



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME NARRATIVE REPORT
30 March 2017**

Project Number and Title: #33- Restoring Midwifery Services in Ebola most-affected counties	PROJECT START DATE¹: 19-10-2015	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i>	RECIPIENT ORGANIZATION United nations Population Fund (UNFPA)
Project ID: 00096703 (Gateway ID)		\$1,000,000.00	
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 RSO1 - Health Nutrition WASH	PROJECT END DATE: 31-03-2017	EXPENDITURES as of March 31, 2017 \$71,623.65	<ul style="list-style-type: none"> • UNFPA • Jhpiego (Sub contractee) • Ministry of Health (sub contractee)
Mission Critical Action MCA _n – Description			
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 		

OUTPUT INDICATORS

¹ The date project funds were first transferred.



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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.					
<i>Number of BEmONC facilities providing all signal functions</i> *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 & 6/7)	-Lofa -0 - Grand Cape Mount-0 Gbarpolu-0 (Lofa 6/7 – all facilities Grand Cape Mount 6/7 – all facilities Gbarpolu – 6/7)	- Lofa -0% - Grand Cape Mount-0% Gbarpolu-0% (Lofa – 85.7% Grand Cape Mount – 85.7% Gbarpolu – 85.7%)
<i>Proportion of met need for EmONC per county</i>	- Lofa - Grand Cape Mount Gbarpolu	90% for all counties	Lofa – 39.1% Gbarpolu – 29.5% Grand Cape Mount – 60.5%	Lofa – 92.1% Gbarpolu – 30.5% Grand Cape Mount – 60.5%	Lofa – 93.8% Gbarpolu – 72.1% Grand Cape Mount – 91.7%
<i>Sub output 1.1: Human Resource capacity is strengthened to ensure quality service delivery</i>					
<i>Number of international obstetric teams trained and deployed to provide Obstetrical and Gynecological services including medical and surgical services</i>	- Lofa - Grand Cape Mount Gbarpolu	6	0	0	0%**
<i>Number of national midwives newly recruited, trained and</i>	- Lofa	15	15	15	100%



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<i>deployed to provide services including Infection Prevention and control (IPC) procedures</i>	- Grand Cape Mount Gbarpolu				
<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	304	30.3% of all deliveries	43% (at hospital)
<i>Proportion of women attending four ANC visits</i>	-Lofa -Grand Cape Mount -Gbarpolu	-Lofa & Gbarpolu - 70% -Grand Cape Mount-75%	-Lofa-1,739 (76.2%) -Gbarpolu-989 (70.4%) -Grand Cape Mount- 1034 (72.5%)	-Lofa-1,739 (76.2%) -Gbarpolu-989 (70.4%) - Grand Cape Mount- 1034 (72.5%)	-Lofa-76.2%) -Gbarpolu-70.4% -Grand Cape Mount-72.5%
<i>Proportion of expected births attended by skilled care providers at health facility</i>	-Lofa -Grand Cape Mount -Gbarpolu	-Lofa & Gbarpolu - 70% -Grand Cape Mount-75%	-Lofa- 1,004 (44%) -Gbarpolu-342 (54.1%) -Grand Cape Mount- 878 (61.5%)	Lofa- 1,004 (44%) - Gbarpolu-342 (54.1%) -Grand Cape Mount- 878 (61.5%)	-Lofa-44%) -Gbarpolu-54.1% -Grand Cape Mount-61.5%****
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</i>	- Lofa - Grand Cape Mount	Targets- Lofa= 80 Gbarpolu =0 GCM = 50	Lofa-7,065 Gbarpolu-9,001	Lofa-7,065 Gbarpolu-9,001 GCM-341	Lofa-7,065 Gbarpolu-9,001 GCM-341

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

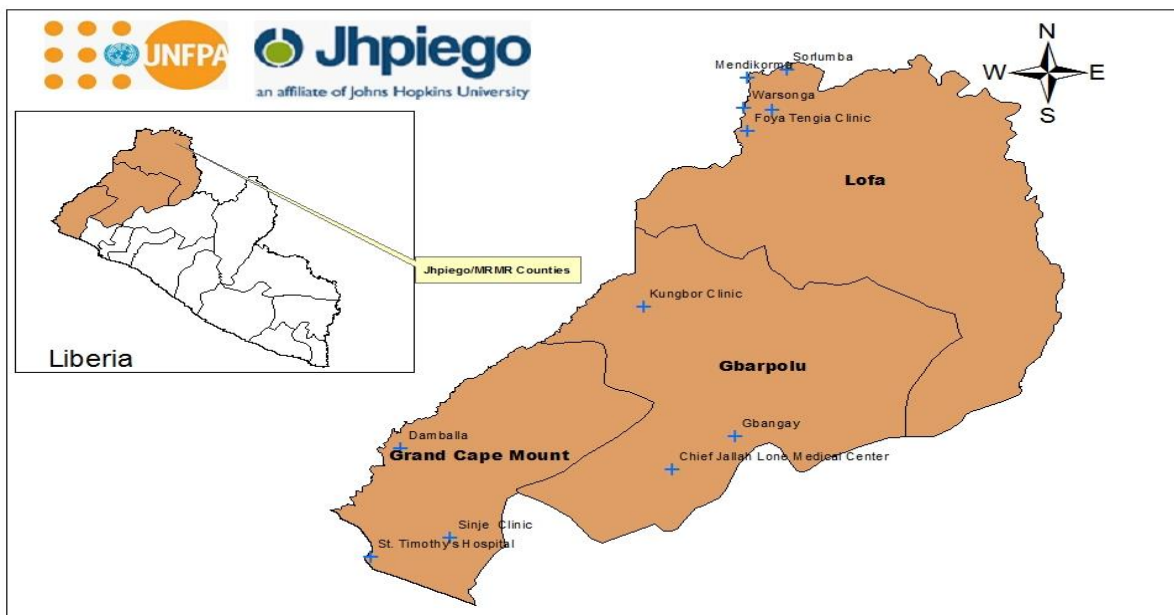


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<i>distributors of family planning commodities</i>	Gbarpolu		GCM-341		
EFFECT INDICATORS (if available for the reporting period)					
<i>Proportion of Health facilities with no stock out of essential drugs and medicines</i>	- Lofa - Grand Cape Mount 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	9	9/9 facilities have reported no stock out of essential drugs such as antibiotics	100%
<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= 14 Gbarpolu =8 GCM =10	32 CHDC functional	97%
<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- 150 Gbarpolu- 80 GCM- 100	Lofa-150 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	Lofa- 60 Gbarpolu-40 Grand Cape Mount- 38	Lofa = 75% Gbarpolu =80% GCM= 76%	77%
<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	9 maternal deaths 30 neonatal deaths	9 maternal deaths 30 neonatal deaths	100%

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<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	16.8% (Lofa – 14.7% Gbarpolu- 16.9% CapeMount- 18.7)	Lofa – 43.9% Gbarpolu – 54.1% CapeMount 61.5%	Lofa – 43.9% Gbarpolu – 54.1% Cape Mount – 61.5%	*** 51.2%



Map of project counties (courtesy of Jhpiego)

EXECUTIVE SUMMARY

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



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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 three cardinal objectives to include (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.

Major results of this project include the recruitment, training and deployment of a total of 35 skill service providers, training and linking of 280 CHWs and TTMs with targeted facilities, an increment from 44% to 89% report of no stock-out at targeted facilities including 100% no stock out of at least five modern contraceptive commodities, and an increase BEmONC compliance of 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 100% refurbishment of 4 facilities 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

The project was implemented in close collaboration with the County Health Teams (CHT) of Lofa, Gbarpolu and Grand Cape Mount Counties as well as key community stakeholders in the catchment communities of the nine BeMONC and one CeMONC project facilities. Consequently, 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 Midwifery 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 skill providers.

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 led to 89% of all facilities reporting no stock out of essential medicines during the lifespan of the project (up to March, 2017) as compared to the average baseline of 44%. Additionally, a success of 100% no stock out of contraceptive commodities was recorded during this project. This contributed to meeting the unmet need for family planning which promotes the reduction of maternal mortality.

* 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.



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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 period of this project's implementation, EmONC monitoring revealed that all BEmONC facilities have improved their EmONC status with only one signal function missing.

***The implementation of this project witness an overall increment in the number of institutional deliveries conducted by skilled birth attendants. Although an initial target or baseline was not set, the trend of the project revealed a gradual increment in the utilization of health facilities for deliveries and as such a comparison of this progress was done using the end-of-project data against the annual number of deliveries recorded for the year 2016.

****The increment in institutional deliveries contributed to the overall proportion of deliveries attended by skilled birth attendants (SBAs). Although the projected percentages of deliveries attended by SBAs for the three counties was not met, the project recorded significant increment in SBAs attended deliveries at an average of 53.2% for all project facilities. This achievement contributed to 37% increment in the number of SBA-attended deliveries using the annual number of deliveries for 2016 as a baseline. In Lofa, this increment was 30% while Gbarpolu and Grand Cape Mount Counties saw increments of 37% and 42.8%, respectively.

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.

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



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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 is 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

- ✓ Overly ambitious targets set at the onset of this project proved to be a challenge to achieve as the project unfolded. The key lesson learned from this experience calls for the setting of clearly achievable targets in subsequent projects;
- ✓ Selection of project facilities, planning, implementation and monitoring with the CHTs, DHTs, Facilities and communities enhances collaboration and coordination and promotes ownership

Success Stories

Foya Tengia

“My name is Siah Tamba,” a smiling 24 year-old young woman curdling her 3 months-old infant told us her name in response to a question about her name. She and her husband had come to the clinic to express their thanks and appreciation to the clinic staff. According to the clinic records, Siah was rushed to the clinic while convulsing. When asked about what happened prior to her coming to the clinic, she said “I was feeling small pains in my back when we were on the farm. My husband brought me from the farm to the town.” She pause and then ended with “that is all I remembered”. Her husband Tamba narrated that while she was jerking in the town, neighbors came around. Some said “this is witchcraft activity!” while others exclaimed “she refused to listen to the elders...she ate the wrong bush meat...probably she took bath at night!” Tamba said “I became confuse so much that I did not know what to do until, by God's grace, one of the men in the town told me that I should take my wife to the clinic right away...he said the clinic people will know what is happening to her.” The man who advised Tamba is one of the community health workers trained and supported by this project. Tamba said that the community health worker helped to take his wife to the clinic.

Tamba, was full of praises for the midwife at the clinic. He said “God first and this nurse second...that is the only reason why my wife did not died”. He explained that he had given up because according to him, he has never experienced a woman having labor pains and then jerking. I was just crying and

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looking up to God. The nurses here took their time to talk to me and told me that they were doing their best and that I should pray. They told me that since she was pregnant, they were calling for the ambulance to carry us to Foya Borma Hospital.” The midwife (one of those recruited by this project), explained that they tried to stabilize her while getting the ambulance to hurry. She, along with her husband were taken to the hospital where she under-went surgery to deliver her baby boy. Siah and her husband praise the level of care they received at both the clinic and the hospital.

Siah is a mother of four kids. She was curious to learn about any family planning method that would be helpful to her. Both of them were counselled about family planning and the available methods. They gladly accepted that Siah should be placed on the Depo-Provera injectable.

(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



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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 added knowledge and skill to me”.

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



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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