



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1
Period (Quarter-Year): April –July 2017**

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: 28 th April 2016 on MPTF Gateway End Date: December 2016 Total duration (in months): 12 months	AMOUNT ALLOCATED by MPTF USD 1,000,000.00 <i>(please indicate different tranches if applicable)</i>	RECIPIENT ORGANIZATION 1. United Nations Population Fund (UNFPA) 2. United Nations Children’s Fund (UNICEF) 3. World Health Organization (WHO)
Project ID: 0000000 (Gateway ID)		\$...	
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, Ph.D. 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: 27th -July-2017	EXPENDITURES as of [27-07-2017]: WHO 100% UNICEF 100% UNFPA 100%	IMPLEMENTING PARTNER(S): Ministry of Health (MoH), Republic of Liberia
Mission Critical Action MCA6: Access to basic services			
Location: Country or Regional: Liberia	Sub-National Coverage Areas: 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 April-July, 2017	quantitative Cumulative results quarters 1 & 2 including July, 2017	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	1/3 (33%) of targeted health facilities (Karloken Clinic achieved targeted number of ANC visits. Target=100% 2 Quarters target for the 3 health facilities=476	185	401	82.4% (401/476)
		Glofarken Baseline Qtr , 1, 2017 =98 2 Quarters Target=224	Glofarken =74	Glofarken =172	76.7% (172/224)
		Fish Town: Baseline Qtr 1, 2017 =52 2 Quarters Target: =116	Fish Town =35	Fish Town =87	75.0% (87/116)
		Karloken Baseline Qtr 1, 2017 = 66 2 Quarters Target=136	Karloken = 76	Karloken = 142	104.0% (142/136)
2. Proportion of BEmONC facilities actually providing services according to guidelines	Maryland County	Target=3	3	3	100%
		Deliveries: Glofarken Baseline Qtr 1, 2017=82 Glofarken 2 Quarter target: 101	Skilled deliveries achieved: Glofarken=99	Skilled deliveries achieved: Glofarken=181	90.0% (181/202)
		Fish Town Baseline Qtr 1, 2017=49 Fish Town 2 Quarters target: 104	Fish Town =50	Fish Town =99	95.2% (99/104)
		Karloken Baseline Qtr 1, 2017= 61 Karloken 2 Quarters target: 122	Karloken = 71	Karloken =132	108% (132/122)
3. Number of health facilities that provide complete ASRH services	Maryland County	Target=3	3	3	100%

Output 2 : 1. Proportion of health facilities reporting no stock out of tracer commodities for RMNCAH	Maryland County	Target=3	2	2	66.6%
2. Proportion of community health workers reporting no stock- out of commodities including contraceptives	Maryland County	Target=26	23	24	92.3%
Output 3: Community health structures are strengthened to provide community based RMNCAH services in all targeted communities					
Output 3: 1. Number of CHDC meetings reports and meeting minutes with action plan shared with facilities	Maryland County	Quarterly target=3	3	3	100%
2. Number of new born and mothers who received two home visits from the CHVs within 2 days after delivery.	Maryland County	Quarterly target=85%	188	355	86.1% (355/412)
1. Number of skilled delivery in facilities referred by CHVs/TTMs	Maryland County	Target=85%	156	299	72.6% (299/412)
Output 4: Maternal death surveillance and response systems strengthened at all levels in accordance with national protocols					
Output 4: 1. Proportion of maternal and new born deaths notified by health facilities that are investigated	Maryland County	100%	1 (1 maternal death occurred at Karloken clinic, investigation was done)	1	100%

2. Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy	Maryland County	100%	0	1	100%
Output 5: Effective Coordination and Monitoring of RHMCAH services improved at all levels in the county					
Output 5: 1. Number of targeted health facilities that have standards of care for RMNCAH available	Maryland County	Target=3	3	3	100%
2. Number of targeted facilities with enhanced and integrated HMIS at county, district and health facility levels	Maryland County	Target=3	3	3	100%
3. Number of targeted health facilities with functional and results based coordination mechanisms at county and district levels.	Maryland County	Target=3	3	3	100%
4. Project Recommendations and follow up actions implemented by the county	Maryland County		Refurbish 3 HF, increase skilled staff in 3 HF, support data management and use, support monitoring, coaching, mentoring and supportive supervision.		3 project supported HF refurbished, skilled staff increased by 2 in each of the 3 facilities, quarterly financial support for data management and use, support monitoring, coaching, mentoring and technical support provided in

					building county and district health team managerial capacity
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EFFECT INDICATORS (if available for the reporting period)

Support from this project continue to contribute to increase access to quality RMNCAH services; support provided during the quarter included the training of five midwives in Emergency Obstetric and Newborn Care (EmONC) from the three project facilities namely; Karloken, Glofarken and Fish Town Clinics. The project also refurbished the three above mentioned health facilities to enhance the provision of quality RMNCAH services, provided technical and financial support to facilitate data collection, monitoring and supportive supervision and holding of Health Facility Development Committee (HFDC) meetings. One ambulance and three motorbikes were turned over to the Ministry of Health to be used in the project sites to facilitate referral of pregnant women and girls to and from the project facilities to the County’s referral hospital and provide additional logistical support respectively. As a result of the project’s support, at least five professional staffs continue to provide services in second quarter of 2017 as opposed to two in first quarter of 2016, maintaining one coordination meeting in each facility, improvement in stock availability at all three facilities (Glofarken, Fish Town and Karloken clinic). By June 2017, 114 Community Health Assistants (CHAs) were recruited and trained, and 20 Community Health Service Supervisors (CHSSs) were recruited and trained with UNICEF leveraged from other donors. Community health workers reporting facilities with no stock out, increased in quarter II of 2017 from 23 out of 26 (88%) compare to quarter I 16 out of 26 (61%) in of the same year.

NARRATIVE

Situation Update :

The Joint Programme on Strengthening Reproductive Maternal, Newborn and Adolescent Health Service Delivery, Death Surveillance and Response in Maryland County being implemented by WHO/UNICEF/UNFPA is contributing immensely to the improvement of Maternal, Newborn, Child and Adolescent Health (RMNCAH) in South Eastern Liberia. This report accounts for quarter two achievements in which July is included. Even though Glofarken and Fish Town clinics did not achieve set targets for ANC 4 visits, significant progress has been made in this direction. The failure may have been due to the peak of the rains that usually interferes with clients accessing services; unlike Karloken Clinic which is more readily accessible to most of its catchment communities achieved its target.

During the period under review, there was an increase in the number of skilled birth deliveries which may be attributed to the improved quality of service delivery, motivated skilled birth attendants who have acquired improved skills as well as the threat of fines being imposed by community leaders on traditional birth attendants performing deliveries outside of the health facility. See graph 2, below.

Four hundred eighty-one (481) adolescents and youth benefited from routine health care services provided at these three facilities. Of the four hundred eighty-one adolescents and youths who benefited, three pregnant youths between the ages of 20 to 24 years were counseled and tested HIV positive. These youths received ARVs and received post-test counseling at the Fish Town clinic in April of 2017. At Glofarken and Karloken Clinics, a home delivery was referred to the each of these health facilities by CHAs. The number of adolescent and youth accessing family planning services increased and clients benefitted from health promotion and HIV prevention messages during health education and services including safe motherhood services. Community-based Family Planning commodity stock management improved significantly. Maternal and newborn death surveillance and response (MNDSR) is showing remarkable signs of improvement at county, district and health facility levels. There are reports and deaths reviews forms available at county health facility levels and death reviews conducted at the point of occurrence. In May, 2017, one maternal death occurred at the Karloken clinic. The death was reviewed and recommendations made to prevent subsequent occurrence.

MNDSR guidelines and SOP including the recording and reporting forms and social and verbal autopsy have been revised at the national level, and the MoH and partners had agreed to do the field testing in two counties: Montserrado and Maryland Counties with the support from two international non-governmental organizations. The field test for the recording and reporting forms was conducted in the month of June. The MNDSR technical working group (TWG) at national level reviewed and finalized the forms and the forms are ready to be used. The Technical Working Group (TWG) also finalized the training module for MNDSR. The national training of trainers' workshop was conducted at the end of July and the training in Maryland scheduled to be conducted in August 2017. Both Family Health Division (FHD) and Disease Prevention and Control (DPC) are in charge of this training, and the funding from MPTF will support the training in Maryland. To strengthen MNDSR, supports are provided not only for three targeted health facilities but, to all health facilities in Maryland, thus the training will involve all relevant health workers working on MNDSR in Maryland County.

Key Achievements

- ✓ Enhanced logistics and Maternal, Newborn, Child and Adolescent Health system monitoring system in place through the procurement and delivery of three (3) motorbikes which further enhance service delivery at Karloken, Golfarken and Fish Town Clinics.
- ✓ Improved referral system in place. One ambulance was procured and delivered to MOH/Maryland County Health Team to facilitate the referral of pregnant women and girls and respond to emergency maternal and newborn cases;
- ✓ Improved quality RMNCAH services offered by service providers as five midwives and an additional health care providers from the three project facilities and non-project facilities benefited from EmONC training; the five (5) midwives were respectively from Karloken-1, Glofarken-2 and Fish Town-1;
- ✓ Improved quality of service by the provision of fuel support to the Maryland County Health team for supportive supervision;
- ✓ Refurbishment of three health facilities to enhanced RMNCAH service delivery;
- ✓ 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 and the County Reproductive Health Supervisors are supported to mentor, monitor and supervise service delivery at the health facilities;
- ✓ Currently, support is being provided to county, district and health facility teams to ensure adequate, timely and complete data collection, analysis and reporting;
- ✓ Technical support provided at all levels to enhance the use of information derived from the data for action;
- ✓ Orientation of project data collection tool conducted by National HMIS officer and recommendations from the sessions implemented to ensure further user friendliness;
- ✓ Drug, FP stock supplies improved, with no stock out facilities increased from 61 to 88%.

Delays or Deviations

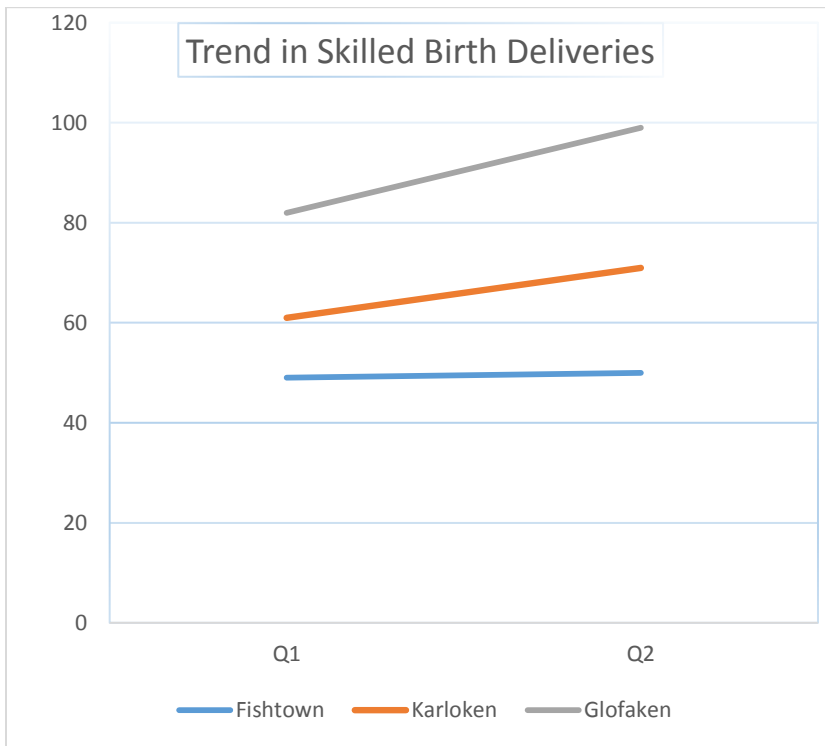
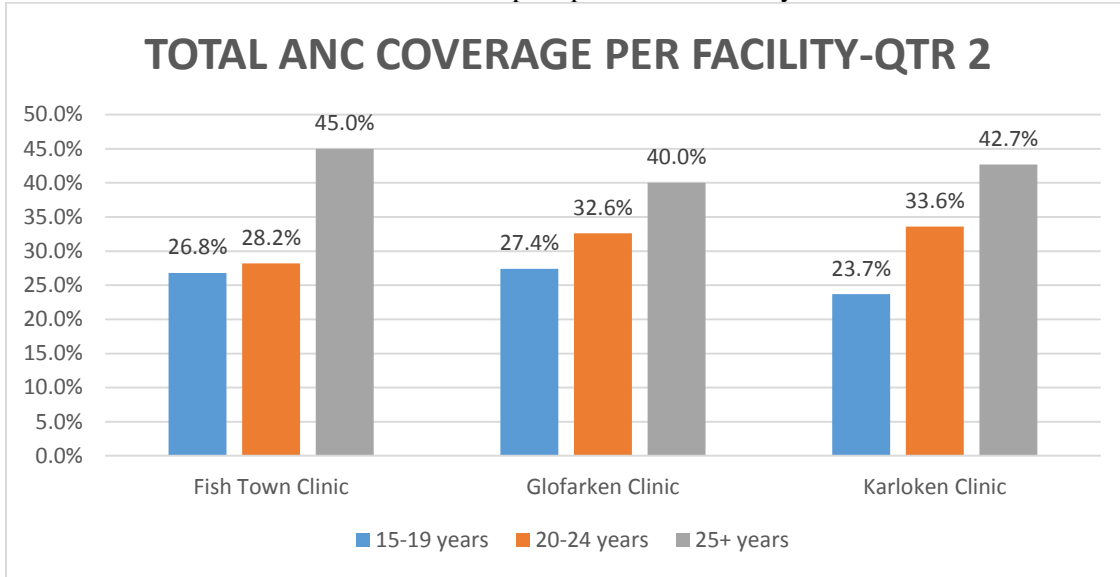
Due to other national competing priorities, the joint supportive supervision and data verification was delayed leading to delay in finalizing the quarter report.

The field test for the recording and reporting forms was conducted in the month of June. However, the MNDSR technical working group (TWG) at national level reviewed and finalized the forms which are now ready for use. The TWG has also finalized the training module for MNDSR. The national training of trainers' workshop was conducted at the end of July and the training in Maryland scheduled to be conducted in August 2017. After which time the full functionality of the tool will be operational. The rest of the county will have to learn from Montserrado and Maryland Counties.

Gender and Environmental Markers

No. of Beneficiaries		QTR 2	% INCREASE
QTR 1	QTR 2		
Women	233	300	22.3%
Girls	292	418	30.1%
Men	33	41	19.5%
Boys	58	63	7.9%
Total	616	822	

ANNEX I: Graphic presentation of key indicators:



ANNEX II: Pictorial presentation of some project activities



Matina Wisseh, Registered Midwife assigned at the Karloken Clinic providing health education to pregnant women and girls



Pregnant woman on her way to access care



UNFPA Liberia Assistant Representative, Dr. Philderald Pratt handing over MPTF #53 project funded ambulance to Dr. Francis Kateh, Chief Medical officer, Republic of Liberia



UNFPA Liberia Assistant Representative, Dr. Philderald Pratt handing over MPTF #53 project funded motorbikes to Maryland County Community Health Department Director, Cyrcus Sneh