UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016

<table>
<tr><td>Project Number and Title:
MPTF 53- Title: Strengthening Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in South Eastern Liberia</td><td rowspan="2">PROJECT START DATE[1]: 28th April 2016 on MPTF Gateway End Date: December 2016

Total duration (in months): 12 months</td><td rowspan="2">AMOUNT ALLOCATED by MPTF:
USD 1,000,000.00

(please indicate different tranches if applicable)
$...</td><td rowspan="3">RECIPIENT ORGANIZATION

1. United Nations Population Fund (UNFPA)

2. United Nations Children’s Fund (UNICEF)

3. World Health Organization (WHO)

IMPLEMENTING PARTNER(S): Ministry of Health (MoH), Republic of Liberia</td></tr>
<tr><td>Project ID:
0000000 (Gateway ID)</td></tr>
<tr><td>Project Focal Point:
Dr. Remi Sogunro, UNFPA Representative
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Suleiman Braimoh, Ph.D. UNICEF Liberia Representative
Cell: +231 0770267100 Email: sbraimoh@unicef.org</td><td>EXTENSION DATE:
27th July, 2017</td><td>FINANCIAL COMMITMENTS
$...</td></tr>
<tr><td>Strategic Objective (STEPP)
SO# - Description: Ensure Essential Services
Recovery Strategic Objectives
RSO# - Description:

Mission Critical Action
MCAn – Description: Access to basic services</td><td>PROJECTED END DATE:
27th July, 2017</td><td>EXPENDITURES as of December 2016
<u>US$ 128,527.84</u></td></tr>
<tr><td>Location:
Country or Regional Liberia:</td><td colspan="3">Sub-National Coverage Areas:
Full list of countries and/or districts: South Eastern Liberia, Maryland County</td></tr>
<tr><td>Report Submitted by:
○ 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</td><td colspan="3">Report Cleared by:
○ 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</td></tr>
</table>

[1] The date project funds were first transferred.

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OUTPUT INDICATORS					
Indicator	**Geographic Area**	**Projected Target (as per results matrix)**	**Quantitative results for the reporting period (Apr – Dec 2016)**	**Cumulative results since project commencement (quantitative)**	**Delivery Rate (cumulative % of projected total) as of date**
Description of the quantifiable indicator as set out in the approved project proposal					
Output 1: Access to and utilization of EmONC services and routine RMNCAH services for females of reproductive ages 15-49 years is increased.					
1. Proportion of Health facilities achieving targeted number of ANC 4 visits	Maryland County	3 clinics (Fish Town, Glofarken, and Karloken) Target=100%	1	1	33.3% (1/3)
		• Glofarken baseline =120, target: 330 • Fish Town baseline =71, target 171 • Karloken baseline =142, target 198	• Glofarken = 200 • Fish Town = 129 • Karloken = 211	• Glofarken = 200 • Fish Town = 129 • Karloken = 211	• Glofarken = 60.6% (200/330) • Fish Town = 75.4% (129/171) • Karloken = 106.6% (211/198)
2. Proportion of BEmONC facilities actually providing services according to guidelines	Maryland County	3 Clinics (Fish Town, Glofaken and Karloken) Target= 100%	3	3	100%
		Skilled Deliveries: • Glofarken baseline = 59, target: 297 • Fish Town baseline = 51, target 153 • Karloken baseline – 61, target = 180	• Glofarken = 135 • Fish Town = 109 Karloken = 132	• Glofarken = 135 • Fish Town = 109 • Karloken = 132	• Glofarken = 45.5% (135/297) • Fish Town = 71.2% (109/153) • Karloken = 73.3% (132/180)
3. Number of health facilities that provide complete ASRH services	Maryland County	Baseline = 0, target = 3	3	3	100%
Output 2. Supply of essential commodities including contraceptives at health facilities and community level is improved					
1. Proportion of health facilities reporting no stock out of tracer		3/3 health facilities (Glofarken and Karloken clinics) reporting no stock out of tracer commodities	2	2	66.7% (2/3)

commodities for RMNCAH	Maryland County	Baseline= 2 Target = 3 (100%)			
2. Proportion of community health workers reporting no stock- out of commodities including contraceptives	Maryland County	Baseline=80.8% community based health volunteers reporting no stock out of commodities Target = 26 (100%)	24 community health workers	24 community health workers	92.3% (24/26)
Output 3: Community health structures are strengthened to provide community based RMNCAH services in all targeted communities					
1. Number of CHDC meetings reports and meeting minutes with action plan shared with facilities	Maryland County	Baseline = 3 (Glofarken 1 and Karloken 2) Target: 3 per quarter = 9 meetings	6	6	66.7% (6/9)
2. Number of new born and mothers who received two home visits from the CHVs within 2 days after delivery.	Maryland County	Baseline=216 mothers and newborns in catchment areas received at least one home visit from CHVs during the previous two quarters Target=630	424	424	67.3% (424/630)
3. Number of skilled delivery in facilities referred by CHVs/TTMs	Maryland County	Baseline =208 Target =540	384	384	71.1% (384/540)
Output 4: Maternal death surveillance and response systems strengthened at all levels in accordance with national protocols					
1. Proportion of maternal and new born deaths notified by health facilities that are investigated	Maryland County	Baseline= 2 (1 maternal and 1 newborn death occurred at the Karloken clinic Target = 100% of death reported are reviewed and investigated	• Maternal death: 0 (0/0) • Neonatal death = 100% (1/1) • Stillbirth = 0 (0/1)	• Maternal death = 0 (0/0) • Neonatal death = 100% (1/1) • Stillbirth = 0 (0/1)	Maternal death = 0 (0/0) Neonatal death = 100% (1/1) Stillbirth = 0 (0/1)
2. Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy	Maryland County	Baseline =1 Target= 100% of deaths reported are reviewed and investigated through verbal autopsy	• Maternal death = 0 • Neonatal death = 100% (1/1)	• Maternal deaths = 0 • Neonatal deaths = 100% (1/1)	Maternal deaths = 0 Neonatal deaths = 100% (1/1)
Output 5: Effective Coordination and Monitoring of RHMCAH services improved at all levels in the county					
1. Number of targeted health facilities that have standards of care for RMNCAH	Maryland County	All (3) targeted health facilities in the county have and are using the updated	3	3	100%

available	Maryland County	MOH revised standard and protocols for RMNCAH			
2. Number of targeted facilities with enhanced and integrated HMIS at county, district and health facility levels	Maryland County	All (3) targeted facilities are reporting are through an enhanced and integrated HMIS	3	3	100%
3. Number of targeted health facilities with functional and results based coordination mechanisms at county and district levels.	Maryland County	All (3) targeted health facilities have functional coordination mechanism that is mainly through monthly health facility and catchment communities meetings. Each health facility had coordination meeting during the quarter.	3	3	100%
4. Project Recommendations and follow up actions implemented by the county	Maryland County	• Provide project reports monthly • Increase Skilled Birth Attendants to at least 2 in each of the targeted health facilities • Conduct data verification and analysis and use results for action at all levels (county, district and health facility)	3	3	3
EFFECT INDICATORS (if available for the reporting period)					

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PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The Ebola Viral Disease (EVD) outbreak that began in 2014, with a few smaller outbreaks in 2015 and 2016, devastated the already fragile health systems in Liberia. Approximately 10,821 deaths were reported during the EVD outbreak (3,150 confirmed) up to 9th May 2015 and 192 health workers were also confirmed to have died of EVD. In addition, thousands of mothers and children stayed away from health facilities owing to the fear of contracting EVD, leaving them vulnerable to complications from not receiving treatment for preventable and other diseases not related to the outbreak. Shortages of health workers, poor quality of services, gaps in funding and other bottlenecks continue to impede the scale-up of high-impact maternal, newborn, and child interventions, thereby contributing to maternal, newborn, and under-five morbidity and mortality.

The Mission Critical Action of this project is to ensure the provision of essential services and increase access to basic services. Specifically, the project supports government efforts to restore essential reproductive maternal, neonatal, child, and adolescent health (RMNCAH) services and ensure infection prevention and control to prevent the spread of EVD and other transmittable diseases. In particular, the focus is on ensuring that pregnant women have access to hygienic/sanitary environments for them to deliver their babies safely. The project also complements the H6 support in strengthening adolescent health care programmes (adolescent friendly service provision) in Maryland County.

Interventions carried out under this project contributed to ensuring that mothers and babies received the care they required, while preventing the spread of EVD, achieving zero cases of EVD transmission in health facilities from April to December 2016. The access to and utilization of basic emergency obstetric and neonatal care (BEmONC) services improved. During the baseline assessment, only one provided 24/7 basic emergency obstetric and neonatal care and referred patients needing further treatment to the referral hospital. By December 2016, three health facilities were providing 24/7 BEmONC and referral. More adolescent and youth also benefitted from HIV prevention services and accessing family planning.

With support from the agencies, health workers in the targeted health facilities have been trained on managing essential medicines and supplies. The supply chain at county and health facility level has improved, however in certain time periods (rainy reason), bad road conditions impede timely delivery of essential commodities to certain health facilities and communities. Despite these challenges, the number of community health workers reported no stock-out of essential medicines is 24 out of 26 communities. Initially 16 out of 26 communities reported no-stock out.

Maternal and neonatal deaths continue to be a big issue in the country. Efforts to strengthen maternal and neonatal deaths surveillance and response (MNDSR) not only in the targeted health facilities, but also at national, county, district, health facilities, and at community level. In 2016, a total of 13 maternal deaths and 23 neonatal deaths were reported in Maryland through the weekly integrated disease surveillance and response (IDSR) bulletin, with the majority occurring at health facilities. One neonatal death occurred in the catchment community in one of the targeted health facilities and it was investigated.

Current Situation and Trend

The WHO/UNICEF/UNFPA Joint Programme on Strengthening Reproductive Maternal, Newborn and Adolescent Health Service Delivery, Death Surveillance and Response in South Eastern Liberia is contributing to the improvement of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) in Maryland Specifically. The efforts complement the existing project (H6) to contribute to the reduction of maternal and new born mortality in Maryland by improving skilled birth deliveries at health facilities, particularly for emergency obstetric and neonatal care and emergency referral for pregnant women.

The adolescent health issue is crucial in Liberia as one of three pregnancies is that of a teenager. The project provides support for adolescents to access reproductive health services through adolescent-friendly health facilities. At local level, community engagement played a crucial role for maternal and neonatal health care and reducing maternal and neonatal deaths. This project also support the home based maternal and newborn care through home visit to pregnant women where Community Health Volunteers (CHVs) and Trained Traditional Midwives (TTMs) encourage pregnant mothers to access antenatal care and delivery in the health facility. This project also support the home based maternal and newborn care and community health volunteers visit pregnant women and encourage them to do antenatal care and delivery in the health facility. Postnatal visits were conducted as recommended guidelines and both mothers and newborn visit were recorded separately.

Narrative section:

- **Key Achievements:**
  - **Outcome:** No transmission and zero cases of Ebola during the reporting period (April- December 2016).
  - **Output 1: Access to and utilization of Emergency Obstetric and Neonatal Care services and routine Reproductive Maternal, Neonatal, Child, and Adolescent Health services for women and girls 15-49 years of age is increased.**
    - ✓ Five midwives recruited and deployed at Karloken (1), Glofarken (2), and Fish Town Clinics (2).
    - ✓ Technical support is being provided at all levels to enhance the use of information derived from the data for action.
    - ✓ Regular mentorship on the use of the partograph is being provided to the newly assigned midwives by senior midwives in three targeted health facilities (Karloken, Glofarken and Fish Town Clinics).
    - ✓ Capacity of skilled providers to provide adolescent friendly RMNCAH services improved through monthly mentoring and quarterly joint supportive supervision.
    - ✓ Three (3) clinics provided with an enabling environment for health workers to provide Basic Emergency Obstetric and Newborn Care services. Provision of services is available for 24/7 (Even though the MoH regulation on health care service provision hour is 8am-4pm). This has been made possible by provision of incentives that has motivated them to provide 24/7 services.
    - ✓ The number of adolescent and youth accessing family planning increased from 489 to 516 on a quarterly basis and clients benefitted from HIV prevention services including safe motherhood services.

- **Output 2: Supply of essential commodities, including contraceptives, at health facility and community levels to ensure a zero stock out of supply of drugs and relevant supplies is improved.**
  - ✓ Two out of three health facilities (66.7%) have access to essential maternal and new born health medicines and contraceptives in a timely manner.
  - ✓ The County Health Team has access to adequate logistical support that facilitates the distribution of essential commodities.
  - ✓ Health facilities have knowledge and capacity to properly manage essential supplies and commodities through mentoring and supportive supervision. Health workers applied the knowledge of stock management and commodity securities.
- **Output 3: Community health structures are strengthened to provide community-based RMNCAH services in all targeted health facilities catchment communities**
  - ✓ Six out of nine (66.7%) Health Facility Development Committee (formerly CHDC) meetings conducted during the time period.
  - ✓ 424 out of 630 (67.3%) mothers and newborns in catchment areas received at least two home visits by trained Community Health Volunteers (CHVs) within 2 days after delivery.
- **Output 4: Maternal death surveillance and response systems strengthened at all levels in accordance with national protocols**
  - ✓ Maternal death identification and notification by health facilities are investigated according to the protocol by the County Health Team.
  - ✓ Maternal deaths identified/notified by targeted communities are investigated through verbal autopsy by the county team.
  - ✓ District and county health surveillance teams supported to enhance timely response with community involvement.
- **Output 5: Effective coordination and monitoring of RMNCAH services improved at all levels in targeted county.**
  - ✓ A reporting tool was developed based on the project result frame work and approved by the MoH.
  - ✓ Functional results-based management improved at county and district levels.

- **Delays or Deviations**
  - ✓ Delayed fund receipt by the agencies (in June-August 2016). However, a No Cost Extension was requested and granted, which will enable the completion of planning activities.
  - ✓ Delay in the implementation of Community Health Assistant Programme due to the delay in the finalization of the training modules for Community Health Assistant (CHA) and Community Health Service Supervisor (CHSS).
  - ✓ Delay in the validation of the MNDSR training module led to a delay to the MNDSR training at national and county levels.

- **Best Practice and Summary Evaluation**

  Best practice from this project is the revised reporting tool which was developed based on the project result framework in collaboration with MoH. The tool has data disaggregation by age which differentiate the age groups, with particular focus on adolescent and youth which is not possible in the

previous tool. With the new tool, the response/intervention can be more specific since the approach is different for different age groups.

- **Lessons learned**
  1. Community engagement and ownership is key for the improvement of reproductive, maternal, newborn, child, and adolescent health services as gCHVs and TTMs are trusted members of the community and are able to convince community members to access and utilize essential RMNCAH services.
  2. Community engagement, training for the community health volunteers and TTMs, and monitoring and supervision from CHSS and health workers in the health facilities led to the increase in the number of home visits and referral to the health facilities for ANC and facility delivery. Reports from community members are encouraging. It is expected that services will be further improved with the training and deployment of CHA to cover areas beyond 5km from the health facility,
  3. There is need for effective monitoring and supervision, robust feedback mechanism that will encourage the community health workers to improve the services in the communities.

- **Story from the Field** –
  Patience, one of the midwives posted and Officer In Charge at the Glofarken clinic told her story of being gratified for the support received from the MPTF project that has strengthened the link between the community and the clinic. She said the clinic has started regaining trust of the communities that were affected due to the Ebola epidemic. She made specific mention of the cordial relationship with the TTMs that has increased. She also said examples of the impact on community trust is of referral made by the TTMs for ANC and facility delivery increased to 79% (158/200) and 81% (109/135) respectively in 2016 as opposed to 36% (71/168) and 41% (46/112) in 2015. She expressed thanks and appreciation and pledged she and the other facility staff will do their best to provide quality services to the catchment communities to improve their health, especially for women, children and adolescents.

1)Infection Prevention and Control (IPC) system in place

2) Monitoring and supervision of the health workers