



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

Project Number and Title: MPTF 53- Title: Strengthening Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in South Eastern Liberia	PROJECT START DATE Start date: 28th April 2016 on MPTF Gateway End Date: December 2016	AMOUNT ALLOCATED by MPTF USD 1,000,000.00 <i>(please indicate different tranches if applicable)</i>	RECIPIENT ORGANIZATION <ol style="list-style-type: none"> United Nations Population Fund (UNFPA) United Nations Children's Fund (UNICEF) World Health Organization (WHO)
Project ID: 100247 (Gateway ID)	Total duration (in months): 12 months	\$...	
Project Focal Point: Dr. Remi Sogunro, UNFPA Representative Cell: +231 770004001 E-mail: sogunro@unfpa.org Dr. Alex Ntale Gasasira, WHO Representative Cell: +231 775 281 157 Email: gasasiraa@who.int Dr. Suleiman Braimoh, PHD. UNICEF Liberia Representative Cell: +231 0770267100 Email: sbraimoh@unicef.org	EXTENSION DATE:	FINANCIAL COMMITMENTS None.	
Strategic Objective (STEPP) SO 3: Ensure Essential Services	PROJECTED END DATE:	EXPENDITURES as of [date]: WHO 66% (92,577.00)	IMPLEMENTING PARTNER(S): Ministry of Health (MoH), Republic of Liberia
Mission Critical Action MCA6: Access to basic services	27 th -April-2017		
Location: Country or Regional: Liberia	Sub-National Coverage Areas: Full list of countries and/or districts South Eastern Liberia, Maryland County		

QUARTERLY PROGRESS REPORT RESULTS MATRIX

OUTPUTS					
Indicator	Geographic Area	Baseline/ Projected Target (as per results matrix)	Quantitative results for the quarterly reporting period Oct-Dec, 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>					
Output 1: 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.					

Output 1: 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 =120 Quarterly Target=110	Glofarken = 88	Glofarken =200	Glofarken =60.6% (200/330)
		Fish Town baseline =71 Quarterly Target: =57	Fish Town = 58	Fish Town =129	Fish Town =75.4% (129/171)
		Karloken baseline =142 Quarterly Target=66	Karloken = 69	Karloken = 211	Karloken =106.6% (211/198)
2. Proportion of BEmONC facilities actually providing services according to guidelines	Maryland County	3 (Fish Town, Glofarken and Karloken Clinics) Target= 100%	3	3	100%
		Deliveries: Glofarken baseline=59 Glofarken Quarterly target: 99	Skilled deliveries achieved: Glofarken=76	Glofarken=135	Glofarken=45.5% (135/297)
		Fish Town Baseline=51 Fish Town Quarterly target: 51	Fish Town =58	Fish Town =109	Fish Town =71.2% (109/153)5
		Karloken baseline=61 Karloken Quarterly target: 60	Karloken = 71	Karloken = 132	Karloken =73.3% 132/(180)
3. Number of health facilities that provide complete ASRH services	Maryland County	Baseline=0 Target=3	2 (Fish Town, Glofarken & Karloken clinics)	3	100%
Output 2: Supply of essential commodities including contraceptives at health facilities and community level is improved					
Output 2: 1. Proportion of health facilities reporting no stock out of tracer commodities for RMNCAH	Maryland County	2/3 health facilities (Glofarken and Karloken clinics) reporting no stock out of tracer commodities Baseline= 2 Target = 3 (100%)	2	2	66% (2/3)
		2. Proportion of community health workers reporting no stock- out of commodities including contraceptives	Maryland County	Baseline=80.8% community based health volunteers reporting no stock out of commodities Target = 100%	24/26 (Glofarken-6; Fish Town-8; Karloken-9) of community based health volunteers reported no stock out of commodities

Output 3: Community health structures are strengthened to provide community based RMNCAH services in all targeted communities

<p>Output 3:</p> <p>1. Number of CHDC meetings reports and meeting minutes with action plan shared with facilities</p>	<p>Maryland County</p>	<p>Baseline =3 (Glofarken-1 & Karloken-2)</p> <p>Target =3 per quarter (1 per quarter per facility)</p>	<p>3 (Fish Town-1, Glofaken-1 and Karloken-1)</p>	<p>6</p>	<p>66.7% (6/9)</p>
<p>2. Number of new born and mothers who received two home visits from the CHVs within 2 days after delivery.</p>	<p>Maryland County</p>	<p>Baseline=216 mothers and newborns in catchment areas received at least one home visit from CHVs during the previous two quarters</p> <p>Target=630</p>	<p>208</p>	<p>424</p>	<p>67.3% (424/630)</p>
<p>1. Number of skilled delivery in facilities referred by CHVs/TTMs</p>	<p>Maryland County</p>	<p>Baseline =208</p> <p>Target =504</p>	<p>176</p>	<p>384</p>	<p>76.2% (384/504)</p>

Output 4: Maternal death surveillance and response systems strengthened at all levels in accordance with national protocols

<p>Output 4:</p> <p>1. Proportion of maternal and new born deaths notified by health facilities that are investigated</p>	<p>Maryland County</p>	<p>Baseline= 2 (1 maternal and 1 new-born death occurred at the Karloken clinic</p> <p>Target= 100% of death reported are reviewed and investigated</p>	<p>1 (At the county referral hospital)</p>	<p>3</p>	<p>100% (3/3)</p>
<p>2. Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy</p>	<p>Maryland County</p>	<p>Baseline =1</p> <p>Target= 100% of deaths reported are reviewed and investigated through verbal autopsy</p>	<p>1</p>	<p>1</p>	<p>100% (2/2)</p>

Output 5: Effective Coordination and Monitoring of RHMCAH services improved at all levels in the county

<p>Output 5:</p> <p>1. Number of targeted health facilities that have standards of care for RMNCAH available</p>	<p>Maryland County</p>	<p>All (3) targeted health facilities in the county have and are using the updated MOH revised standard and protocols for RMNCAH</p>	<p>3</p>	<p>3</p>	<p>100%</p>
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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"> • Provide project reports monthly • Increase Skilled Birth Attendants to at least 2 in each of the targeted health facilities • Conduct data verification and analysis and use results for action at all levels (county, district and health facility) 	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 maintaining at least 2 coordination meetings during the quarter; increase in ANC4 in quarter two and three from 157 to 237; skilled delivery increased from 115 to 205 in quarter 2 two and three respectively; stock availability improved in Glofarken while Fish Town clinic suffered stock out an essential drug (Amoxicillin) due delayed request from the clinic to the county depot.; Community health workers reporting no stock out increased from 21 in quarter to 24 in quarter 3.

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 made during the period under review include increased in the number of pregnant women attending ANC4 from 157 in quarter 2 to 215 in quarter three; a total of 216 deliveries reported and 95% (205) of these

deliveries conducted by skilled attendants; an increase from 115 to 205 skilled deliveries in quarter 2 and quarter 3 respectively, 69% (141) of the skilled/facility deliveries realized this quarter were referred and accompanied by the TTMs and 212 (98.3%) of the 216 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 reporting forms available at county and health facility levels. From October to December, there was one maternal death in the referral hospital and one newborn death in a catchment community of one (Karloken) of the three supported health facilities.. Both deaths were reviewed and recommendations made to prevent subsequent deaths. Refresher training for MNDSR data collection, recording and reporting is still pending completion of the training manual and updated SOPs. The program is contributing to the development and validation of the national MNDSR training manual and SOPs.

Training of Community Health Assistant (CHA) Programme, the new cadre for community health volunteers, CHA will provide support to the population beyond 5 kilometers while the TTMs continue to conduct e home visits and referral of pregnant women to the health facilities. Reports coming from the community cadres are encouraging. They are now reporting the postnatal visit within 2 days separately from postpartum mothers, though there is a need for improvement..

The project over the three months focused on averting home deliveries with emphasis on increasing 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 *(please use this section to highlight your key achievements for the month, using bullet points if preferred)*

- ✓ Four (5) midwives recruited and deployed at the Karloken-1, Glofarken-2 and Fish Town-1 Clinics.
- ✓ 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). District Reproductive Health Supervisors and the County Reproductive Health Supervisors are supported to mentor, monitor and supervisor service delivery at the health facilities
- ✓ Currently, Support is being provided to county, district and health facility teams to ensure timely, adequate and complete data collection, analysis and reporting
- ✓ Technical support is being provided at all levels to enhance the use of information derived from the data for action.
- ✓
- ✓ Orientation of project data collection tool conducted by Nation HMIS officer and recommendations from the sessions implemented to ensure further user friendliness.
- ✓ Procurement processes for all planned project equipment and supplies are being
- ✓ Joint supervision conducted by Central MOH, County, district and health facility teams.

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))*

Due to the delay in receipt of the project funding full implementation of the project activities was not realized. However, a No Cost Extension was requested and granted. Thus, the new end date is July 31, 2017. During the process of granting approval of the NCE fund utilization was blocked so agencies had to use core funding to continue project implementation. To date entry of the approval in the system of some agencies (WHO, UNICEF) is still ongoing.

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

No. of Beneficiaries	
Women	263
Girls	516
Men	61
Boys	X
Total	840

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	Overall Facility catchment population	Quarterly Targets	Baseline (Quarters 1 & 2)	Achievement (Quarter-3)	Quantitative cumulative results since Project commencement (Quarter 1, 2 & 3)	Achievement per facility of results against baseline and target
Proportion of Health facilities achieving targeted number of ANC 4 visits	It is expected that 100% (933) of the overall expected pregnant women will benefit from ANC4 during the project period	92.3% (215/233)	18666	233	333	215	548	78.4%
Proportion of BEmONC facilities actually providing services according to guidelines	100% (3/3)	100% (3/3)	18666	3	2	3	3	100.0%
Number of health facilities that provide complete ASRH services	100% (3/3)	3	18666	3	2 (Fish Town & Karloken clinic)	3	3	100.0%
Proportion of health facilities reporting no stock out of tracer commodities for RMNCAH	100% (3/3)	2 (Glofarken & Karloken)	18666	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)	24	18666	22	21	24	24	92.3%

Number of CHDC meetings reports and meeting minutes with action plan shared with facilities	100% (12/12) Each health facility has a Community Development Committee (CHDC) that meets quarterly	3	18666	3	3	3	6	66.7% (6/9)
Number of new born and mothers who received two home visits from the CHVs within 2 days after delivery	100% (840) of mothers during the project period	96.3% (212/216)	18666	210	216	212	428	67.9% (428/630)
Number of skilled delivery in facilities referred by CHVs/TTMs	80% (It is expected that 80% (671) of expected delivery annually (840) are referred by TTMs	86% (176/205)	18666	168	208	176	384	76.2% (384/504)
Proportion of maternal and new born deaths notified by health facilities that are investigated	100% (All deaths reported must be reviewed)	1 Newborn death reported in the community	18666	0	Baseline= 2 (1 maternal and 1 new-born death occurred at the Karloken clinic	1	3	3
Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy	100% (All deaths reported must be reviewed)	1	18666		Baseline =1 out of 2 maternal deaths reported and investigated through verbal autopsy.	1	2	2

NB: Achievement against baseline is cumulative of Quarters one, two and three using the sum of the three quarters as the denominator