



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
DATE: \_JANUARY 15, 2019**

<p align="center"><b>Project Number(s) and Title(s)</b></p> <ul style="list-style-type: none"> <li>#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 Montserrado County</li> </ul> <p>00102805 (Gateway ID)</p>	<p align="center"><b>Recipient Organization(s)</b></p> <p><b>RUNO(s)</b>  <b>Project Focal Point:</b>          Dr. Philderald. Pratt, UNFPA Officer in Charge (OIC)          Cell: +231 770004001          E-mail: <a href="mailto:pratt@unfpa.org">pratt@unfpa.org</a>          Dr. Alex N. Gasasira, WHO Representative          Cell: +231 775 281 157          Email: <a href="mailto:gasasiraa@who.int">gasasiraa@who.int</a>          Suleiman Braimoh, Ph.D. UNICEF Liberia Representative          Cell: +231 0770267100          Email: <a href="mailto:sbraimoh@unicef.org">sbraimoh@unicef.org</a></p>
<p align="center"><b>Strategic Objective &amp; Mission Critical Action(s)</b></p> <p>SO (3) Ensure essential services          MCA (6) – Access to basic services</p>	<p align="center"><b>Implementing Partner(s)</b></p> <p>National counterparts (Government, private, NGOs &amp; others) and/or other International Organizations</p> <ul style="list-style-type: none"> <li>Ministry of Health (MoH),</li> <li>Liberia Prevention of Maternal Mortality (LPMM)</li> <li>Planned Parenthood Association of Liberia (PPAL)</li> <li>Safe Life Water</li> </ul>
<p><b>Location:</b></p> <p>Country or Regional: <i>Liberia, Rural Montserrado County</i></p>	<p align="center"><b>Sub-National Coverage Area:</b></p> <p>Full list of countries and/or districts:          Todee and Careysburg Districts</p>
<p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>1,500,000</p> <p>Agency Contribution</p> <ul style="list-style-type: none"> <li>by Agency (if applicable)</li> </ul>	<p align="center"><b>Programme Duration</b></p> <p>Overall Duration (<i>15months</i>)          Project Start Date<sup>2</sup> (<i>01.04.2017</i>)          Originally Projected End Date<sup>3</sup> (<i>30.06.2017</i>)</p>

<sup>1</sup> Refers to programmes, joint programmes and projects.

<sup>2</sup> The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online [MPTF Office GATEWAY](#).

<sup>3</sup> As per approval of the original project document by the Advisory Committee.

Government Contribution (if applicable)
Other Contributions (donors) (if applicable)
<b>TOTAL:</b>
<b>Programme Assessment/Review/Mid-Term Eval.</b>
Evaluation Completed <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No Date: 30.10.2018
Evaluation Report - Attached <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No Date: 15.11.2018

Actual End date <sup>4</sup> (30.07.2018)
Agency(ies) have operationally closed the programme in its(their) system <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Expected Financial Closure date <sup>5</sup> : January 31, 2019
<b>Report Submitted By</b>
<input type="checkbox"/> Name: Dr. Philderald Pratt <input type="checkbox"/> Title: Assistant Representative/UNFPA <input type="checkbox"/> Date of Submission: 15/01/2019 <input type="checkbox"/> Participating Organization (Lead): United Nation Population Fund (UNFPA) <input type="checkbox"/> Email address address: pratt@unfpa.org
<i>Signature:</i>
<b>Report Cleared By</b>
<input type="checkbox"/> Name: (Head of Agency) Dr. Remi Sogunro, UNFPA Representative <input type="checkbox"/> Date of Submission: 15/01/2019 <input type="checkbox"/> Participating Organization (Lead): United Nation Population Fund (UNFPA) <input type="checkbox"/> Email address: <a href="mailto:sogunro@unfpa.org">sogunro@unfpa.org</a>
<i>Signature:</i>

<sup>4</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>5</sup> Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

## PROJECT/PROPOSAL RESULT MATRIX

<ul style="list-style-type: none"> <li><b>Project Proposal Title:</b> Improving maternal and newborn health through the delivery of a standard package of maternal newborn interventions in the remotely-located Toddee and Careysburg Districts of Montserrat County</li> </ul>						
<b>Strategic Objective to which the project contributed</b>						
<b>MCA [ 6] <sup>6</sup></b>						
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target<sup>7</sup></b>	<b>Budget</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization(s).</b>
<b>1: Access to and utilization of EmONC services, routine RMNCAH and referral services enhanced for women and girls 15-49 years of age</b>	<i>Koon Town, Nyehn Bensonville</i>	Total of 1,295 women and girls were targeted to be reached	\$584,072	1,989 women and girls received maternal care	All Project Reports	UNFPA and WHO
<b>2. Maternal/Newborn Death Surveillance and Response functional through improved data collection, review and action</b>	<i>Koon Town, Nyehn Bensonville</i>	60%	\$100,000	No maternal/newborn death occurred	All Project Reports	WHO
<b>3: Infection Prevention and Control (IPC) implemented in line with national protocols and SOPs</b>	<i>Koon Town, Nyehn Bensonville</i>	3 project Health Facilities implement national SOP for IPC	\$112,500	100% of all project facilities fully implement national SOP for IPC	All Project Reports	WHO
<b>4: Public health and environmental sanitation improved through expanded access to safe drinking water</b>	<i>Koon Town, Nyehn Bensonville</i>	3 Health Facilities have improved sanitation and access to safe drinking water	\$466,000	100% of all project facilities have access to safe drinking water and sanitation	All Project Reports	UNICEF
<b>5: Community based maternal and newborn health care interventions implemented through strong community engagement for timely identification, reporting and referral of maternal newborn complications at community level</b>	<i>Koon Town, Nyehn Bensonville</i>	3 Health Facilities & communities, 60% maternal and new born death by CHW, 60% of TTM actively providing services, 25% Community based distribution (CBD) of FP commodities & 15% increment in Couples Years Protection (CYP).	\$139,277	-No deaths occurred and thus no reviews conducted -96% of TTMs actively provided MNH services at community level -CBD for FP activities were performed at 40.6% -197% increment in CYP	All Project Reports	UNFPA

<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline<sup>8</sup> In the exact area of operation</b>	<b>Target</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization (s)</b>
Indicator 1.1: Proportion of safe health facility deliveries	<i>Koon Town,,</i>	263	219 (80%)	236 (90%)	Program/facility reports	UNFPA and WHO
	<i>Nyehn</i>	137	109 (80%)	193 (141%)	Program/facility reports	
	<i>Bensonville</i>	314	251(80%)	355 (113%)	Program/facility reports	
Indicator 1.2: Proportion of women attending ANC 4 visits	<i>Koon Town,,</i>	138	96 (80%)	190 (138%)	Program/facility reports	
	<i>Nyehn</i>	160	112 (80%)	210 (131%)	Program/facility reports	
	<i>Bensonville</i>	669	468 (80%)	747 (112%)	Program/facility reports	
Indicator 1.3: Proportion of obstetric complications managed at EmONC	<i>Koon Town,,</i>	6	5 (80%)	8 (133%)	Program/facility reports	
	<i>Nyehn</i>	5	4(80%)	15 (300%)	Program/facility reports	
	<i>Bensonville</i>	37	31(80%)	35 (95%)	Program/facility reports	
Indicator 2.1: Proportion of maternal death audits/reviews carried out routinely by targeted health facilities	<i>Koon Town, Nyehn Bensonville</i>	50%	60%	0%	Program report, DHT Report, HMIS	WHO
Indicator 2.2: Proportion of neonatal death audits/reviews carried out routinely by targeted health facilities	<i>Koon Town, Nyehn Bensonville</i>	50%	60%	0%	Program report	WHO

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<sup>8</sup> If data is not available, please explain how it will be collected.

<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline<sup>9</sup> In the exact area of operation</b>	<b>Target</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization (s)</b>
<b>Indicator 3.1:</b> Number of targeted health facilities with functional committees	<i>Koon Town, Nyehn Bensonville</i>	0	1	100%	Program, facility reports	WHO
<b>Indicator 3.2:</b> Number of health facilities with complete IPC SOPs and utilizing them	<i>Koon Town, Nyehn Bensonville</i>	0	1	100%	Program, facility reports	
<b>Indicator 4.1:</b> Number (3) of health facilities with WASH facilities meeting national standard	<i>Koon Town, Nyehn, Bensonville</i>	1	1	100%	Program, facility reports	UNICEF
<b>Indicator 4.2:</b> Number of health facilities with WASH O&M structures	<i>Koon Town, Nyehn Bensonville</i>	1	1	100%	Program, facility reports	
<b>Indicator 5.1:</b> Number of facilities whose CHDCs held at least three meetings within the last quarter	<i>Koon Town, Nyehn Bensonville</i>	0	1	100%	Program report, DHT Report	UNFPA
<b>Indicator 5.2:</b> Number of communities with Community Health Development Committee (CHDC) participating in maternal death reporting and response activities	<i>Koon Town, Nyehn Bensonville</i>	0	1	100%	Program report, DHT Report	
<b>Indicator 5.3;</b> Proportion of maternal and newborn referrals conducted by community health workers	<i>Koon Town,</i>	13/13	60%	74/74 (100%)	Program, Facility Reports	
	<i>Nyehn</i>	7/13	60%	157/203 (77.3%)		
	<i>Bensonville</i>	17/45	60%	71/108 (65.7%)		

<sup>9</sup> If data is not available, please explain how it will be collected.

<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline<sup>10</sup></b> In the exact area of operation	<b>Target</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization (s)</b>
<b>Indicator 5.3:</b> Proportion of maternal and newborn referrals conducted by community health workers	<i>Koon Town,,</i>	13/13	60%	74/74 (100%)	Program, Facility Report	UNFPA
	<i>Nyehn</i>	7/13	60%	157/203 (77.3%)	Program, Facility Report	
	<i>Bensonville</i>	17/45	60%	71/108 (65.7%)	Program, Facility Report	
<b>Indicator 5.4:</b> Proportion of CHVs/TTMs actively providing homebased maternal and newborn services	<i>Koon Town,,</i>	64/143	60%	64/64(100%)	Program, Facility Report	
	<i>Nyehn</i>	51/65	60%	51/51(100%)	Program, Facility Report	
	<i>Bensonville</i>	64/83	60%	57/64(89.1%)	Program, Facility Report	
<b>Indicator 5.5:</b> Proportion of FP clients that receive FP commodities through community based distributors	<i>Koon Town,,</i>	0	25%	259/532(48 %)	Program DHT, HMIS	
	<i>Nyehn</i>	0	25%	293/580(51%)	Program report, DHT Report, HMIS	
	<i>Bensonville</i>	0	25%	565/1853(31%)	Program report, DHT Report, HMIS	
<b>Indicator 5.6:</b> Percentage increase in CYP in family planning in Todee and Careysburg districts	<i>Koon Town,,</i>	89	128	497 (191%)	Program report, DHT Report, HMIS	
	<i>Nyehn</i>	221	153	706 (221%)	Program report, DHT Report, HMIS	
	<i>Bensonville</i>	105	340	1,250 (179%)	Program report, DHT Report, HMIS	

<sup>10</sup> If data is not available, please explain how it will be collected.

## **FINAL PROGRAMME REPORT FORMAT**

### **EXECUTIVE SUMMARY**

Liberia continued towards progress in the improvement of socioeconomic services for its people, including the delivery of quality health care services post-civil crisis as gains made pre Ebola outbreak towards improving maternal new-born health services for women and girls were lost as a result of the unprecedented Ebola outbreak in the country. The Ministry of Health declared a public health emergency and called out to all national and international partners to join in the fight against the Ebola crisis. As part of international efforts to curb the crisis this project was developed and implemented in three high burdened health facilities situated in two districts tin rural montserrado county were supported to provide quality maternal and new-born health services in an integrated manner. Results from this joint project contributed to improving access to quality maternal new-born care, reaching direct beneficiaries with services 1,989 beneficiaries. Additionally, the project strengthened the delivery of quality maternal health services through training of care providers, facelift of facilities, provision of medical supplies, provision of alternative solar power source as well community health interventions through training and equipping of 179 community health workers with skills to identify and referral cases to targeted health facilities. The project also succeeded in improving infection prevention and control system and activities in targeted facilities, while ensuring access to quality safe water and sanitation infrastructure. Overall the contribution of this project to the health care delivery in these three high burdened facilities in rural montserrado.

### **Background and Situational Evolution**

The devastating unprecedented Ebola outbreak resulted to a near shout down of the health care delivery system in Liberia. Gains made pre Ebola towards improving maternal new-born health services for women and girls were lost as a result. In an effort to help the Liberia Government combat the deadly outbreak, three UN agencies, UNFPA, WHO and UNICEF with funds from UNMEER multi-purpose trust fund collectively implemented an integrated maternal health project in Rural Montserrado County. As the number of EVD cases decreased, the Ministry of Health struggled to restore and rebuild routine health services for women and girls. Deployment and training of human resources, boost of medical and non-medical supplies, strengthening of community health structures were critical interventions required in restoring basic health services in the country. Health facilities in Regions and communities that were most affected required additional boost to deliver quality services.

UNFPA, WHO and UNICEF developed an integrated project to support the restoration of maternal health services post EVD in two districts situated in rural Montserrado County. Focusing on four major intervention area; i) Reproductive/Maternal Newborn Health and ii) Maternal Death Surveillance and Response, iii) Infection Prevention and iv) Water Sanitation and Hygiene. All major intervention area are crucial in the contribution to building a resilient health system in communities hardest hit by the EVD crisis. Quality maternal and new born services including maternal death notification and review, backed by proper infection prevention control procedures and Water, Sanitation and hygiene facilities. The project was successful in achieving more than 80% of its targets to the extent where some interventions that were not envisioned formed part of the projects successes. Here is a summary of key achievements by all agencies.

## **Narrative section:**

### **• Key Achievements:**

- **Enhanced Human and facility Capacity to ensure access to and utilization of EmONC services, routine RMNCAH and referral services for women and girls 15-49 years of age is increased.**
  - ✓ 20 service providers trained to provide adolescent friendly RMNCAH services.
  - ✓ One Ambulance procured to enhance referral system
  - ✓ Three laboratories and one operating theater at Benson Hospital were equipped with equipment and medical supplies including drugs
  - ✓ 12 skills Birth Attendants trained on ICM core competency-based in-service training in EmONC to reinforce their capacity to provide quality care for the mother and newborns
  - ✓ All three health facilities received minor to moderate renovation
  - ✓ All three facilities benefited alternative power system with solar energy
  - ✓ Two maternal waiting homes established in two health facilities
  
- **Maternal and new born death surveillance and response made functional.**
  - ✓ District Health Team Members trained to effectively track all maternal and newborn deaths in line with the existing protocol.
  - ✓ Maternal and Newborn Death Surveillance structure at district levels is functional and providing information on diseases and other health conditions that influence decisions
  
- **Infection Prevention and Control (IPC) systems in three districts improved in line with the national protocols at the three health facilities.**
  - ✓ Health care providers trained on Infection Prevention and Control guidelines
  - ✓ Equipped project facilities with required IPC supplies
  
- **Improved public health and environmental sanitation through expanded access to safe drinking water, basic sanitation, solid waste management services and hygiene education.**
  - Water supply:*
    - ✓ Construction of safe and improved water supply facilities with an elevated concrete water tower provided with 3 x 10,000 litres water storage polytanks each and connected to a water supply reticulation system supplying internal and external washrooms and triages in Bensonville and Nyhen health facilities.
    - ✓ Construction of water kiosks (taps) and installation of face basins for the inpatient and outpatient departments.
    - ✓ Completion and installation of photovoltaic small treatment units with designated chlorination units in all three health care facilities. Water treatment units are served by water pumped from mechanically drilled high yield boreholes at the facilities at Bensonville and Nyehn health facilities. A new borehole was drilled at the Koons town Health clinic.
  - Sanitation*
    - ✓ Completed construction of one kitchen, laundry, mortuary and one six-seater disability-friendly and gender separated flush latrine block with septic tanks at each of three health care facilities and rehabilitation of internal restrooms in facility wards. Mortuary units are provided with air conditioners and laundry provided with a washing machine and dryers.
  - Enabling environment for WASH included the following;*
    - ✓ As part of WASH activities the project identified and trained six staff (2 per facility) on operation, maintenance (O&M) and management to ensure sustainability of installed WASH facilities and services.



➤ **Ensured the implementation of community based maternal and newborn health care services through strong community engagement.**

- ✓ 179 CHW including TTMs provided orientation and equipped with supplies to conduct community based services in maternal newborn care
- ✓ Initiation of community based distribution of family planning commodities in all three catchment community locations for the first time
- ✓ Improved referral of cases by CHW

• **Delays or Deviations** – *(Please provide short justification for and delays or deviations)*

- ✓ UNFPA received funds in October 2016 while the other two agencies received funds only in February 2017). As a result of this delay in funds disbursement, Agencies requested the first NCE to extend the implementation period of the project
- ✓ By the end of 2017, as a result of the political atmosphere and the national presidential election activities (voter registrations, casting of ballots during elections and the run-up election) a second NCE was requested given the slow pace of implementation during the electoral period. This NCE extended to July 2018 to allow for the new government transition. These actions allowed for the implementation and completion of key planned activities in an effective manner
- ✓ Low yield from an existing hand dug well which led to drilling of new borehole in Koon Town clinic.
- ✓ During the proposal writing, targets were set in the absence of baseline data. Following baseline assessments these targets were now considered unrealistic and therefore required alterations. Alterations to some of the project targets were made based on request and approval

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

<b>No. of Beneficiaries</b>	
<b>Women</b>	941
<b>Girls</b>	2,138
<b>Men</b>	29
<b>Boys</b>	48
<b>Total( total figure includes FP uptake)</b>	<b>3166</b>

<b>Environmental Markers</b>
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution
Nothing to report in this section

• **Best Practice and Summary Evaluation** *(one paragraph)*

Construction of 15 bed capacity maternal waiting home in Bensonville Hospital compound was the highlight of the project implementation as it is not a standard or common practice across the county. Bensonville Hospital, the district hospital is situated in a sparsely populated district where communities are distant from health facilities. With a large catchment community, the average distance from communities to health facilities is 45 minutes to three hours from the hospital. This geographic challenge makes it difficult for pregnant women in labor to access services during labor thereby contributing to high number of home deliveries. Following construction of the maternal waiting home a joint facility and community planning meeting on the operations of the waiting home was held. The joint meeting resulted in a communique between the management of the Bensonville hospital and community authorities. During the first months of completion of the building words spread like wildfire and nine

pregnant women were referred to the projects well equipped maternal waiting home. By the end of the project end date, 4/9 women had given birth. This concept of a maternal waiting home near a health facility in this context provide to be a best practice now and in the future.

- **Lessons learned:**

- ✓ Close collaboration with all key players (MCHT at County Level, Health care facilities staff and CHWs) is key to yielding desired project outcome for the improvement of reproductive, maternal, newborn, child, and adolescent health services.
- ✓ Involvement of the district health authorities is key in the day to day project implementation and reporting.
- ✓ An effective coordination with all stakeholders, close monitoring and supervision of project activities contributed to a vigorous feedback mechanism from the community health workers to the health care facilities and then to the county level.
- ✓ Provision of water supply and sanitation services at health care facilities, with robust O&M systems has significantly contributed to infection prevention and control at the three project facilities evidence enhanced positive behavior change observed among hospital staff (e.g. handwashing)

- **Story on the Ground:**

During the joint baseline assessment visit, Yamah a midwife at the Nyehn Health Center in Nyehn of Todee district, Rural Montserrado, stated that if the unfinished maternal waiting home is completed, most of the maternal complication associated with births that they receive would be prevented or managed in a timely manner. She told a story about a woman who during the last month of her first two pregnancies would always move to the home of a relative who lived close to the health facility. Following few years, the relative of this woman move to a different location. The next pregnancy of the woman came and she had no relative nearby the facility who would host her this time (the last month of her pregnancy). She stayed home till she got in labor late at night when it is often difficult to find transportation. Walking to the facility during labor was not an option given the distance. She then gave birth at home and started bleeding profusely. Fortunately for her, close to the break of day, the relatives were able to find a vehicle to transport her to the facility. She was rushed to the facility in a timely manner. She was near miss who would have lost her life if the relatives were not fortunate to have found a vehicle. Therefore, we will really appreciate if you complete this maternal waiting home near our facility.