



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

|  |  |  |   |
|--|--|--|---|
| <b>Project Number and Title:</b><br>MPTF 62- Title: Improving maternal and newborn health through the delivery of a standard package of maternal newborn interventions in the remotely-located Todee and Careysburg Districts of Montserrat County   | <b>PROJECT START DATE<sup>1</sup>:</b><br>01-10-2016       | <b>AMOUNT ALLOCATED by MPTF</b><br>USD 1,500.00<br><br>UNFPA: 519,859.50<br>WHO: 481,500.00<br>UNICEF: 498,620.00  | <b>RECIPIENT ORGANIZATION</b><br>UNFPA, WHO, and UNICEF<br><br><b>IMPLEMENTING PARTNER(S):</b><br><ul style="list-style-type: none"> <li>• Ministry of Health (MoH), Republic of Liberia</li> <li>• UNFPA Liberia</li> <li>• WHO Liberia</li> <li>• UNICEF Liberia</li> </ul> |
| <b>Project ID:</b><br>00102805 (Gateway ID)  | <b>EXTENSION DATE:</b><br>March 31 <sup>st</sup> , 2018    | <b>FINANCIAL COMMITMENTS</b><br><br><i>UNFPA: \$163,059.57</i><br><b>WHO: \$55,000</b><br><i>UNICEF: \$0.00</i>  |   |
| <b>Project Focal Point:</b><br>Dr. Remi Sogunro, UNFPA Representative<br>Cell: +231 770004001 E-mail: <a href="mailto:sogunro@unfpa.org">sogunro@unfpa.org</a><br>Dr. Alex N. Gasasira, WHO Representative<br>Cell: +231 775 281 157 Email: <a href="mailto:gasasiraa@who.int">gasasiraa@who.int</a><br>Suleiman Braimoh, Ph.D. UNICEF Liberia Representative<br>Cell: +231 0770267100 Email: <a href="mailto:sbraimoh@unicef.org">sbraimoh@unicef.org</a> | <b>PROJECTED END DATE:</b><br>July 30 <sup>th</sup> , 2018 | <b>EXPENDITURES as of [31 December, 2017]</b><br><br><b>US : \$ 1,281,940.43</b>   |   |
| <b>Strategic Objective (STEPP)</b><br>SO3 - Description: Ensure Essential Services<br><br><b>Recovery Strategic Objectives</b><br><b>RSO# - Description:</b>   | <b>Location:</b><br>Country or Regional: Liberia           | <b>Sub-National Coverage Areas:</b><br>Full list of countries and/or districts: Careysburg and Todee districts, <b>Montserrat County</b>   |   |
| <b>Mission Critical Action</b><br>MCA6 – Description: Access to basic services   | <b>Report Submitted by:</b>                                | <b>Report Cleared by:</b>  |   |
| <ul style="list-style-type: none"> <li>○ Name: Dr. Philderald Pratt</li> <li>○ Title: Assistant UNFPA Representative</li> <li>○ Email address: <a href="mailto:pratt@unfpa.org">pratt@unfpa.org</a></li> <li>○ Date of Submission: January 8<sup>th</sup>, 2018</li> <li>○ Participating Organization (Lead): United Nations Population Fund (UNFPA)</li> </ul>  |  | <ul style="list-style-type: none"> <li>○ Name: (Head of Agency) Dr. Remi Sogunro, UNFPA Representative</li> <li>○ Date of Submission: January 8<sup>th</sup>, 2018</li> <li>○ Email address: <a href="mailto:sogunro@unfpa.org">sogunro@unfpa.org</a></li> <li>○ Participating Organizations: United Nations Children’s Fund (UNICEF)</li> </ul> | <br>& World Health Organization (WHO)   |

<sup>1</sup> The date project funds were first transferred.



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

| <b>OUTPUT INDICATORS</b>  |                        |   |  |   |   |
|---|------------------------|---|--|---|---|
| <b>Indicator</b>  | <b>Geographic Area</b> | <b>Projected Target<br/>(as per results matrix)</b> | <b>Quantitative results for the reporting period</b> | <b>Cumulative results since project commencement (quantitative)</b> | <b>Delivery Rate (cumulative % of projected total) as of date</b> |
| <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, routine RMNCAH and referral services for women and girls 15-49 years of age is increased. |                        |   |  |   |   |
| Proportion of safe health facility deliveries   | Koon Town Clinic       | <b>80% (210)</b>                                    | 48   | 118   | 56%   |
|   | Nyehn Health Center    | <b>80% (109)</b>                                    | 38   | 91  | 83%   |
|   | Bensonville Hospital   | <b>80% (251)</b>                                    | 59   | 215   | 86%   |
| Proportion of women attending ANC 4 visits  | Koon Town Clinic       | <b>70% (96)</b>                                     | 36   | 95  | 99%   |
|   | Nyehn Health Center    | <b>70% (112)</b>                                    | 42   | 107   | 96%   |
|   | Bensonville Hospital   | <b>70% (468)</b>                                    | 119  | 465   | 99%   |
| Proportion of obstetric complications managed at EmONC  | Koon Town Clinic       | <b>85% (5)</b>                                      | 2  | 5   | 100%  |
|   | Nyehn Health Center    | <b>85% (4)</b>                                      | 3  | 10  | 250%  |



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

|   |                      |                 |    |    |                            |
|---|----------------------|-----------------|----|----|----------------------------|
|   | Bensonville Hospital | <b>85% (31)</b> | 13 | 22 | 71%                        |
| <b>Output 2: Maternal and newborn death surveillance and Response are functional as evidenced by timely reporting, death reviews and effective response</b> |                      |                 |    |    |                            |
| Proportion of maternal death audits/reviews carried out routinely by targeted health facilities   | Koon Town Clinic     | 60%             | 0  | 0  | 0%<br>( no death reported) |
|   | Nyehn Health Center  |                 |    |    |                            |
|   | Bensonville Hospital |                 |    |    |                            |
| Proportion of neonatal death audits/reviews carried out routinely by targeted health facilities   | Koon Town Clinic     | 60%             | 0  | 0  | 0%<br>( no death reported) |
|   | Nyehn Health Center  |                 |    |    |                            |
|   | Bensonville Hospital |                 |    |    |                            |
| <b>Output 3: Health facilities implement infection prevention and control (IPC) in line with national protocols and SOPs</b>                                |                      |                 |    |    |                            |
| Number of targeted health facilities with functional MNDSR committees   | Koon Town Clinic     | 1               | 1  | 1  | 100%                       |
|   | Nyehn Health Center  | 1               | 1  | 1  | 100%                       |
|   | Bensonville Hospital | 1               | 1  | 1  | 100%                       |
| Number of health facilities with complete IPC SOPs and utilizing them   | Koon Town Clinic     | 1               | 1  | 1  | 100%                       |
|   | Nyehn Health Center  | 1               | 1  | 1  | 100%                       |



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

|  |                      |      |   |   |       |
|--|----------------------|------|---|---|-------|
|  | Bensonville Hospital | 1    | 1 | 1 | 100%  |
| <b>Output 4:</b> Improved public health and environmental sanitation through expanded access to safe drinking water, basic sanitation, solid waste management services and hygiene education.  |                      |      |   |   |       |
| Number (3) of health facilities with WASH facilities meeting national standard   | Koon Town Clinic     | 3    | 3 | 3 | 97.3% |
|  | Nyehn Health Center  |      |   |   |       |
|  | Bensonville Hospital |      |   |   |       |
| Number of health facilities with WASH operation and maintenance (O&M) structures   | Koon Town Clinic     | 3    | 0 | 0 | 0%    |
|  | Nyehn Health Center  |      |   |   |       |
|  | Bensonville Hospital |      |   |   |       |
| <b>Output 5:</b> Community based maternal and newborn health care interventions are implemented through strong community engagement that supports timely identification, reporting and referral of maternal newborn complications at community level |                      |      |   |   |       |
| Number of facilities whose CHDCs held at least three meetings within the last quarter  | Koon Town Clinic     | 1    | 1 | 1 | 100%  |
|  | Nyehn Health Center  | 1    | 1 | 1 | 100%  |
|  | Bensonville Hospital | 1    | 1 | 1 | 100%  |
| Number of communities with Community Health Development Committee (CHDC)   | Koon Town Clinic     | 100% | 1 | 1 | 100%  |
|  | Nyehn Health         | 100% | 1 | 1 | 100%  |



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

|  |                      |      |       |       |       |
|--|----------------------|------|-------|-------|-------|
| participating in   | Center               |      |       |       |       |
|  | Bensonville Hospital | 100% | 1     | 1     | 100%  |
| Proportion of maternal and newborn referrals conducted by community health workers       | Koon Town Clinic     | 60%  | 12    | 25    | 100%  |
|  | Nyehn Health Center  | 60%  | 47    | 121   | 73%   |
|  | Bensonville Hospital | 60%  | 18    | 18    | 40%   |
| Number of active CHVs/TTMs providing home based maternal and newborn services            | Koon Town Clinic     | 60%  | 64    | 63    | 100%  |
|  | Nyehn Health Center  | 60%  | 51    | 51    | 100%  |
|  | Bensonville Hospital | 60%  | 43    | 43    | 67%   |
| Proportion of FP client that receive FP commodities through community based distribution | Koon Town Clinic     | 25%  | 209   | 209   | 4.3%  |
|  | Nyehn Health Center  | 25%  | 201   | 201   | 8.1%  |
|  | Bensonville Hospital | 25%  | 67    | 67    | 12.3% |
| Percentage increase in CYP in family planning in Todee and Careysburg districts          | Koon Town Clinic     | 15%  | 180.3 | 601.3 | 55.8% |
|  | Nyehn Health Center  | 15%  | 167.8 | 290.3 | 64.7% |
|  | Bensonville Hospital | 15%  | 115.6 | 372.6 | 37%   |

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



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

**EXECUTIVE SUMMARY**

Liberia MPTF partners represented by UNFPA, WHO and UNICEF have continued to contribute to strengthening delivery of quality rights-based health service in Liberia. The Mission Critical Action of this project is to ensure the provision of essential services and increase access to basic services. The joint programme funded under MPTF # 62 aims at supporting the Government of Liberia's efforts to restore essential reproductive maternal and neonatal health (RMNH) services in Todee and Careysburg Districts of Rural Montserrado County. The project also supports adolescent health (RMNCAH) services and ensures infection prevention and control to prevent the spread of EVD and other transmittable diseases; ensuring that pregnant women have access to hygienic/sanitary environments to deliver their babies safely. The project seeks to ensure the reduction of maternal and newborn mortality by improving the provision of quality services both at facility and community levels through the enhancement of service providers' capacities through trainings, technical support, and supervision logistics.

As the result of the capacity development, the linkages between the communities and the facilities have been strengthened, hence contributing to the increase in ANC visits and deliveries. The cumulative result for ANC visits at Koon town clinic and Bensonville hospital now stands at 99% while Nyehn Health center is at 96%. The delivery rate for Nyehn Health Center is 83% while Bensonville Hospital is 86%. The implementation of the project's activities has also contributed to the facilities' capacities in managing complications at their levels. There was no death reported for the reporting period.



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

### **Current Situation and Trend**

The project, ‘Improving maternal and newborn health through the delivery of a standard package of maternal newborn interventions in the remotely-located Todee and Careysburg Districts of Montserrado County’ was designed with aim of supporting the Government of Liberia’s efforts to restore essential reproductive maternal and neonatal health (RMNH) services required to reduce the maternal and newborn deaths. The project targets three health facilities in these two districts with high numbers of maternal and newborn deaths in order to ensure supportive supervision of basic infection prevention and control procedures. As originally crafted, the project has worked to ensure that pregnant women have access to health facilities that promote hygienic/sanitary environments for them to deliver their babies safely and has also build on the existing adolescent health care program in the targeted districts.

#### **Narrative section:**

- **Key Achievements:**

- **Output 1:** Access to and utilization of EmONC services, routine RMNCAH and referral services for women and girls 15-49 years of age is increased.
  - ✓ Twenty service providers from the project facilities and other government owned health facilities in rural Montserrado were trained to provide adolescent friendly RMNCAH services.
  - ✓ Enhancement of the referral system through procurement of an ambulance and improving communication linkages between the communities and the health facilities to improve referrals by CHW.
  - ✓ The laboratories of the three health facilities and the operating theater of the Bensonville Hospital have been equipped with lab. and operating theater equipment, drugs (including contraceptives) and medical supplies to enhance quality service provision for mothers, their babies and adolescents.
- **Output 2:** Maternal and newborn death surveillance and Response are functional as evidenced by timely reporting, death reviews and effective response
  - ✓ Members of the District Health Team were trained to effectively track all maternal and newborn deaths in line with the existing protocol. However, no maternal death has occurred.



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

- ✓ The Maternal and Newborn Death Surveillance structure at district levels is functional and is providing information on reportable diseases and other health conditions to influence decision-makers.
  
- **Output 3:** Health facilities implement Infection Prevention and Control (IPC) in line with national protocols
  - ✓ All health care providers were trained on Infection Prevention and Control guidelines; ensuring safe blood transfusion, standard skin preparation techniques and proper use of antiseptic agents for surgical site preparation, sterilization process are observed.
  - ✓ Project facilities were all equipped with required IPC supplies to keep diseases under control and prevent spread or outbreak of diseases.
  
- **Output 4:** Improved public health and environmental sanitation through expanded access to safe drinking water, basic sanitation, solid waste management services and hygiene education.
  - ✓ WASH facilities have been constructed and are now functional at all three health facilities thereby improving safe drinking water, basic sanitation, solid waste management services and hygiene.
  
- **Output 5:** Community based maternal and newborn health care interventions are implemented through strong community engagement that supports timely identification, reporting and referral of maternal newborn complications at community level
  - ✓ Twelve skilled birth attendants were selected from project facilities and trained on International Confederation of Midwives core competency-based in-service training in emergency obstetrics and newborn care to reinforce their capacity to provide quality care for the mother and newborns.
  - ✓ Procured and installed anesthesia machine, sterilizer, oxygen concentrator, surgical tables, lights, one blood bank refrigerator at the Bensonville Hospital to make the facility fully functional.

**Delays or Deviations**

- ✓ Delay disbursement of funds to agencies (in October 2016 - February 2017). However, a No





**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

Cost Extension (NCE) was requested and granted up to March, 2018. This action allow for the implementation and completion of some key planned activities.

- ✓ Delay in completion of activities due to current political transitional process as a result of the just ended democratic Presidential run-off elections, has significantly slowed down the overall implementation of health services including the project's activities. The agencies have written for a NCE up to July for completion and closer of the project.

**Best Practice and Summary Evaluation**

Best practice observed from this project is the close collaboration between the implementing agencies and the communities/health facilities at all levels: the Montserrado County Health Team (MCHT), the health facilities and the communities.

- **Lessons learned –**

- Training conducted for community health volunteers contributed to re-enforcing community engagement which led to the increase in the number of referral to the health facilities for ANC and deliveries; distribution of family planning at the community level and other community base maternal and new born services.
- Close collaboration with all key players (MCHT, Health facilities staff and CHWs) is key to yielding the desire outcome for the improvement of reproductive, maternal, newborn, child, and adolescent health services.
- Designing of reporting template with the CHT makes it easier for reporting.
- An effective monitoring and supervision has contributed to a vigorous feedback mechanism from the community health workers to the health facilities and then to the county level.

- **Story from the Field**

The Medical Health Officer of the Bensonville Hospital expressed how the revamping of the laboratory and the theater has contributed immensely to the smooth operation of their activities as a secondary referral hospital for facilities and communities nearby. He elaborated that the refurbishment has contributed to the hospital's capacity in responding to complications received from the communities and other facilities. The proportion of obstetric complications managed at the Bensonville hospital is now at 71% (22) nearing the 85% (31) that has been set as target. He also mentioned that the blood bank is contributing greatly, that there is always reserved blood in the bank for emergency use when the need arises. He expressed his enthusiasm for the constructed WASH facilities to ensure that IPC is maintained and the maternal waiting home will



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: (2017 April – 2017 December)**

greatly contribute to resolving the problems of delay in arrival of women in labour to the facility due to inaccessibility. He expressed his thanks and appreciation for the MPTF project and assured us that he and his staff will do their best and work with the community health work force to provide quality services for mothers, neonates and adolescents from catchment communities.