



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1
Period (Quarter-Year): January –March 2017**

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		PROJECT START DATE Start date: 28 th April 2016 on MPTF Gateway End Date: December 2016		AMOUNT ALLOCATED by MPTF USD 1,000,000.00 <i>(please indicate different tranches if applicable)</i>		RECIPIENT ORGANIZATION 1. United Nations Population Fund (UNFPA) 2. United Nations Children’s Fund (UNICEF) 3. World Health Organization (WHO)	
Project ID: 0000000 (Gateway ID)		Total duration (in months): 12 months		\$...			
Project Focal Point: Dr. Remi Sogunro, UNFPA Representative Cell: +231 770004001 E-mail: sogunro@unfpa.org Dr. Alex Ntale Gasasira, WHO Representative Cell: +231 775 281 157 Email: gasasiraa@who.int Dr. Suleiman Braimoh, PHD. UNICEF Liberia Representative Cell: +231 0770267100 Email: sbraimoh@unicef.org		EXTENSION DATE:		FINANCIAL COMMITMENTS None.			
Strategic Objective (STEPP) SO 3: Ensure Essential Services		PROJECTED END DATE: 27 st -July-2017		EXPENDITURES as of [date]: WHO 98.4% UNICEF 99% UNFPA 95.9%		IMPLEMENTING PARTNER(S): Ministry of Health (MoH), Republic of Liberia	
Mission Critical Action MCA6: Access to basic services							
Location: Country or Regional: Liberia				Sub-National Coverage Areas: Full list of countries and/or districts South Eastern Liberia, Maryland County			
QUARTERLY PROGRESS REPORT RESULTS MATRIX							
OUTPUTS							
Indicator	Geographic Area	Baseline/ Projected Target (as per results matrix)	Quantitative results for the quarterly reporting period Jan-Mar, 2017	Cumulative results since Project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date		
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>							
Output 1: Access to and utilization of EmONC services and routine RMNCAH services for females of reproductive ages 15-49 years is increased. Baseline provided covers January to May 2016.							

Output 1: 1. Proportion of Health facilities achieving targeted number of ANC 4 visits	Maryland County	2/3 (66%) of targeted health facilities (Fish Town and Karloken Clinics achieved targeted number of ANC visits. Target=100% Quarterly target for the 3 health facilities=249	216	216	91.0% (216/238)
		Glofarken Baseline Qtr , 2016 =63 Quarterly Target=112	Glofarken = 98	Glofarken = 98	87.5% (98/112)
		Fish Town: Baseline Qtr 1, 2016 =36 Quarterly Target: =58	Fish Town = 52	Fish Town =52	90.0% (52/58)
		Karloken Baseline Qtr 1, 2016 = 77 Quarterly Target=68	Karloken = 66	Karloken = 66	97.1% (66/68)
2. Proportion of BEmONC facilities actually providing services according to guidelines	Maryland County	Target=3	3	3	100%
		Deliveries: Glofarken Baseline Qtr 1, 2016=36 Glofarken Quarterly target: 101	Skilled deliveries achieved: Glofarken=82	Skilled deliveries achieved: Glofarken=82	81.2% (82/101)
		Fish Town Baseline Qtr 1, 2016=39 Fish Town Quarterly target: 52	Fish Town =59	Fish Town =49	94.2% (49/52)
		Karloken Baseline Qtr 1, 2016= 39 Karloken Quarterly target: 61	Karloken = 61	Karloken =61	100% (61/61)
3. Number of health facilities that provide complete ASRH services	Maryland County	Target=3	3	3	100%
3					
Output 2 : 1. Proportion of health facilities reporting no stock out of tracer commodities for	Maryland County	Target=3	2	3	100%

RMNCAH					
2. Proportion of community health workers reporting no stock- out of commodities including contraceptives	Maryland County	Target=26	25	25	96%
Output 3: Community health structures are strengthened to provide community based RMNCAH services in all targeted communities					
Output 3: 1. Number of CHDC meetings reports and meeting minutes with action plan shared with facilities	Maryland County	Quarterly target=3	3	3	100%
2. Number of new born and mothers who received two home visits from the CHVs within 2 days after delivery.	Maryland County	Quarterly target=85%	167	167	87.1% (167/192)
1. Number of skilled delivery in facilities referred by CHVs/TTMs	Maryland County	Target=85%	143	143	74.5% (143/192)
Output 4: Maternal death surveillance and response systems strengthened at all levels in accordance with national protocols					
Output 4: 1. Proportion of maternal and new born deaths notified by health facilities that are investigated	Maryland County	100%	1 (1 maternal death occurred at Karloken clinic. An investigation was carried out to determine cause and recommend way forward)	1	100%
2. Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy	Maryland County	100%	0	0	0
Output 5: Effective Coordination and Monitoring of RHMCAH services improved at all levels in the county					
Output 5: 1. Number of targeted health facilities that have standards of care for RMNCAH	Maryland County	Target=3	3	3	100%

available					
2. Number of targeted facilities with enhanced and integrated HMIS at county, district and health facility levels	Maryland County	Target=3	3	3	100%
3. Number of targeted health facilities with functional and results based coordination mechanisms at county and district levels.	Maryland County	Target=3	3	3	100%
4. Project Recommendations and follow up actions implemented by the county	Maryland County		3	3	3

EFFECT INDICATORS (if available for the reporting period)

Support from this project continues to contribute to gains made during previous quarters in 2016 such as each health facility maintaining at least two professional staffs in first quarter of 2017 as opposed to the onset of the project. Two coordination meetings are regularly held as compared to one meeting per health facility. Also, there are marked improvement in stock availability at all three facilities (Glofarcken Fish Town and Karloken clinics), with the proportion of community health workers reporting no stock- out of commodities including contraceptives increasing from 61.5% at project onset in 2016 to 96% in quarter one of 2017.

NARRATIVE

Situation Update :

The Joint Programme on Strengthening Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in Maryland County being implemented by WHO/UNICEF/UNFPA is contributing to the improvement of Maternal, Newborn, Child and Adolescent Health (RMNCAH) in South Eastern Liberia. Progress made during the quarter under review include increasing ANC4 visits from 75.4% (176/233) to 91.0% (216/238); skilled delivery from 54.3% (114/210) to 94.4% (192/214) and health facilities providing ASRH services from one to three. Eighty-five percent of mothers who delivered were targeted to benefit from at least two home visits. However this target was exceeded by 2.1%.

All of the three facilities continue to regain trust of the community as 74.0% (143/192) were referred by the community cadres/train traditional midwives (TTMs) while 26.0% (49/192) walked to the clinic unaccompanied. Four (4) referrals were made from the clinics (3 from Glofarcken

and 1 from Fish Town) to the county hospital during the period under review. These were obstetric emergencies that were identified, stabilized but could not be handled at the clinic level. Feedback received from hospital to clinic has been positive for all referred cases.

Three hundred fifty (350) adolescents benefited from routine health care services provided. An adolescent was among the referrals made from Glofarken who was diagnosed of prolonged labor. A cesarean section was carried out at the referral hospital in Harper. Both the mother and baby lives were saved. The number of adolescent and youth accessing family planning services increased and clients benefitted from HIV prevention services including safe motherhood services. Community level Family Planning as well as commodity stock management improved significantly.

The advent of the maternal and newborn death surveillance and response (MNDSR) is showing remarkable signs of improvement at county, district and health facility levels. The standardized death reporting tools adopted by the Ministry of Health are available at health facility levels, while maternal and newborn death reviews are now conducted once notified. From the recent reports, in February 2017, one maternal death occurred at the Karloken clinic. The death was reviewed and recommendations made to prevent subsequent occurrence. Refresher training on MNDSR data collection, recording and reporting is still pending due to the finalization of the training manual and revised SOP. The program is also supporting the MOH in revision and validation of the national MNDSR training manual and SOPs.

Key Achievements (please use this section to highlight your key achievements for the month, using bullet points if preferred)

- ✓ Five (5) midwives Karloken-1, Glofarken-2 and Fish Town-1 continue to provide RMNCAH services.
- ✓ 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). District Reproductive Health Supervisors and the County Reproductive Health Supervisors are supported to mentor, monitor and supervisor service delivery at the health facilities
- ✓ Currently, Support is being provided to county, district and health facility teams to ensure timely, adequate and complete data collection, analysis and reporting
- ✓ Technical support is being provided at all levels to enhance the use of information derived from the data for action.
- ✓ Orientation of project data collection tool conducted by National HMIS officer and recommendations from the sessions implemented to ensure further user friendliness.
- ✓ Procured three (3) motorbikes to enhance service delivery at Karloken, Golfarken and Fish Town Clinics. Delivery of said items pending

Delays or Deviations (if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs))

.Due to other national competing priorities, the joint supportive supervision and data verification was delayed leading to delay in finalizing the quarter report/

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

No. of Beneficiaries		Environmental Markers
Women	233	e.g. Medical and Bio Hazard Waste
Girls	292	e.g. Chemical Pollution
Men	33	
Boys	58	
Total	616	

Summary of Project Achievements:

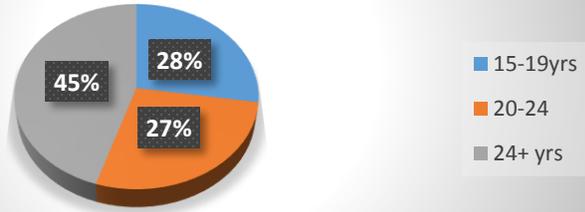
Indicator	Overall target on all supported facilities	Overall achievement on all supported facilities during the quarter	Overall Facility catchment population	Quarterly Targets	Baseline (Quarters -1)	Achievement (Quartr-1)	Quantitative cumulative results since Project commencement (Quarter 1, 2 & 3)	Achievement per facility of results against baseline and target
Proportion of Health facilities achieving targeted number of ANC 4 visits	It is expected that 100% of the overall expected pregnant women in the 3 health facilities will benefit from ANC4 during the first quarter		19,915	187	0	165	165	88.2%
Proportion of BEmONC facilities actually providing services according to guidelines	100%	100%	19,915	3	3	3	3	100.0%
Number of health facilities that provide complete ASRH services	100%	3	19,915	3	3	3	3	100.0%
Proportion of health facilities reporting no stock out of tracer commodities for RMNCAH	100%	3	19,915	3	3	3	3	100%
Proportion of community health workers reporting no stock- out of commodities including contraceptives	100%	25	19,915	26	0	25	25	96%
Number of CHDC meetings reports and meeting minutes with action plan shared with facilities	100%	3	19,915	3	0	3	3	100%

Number of new born and mothers who received two home visits from the CHVs within 2 days after delivery	85%	98	19,915	102	0	98	98	81.7% (98/120)
Number of skilled delivery in facilities referred by CHVs/TTMs		98	19,915	99	0	147	147	
Proportion of maternal and new born deaths notified by health facilities that are investigated	100% (All deaths reported must be reviewed)	1	19,915	0	0	1	1	100%
Proportion of maternal and new born deaths in targeted catchment communities that are investigated through verbal autopsy	100% (All deaths reported must be reviewed)	0	19,915	0	0	0	0	0

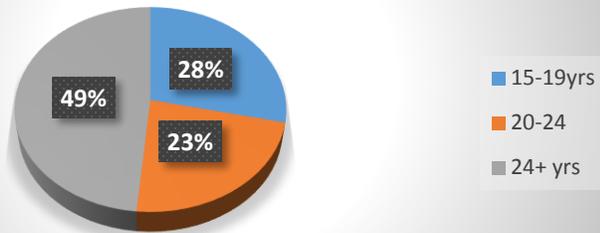
NB: We still need to discuss the baseline further because if we have a baseline we then have to use it along with the current achievement to arrive at the cumulative coverage. We will work on the narrative once we conclude on this.

Annex: Disaggregate of ANC visits by age against the health facility

Fish Town ANC



Karloken ANC



Total ANC

