



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

Project Number and Title: #33- Restoring Midwifery Services in Ebola most-affected counties	PROJECT START DATE¹: 19-10-2015	AMOUNT ALLOCATED by MPTF \$1,000,000.00	RECIPIENT ORGANIZATION United nations Population Fund (UNFPA)
Project ID: 00096703 (Gateway ID)			
Project Focal Point: Name: Dr. Remi Sogunro, UNFPA Representative Cell: +231 770004001 E-mail: sogunro@unfpa.org	EXTENSION DATE: 31-03-17	FINANCIAL COMMITMENTS \$...	IMPLEMENTING PARTNER(S):
Strategic Objective (STEPP) SO# - Description Recovery Strategic Objectives RSO# - Description	PROJECTED END DATE: 15-09-2016	EXPENDITURES as of December 31,2016 \$862,876.02	<ul style="list-style-type: none"> • UNFPA • Jhpiego (Sub contractee) • Ministry of Health (sub contractee)
Mission Critical Action MCA# – Description MCA6: Access to basic services			
Location: Country or Regional Liberia-West Africa	Sub-National Coverage Areas: Full list of countries and/or districts Three Counties including : <ul style="list-style-type: none"> • Lofa • Grand Cape Mount • Gbarpolu 		
Report Submitted by:	Report Cleared by:		
<ul style="list-style-type: none"> ○ Name: Dr. Philderald Pratt ○ Title: Assistant UNFPA Representative ○ Date of Submission: March 30th, 2017 ○ Participating Organization (Lead): United Nations Population Fund (UNFPA) ○ Email address: pratt@unfpa.org 	<ul style="list-style-type: none"> ○ Name: (Head of Agency) Dr. Remi Sogunro, UNFPA Representative ○ Date of Submission: March 30th, 2017 ○ Participating Organization (Lead): United Nations Population Fund (UNFPA) ○ Email address: sogunro@unfpa.org 		

¹ The date project funds were first transferred.



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OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the reporting period	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: Strengthened capacity of health systems to deliver emergency obstetric and newborn care including management of fistulae in selected health institutions for women and young people.					
Number of BEmONC facilities providing all signal functions *CEmONC	- Lofa - Grand Cape Mount Gbarpolu	- Lofa -4 - Grand Cape Mount-3 Gbarpolu-2 (Average baseline 3/7 (42.8%) as per signal functions across all facilities)	- Lofa -0 - Grand Cape Mount-0 -Gbarpolu-0 (Lofa 6/7 – all facilities Grand Cape Mount 6/7 – all facilities Gbarpolu – 6/7 & 5/7)	-Lofa -0 - Grand Cape Mount-0 Gbarpolu-0 (Lofa 6/7 – all facilities Grand Cape Mount 6/7 – all facilities Gbarpolu – 5.5/7)	- Lofa -0% - Grand Cape Mount-0% Gbarpolu-0% (Lofa – 85.7% Grand Cape Mount – 85.7% Gbarpolu – 78.6%)
Proportion of met need for EmONC per county	- Lofa - Grand Cape Mount Gbarpolu	90% for all counties	Lofa – 39.1% Gbarpolu – 29.5% Grand Cape Mount – 60.5%	Lofa – 39.1% Gbarpolu – 29.5% Grand Cape Mount – 60.5%	Lofa – 92.1% Gbarpolu – 30.5% Grand Cape Mount – 60.5%
<i>Sub output 1.1: Human Resource capacity is strengthened to ensure quality service delivery</i>					
Number of international obstetric teams trained and deployed to provide Obstetrical and Gynecological services including medical and	- Lofa - Grand Cape Mount Gbarpolu	6	0	0	0%**



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<i>surgical services</i>					
<i>Number of national midwives newly recruited, trained and deployed to provide services including Infection Prevention and control (IPC) procedures</i>	- Lofa - Grand Cape Mount Gbarpolu	15	15	15	100%
<i>Sub output 1.2: Health facility capacity to provide Maternal Health services including EmONC and family planning Services improved through training, supply of commodities and monitoring</i>					
<i>Number of BEmONC facilities supported to provide services with full IPC for infection prevention and all 7 signal functions² 7days a week 24 hours</i>	Targets Lofa = 4 Gbarpolu= 2 - GCM= 3	9	Lofa=4 Gbarpolu =2 GCM= 3	Lofa=4 Gbarpolu =2 GCM= 3	Lofa=100% Gbarpolu =100% GCM= 100%
<i>Proportion of Caesarean Sections conducted in CEmONC facilities per county</i>	Lofa County	Targets= 10% to 15% for one hospital	31% of all deliveries during 2016 resulted to Caesarean Section at the hospital	26% of all deliveries	69% (at hospital)
<i>Proportion of women attending four ANC visits</i>	-Lofa -Grand Cape Mount -Gbarpolu	-Lofa & Gbarpolu -70% -Grand Cape Mount-75%	-Lofa-954 (42%) -Gbarpolu-718 (58%) -Grand Cape Mount- 852 (33.1%)	-Lofa-954 (42%) -Gbarpolu-718 (58%) -Grand Cape Mount- 852 (33.1%)	-Lofa-42%) -Gbarpolu-58% -Grand Cape Mount- 33.1%
<i>Proportion of facility births attended by skilled care providers</i>	-Lofa -Grand Cape Mount -Gbarpolu	-Lofa & Gbarpolu -70% -Grand Cape Mount-75%	-Lofa- 696 (27%) -Gbarpolu-280 (23%) -Grand Cape	Lofa- 696 (27%) -Gbarpolu-280 (23%) -Grand Cape Mount- 642	-Lofa-27%) -Gbarpolu-23% -Grand Cape Mount- 28%

² Signal functions are a set of clinical interventions/care/ services that are required to be in place for a health facility to qualify as an Emergency Obstetric and New Born Care Facility and there are nine in total. A facility that provides 7/9 is considered Basic Emergency Obstetric and Newborn Care facility while a facility that provides 9/9 of the services is referred to as a Comprehensive Emergency Obstetric and Newborn Care facility



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			Mount- 642 (28%)	(28%)	
Output 2: Strengthened National Systems for Reproductive Health Commodity Security					
Number of clients of family planning who access services from community based distributors of family planning commodities					
<i>Number of clients of family planning who access services from community based distributors of family planning commodities</i>	- Lofa - Grand Cape Mount Gbarpolu	Targets- Lofa= 80 Gbarpolu =0 GCM = 50	Lofa-4,852 Gbarpolu-8,801 GCM-265	Lofa-4,852 Gbarpolu-8,801 GCM-265	Lofa-4,852 Gbarpolu-8,801 GCM-265
EFFECT INDICATORS (if available for the reporting period)					
<i>Proportion of Health facilities with no stock out of essential drugs and medicines</i>	- Lofa - Grand Cape Mount Gbarpolu	Targets= 100% of all facilities per county	8	8/9 facilities have reported no stock out of essential drugs such as antibiotics	89%
<i>Proportion of Health facilities with no stock out of at least five modern method of contraceptives</i>	- Lofa - Grand Cape Mount - Gbarpolu	Targets=100% of all facilities per county	7	7/9 facilities have reported no stock out of essential drugs such as antibiotics	78%
<i>Number of active community health and development committees that are functional and support community delivery of maternal health services</i>	-	Targets = Lofa= 15 Gbarpolu =8 GCM = 10	Lofa= 13 Gbarpolu =7 GCM =8	28 CHDC functional	84%
<i>Number of CHWs conducting surveillance activities related to ebola prevention and promotion of maternal and newborn health care in project locations</i>		Targets Lofa- 150 Gbarpolu- 80 GCM-100	2016 Achievements Lofa- 140 Gbarpolu- 80 GCM- 100	Lofa-140 Gbarpolu-80 GCM-100	Lofa-100% Gbarpolu -100% GCM= 100%
<i>Number of Community Distributors for FP commodities in targeted Counties</i>		Targets Lofa = 80 Gbarpolu =50 GCM= 50	2016 Achievements Lofa- 50 Gbarpolu-35 Grand Cape	Lofa = 63% Gbarpolu =70% GCM= 60%	58%



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			Mount- 30		
<p>Output 3: Enhanced national capacity for Disease surveillance and data availability during humanitarian situation Output Indicators:</p> <ol style="list-style-type: none"> 1. Number of maternal deaths reports and response conducted per county 2. Number of diseases including EVD reported and investigated per county 					
<i>Proportion of reportable events that occur in targeted communities that are reported and investigated as per protocol</i>		Targets= 100% per county	6 maternal deaths 27 neonatal deaths	6 maternal deaths 27 newborn deaths	100%
<i>Number of Districts with functional maternal death surveillance and response systems in place</i>		Targets= Lofa= 60% Gbarpolu = 60% GCM= 70%	6	6/6	100%
Proportion of Skilled Institutional Deliveries increased	All counties and facilities collectively	N/A	29	33	NA



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EXECUTIVE SUMMARY

Situation Update

Maternal and newborn health services were greatly affected as the result of the unprecedented Ebola Virus Disease Outbreak in Liberia. During this period, health facilities were largely closed and pregnant women were seen delivering on the streets. With the disease now under control, the restoration of essential health services cannot be overemphasized.

This project is one of such response with its three cardinal objectives, including to: (1) improve access to quality safe delivery by providing Emergency Obstetric and New born care services to all women in catchment communities of nine health facilities in Lofa, Grand Cape Mount and Gbarpolu Counties (2) improve the application of universal precaution/Infection Prevention services in the targeted health facilities through training and provision of supplies and (3) increase community engagement and enhance participation in community surveillance activities through outreach and promotional activities.

As achievement the major results of this project include the recruitment, training and deployment of a total of 35 skilled service providers, the training and linking of 280 CHWs and TTMs with targeted health facilities, an increment from 44% to 89% report of no stock-out at targeted facilities, and an increase BEmONC compliance of between 78.8% to 85.7% (from an average baseline of 42.8%). Other achievements are 100% CEmONC compliance at the only project hospital, reactivation of MNDSR in 6 districts (of targeted facilities) across the 3 counties as well as the refurbishment of health facilities (3 at 100% complete and 1 at 80% complete) in Gbarpolu and Grand Cape Mount Counties.

As a result of these achievements, access to quality maternal and newborn health in these counties has improved remarkably.



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Narrative

In collaboration with three CHTs, 15 health facility staff were identified, retrained in key EmONC competencies and deployed in 9 project facilities to deliver quality EmONC services. These staff along with others were supported through joint mentorship, supervision and monitoring exercises conducted by senior and experienced midwives from UNFPA, Jhpiego, Liberia Midwives Association (LMA) and the CHTs. These exercises enhanced the knowledge level of these providers in the use of WHO partograph, infant resuscitation, and other care services aimed at preventing obstetric fistula and ensuring safe motherhood as well as live births.

**International obstetricians were expected to be recruited to address the human resource needs and improve the quality of services at the health facilities. However, due to severe difficulties and bottlenecks involved in recruiting internationally, including MoH bureaucracies and the facts associated with Liberia being a post-Ebola country, these international obstetricians could not be recruited. Consequently, the project –through the MoH – recruited, trained and deployed 20 additional skilled health practitioners.

The project also trained and linked 280 Community Health Workers (CHWs) and Trained Traditional Midwives with 9 project facilities. This activity strengthened synergy between health facilities and communities to increase awareness on utilization of family planning services and facility-based skilled health care services for pregnant and post-partum adolescent girls, women, and their babies.

The training of critical health workforce for maternal health in the three under-served counties, in addition to creating additional spaces which provides privacy, comfort and security for women and their babies, were crucial in improving access to quality EmONC services as engendered by this project. More women and adolescent girls are building confidence in the health system and are using the available services as shown by the gradual increase in the number of women accessing skilled delivery care services at the project facilities.

The supply of essential drugs was a major setback in access to quality health services in the affected counties to include the targeted facilities which were assessed to be at 44% reporting no stock out. Through the invention of this project, 89% of all facilities reported no stock out of essential medicines in 2016 as compared to the average baseline of 44%.

* Foya Borma Hospital in Lofa County (the only hospital in this project) is EmONC compliant (i.e. providing all nine signal functions of Comprehensive Emergency Obstetric and Newborn Care Services, (CEmONC). This was achieved through the provision of various maternal health drugs, equipment including delivery beds and instruments, operation table and other medical supplies in addition to the training of care providers.

At the level of the clinics and health centers, compliance for Basic Emergency Obstetrics and New born Care (BEmONC) has improved although not 100%. During the baseline assessment, clinics and health centers were missing 3 to 4 signal functions averaging 42.8%. During the period, EmONC monitoring revealed that seven BEmONC facilities have improved their EmONC status with only one



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signal function missing, while the remaining facility has improved with only two signal functions missing compared to four during the baseline assessment.

The project also reactivated tracking of MNH indicators and strengthened maternal neonatal death surveillance and response (MNDSR) mechanism at county, district and community levels in all three project counties.

Four of the nine health facilities in two counties (Grand Cape Mount and Gbarpolu) were expanded and rehabilitated in partnership with County Health Teams. Three of which are at 100% completion while the remaining is at 80% completion.

Delays or Deviations

Prolonged delay in the Ministry of Health international recruitment process for Obstetricians compounded by fear of family members of candidates to allow their love ones take up assignment in Liberia took months to materialize. Additionally, identification of retired, young and not tired midwives was also delayed due to difficulty in finding suitable candidates in project counties. It took nearly 6 months to finally deploy international and local staff. However, skilled health providers available within counties recommended for re-training and deployment by their CHTs were contracted by the Ministry of Health for the project duration.

Best Practice and Summary Evaluation

The best practice protocols utilized during this project were those experiences gained from past projects' implementation couple with international best practice guidelines on project implementation that call for the involvement of key stakeholders throughout the lifespan of a project. During the course of the project, the provision of on-site mentorship in the form of on-the-job capacity building for care providers, was particularly useful in the attainment of the results of this project. This exercise enabled care providers to remain on the job while building their skills – a complete opposite to past experiences when these providers would be taken to a venue away from their job sites for capacity building; thus leaving people seeking care unattended to. Another key aspect of the project's best practice was the continual engagement of national, county and district health authorities as well as other stakeholders throughout the duration of the project. The involvement of these stakeholders, especially those at the community level help to enforce the government's policy on pushing for facility-based delivery instead of community-based delivery. For example, Foya City's yielding to the call for women to give birth at the health facility instead of their homes where they are attended to by non-skill providers (Traditional Birth Attendants) which often leads to complications such as Obstetric Fistula, postpartum haemorrhage, fetal death, and others including maternal death. The efforts by this community have contributed hugely to the over 90% met need for EmONC. The success story (below) clearly illustrate the role of these adopted practices in the attainment of the project's goals.

Lessons learned

- ✓ Selection of project facilities, planning, implementation and monitoring with the CHTs, DHTs, Facilities and communities enhances collaboration and coordination and promotes ownership;

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Success Story (Gbarpolu County)

A male Registered Midwife (RM) who graduated in 2015 from the Esther Bacon School of Nursing and Midwifery (EBSNM) is one of the beneficiaries of this project. He was trained in an integrated Emergency Obstetrics and Neonatal Care (EmONC) and Reproductive Maternal Neonatal Child and Adolescent Health Services (RMNCAH) in Gbarpolu County. This training was part of the project on-site skill development and capacity building process. In narrating his story about his success in the area of family planning, he said “I was very excited for the first time to insert implant on a client and to pass knowledge to my workmate about the procedure. After counseling several postpartum mothers on available methods of Postpartum Family Planning (Post-partum intra-uterine contraceptive device (PIUCD) and post-partum (PP) Implant), one of them accepted to have the implant.” This young midwife further explained that while preparing for the procedure, one of his workmates (who missed out on the Integrated EmONC & RMNCAH training) asked to be taught this procedure. He stated, “I invited her to see the procedure after which we were both happy to have successfully carryout the procedure”. With a beam of smile across his face he said, ‘I explained the procedure to the client and my work mate and both of them were told to ask questions...I was very relax during the procedure as I explained each step along the way...just as we were taught during the training’. The midwife then narrated how anxious he was to insert more of these devices. According to him, he has since jumped at every opportunity to insert an Implant. He exclaimed, “I even taught my friend to the point that she was able to also insert one on her own!” He thanked UNFPA and Jhpiego for the training. The fellow midwife who was taught was also very happy as she said “I am grateful to UNFPA and Jhpiego for training my workmate who also passed added knowledge and skills to me”.





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List of Acronyms

ANC –	Antenatal Care
BEmONC –	Basic Emergency Obstetrics Neonatal Care
CEmONC –	Comprehensive Emergency Obstetrics Neonatal Care
CHDC –	Community Health Development Committee
CHT –	County Health Team
CHWs –	Community Health Workers
DHT –	District Health Team
EBSNM –	Esther Bacon School of Nursing and Midwifery
EmONC –	Emergency Obstetrics Neonatal Care
FP –	family planning
GCM –	Grand Cape Mount
IPC –	Infection Prevention and Control
LMA –	Liberia Midwifery Association
MNDSR –	Maternal Neonatal Death Surveillance Response
MNH –	Maternal Neonatal Health
MoH –	Ministry of Health
PP –	Post partum
PPIUCD –	Post-partum intra-uterine contraceptive device
RM –	Registered Midwife
RMNCAH –	Reproductive Maternal Neonatal Child and Adolescent Health
SRMNCAH –	Sexual Reproductive Maternal Neonatal Child and Adolescent Health