



**UN EBOLA RESPONSE MPTF  
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1  
Period (Quarter-Year): July-September, 2016**

<b>Project Number and Title:</b> MPTF 53- Title: Strengthening Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in South Eastern Liberia	<b>PROJECT START DATE</b> Start date: 28 <sup>th</sup> April 2016 on MPTF <b>Gateway End Date:</b> December 2016	<b>AMOUNT ALLOCATED by MPTF</b> USD 1,000,000.00 <i>(please indicate different tranches if applicable)</i> \$...	<b>RECIPIENT ORGANIZATION</b>  1. United Nations Population Fund (UNFPA)  2. United Nations Children's Fund (UNICEF)  3. World Health Organization (WHO)
<b>Project ID:</b> 0000000 (Gateway ID)	<b>Total duration (in months):</b> 12 months	<b>FINANCIAL COMMITMENTS</b>  None.	
<b>Project Focal Point:</b> Dr. Remi Sogunro, UNFPA Representative Cell: +231 770004001 E-mail: <a href="mailto:sogunro@unfpa.org">sogunro@unfpa.org</a>  Dr. Alex Ntale Gasasira, WHO Representative Cell: +231 775 281 157 Email: <a href="mailto:gasasiraa@who.int">gasasiraa@who.int</a>  Dr. Suleiman Braimoh, PHD. UNICEF Liberia Representative Cell: +231 0770267100 Email: <a href="mailto:sbraimoh@unicef.org">sbraimoh@unicef.org</a>	<b>EXTENSION DATE:</b>		
<b>Strategic Objective (STEPP) SO 3: Ensure Essential Services</b>	<b>PROJECTED END DATE:</b>  27 <sup>th</sup> -April-2017	<b>EXPENDITURES as of [date]</b>  To be availed by End of July-September Quarter.	<b>IMPLEMENTING PARTNER(S):</b> Ministry of Health (MoH), Republic of Liberia
<b>Mission Critical Action MCA6: Access to basic services</b>			
<b>Location:</b> Country or Regional: <b>Liberia</b>	<b>Sub-National Coverage Areas:</b> Full list of countries and/or districts <b>South Eastern Liberia, Maryland County</b>		

**QUARTERLY PROGRESS REPORT RESULTS MATRIX**

OUTPUTS					
Indicator	Geographic Area	Baseline/ Projected Target (as per results matrix)	Quantitative results for the quarterly reporting period July-Sept, 2016	Cumulative results since Project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
<b>Output 1:</b> Access to and utilization of EmONC services and routine RMNCAH services for females of reproductive ages 15-49 years is increased. Baseline provided covers January to May 2016.					

<b>Output 1:</b>					
1. Proportion of Health facilities achieving targeted number of ANC 4 visits	Maryland County	2/3 (66%) of targeted health facilities (Fish Town and Karloken Clinics) achieved targeted number of ANC visits. Target=100%			
		Glofarken baseline =63 Quarterly Target=110	Glofarken =57	Glofarken =120	Glofarken =54.5%
		Fish Town baseline =36 Quarterly Target: =57	Fish Town =35	Fish Town =71	Fish Town =62.3%
		Karloken baseline = 77 Quarterly Target=66	Karloken = 65	Karloken = 142	Karloken =107%
2. Proportion of BEmONC facilities actually providing services according to guidelines	Maryland County	3 (Fish Town, Glofaken and Karloken Clinics) Target= 100%	3	3	100%
		Deliveries: Glofarken baseline=12 Glofarken Quarterly target: 99	Skilled deliveries achieved: Glofarken=47	Glofarken=59	Glofarken=29.8%
		Fish Town Baseline=24 Fish Town Quarterly target: 51	Fish Town =27	Fish Town =51	Fish Town =50.0%
		Karloken baseline= 20 Karloken Quarterly target: 60	Karloken = 41	Karloken = 61	Karloken =50.8%
3. Number of health facilities that provide complete ASRH services	Maryland County	Baseline=0 Target=3	1 (Karloken clinic)	1	33%
<b>Output 2: Supply of essential commodities including contraceptives at health facilities and community level is improved</b>					
<b>Output 2:</b>					
1. Proportion of health facilities reporting no stock out of tracer 2. commodities for RMNCAH	Maryland County	2/3 health facilities (Fish Town and Karloken clinics) reporting no stock out of tracer commodities	2	2	66%
		Baseline= 2 Target = 3 (100%)			
2. Proportion of community health workers reporting no stock- out of commodities including contraceptives	Maryland County	Baseline=60% community based health volunteers reporting no stock out of commodities  Target = 100%	21/26 (Glofaken-5; Fish Town-8; Karloken-8) of community based health volunteers reported no stock out of commodities	21 community health workers	80.8%
<b>Output 3: Community health structures are strengthened to provide community based RMNCAH services in all targeted communities</b>					

<b>Output 3:</b>					
1. Number of CHDC meetings reports and meeting minutes with action plan shared with facilities	Maryland County	Baseline =1 facility (Karloken) staff participant in the CHDC meetings and also hold monthly staff meeting  Target =3	2 facilities (Glofaken and Karloken)	2	66%
2. Number of new born and mothers who received two home visits from the CHVs within 3 days after delivery.	Maryland County	Baseline=139 mothers and newborns in catchment areas received at least one home visit from CHVs  Target-232	77	216	86.4%
1. Number of skilled delivery in facilities referred by CHVs/TTMs	Maryland County	Baseline =139  Target =250	69	208	83.2%
<b>Output 4: Maternal death surveillance and response systems strengthened at all levels in accordance with national protocols</b>					
<b>Output 4:</b>					
1. Proportion of maternal and new born deaths notified by health facilities that are investigated	Maryland County	Baseline= 2 (1 maternal and 1 new-born death occurred at the Karloken clinic  Target= 100% of death reported are reviewed and investigated	1	3	3
2. Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy	Maryland County	Baseline =1 out of 2 maternal deaths reported and investigated through verbal autopsy.  Target= 100% of deaths reported are reviewed and investigated through verbal autopsy	1	1	2
<b>Output 5: Effective Coordination and Monitoring of RHMCAH services improved at all levels in the county</b>					
<b>Output 5:</b>					
1. Number of targeted health facilities that have standards of care for RMNCAH available	Maryland County	All (3) targeted health facilities in the county have and are using the updated MOH revised standard and protocols for RMNCAH	3	3	100%

2. Number of targeted facilities with enhanced and integrated HMIS at county, district and health facility levels	Maryland County	All (3) targeted facilities are reporting are through an enhanced and integrated HMIS	3	3	100%
3. Number of targeted health facilities with functional and results based coordination mechanisms at county and district levels.	Maryland County	All (3) targeted health facilities have functional coordination mechanism that is mainly through monthly health facility and catchment communities meetings. Each health facility had coordination meeting during the quarter.	3	3	100%
4. Project Recommendations and follow up actions implemented by the county	Maryland County	<ul style="list-style-type: none"> <li>• Provide project reports monthly</li> <li>• Increase Skilled Birth Attendants to at least 2 in each of the targeted health facilities</li> <li>• Conduct data verification and analysis and use results for action at all levels (county, district and health facility)</li> </ul>	3	3	3

**EFFECT INDICATORS (if available for the reporting period)**

Project recommendations and support contributed to gains made during the quarter such as each health facility having at least 2 coordination meetings during the quarter; increase in skilled delivery in quarter one and two from 38 to 88; facility reporting no stock out from 1 to 2; community health workers reporting no stock out increased from 16 to 21

**NARRATIVE**

**Situation Update :**

The WHO/UNICEF/UNFPA Joint Programme on Strengthening Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in South Eastern Liberia is contributing to the improvement of Maternal, Newborn, Child and Adolescent Health (RMNCAH) in Maryland County specifically. Progress have been made during the period under review and they include increased skilled delivery from 59 to 115, 80% (168) of the expected deliveries (210) for the quarter is reported and 68.5% (115) of the reported deliveries were conducted in the targeted health facilities by skilled birth attendants. The number of pregnant women referred by trained traditional midwives (TTM/TBA) to the health facilities increased. A hundred and four representing 90.4% of the facility-based 115 deliveries were referred and/or accompanied by TTMs and 156 (93.3%) of the 168 deliveries reported benefitted from home visits by community health

volunteers (CHVs). The number of adolescent and youth accessing family planning increased and clients benefitted from HIV prevention services including safe motherhood services.

Maternal and newborn death surveillance and response (MNDSR) is showing remarkable signs of improvement at county, district and health facility levels. There are deaths reviews conducted and the availability of reporting forms. From July to September, there was no maternal and newborn deaths in these 3 health facilities and in the catchment population. However, there was **one still birth** that occurred at the Karloken clinic. The training for MNDSR data recording and reporting will be conducted as soon as the MNDSR training module is finalized and validated. However, one health facility, Glofarken still reported stock out of some drugs and medical supplies as last mile delivery to this facility was disrupted due to the deplorable condition of the road leading to the facility.

Community Health Assistant (CHA) Programme, the new cadre for community health volunteers, has been delay nationally due to delay in finalizing the training module for CHA and CHSS (Community Health Services Supervisor). Training for CHSS will commence in December. Health Facility Development Committee (previously CHDC) have monthly meeting to discuss several issues. CHA will provide support to the population beyond 5 kilometers. At the meantime, all community health services are being provided by gCHVs and TTMs to do the home visits and referral to health facilities. The reporting is still a challenge, and the CHVs are still not reporting the postnatal visit within 2 days separately between postpartum mothers and the newborn. It has been highlighted and need to be emphasized in the report in the coming months.

The project over the three months focused on averting home deliveries with emphasis on facility-based deliveries including the health seeking habits of women. The project is using three clinics to strengthen Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in Maryland County. Below are highlights and the performance of the three health facilities in which the project is being implemented using the comparison between quarter one and quarter two.

**Key Achievements:**

- ✓ Three (3) midwives recruited and deployed at the Karloken, Glofarken and Fish Town Clinics respectively.
- ✓ Regular mentorship on the use of the partograph is being provided to the newly assigned midwives by senior midwives in three targeted health facilities (Karloken, Glofarken and Fish Town Clinics).
- ✓ Currently, there is a team at each of the facility responsible to conduct maternal/newborn death audit; with one stillbirth reported in one health facility. During the period under review (i.e. July, August and September), no (0) maternal and newborn death occurred at neither of the targeted facilities. However, at the community-level, the community based tools and guidelines are still being developed and it is work in progress.
- ✓ Data collected for July, August and September as per existing HMIS tool. Internet modem and subscription along with communication cards provided to RH Supervisor and Data Officers to facilitate timely and accurate reporting.
- ✓ Project data collection tool has been shared with CHT for review and preparation for service providers and data officers' and orientation Integrated supportive supervision has been conducted for July, August and September.
- ✓ The assessments for three (3) health facilities namely Glofarken, Karloken and Fish Town Clinics have been conducted. However, refurbishment of these health facilities will be done in the first quarter of 2017, at which time the rainy seasons (which posed a serious challenge in mobility) comes to an end.
- ✓ Procurement processes for all planned project equipment and supplies have been initiated. Moreover, UNICEF supported the distribution of essential medicine and supplies to the last mile including the targeted facilities during the period under review (July-September)

**Delays or Deviations:** *(if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs))*

All agencies received the project funding (June-August) leading to late inception of the project. The critical need to bring all stakeholders together and the competing priorities of the Ministry of Health and other stakeholders, also further delayed starting of project implementation. A revision of the project results framework was done in quarter two (July – September 2016). Maryland County Health team and other key actors required to ensure sustainability of this project results were engaged and involved during the project framework revision.

**Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

No. of Beneficiaries	
<b>Women</b>	230
<b>Girls</b>	489
<b>Men</b>	48
<b>Boys</b>	X
<b>Total</b>	<b>767</b>

Environmental Markers
<i>e.g. Medical and Bio Hazard Waste</i>
<i>e.g. Chemical Pollution</i>

**Summary of Project Achievements:**

Indicator	Overall target on all supported facilities	Overall achievement on all supported facilities during the quarter	Facility catchment population	Quarterly Targets	Baseline (Quarterly -1)	Achievement (Quarter-2)	Quantitative cumulative results since Project commencement (Quarter 1 & 2)	Achievement per facility of results against baseline and target
Proportion of Health facilities achieving targeted number of ANC 4 visits	100% (3)	0% (0/3)		ANC:	ANC:	ANC:	ANC:	
			Glofarken=8800	Glofarken=110	Glofarken=63	57	120	54.5%
			Fish Town=4,533	Fish Town=57	Fish Town=36	35	71	62.3%
			Karloken=5,333	Karloken=66	Karloken=77	65	142	107.6%
Proportion of BEmONC facilities actually providing services according to guidelines	100% (3/3)	100% (3/3)		Facility delivery	Facility delivery	Facility delivery	Facility delivery	Facility delivery
			Glofarken=8800	Glofarken=99	Glofarken=12	Glofarken=47	59	29.8%
			Fish Town=4,533	Fish Town=51	Fish Town=24	Fish Town=27	51	50.0%
			Karloken=5,333	Karloken=60	Karloken=20	Fish Town=41	61	50.8%
Number of health facilities that provide complete ASRH services	100% (3/3)	33% (1/3)			1 health facility (Karloken clinic)			
Proportion of health facilities reporting no stock out of tracer commodities for RMNCAH	100% (3/3)	66.7% (2/3)		3	2 health facilities (Fish Town and Karloken clinics)	2	2	66.7%
Proportion of community health workers reporting no stock-out of commodities including contraceptives	100% (26/26)	80.8% (21/26)		Glofarken=10	Glofarken=4	Glofarken=5	5	50.0%
				Fish Town=6	Fish Town=4	Fish Town=6	6	100.0%
				Karloken=9	Karloken=8	Karloken=9	9	100.0%

Number of CHDC meetings reports and meeting minutes with action plan shared with facilities	100% (3/3) Each health facility has a Community Development Committee (CHDC) that meets quarterly	66.7% (2/3)			3	Baseline =1 facility (Karloken)	1	2 (Karloken & Glofaken)	
Number of new born and mothers who received two home visits from the CHVs within 3 days after delivery	100% (168) of mothers during the period	93.1% (156/168)							
Number of skilled delivery in facilities referred by CHVs/TTMs	80% (It is expected that 80% of the facility based delivery are referred by TTMs	90.4% (104/115)							
Proportion of maternal and new born deaths notified by health facilities that are investigated	100% (All deaths reported must be reviewed)	No death reported in any of the three health facilities during the quarter				Baseline= 2 (1 maternal and 1 new-born death occurred at the Karloken clinic	0	2	2
Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy	100% (All deaths reported must be reviewed)	0				Baseline =1 out of 2 maternal deaths reported and investigated through verbal autopsy.	0	1	1

**NB: Achievement against baseline is cumulative of Quarter one and two using the sum of the two quarters as the denominator**