EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

<table>
<tr>
<td>Proposal 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</td>
<td>Recipient UN Organization(s):
UNFPA, WHO, and UNICEF</td>
</tr>
<tr>
<td>Proposal Contact:
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<td>Implementing Partner(s) – Name & type (Government, CSO, etc.):
• Ministry of Health (MoH), Republic of Liberia
• UNFPA Liberia
• WHO Liberia
• UNICEF Liberia</td>
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<tr>
<td>Proposal Location (country):
☐ Guinea
☒ Liberia
☐ Sierra Leone
☐ Common Services</td>
<td>Proposal Location (provinces):

• Montserrado County</td>
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<tr>
<td rowspan="2">Program Description:
The program aims to support Government of Liberia’s efforts to restore essential reproductive maternal and neonatal health (RMNH) services required to reduce the maternal and newborn deaths in rural Montserrado – one of the most densely populated areas in Liberia, with hard-to-reach communities. At the same time, the project will target 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. In addition, the project aims to ensure that pregnant women have access to health facilities that promote hygienic/sanitary environments for them to deliver their babies safely. The program will also build on the existing adolescent health care program in the target districts.</td>
<td>Requested amount: USD 1,499,979.50

UNMEER budget:
Other sources (indicate):
Government Input: In-kind contribution</td>
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<tr>
<td>Start Date: October 1, 2016
End Date: June 30, 2017
Total duration (in months): 9 months</td>
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<tr>
<td colspan="2">STRATEGIC OBJECTIVES AND MISSION CRITICAL ACTIONS to which the proposal contributes.

☐ SO 1 Stop Outbreak MCA1: Identifying and tracing of people with Ebola
☐ SO 1 Stop Outbreak MCA2: Safe and dignified burials
☐ SO 2 Treat Infected People MCA3: Care for persons with Ebola and infection control
☐ SO 2 Treat Infected People MCA4: Medical care for responders
☐ SO 3 Ensure Essential Services MCA5: Provision of food security and nutrition
☒ SO 3 Ensure Essential Services MCA6: Access to basic services
☐ SO 3 Ensure Essential Services MCA7: Cash incentives for workers
☐ SO 3 Ensure Essential Services MCA8: Recovery and economy
☐ SO 4 Preserve Stability MCA9: Reliable supplies of materials and equipment
☐ SO 4 Preserve Stability MCA10: Transport and Fuel
☐ SO 4 Preserve Stability MCA11: Social mobilization and community engagement
☐ SO 4 Preserve Stability MCA12: Messaging
☐ SO 5 Prevent Further Spread MCA13: Multi-faceted preparedness</td>
</tr>
</table>

Recipient UN Organization(s)[1]	
Dr. Remi Sogunro ***UNFPA Representative***	***Signature:*** ***Date & Seal:***
Suleiman Braimoh, Ph.D. ***UNICEF Representative***	***Signature:*** ***Date & Seal:***
Dr. Alex Gasasira ***WHO Representative***	***Signature:*** ***Date & Seal***
Special Envoy for Ebola	
Dr. David Nabarro ***Signature:*** ***Date & Seal:***	

[1] If there is more than one RUNO in this program, additional signature boxes should be included so that there is one for every RUNO.

LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHC	Community Health Committee
CHDC	Community Health and Development Committee
CHT	County Health Team
CHV	Community Health Volunteer
EmONC	Emergency Obstetric and Newborn Care
EPHS	Essential Package of Health Services
EVD	Ebola Virus Disease
GPRHCS	Global Program for Reproductive Health Commodities
H6	UN agencies partnership for maternal, newborn & child health
HMIS	Health Information Management System
ICM	International confederation of Midwifery
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Commination
IPC	Infection Prevention and Control
LDHS	Liberia Demographic Health Survey
LIBR	Liberia Biomedical Research Institute
MCA	Mission Critical Actions
MDSR	Maternal Death Surveillance and Response
MMR	Maternal Mortality Rate
MNDSR	Maternal Newborn Death Surveillance and Response
MoH	Ministry of Health
MPTF	Multi-purpose Trust Fund
NGO	Non-Governmental Organization
NOB	National Officer category B
OR	Operation Room
PSC	Program Steering Committee
RMNCAH	Reproductive Maternal Newborn Child Adolescent Health
SBCC	Social Behavior Change using Communication
SCMU	Supply Chain Management Unit
Sida	Swedish International Development Agency
SOP	Standard Operating Procedure
TTMs	Trained Traditional Midwives
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNMEER	United Nations Mission Ebola Emergency Response
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WinHF	WASH in Health Facilities

NARRATIVE

a) Rationale for this program

Liberia had gradually made progress toward the improvement of socioeconomic services for its people, including the delivery of quality health care services. Although the health system still remained fragile and was struggling to meet the health care needs of the population, the country had made some significant gains following years of conflict. These gradual improvements to health care delivery was evidenced by significant improvements in the reduction of child mortality and increased number of health facilities from 550 (2010) to 657 (2014) across the country (MoH Annual Report, 2014) More people were able to access health care facilities resulting in increased utilization of health care services over the years during the period 2005-2013. Despite these gains in the overall performance of the health sector performance, the Ministry of Health has continued to strive for the improvement of maternal newborn health care in an effort reduce the high maternal and newborn mortality rates in the country. Additionally, the Ebola Virus Disease (EVD) outbreak and subsequent flare-ups over the past two years had a devastating impact on the existing fragile health care system. The poorly equipped health system which bears the largest disease burden was unable to adequately respond to the EVD epidemic and maternal child health care services. Prior to the EVD outbreak, the maternal mortality ratio of Liberia stood at 770 to 1072 deaths per 100,000 live births, one of the worse in Sub-Saharan Africa. As the country continues to strengthen its health care system during the post EVD recovery phase, restoring and strengthening maternal and newborn service delivery has become a priority now more than ever. With the Ministry of Health having declared maternal and newborn deaths a public health emergency last week, donor agencies and international partners are committed to join their efforts to address the root causes and strengthen the response.

Maternal and Newborn Indicators at a glance in Liberia

Maternal and child health care is the largest component of Liberia's health care system as is the case in most countries in Sub-Saharan Africa. The Maternal Mortality Ratio (MMR) is at 1,072 per 100,000 live births. Emergency obstetric and newborn care services in Liberia are unacceptably limited. And the number of skilled birth attendants as per the requirements of the Essential Package of Health Services (EPHS) continues to be inadequate to respond to the caseloads. The shortage of skilled manpower has a dire impact on the ability of a health facility to delivery emergency maternal and newborn care services. Newborn deaths are estimated to be four times higher than maternal deaths as 54 newborns die for every 1,000 live births. Skilled postnatal attendance for mothers as reported in the 2013 Liberia Demographic Health Survey is considerably very low. Although 71 per cent of mothers receive postnatal care, only half of the care is provided by skilled birth attendants. The situation is even worse for the newborn, where only 35 per cent are seen after birth and only 30 per cent are attended by skilled birth attendants. Four out of ten women in Liberia are unable to access health care services due to the long distances from health care facilities.

In view of the high adolescent pregnancy rate (149/1,000 live births), high maternal mortality ratio, coupled with a high unmet need for family planning, the seemingly increasing modern contraceptive prevalence rate of 19 per cent (2013 LDHS) is perhaps too small to have a greater

impact on the reduction of maternal mortality ratio. The need to increase access to family planning through community based outlets is a perfect opportunity in the context of Government of Liberia's new community health workforce program.

In addition to the limited availability of skilled human resources, other components including inadequate infrastructural facilities, equipment and supplies, non-availability of power and water supplies, inadequate hygiene and sanitation have adversely impacted the function of the facilities and quality of services.

From a recent WASH in Health Facility Assessment (MoH, 2014-15), 13 per cent of all facilities did not have access to safe water, 43 per cent had no functional incinerators and operation/maintenance of established WASH systems in health facilities remains a major challenge. It is instructive to note that notwithstanding the presented data, when functionality, reliability and adherence/compliance to minimum MoH/WHO guidelines/standards of established WASH systems in health facilities are further interrogated, then this data is likely to change negatively.

Montserrado County

Montserrado is located in the southwestern corner of Liberia and is the most populated county. It has an estimated total population of 1,320,508 people. This County contains four statutory districts namely Careysburg, Todee, Greater Monrovia and St. Paul.

During the recent EVD outbreak, the county was the worst affected amongst the six highest hit counties in the country. Hosting almost half of the country's population, the county has approximately 240 health facilities of which only 17 per cent (40)[2] are public health facilities. The 2013 LDHS records show that these few public health facilities in Montserrado County bear the highest burden of the health care delivery needs of the population. More than 60 per cent of the population rely on these few generally ill equipped health facilities for health care.

The county has a mixed geographic setting with most of the county being mostly rural with densely populated communities situated in urban, and peri-urban settings. Geographic access to many parts of rural Montserrado can be as difficult as reaching the remote communities in the hinterlands of Liberia. Poor road conditions, few number of health facilities located in remote areas, weak community health programs, limited access to ambulances, and weak referral systems make access to and availability of quality, affordable health care services major challenges for the population, particularly pregnant women.

As part of the Government of Liberia's early recovery plan, efforts are being made to build resilient health systems in order to withstand future health emergencies outbreaks. For example, in case of Infection Prevention and Control (IPC), most of the facilities across the county do not have individual budgets allocated for IPC activities. Although IPC is said to be an integral part of all health facilities, most facilities do not benefit from even basic IPC measures due to lack of supportive supervision.

[2] MoH 2014 list of health facilities

Lack of clean water, latrine facilities, proper health care waste management and good hygiene practices in health facilities are main reasons for healthcare associated infections, which contribute to morbidity and mortality. A recent assessment of health facilities draws out gaps in WASH facilities at health facilities. Access to safe water supply and adequate sanitation remains a challenge. Where these do exist, they are either inadequate or non-functional. The need for water and sanitation facilities at health facilities cannot be underestimated.

In consultation with the government and key stakeholders, the project aims to use the funding to support two of four districts in the Montserrado County. The three UN Agencies – UNFPA, WHO, UNICEF- through a joint approach will provide a comprehensive package of interventions (including IPC and WASH) to respond to the maternal and newborn health needs in the county.

Careysburg and Todee Districts

Careysburg and Todee districts make up the majority of the rural population of Montserrado. Both districts host a population of 68,517 (32,242 in Careysburg and 36,375 in Todee) with the main ethnic groups in the district being Kpelle, Bassa, Mano, Kissi, Loma, and Gola. A total of 13 health facilities are situated in the two districts, of which one is private. Amongst these, 11 are clinics, one is a health center, leaving the entire population with access to only one hospital. Like many rural communities and districts in Liberia, Todee and Careysburg are characterised by poor road conditions, weak infrastructure and limited human and technical capacities to deliver quality maternal care.

More importantly, weak monitoring and supervision of all systems and interventions render it even more difficult to track the quality of care as well as the accountability requirements that contribute to a strong resilient health care delivery system.

Target health facilities

As part of efforts to support the restoration of health services in Liberia to accelerate the reduction of maternal and newborn deaths in the country, three health facilities have been strategically identified in collaboration with the Montserrado County Health Team. UN partners will deliver a standard package of services that will contribute to improving Maternal and Newborn Death Surveillance or Response (MNDSR) in Todee and Careysburg districts of rural Montserrado County.

Health Facilities	**Population Coverage or Beneficiaries**
Bensonville Hospital	65,000
Nyehn Health Center	
Koon Town Clinic	

Focus on the response part of Maternal and Newborn Deaths Surveillance and Response (MNDSR)

It is worth indicating that during the EVD outbreak, most interventions and support to communities and health facilities centred on disease surveillance and infection prevention and control. These efforts have also contributed to setting up systems to improve disease surveillance including maternal and newborn death surveillance. This proposal is focused on responding to the gaps in service demand and delivery of quality MNDSR in selected communities and facilities.

Addressing MNDSR requires a concerted effort to develop and deliver a comprehensive, standardized package of health services across the continuum of care ranging from facility based to community based interventions through strong partnership, coordination and accountability.

b) Coherence with Existing Programs

UNFPA, WHO and UNICEF are part of the global H6 initiative focusing on maternal and new born health. Currently, an H6 funding stream from the Swedish International Development Agency (Sida) is used to support the improvement of maternal new born health services in the South Eastern part of Liberia. In addition, all three agencies are currently implementing a similar approach to maternal health service delivery in three health facilities in Maryland County.

UNFPA's support to contact tracing and active case finding activities in the southeast will contribute to the implementation of the program activities. With UNFPA's existing experience working with MPTF projects in the Grand Cape Mount, Lofa and Gbarpolu counties will help consolidate efforts funded by MPTF.

WHO's strong support to the roll out of the integrated disease surveillance, inclusively of community based surveillance at the county and district levels, will bring a further boost to improved data availability and use for informed decisions towars saving lives of women and babies.

UNICEF's comprehensive package of WASH services to 13 health facilities in Grad Bassa (Government hospital in Buchannan), River Cess (St Francis Hospital, Cestos and F.J Grante Hospital in Greenville), Bong (Phoebe and C. B. Dunbar), Marbigi (Haindii Health centre), Maryland (Karloken Health Centre and J.J. Dorson Hospital in Harper), Grand Kru (Rally Time Hospital), Lofa (Curran Lutheran Hospital, Zorzor, Konia Health Centre, Tellewoyan Hospital in Voinjama and Bolahun Health Centre in Bolahun) counties and the Liberia Biomedical Research Institute show their expertise in ensuring access to safe water, waste management, hygiene and sanitation in all targeted health facilities.

Lessons from these ongoing projects will help to feed into the design and implementation of the project, subsequent scale up and in building synergy across the health system.

c) Program Goal, Objectives and Outputs

Goal: The joint initiative aims to contribute to accelerating the reduction of maternal and newborn deaths in two districts in rural Montserrado by the end of 2016.

Specific Objectives:

- **a.** Increased access to safe maternal and newborn health services through health facility based and community based interventions,
- **b.** Supportive supervision of Infection Prevention and Control (IPC) procedures to control and prevent infections in these health facilities
- **c.** Access to safe water, sanitation and waste management (WASH) systems in these health facilities to control and prevent infections in these health facilities

Outputs

Output 1: Access to and utilization of EmONC services, routine RMNCAH and referral services enhanced for women and girls 15-49 years of age.

The Ministry of Health through the County Health Team has identified the Nyehn Health Center, Koon town Clinic and Bensonville Hospital in Todee and Careysburg districts to benefit from the Joint UN Initiative to enhance the capacity of these facilities to provide Basic and Comprehensive Emergency Obstetrics (BEmONC/CEmONC) and New Born Care services. Similar to other public health facilities in the country, these facilities have limited human resource and logistical capacities to provide quality EmONC services as outlined by the National EPHS. A minimum of three skilled birth attendants are required to provide EmONC service 24/7. Moreover, due to rapid turnover of skilled care providers especially in public health facilities due to poor working environments, available health care providers do not have the training to provide optimum quality EmONC services including services to adolescents. Both Todee and Careysburg districts rely on the Bensonville Hospitals for Comprehensive Emergency Obstetric and Newborn care services. Therefore, the need to improve surgical services as part of EmONC service provision is crucial to responding to emergency complications for the mother and newborn. In addition, sociocultural barriers to health care seeking behaviors further promotes traditional home deliveries and care, making it an additional challenge to access skilled, safe health care services. In addition, poor referral system and services due to te lack of transportation and poor communication systems further contributes to delays in accessing services during emergency situations. This output will aim to address some of these challenges.

Sub outputs

- **d.** Sub-*output 1.1:* Human resources capacity for Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCAH) strengthened through training and mentoring to provide quality care
- **e.** Sub-*output 1.2*: Capacity of skilled providers to provide adolescent friendly RMNCAH services improved
- **f.** Sub-*output 1.3*: Health facilities upgraded to provide 24 hours basic and Emergency Obstetric and Newborn care (EmONC) services
- **g.** Sub-*output1.4:* Access to transportation and communication systems strengthened to improve emergency referrals

h. Sub-*output 1.5:* Availability to essential maternal and new born medical supplies, contraceptives as well as equipment ensured in line with the recommendations of the EPHS

Output 2: Maternal/Newborn Death Surveillance and Response functional through improved data collection, review and action

Maternal and newborn health surveillance and response have become the highlight of maternal and newborn health issues in Liberia. Building on the recent lessons learned from the EVD surveillance and response, this project will continue to support and strengthen health facility and community-based surveillance and reporting of maternal and newborn deaths. Currently, only about a third of maternal death reports are being reported. More than 90 per cent of the existing reports are obtained from health facilities. Underreporting of deaths at facility and community/house hold level, inadequate capacities and weak health information management system are some of the contributing factors. The need to build the capacity of district health teams and health care providers in active and effective tracking of maternal and newborn deaths will be an essential component of this project.

Sub- outputs

1. *Sub-output 2.1:* District Health Team's capacity to effectively track all maternal and newborn deaths improved in line with the existing protocol
2. *Sub-output 2.2:* Maternal and Newborn Death Surveillance structure at district level functional to inform decisions

Output 3: Infection Prevention and Control (IPC) implemented in line with national protocols and SOPs

Infection Prevention and Control practices have become a major priority of the health care delivery system following the EVD outbreak. In line with national protocols and SOPs, all health care facilities are required to ensure and observe effective IPC practices at 100 per cent of service delivery points. At the level of the Bensonville Hospital, IPC interventions will include the prevention of nosocomial infections by strengthening infection prevention and control surveillance at the level of the hospital. At all health facilities, the establishment of IPC committees and structures as well as the reinforcement of existing health facility IPC structures through training and logistical supplies will be an essential component to the project deliverables.

Sub-outputs:

- *Sub-output 3.1:* Health care providers trained to ensure Blood transfusion, standard skin preparation techniques and proper use of antiseptic agents for surgical site preparation, sterilization process
- *Sub-output 3.2:* Required IPC supplies for all health facilities available in constant and adequate supply at various service delivery points.
- *Sub-output 3.3:* Nosocomial infection related to delivery and newborn are tracked and followed by the IPC committee on a monthly basis.

Output 4: Public health and environmental sanitation improved through expanded access to safe

drinking water, basic sanitation, solid waste management services and hygiene education.

The implementation of the WASH interventions will, as with ongoing WASH in Health Facilities (WinHF) project, be in accordance with most recent WHO/UNICEF recommendations on WASH interventions[3] and environmental health standards[4], and in adherence to the "Standards for Health Infrastructure, Ministry of Health, 2013[5]". Through this project, access to WASH will be improved to enable health facilities to better practice infection prevention as well as contribute to clean and safe environment for direct beneficiaries of each health facility. By improving WASH facilities and education, communities will also have access to essential WASH interventions that will promote safe WASH practices.

Sub-outputs:

- *Sub-output 4.1:* WASH facilities available and functional at all three health facilities
- *Sub-output 4.2:* Delivery of water and sanitation services effectively managed and sustained through Bensonville Hospital Administration Team and Department of Environmental Health (part of Ministry of Health)

Output 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

Based on the Governments' Community Health Policy (2015), UNFPA will work with health facilities and communities to revitalize and or strengthen community health structures to effectively engage in maternal and newborn service delivery at community level. Through community engagement and mobilization, community based interventions including community based distribution of family planning commodities, as well as home based maternal newborn care services will be provide to women and girls at community level. The approach will consider the training and equipment of Community Health Volunteers *(CHVs)* as well as regular monitoring and reporting of community based events to ensure that health facilities are informed in a timely manner for appropriate action.

Sub-outputs

- ***Sub-output 5.1:*** *CHDC functional in line with Government of Liberia guidelines and policies*
- ***Sub-output 5.2:*** *Trained Traditional Midwives (TTMs) are identified and paired with CHVs to conduct community based maternal health interventions*

d) Proposed Implementation Strategies and Activities:

[3] *WHO/UNICEF (2015). Water, sanitation and hygiene in healthcare facilities: Status in low-and middle-income countries and way forward.*
[4] *WHO. (2008). Essential environmental health standards in health care.*
[5] WWW.massdesigngroup.org/liberia

Improve skilled birth deliveries at health facilities for all RMNCAH services particularly EmONC are essential in preserving the life of each women and newborn. In close collaboration with the Ministry of Health, the Montserrado County Health Team and the targeted districts, the project will implement following activities:

- Identify and recruit skilled birth providers in target health facilities. UNFPA through its support to the government in its post-EVD restoration of health care delivery will support the remuneration of additional newly deployed midwives to ensure the availability of skilled birth attendants in all three health facilities. In line with MoH policies, this interim measure will help boost the current gaps in the availability of skilled birth attendants 24/7. Most health facilities have only one trained staff to provide a range of maternal and child care services including antenatal care, labour, delivery and post-partum care services. There is need for a minimum of three skilled birth attendants on a 24 hour shift routine seven days a week to ensure full compliance of facilities with Basic Emergency Obstetric and Newborn care (BEmONC) services.
- Upgrade three health facilities to the level of BEmONC to ensure the provision of care according to standards.
- Train staff in targeted health facilities on ICM core competency-based in-service training in EmONC to reinforce their capacity to provide quality care for the mother and newborns. All trainings will use an on-site facility-based/on-the-job training approach that will be based on the specific facility data and identified training needs of the staff in each health facility. Health facilities will be supported to provide 24 hours and 7 days a week maternal healthcare services as well as timely referral of emergency obstetric cases.
- Ensure Bensonville hospital is fully functional through operating theatre, blood banking system and the hospital laboratory to adequately respond to Comprehensive Emergency Obstetric and newborn care needs. As in the case of any fully functional hospital, WHO will refurbish and equip the operating theatre as well as the laboratory to improve access to safe blood banking facilities and supplies to avoid delays that ensures timely response to emergencies. Equipment such as anaesthesia machine, sterilizer, O2 concentrator, OR tables, lights, one blood bank refrigerator to enhance blood storage and easy access to tested blood for emergencies will be provided.
- Procure and distribute mama and baby kits. This approach has been seen to improve utilization of services in an astronomical manner that has proven to increase facility based delivery in a very short period of time. Mother will receive kits twice, once during fourth ANC visit and immediately after the baby is born. This strategy will increase the two main indicators for ANC and deliveries among the population. Essential supplies for the newborn such as Chlorhexidine gel for cord care, newborn resuscitation instruments and supplies will form part of the package of essential equipment.
- Strengthen supply chain of medicines and medical supplies. Effective supply chain of medicines and medical supplies is required to ensure that essential lifesaving medicines are continuously available at health facilities. Liberia has struggled to reduce the high levels of stock-out of drugs and medical supplies. The 2015 UNFPA supplies (GPRHCS) survey of commodity availability indicated that more than 57 per cent of primary health facilities had stock-outs of reproductive health commodities including lifesaving maternal drugs. UNFPA and WHO will work with the existing supply chain systems at all levels of stock

movement and distribution in ensuring the required quantity and timely supply of medicines to health facilities.

Emergency referral of pregnant women to the Bensonville Hospital as well as other referral hospital and health centers remains another critical area that will require adequate support.
Provide support to ensure an effective referral system through the procurement of and ambulance to facilitate regular contact with the Bensonville Hospital.

Adolescent's access to reproductive health services is often hampered by poor access to information among adolescents and limited skills of care providers to interact with adolescents in response to their needs. Social cultural or traditional beliefs often contribute to the many barriers faced by adolescents in receiving services and information. Perceptions that favour early child bearing and early marriage are common practices in Liberia as evidenced by the median age at first birth, which is 18.9 years and 18.4 in Montserrado County. Three out of every ten girls aged 15-19 years old are either already pregnant or experiencing motherhood.

Essential Water, Sanitation and Hygiene (WASH) in health facilities: UNICEF will focus on installation/restoration of hardware as well as promoting and strengthening the software component which shall include:

- Drilling of two boreholes, rehabilitation of one existing hand pump for water supply sources/systems (focus on water quantity and quality), construction of rainwater harvesting systems, construction of water towers and installation of water treatments units.
- Implementation of civil and mechanical works including construction of 3 six-cubicle flush latrines with one shower room and disabled room each; three water towers; piping systems, sanitation infrastructure (ash pit, placenta pit, septic tank and soak away pit. water tanks, ash pits, decommissioning of old pits and latrines, etc.);
- Rehabilitation of health care waste management systems;
- Supervision and quality assurance;
- Capacity building measures to manage installed WASH facilities.
- Integrated adolescent and youth-friendly service provision services and training content in planned EmONC facilities and trainings to ensure that health facilities provide friendly services to youths 14-19 years of age according to existing protocols.
- Demand creation through information dissemination of culturally acceptable and sensitive messaging at community and health facility levels to improve knowledge about fertility, pregnancy prevention and safe motherhood will form part of the program implementation. Peer-to-peer education through community pregnancy prevention advocacy groups to advance Social Behaviour change using communication (SBCC) will serve as forums for adolescents to access information and services. Dialogue with various community groups including community leadership, women and male groups as well as youth and adolescent groups will form part of the SBCC approach. The use of media, IEC/BCC context approved strategies will be employed to increase the promotion of adolescent pregnancy prevention in catchment communities and districts.

Community engagement is crucial to maternal and new born healthcare and reduction of morbidity and mortality**:** Liberia has initiated the rollout of the community health workforce nationwide. This initiative positions existing CHVs in a new role as formal cadres of the health

care delivery system rather than volunteers at community level. UNFPA will ensure support to the district health team to roll out the initiative in targeted catchment communities supported by the program.

- Strengthen the functions of Community Health Committees (CHC) who have the oversight of CHVs activities and building the linkage with health facilities to ensure community engagement in planning, decision-making and review processes of various health community based maternal newborn care intervention, reporting of community health events including death reporting to various health facilities Specific activities include: (1) monthly meetings at health facilities to empower community leaders, men, and women to discuss and timely address barriers to access and utilize services; (2) community awareness meetings on the effectiveness of various community based interventions and linkages with health facilities and (3) support community activities organized by existing and new CHVs to enhance CHVs recognition and support them to perform their duties. The aim is to increase mothers' understanding of: (1) the importance of family planning and danger signs and referral mechanisms during pregnancy, childbirth and the postnatal period; (2) promotion of safe birth practices; (3) essential maternal and new born care and preventive measures for home delivery. These interventions will be conducted by trained CHVs as part of their responsibilities according to the community health policy and standards. Montserrado County Community services department will be supported to ensure effective monitoring and supervision of activities.
- Construction of maternal waiting homes in two locations to ensure timely emergency referral of women to referral facilities as well as ensure adequate proximity of the pregnant woman to the health facility. Given the sparse distribution of the population, distance to health facilities and difficult access to facilities by pregnant women in their third trimester. UNFPA will work with communities to rapidly construct two maternal waiting homes in Nyehn Health Center and Bensonville Hospital.

Strengthen support systems through real-time monitoring and regular reporting: All Agencies will support local managers to closely monitor progress and address health system bottlenecks to effective and safe delivery of quality interventions that contribute to ensuring safe deliveries, and reduced maternal and newborn morbidities and mortalities.

Coordination and partnership: will remain crucial in the implementation of the standard package of interventions for maternal and newborn health care RMNCAH interventions. WHO will maintain the partnership with sister UN agencies and the government such as the H6 Partnership as a feasible and results-driven platform for support to quality reproductive, maternal, new born and child healthcare in Liberia. The overall coordination and monitoring for impact activities will be spearheaded by UNFPA. In collaboration with WHO, UNICEF, the Family health Division and County Health Team to ensure effective regular coordination meetings for RMNCAH in Montserrado County. In a gradual manner, county level ownership of maternal health related coordination will be enhanced. Through this funding mechanism, technical and financial support will be provided to enhance the production and dissemination of standards of services nationally and, specifically, at the selected program health facilities in Montserrado County. Job Aids and

clinical practice protocol and guidelines for clinical care will be made available for improved quality of care.
The survival of mothers, newborns, children under-five, adolescents and reproductive health, in general, will be ensured through robustly working jointly with the MoH; subnational health teams, NGOs and local communities joint actions and improving capacities at the service delivery levels.. Supportive supervision and monitoring will be among the lifesaving foundations.

Direct Beneficiaries:

Population 2015	**Program Target Population**
Population of Todee and Careysburg districts	**68,517**
Careysburg District:	**32,242**
Bensonville Hospital	32,242
Women and girls of Child Bearing Age(15 to 49yrs)	7738
Expected annual pregnancies	1,612
Women expected to give births over a period of one year	1,451
Todee District:	**36,275**
Koon Town Clinic	8706
Women of Child Bearing Age	2,173
Expected annual pregnancies	435
Women expected to give birth over a period of one year	391
Nyehn Health Center	10,206
Women of Child Bearing Age	2,551.50
Expected annual pregnancies	510
Women expected to give birth	459.3
Total direct beneficiaries	
Women of Child Bearing Age	12,463
Total indirect beneficiaries	56,054
	68,517
Total beneficiaries by sex and age	
Males (boys) under 18 years	10,278
Females (girls) under 18 years	11,648
Males over 18 years	22,830
Females under 18 years	23,762
Total	68,517

The program will serve a total of 68,517 persons in the two districts. As shown in the table above, women of reproductive age totalling 12,784 will be the primary/ direct beneficiaries of the program. Approximately 5 per cent of Liberia's population in any given district at any given time

is expected to be pregnant women 2,557 and 2,301 in the two districts respectively. This sub-set of the primary beneficiaries is expected to be at high risk due to the risk associated with pregnancy in Liberia as evidenced by the high maternal mortality ratio. Men, boys and other family members are considered indirect beneficiaries. And as the role of men in women's health is very essential, the program will consider the engagement of men and boys in health promotion and education.

Program Sustainability: Liberia's progress towards the implementation of its investment plan for a resilient health system is promising. Funds from this program are catalytic in nature and as such will use existing structures at the county and district levels to implement activities in line with the existing MoH/County and district plans as it relates to ensuring reliance at various levels of health care delivery across targeted districts and health facilities. Based on each agency's policies and procedures, some aspects of the program such as the international procurement will be handled by UN agencies while MoH will handle local procurement of supplies as much as possible. Funds will be managed both by the MoH as well as specific UN agency. To ensure that the County Health Team (CHT) and MoH fund management capacity is enhanced, on an agreed periodic basis agencies will release funds to the MoH for the implementation of activities on a periodic basis. This approach whereby funds are disbursed on a periodic basis following clear reporting of expenditure will help to minimize risk and improve accountability. Indeed, this proposal has been reviewed and approved by the CHT and MoH that it is in compliance with, as well as an integral component of, the strategic thrust of the Investment Plan. Specifically, the new Director of Family Division, under whose direction this program would sit at the MoH along with the new Chief Medical Officer for the Republic have endorsed the proposal and have raised NO OBJECTION on behalf of the country. Therefore, all strategies and activities supported under this program are designed and embedded with the notion of suitability right from the beginning. The overall aim of the program will be to strengthen the capacity of Montserrado County to deliver RMNCAH services in a smarter and better manner.

The community engagement and participation component as described in the implementation arrangement is clearly in line with all strategic objectives of the community health road map; particularly, objectives; one, three and five of the document that aim to ensure the following:

(1) Build the capacity of communities to contribute to the reduction of maternal, newborn and child morbidity and mortality and to address issues of public health concerns at community level;
(2) Strengthen support systems for implementation of community health services, and
(3) Activate community-based surveillance system respectively.

With the intent of a nationwide rollout of the community health road map, the MoH has admonished all partners to support the implementation of the strategic document. Existing community health structures such as Community Health Committees and Community Health and Development Committees will be used where they already exist (or they may be created in accordance with the policy) to ensure strong community engagement and participation in the achievement of results. This program will ensure support as well as boost the implementation of the road map in selected counties, districts and communities in collaboration with the community health department at the central level as well as at the level of the counties along the lines of the three strategic objectives mentioned above.

In relation to health facility level implementation, this standard package of maternal health interventions and related activities including EmONC, routine maternal healthcare, Family Planning, IPC, WASH and Maternal Death Surveillance and Response are designed to suit ongoing or new strategies as described in the MoH plan to restore all health services including RMNCAH post-EVD. It is worth noting that the targeted county, Montserrado is reportedly underserved with gross issues of limited coverage, inequity and quality in its delivery of RMNCAH services due to large population size of more than one million population resulting from increased rural-urban migration, urban-rural disparity unequal distribution of health resources and limited human resource capacity for maternal health as well as limited logistical support for delivery of quality maternal health care services. Given that IPC and surveillance have been grossly funded in the recent past as a result of the EVD crisis, this proposal is skewed toward the response component of MDSR. In line with the roadmap for the acceleration of maternal mortality and morbidity reduction and various national protocols, the program will serve as a catalytic force to boost existing levels of implementation while improving the health of mothers and their newborn to ensure sustainability. The program will work with the County Health Management Team to enhance their capacity in the management of the RMNCAH activities in the county through support to Bensonville Hospital and three primary health care facilities. All existing county level structures will be supported and utilized in implementation of the Program activities. County coordination mechanisms will be supported to enhance institutionalization through the CHTs management processes to ensure continuity and sustainability. For the purpose of sustainability across all levels, all activities will be fully institutionalized, integrated and managed by the CHT at the onset of implementation to allow time for acceptability and monitoring for improvement and continuity.

e) Capacity of RUNO(s) and implementing partners

UNFPA is the leading United Nations agency in reproductive health with various programs to support initiatives in maternal health worldwide. UNFPA's recognized worldwide initiatives and contributions to country efforts are in the area of maternal health such as the Maternal Health Trust Fund and its flagship commodity security program, the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) now referred to as UNFPA Supplies, and fistula prevention treatment and rehabilitation program. UNFPA's close collaboration and continued support to the Ministry of Health in the area of reproductive health particularly the Family Health Division and the Supply Chain Management Unit (SCMU) in support of health services for women and girls has contributed to improving access to family planning and the use of antenatal care services in Liberia as evidenced by the increase in contraceptive prevalence rate and antenatal care attendance recorded by the LDHS. UNFPA has demonstrated leadership in program implementation by mobilization of resources for the H6 Sida maternal health program expansion, the Mano River maternal health program as well as in the area of adolescent sexual reproductive health, data for planning and decision-making through a nationwide strategy on contact tracing and active case surveillance at community level; which can be drawn upon to provide leadership in the implementation of this program.

Capacity exists with UNICEF for implementation, monitoring and provision of technical assistance. UNICEF work through contractors who have been active with the ongoing WinHF projects implemented by UNICEF. So far, work is ongoing with the provision of a comprehensive

package of WASH services to 13 health facilities in Grad Bassa (Government hospital in Buchannan), River Cess (St Francis Hospital, Cestos and F.J Grante Hospital in Greenville), Bong (Phoebe and C. B Dunbar), Marbigi (Haindii Health centre), Maryland (Karloken Health Centre and J.J. Dorson Hospital in Harper), Grand Kru (Rally Time Hospital), Lofa (Curran Lutheran Hospital, Zorzor, Konia Health Centre, Tellewoyan Hospital in Voinjama and Bolahun Health Centre in Bolahun) and one biomedical research institute (Liberia Biomedical Research Institute (LIBR). With UNICEFs extensive technical expertise in the area of WASH, the leading UN Agency with funds from MPTF has and will continue to demonstrate leadership in WASH across the country.

WHO's overall technical and coordination leadership in health brings an added value to the program implementation. With its leadership role in the handling of the EVD crisis and technical guidance in strengthening disease surveillance through the development of the integrated disease surveillance and response (IDSR) in collaboration with strategic partners during this EVD recovery period, the agency stands ready to ensure adherence to standards of care and overall monitoring for impact at both community and health facility levels in collaboration with MoH, UNFPA and UNICEF.

f) Proposal management:

In collaboration with MoH, the three agencies will coordinate the program with UNFPA as the Lead and Administrative Agent. WHO and UNFPA will share the response component that deals with the delivery of quality EmONC services where all signal functions are available in line with national guidelines. WHO providing support to ensure that operating theatres, laboratory and blood banking facilities are in place and functional. Additionally, in line with national guidelines and SOPs, WHO will also ensure that IPC is fully implemented. An effective Emergency Referral system in collaboration with all stake holders will be in place and monitored by WHO. UNFPA will focus on community engagement to improve community participation in maternal health services delivery at community level as well as ensure that health facilities have the capacity to respond adequately to maternal and newborn health needs of women and girls. UNFPA will dedicate two staff to manage the full implementation of the project with one NOB level staff to provide oversite on a regular basis. UNICEF will implement the WASH aspect of the response and will do this in collaboration in the Infrastructure Division and the Division of Environmental and Occupational of Health Ministry of Health. This will be done by following approved guidelines and ensuring quality audits of process and ensuring operation, maintenance and management structures are put in place to ensure sustainability of systems. UNICEF will provide overall management and coordination of the project and will assign one National staff at NOB level to provide monitoring and oversight to potential contractors.

All three agencies will collate and submit reports of the program implementation as per donor requirements. UNFPA as the lead agency will assume responsibility consolidate reports from the other two agencies and submit regular reports to the MPTF. Using the H6 framework, a Program Steering Committee (PSC) will be established with overall oversight and quality assurance roles. The PSC will meet on a monthly basis to track or ascertain progress and review risks, issues and strategies as well as to make recommendations for adaptations, if required.

g) Risk management:

Table 1 – Risk management matrix

Risks to the Achievement of Strategic Aims	Likelihood of Occurrence (high, medium, low)	Severity of Risk Impact (high, medium, low)	Risk Management and Mitigating Strategy	Responsible Partner/Unit
Potential political tension as the country prepares for presidential and general elections on 2017	Low	Medium	Continuous engagement Effort will be made to deploy more qualified and efficient contractors and staff to ensure time delivery of project outputs	Government leadership /All Partners
Community Resistance	Medium	High	Use culturally sensitive messages. Sensitize and engage communities in all activities	All Partners
Insufficient and untimely release of funds	Low	High	Early earmarking and disbursement of resources	MPTF and all Partners
Misappropriation of funds towards un intended purposes	Medium	High	Gradual disbursement of funds pending clear report on expenditure as per the work plan	All agencies and MoH
Disruption of activities due to heavy rains	Medium	Medium	Ensure deployment and preposition of staff and materials to project sites before the heavy rains	UNICEF WASH Team

h) Value for Money

This project is considered catalytic in nature. Its main aim is to compliment the efforts of the MoH to accelerate the reduction of maternal morbidity and mortality in two currently deprived districts. Given that some level of infrastructure, human resource, basic equipment and logistics are in place, funds from this project are expected to respond to some of the critical gaps in the delivery of health care for women and girls. Therefore the project will address existing gaps in the delivery of quality maternal newborn services in these strategically positioned health facilities in rural Montserrado County. Although the total catchment population of the targeted facilities has been estimated at 68,517, these facilities once well equipped with funds from MPTF are expected to reach more than the estimated population. As most of the rural communities in this part of Montserrado County rely on these health facilities for health care, the project anticipates a wider coverage of beneficiaries. With the limited available funds, and the current gaps, the project will also rely on other resources to deliver comprehensive maternal newborn care service to the population. An average $22.00 per beneficiary (using the estimated population) is the approximate cost of the complementary investment that this project will provide during the project period.

i) Monitoring & Evaluation:

The overall monitoring and reporting of the program implementation will be the responsibility of UNFPA in collaboration with UNICEF and WHO. Established district health teams will participate in both monitoring of activities at the level of the district, communities and facilities. The implementation of Joint monitoring activities will be led by WHO in collaboration with UNICEF, UNFPA and the County Health Team. While each agency will be responsible for specific monitoring and supervision relative to defined intervention areas, WHO will support the overall field level coordination and monitoring of activities in collaboration with UNFPA, UNICEF and the MoH. At the level of the districts, monitoring and supervision will be implemented at community and health facility levels. All agencies will work with the existing M&E Framework of the MOH base on the response component they implement. Regular supervision and monitoring visits will be made to the project areas and health facilities by individual agencies as well as in a joint manner. Existing tools will be reviewed to align with the specifics of the project deliverables. There will be joint missions and data verification missions to strengthen reconciliation of health data at the facilities. WHO will have oversight responsibility for the collection, analysis, reporting and use of data in collaboration with the MoH HMIS Unit and the County M&E system.

UNFPA will ensure that all reporting requirements are fulfilled according to schedule and will compile reports from UNICEF and WHO for submission to the donor on a defined period basis as recommended by MPTF.

At the beginning of the program implementation, a joint baseline assessment and/or a desk review will be implemented to complete the logical framework. Data from the baseline assessment will be used to inform programming. Through the implementation of joint quarterly review meetings to determine progress and existing gaps, partners and the MoH will be informed to take action for improved delivery of services. WHO will lead and support the final evaluation of the program in collaboration with all partners. The final donor report will be compiled and submitted by UNFPA.

PROPOSAL RESULT MATRIX

Proposal Title: Responding to maternal and newborn health needs through the delivery of a standard package of maternal newborn interventions in three health facilities Todee and Careysburg Districts, Montserrado County						
Strategic Objective to which the Proposal is contributing[6]		SO 3 Ensure Essential Services MCA6: **Access to basic services**				
Effect Indicators		**Geographical Area**	**Baseline**[7] In the exact area of operation	**Target**	**Means of verification**	**Responsable Org.**
Proportion of deliveries assisted by skilled birth attendants in target health facilities		Koon Town Health Clinic, Nyehn Health Center in Todee district and Bensonville Hospital in Careysburg District, Montserrado County	TBD	80%	Health facility reports and records	UNFPA and WHO
Proportion of obstetric and newborn complications treated in the targeted health facilities			TBD	85%	Health facility reports and records	UNFPA and WHO
Capacity of County and district health teams to undertake maternal and newborn death audit and review improved			TBD	80%	Health facility reports and records	UNFPA and WHO
Public health and environmental sanitation improved through expanded access to safe drinking water, basic sanitation, solid waste management services and hygiene education			0	3	Health facility reports, records and field visits	UNICEF
Outputs	**Output Indicators**	**Geographical Area**	**Baseline**[8]	**Target**	**Means of verification**	**Responsable Org.**
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.	1. Proportion of safe health facility deliveries	Koon Town Health Clinic, Nyehn Health Center in Todee district and Bensonville Hospital in Careysburg District, Montserrado County	TBD	80%	Health facility reports and records review	UNFPA and WHO

[6] Proposal can only contribute to one Strategic Objective

[7] Based on a joint desk review, baselines will be collected where possible. Joint assessments will be conducted to collect additional information where necessary.

[8] Based on a joint desk review, baselines will be collected where possible. Joint assessments will be conducted to collect additional information where necessary

	2. Proportion of women attending ANC 4 visits			70%	Field visits	
	3. Proportion of obstetric complications managed at EmONC	Bensonville Hospital in Careysburg District, Montserrado County	TBD	85%		
Output 2: Maternal and newborn death surveillance and Response are functional as evidenced by timely reporting, death reviews and effective response	1. Proportion of maternal death audits/reviews carried out routinely by targeted health facilities	Koon Town Health Clinic, Nyehn Health Center in Todee district and Bensonville Hospital in Careysburg District, Montserrado County	TBD	60%	Health facility reports and records	WHO
	2. Proportion of neonatal death audits/reviews carried out routinely by targeted health facilities	Koon Town Health Clinic, Nyehn Health Center in Todee district and Bensonville Hospital in Careysburg District, Montserrado County	TBD	60%	Field visits	
Output 3: Health facilities implement Infection Prevention and Control (IPC) in line with national protocols and SOPs	1. Number of targeted health facilities with functional committees 2. Number of health facilities with complete IPC SOPs and utilizing them	Koon Town Health Clinic, Nyehn Health Center in Todee district and Bensonville Hospital in Careysburg District, Montserrado County	0 0	3 3	Health facility reports and records Field visits	WHO
Output 4: Improved public health and environmental sanitation through expanded access to safe drinking water, basic sanitation, solid waste management services and hygiene education.	1. Number (3) of health facilities with WASH facilities meeting national standard	Koon Town Health Clinic, Nyehn Health Center in Todee district and Bensonville Hospital in Careysburg District,	0	3	Health facility reports and records	UNICEF
	2. Number of health facilities with WASH O&M structures	Montserrado County	0	3	Field visits	

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	1. Number of facilities whose CHDCs held at least three meetings within the last quarter	Koon Town Health Clinic, Nyehn Health Center in Todee district and Bensonville Hospital in Careysburg District, Montserrado County	TBD	3	Health facility reports and records Field visits	UNFPA
	2. Number of communities with Community Health Development Committee (CHDC) participating in maternal death reporting and response activities		TBD	3		
	3. Proportion of maternal and newborn referrals conducted by community health workers	Koon Town Health Clinic, Nyehn Health Center in Todee district and	TBD	20%		
	4. Proportion of CHVs/TTMs actively providing homebased maternal and newborn services	Bensonville Hospital in Careysburg District, Montserrado County	TBD	60%		
	5. Proportion of FP clients that receive FP commodities through community based distributors	Koon Town Health Clinic, Nyehn Health Center in Todee district and	TBD	25%		
	6. Percentage increase in CYP in family planning in Todee and Careysburg districts	Bensonville Hospital in Careysburg District, Montserrado County	TBD	15%		

Project budget by UN categories

CATEGORIES	UNICEF	WHO	UNFPA	Total
1. Staff and other personnel	20,000.00	0	30,000.00	50,000.00
2. Supplies, Commodities, Materials(include details)	0	100,000.00	100,000.00	200,000.00
3. Equipment, Vehicles, and Furniture, incl. depreciation (include details)	20,000.00	150,000.00	150,000.00	320,000.00
4. Contractual services (include details)	406,000.00	0	45,000.00	451,000.00
5.Travel (include details)	15,000.00	25,000.00	10,000.00	50,000.00
6. Transfers and Grants to Counterparts (include details)	5,000.00	0	0	5,000.00
7. General Operating and other Direct Costs (include details)	0	175,000.00	150,850.00	325,850.00
Sub-Total Project Costs	466,000.00	450,000.00	485,850.00	1,401,850.00
8. Indirect Support Costs*	32,620.00	31,500	34,009.50	98,129.50
TOTAL	**498,620.00**	**481,500.00**	**519,859.50**	**1,499,979.50**

Budget per Output

Outputs	Agency	Budget
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.	UNFPA	$ 346,573.00
	WHO	$ 237,500.00
Output 2: Maternal and newborn death surveillance and Response are functional as evidenced by timely reporting, death reviews and effective response	WHO	$ 100,000.00
Output 3: Health facilities implement Infection Prevention and Control (IPC) in line with national protocols and SOPs	WHO	$ 112,500.00
Output 4: Improved public health and environmental sanitation through expanded access to safe drinking water, basic sanitation, solid waste management services and hygiene education.	UNICEF	$ 466,000.00
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	UNFPA	$ 139,277.00
Indirect Support Costs*	UNFPA	$ 34,009.50
	UNICEF	$ 32,620.00
	WHO	$ 31,500.00
Total		$ **1,499,979.50**