seeking behavior				
2.2.1	Communities have knowledge and self-efficacy to prevent and treat disease.			
2.2.2	Foster enabling environment to support communities in carrying out best practices to prevent and treat disease.			ongoing
Objective 3.0: County health teams' and communities' capacity to plan, manage, and monitor a comprehensive delivery of health services enhanced.				
Result 3.1: CHTs and communities are engaged and influence how community health services are delivered.				
3.1.1	Strengthen community engagement through identification and implementation of local solutions.	61 HFDC and 824 CHCs assessed to determine whether they are active or inactive.	61 HFDCs and 824 CHCs reactivated and trained on their roles	56 HFDC and 420 CHC received a total of 476 ledgers and 476 packs of

			and responsibilities to enable them carry out their functions correctly.	pen to support their activities.
3.1.2	Strengthen capacity of CHTs, CHSD and CSOs to promote local ownership of NCHAP	OCA conducted for BoCHT 21 (17M; 4 F).	Draft action plan developed	The draft action plan developed was shared with BoCHT for review, comments/inputs.
Result 3.2: GOL MOH and CHTs have increased ownership of the NCHAP				
3.2.1	Provide technical assistance to develop transition strategy for increased financial responsibility of NCHAP.			Next quarter
3.2.2	Provide targeted capacity building support for planning and implementation of NCHAP			This is ongoing