ANNEX 1

EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL
RECOVERY WINDOW

Proposal Title: **Restoring Midwifery Services in Ebola most-affected counties**	**Recipient UN Organization(s):** **UNFPA**
Proposal Contact: Dr. Remi Sogunro, UNFPA Representative Cell: +231 770004001 E-mail: sogunro@unfpa.org	**Implementing Partner(s) – name & type (Government, CSO, etc):** • Liberia Ministry of Health
Proposal Location (country): Please select one from the following ☐ Guinea ☒ Liberia ☐ Sierra Leone	**Proposal Location (provinces):** • Gbarpolu County • Grand Cape Mount County • Lofa County
Project Description: The project aims to support Government efforts to restore essential reproductive, maternal and neonatal health (RMNH) services and ensure Ebola infection prevention and control. In particular, the focus is on ensuring that pregnant women have access to safe and quality health/delivery services for them and their newborn babies.	**Requested amount: USD$1,000,000** Other sources of funding of this proposal: **Other sources** (indicate)**: $1,570,000** Google Corporation: $760,000 Friends of UNFPA: $120,000 Government of Japan: $480,000 UNFPA Core funds: $210,000 Government Input: In-kind contribution **Start Date:** 15 October 2015 **End Date:** 15 September 2016 **Total duration** (in months): 12 months
Recovery Strategic Objectives (RSOs) to which the proposal is contributing. For reporting purposes, each proposal could contribute to one RSO. For proposals responding to multiple RSOs, please select the primary RSO to which the proposal is contributing to. ☒ Health, Nutrition, and Water, Sanitation and Hygiene (WASH) ☐ Socio-Economic Revitalization ☐ Basic Services and Infrastructure ☐ Governance, Peacebuilding, and Social Cohesion	

Recipient UN Organization(s)	***Special Envoy for Ebola:***
Dr. Remi Sogunro ***Signature*** ***Date & Seal:***	***Dr. David Nabarro*** ***Signature*** ***Date:***

NARRATIVE

a) Rationale for this project

The 2014/15 EVD crisis saw a total number of over 10,821 persons infected as of 9th May 2015, a total of 378 health workers had contracted the virus and 192 had died so far (Sitrep N° 359- MOHSW). As a result of the high number of health workers continuously infected during this crisis, both private and public health facilities were either physically or functionally closed. The level of health facilities functionality varied from county to county ranging from 0% to 75%.

By March 2015 nearly all health facilities had reopened with various degree of functionality. However these health facilities faced challenges in providing quality services to clients due to various reasons. These challenges included, limited number of medical supplies including drugs, migration of staff to other communities in some instances, increased stock out of essential drugs and medical supplies that became further exacerbated by the lack of confidence by the community in the quality of services provided at targeted health facilities. In an assessment conducted by UNFPA during that period in collaboration with MOHSW, 100% of health workers interviewed lamented that they are no longer certain that clients referred from their facility will be accepted at the higher level facilities.[1] Two hospitals outside of Monrovia also mentioned that more emergency obstetric cases are being referred to their facilities. In addition, pregnant women referred by health clinics outside of Monrovia to hospitals in Monrovia are denied access to lifesaving maternal services. Restoring the confidence of maternal health service delivery by the health worker as well as the community became critical to saving the lives of women and girls in communities affected by the ebola outbreak. It has required interventions and inputs strategically directed to strengthening the capacity of service delivery points and community structures.

The efforts engaged by the Ministry of Health and Social Welfare to stop the spread of the EVD had diverted the attention from routine health services such as routine supply chain of commodities, routine preventive and curative services, health promotion and routine health service monitoring. Critical mass of human resources had also been diverted to the ETUs fuelled by the danger pay for health workers in the ETUs. Access to basic ante-natal care (ANC) services and emergency obstetric and neo-natal care (EmONC) has become more difficult for pregnant women. More disturbing is the Liberia Demographic and Health Survey 2013 report which recorded that the pre-Ebola **maternal mortality ratio was at 1072/100,000 live births** and **Infant Mortality rate at 54/1000 live births**. There is no doubt that the maternal health indicators may have been worsened as a result of the EVD outbreak. Several months after the declaration of the country EVD free, these challenges have remained during the post EVD period. As the country focuses on building a more resilient health care delivery system, the focus on Maternal and newborn health as the area of health care with the largest burden on the health care system has been a major concern for the Ministry of Health and partners. Major indicators as reported in the table below require serious attention given their already low nature.

LIBERIA	2011	2013	May-August 2014
Assisted deliveries (SBA) %	34.9	52	37.75
Ante Natal Consultations (4 visits) %	52.2	65	40.2
Post-natal (6 weeks) %	10.9	41	24.8
Measles coverage	70.8	76.3	46.9

MOHSW: Routine Monthly HMIS Report

b) Coherence with existing projects

The UNFPA-supported family planning market project (as part of the FP 2020 project from the 2012 London Summit) has continued to experience a sharp increase by more than 140% (from 37,251 to 89,064 by the end of March 2015) in the number of family planning users in market setting due to the closure of

[1] Health Facility Capacity Assessment to Deliver Maternal Newborn Health Services including EmONC in High Ebola affected Counties, December 2014 to January 2015.

most public health facilities. By July 2015 the FP market service provision sites had seen more than 15000 beneficiaries, due to the increased utilization. In other parts of the country youth centers supported by UNFPA continued to receive clients as health facilities were closing. Stock out of contraceptives in these respective facilities had become more frequent than ever. The need to reinforce activities in these structures to keep up with their new client load since the EVD crisis has become a major priority for UNFPA and the MoH. Although the health infrastructure in these counties have been further weakened as a result of the shift and redirection of resources in an effort to combat the Ebola Crisis, existing structures and resources at county level will be explored and utilized in the implementation of the project activities. As a contribution to the project, the current MoH structures on the ground including human resource, logistics, medical supplies and support systems will be considered important contributions from the side of the MoH. UNFPA's contributions funded under this project will serve as a catalytic factor in strengthening the capacity of MoH to deliver on the project goals and objectives. An exit plan/strategy that will focus on advocacy and technical support will be implemented. During the course of the project implementation UNFPA will advocate with the MoH to ensure that locally recruited staff will be placed on the payroll of the Ministry of Health. Advocacy to ensure that medical personnel including medical doctors are deployed to the project sites to work alongside their international counterpart will be part of a strategy to enhance skills transfer and improve the quality of services delivered. UNFPA's technical support will aim to improve existing supply chain system and coordination of RH service delivery through new approaches that maximizes available resources to achieve results. These interventions coupled with UNFPA's continued efforts to mobilize additional resources to complement the efforts of this project will ensure continuity and contribute to sustainability after the life span of the project.

In an effort to provide some immediate response to the situation, the MOHSW and partners had elaborated several documents focused on the restoration of health services that would evidently result in building a resilient health care delivery system for the people of Liberia. Various strategies including Public - private – partnership, focus on human resource development, particularly in the area of maternal health to ensure that ANC and EmONC services are available to women and girls, is one approach the MOHSW is exploring. Towards this effort UNFPA has agreed to provide technical, financial and logistical support to the MOHSW in revamping health services during the Ebola crisis. To-date UNFPA has been very active in facilitating training, coordination and distribution of RH kits and Infection Prevention Control supplies including disinfectants, protective gears, gynaecological gloves and regular gloves, etc. to health facilities in affected communities and counties.

UNFPA is committed to supporting the MOHSW in contributing to the restoring health services through the revitalization of reproductive maternal adolescent and neonatal health services to ensure that women and girls have continued access to a wide range of reproductive health services including emergency obstetric care, skilled delivery, ANC and family planning during and beyond the Ebola crisis. Therefore, the goal of this project is to improve access to reproductive health services including life-saving maternal and neonatal interventions (EmONC) for women and girls of reproductive age post Ebola crisis recovery phase.

Specific Objectives

- **Addressing maternal health implications Post Ebola.** Pregnant women have more contact with the health services, for antenatal care, delivery and post-natal care services. . The project will ensure that pregnant women have access to safe and quality health services to give birth under hygienic circumstances by supporting health facilities in providing basic emergency obstetric care including management of miscarriages. Furthermore, referral level hospitals will be equipped with supplies for provision of comprehensive obstetric care services.

Key interventions include: i) deployment of international obstetric teams, twinned with national professionals and trained in IPC/EmONC: midwives, obstetricians, surgeons, anaesthetists, general nurses, anaesthetic nurses, paediatric nurses and other health workers based on local needs and requirements; ii) procurement and distribution of clean delivery kits as well as supplies for comprehensive obstetric care for referral care; iii) support government efforts to provide motivational packages to skilled birth attendants to ensure the restoration of RMNH services; iv) establishment of functional referral mechanisms to coordinate emergency transportation and response to complex situations and v) rehabilitation of maternity or hospital wards - twinned with a midwifery centre - with fully functional operative rooms, beds, drugs and supplies

and other essential equipment.

- **Health care services that increases access and utilization** to quality maternal health services while strengthen application of universal precautions/ infection prevention and control measures in the delivery of Sexual and Reproductive Health services, including both health facilities and among community health workers through the availability of personal protection equipment and emergency medical equipment and supply for health care workers.

To ensure effective emergency response and lifesaving interventions a clear referral mechanism and structure is critical. A robust referral mechanism that ensures timely response and counter feedback will be established and made functional in the intervention communities. For routine antenatal care and emergency room procedures, ensuring adherence to infection control practices will be institutionalized. Similarly, equipping all providing maternal related services with the right kind of PPE is essential to protecting both health care providers and the patients. . Gynecological gloves and other forms of protective gear appropriate to labor and delivery wards as well as ANC care areas will be needed and provided.

Key interventions include: i) ensuring effective and continued triage of patients at all levels, high level of infection-prevention measures at facilities and all health services delivery points, and within the communities, in particular for SRH services; ii) ensuring the supply of essential reproductive health kits and protective gears for various maternities in communities post EVD, and maintain access to family planning services; and iii) working jointly with WHO and national authorities to deliver the information on all the measures taken and the safety of these services to the population at large, but especially for women of reproductive age.

- **Community Engagement and Participation in the promotion of maternal health and Prevention of infections post Ebola** through community outreach by health workers and community health workers (CHW) is critical. Outreach activities and messaging are taken into consideration to demystify existing miss-information, fears and stereotypes surrounding the use of maternal health services post Ebola at community level. In collaboration with existing contact tracing teams, CHWs and health workers will engage community structures and groups to disseminate information on the importance of starting ANC visit early in pregnancy to health facilities as well as promoting routine checkup practices throughout pregnancy and delivering in the health facility in order to minimize transmission.

Key interventions include: i) making female and male condoms available and promoting safer sex to reduce the transmission chain; ii) supporting logistical management and transportation of reproductive health commodities; iii) improving the capacity of national health professionals to practice infection prevention and control measure in targeted health facilities and raising community awareness; iv) community health education through rural women groups and other existing structures and vi) conducting outreach activities through community mobilization to inform the population about the existing services, in order to restore confidence and encourage the population to use these services.

Expected Results

From February 2015 to October 2015, Liberia has gradually progressed from the acute phase of the EVD outbreak to post EVD recovery and restoration of services. Three bordering Counties to Guinea and Sierra Leone have been strategically selected for a number of reasons; (i) High hit ebola Counties, (ii) border proximity to countries not yet declared EVD free, (iii) largely underserved districts by NGO partners and lastly (iv) presentation of some of the worse indicators for Reproductive Health in the Country. The districts and health facilities in Gbarpolu, Grand Cape Mount, and Lofa Counties selected as projects sites are situated in generally rural Liberia. These health facilities include Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) and Basic Emergency Obstetric and Neonatal Care (BEmONC) centers that are very important in the provision of life saving health condition.

- Hospital and Health Centers Maternity wings/MCH units are opened and provide a range of RMNH services including EmONC and Family Planning in the counties;
- Women/adolescent girls provided with quality ante and post-natal care services, access to skilled attendance during childbirth and to emergency obstetric and neonatal care including referral;

Decontamination and sterilization of instruments, disposal of soiled linens and wet waste management remains a critical challenge for nearly75% of health facilities assessed due to lack of knowledge and lack of key equipment for proper infection prevention and control in delivery and labor area.

Map of Liberia indicating project implementation Sites (Lofa, Gbarpolu and Grand Cape Mounties

- Selected health facility staff practice Infection Prevention Control and utilize SOPs;
- Operational health facilities are established in a sustainable manner i.e. ensure transition from immediate response to post Ebola recovery to resilient health systems;
- Community awareness created on a broad range of issues including Ebola prevention, early antenatal care, safe delivery by trained health workers, STD prevention, etc.

c) Direct Beneficiaries:

Direct and Indirect Beneficiaries

Population	Lofa - Total pop	Project Target Pop for Lofa (@30% of total pop)	Gbarpolu - Total pop	Project Target Population for Gbarpolu (@45% of total pop)	Cape Mount - Total pop	Project Target Population for Cape Mount (@45% of total pop)
County Population 2015	327,001	81,750.25	98,489	39,395.60	150,089	67,540.05
Women of Child Bearing Age	75,210	18,802.56	22,652	9,060.99	34,520	15,534.21
Women expected to give birth	14,715	3,678.76	4,432	1,772.80	6,754	3,039.30
Men and Boys	160,230	40,057.62	48,260	19,303.84	73,544	33,094.62
	577,157	144,289.19	173,833	69,533.23	264,907	119,208.19

The project will serve a total of 333,030 persons in all three counties. The districts and communities hardest hit by the EVD crisis in each county will be identified as the main project location. For example the Foya and Kolahun districts will some of the sites the project will be implemented in Lofa County. As shown in the table above, Women of reproductive age (43,398) will be the primary/ direct beneficiaries of the project. Approximately 20% of this number are expected to be women likely to give birth during the project period. This subset of the primary beneficiaries are 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 project will consider the engagement of men and boys in health promotion and education.

d) Capacity of RUNO(s) and implementing partners

The project has been elaborated in close consultation with the Government of Liberia. It builds on successes and lessons learnt from previous interventions, and will be implemented in close coordination with the relevant Pillar groups and key activities that are coordinated by other agencies and organizations.

UNFPA's focus is on ensuring that pregnant women have access to health services to deliver under hygienic circumstances. In Liberia UNFPA has comparative advantage pertaining to proven: (i) effective support to governments for developing essential reproductive maternal and neonatal care and health services required to ensure infection prevention and control in all facilities together with quality assurance

monitors, while strengthening support systems; (ii) planning at scale for essential services and required support services (resource mobilization, training, cash incentives, IT support, etc.); (iii) mobilization of youth networks, women' groups, networks of traditional, community and religious leaders; and (iv) capacity to position the social groups and networks in the broader social mobilization and community engagement discussion and seek opportunities for sub-national leadership.

UNFPA has invested $1,570,000 to support the MoH strategy for the restoration of health services through its Mano River Maternal Health Initiative (MMHI). UNFPA has mobilized additional resources from bilateral partners and donors. Seed funds from UNFPA core resources, Google corporation, Friends of UNFPA (Private sources) and the government of Japan have contributed to conducting the preparatory and initial response phase of UNFPA's efforts in the Government's objectives. This additional request of $1,000,000 will contribute to responding to existing gaps in the provision of essential medical supplies, logistics, human resource and other critical needs while contributing to ongoing efforts to strengthen synergies, improve harmonization, alignment as well as exploit opportunities to ensure project ownership and sustainability.

Restoration of essential RMNH services is organized and conducted under government's leadership handled by the Ministry of Health and Social Welfare which is the natural implementing partner. In addition, staff have been (i) assigned to support the Ministry of Health and Social Welfare to provide on-the-spot training on case management and infection control, dissemination of information and supplies to health service providers and (ii) engaged to initiate supporting selected maternity and prepare the ground for the restoration of resilient maternal health services.

e) Proposal management:

The project will be coordinated by UNFPA in collaboration with the MOHSW. A Project Steering Committee (PSC) will be established to maintain the overall oversight and assurance role of the project. The PSC will meet on a weekly basis to provide oversight, monitor and ascertain progress and review risks, issues and strategies as well as to make recommendations for adaptations if required.

f) Risk management:

Table 5 – Risk management matrix

Risks to the achievement of SO in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigating Strategy (and Person/Unit responsible)
Political instability	High	High	• Continuous engagement with government 's leadership
Increased resistance from beneficiary communities	Medium	Medium	• Continuous engagement with stakeholders including women associations and youth groups

g) Monitoring & Evaluation: *This section sets the M&E arrangements and responsibilities for the proposal, including who will be responsible for the collection and analysis of data required in the result framework.*

UNFPA in partnership with the Ministry of Health will pursue the strengthening of existing Monitoring & Evaluation mechanisms to ensure the effectiveness and efficiency of the project coordination. A quality control team comprising of medical doctors, midwives and other technical staff will be established to closely monitor the quality of services provided at all levels. Targets and indicators have been designed to ease tracking and quality reporting of results. For stakeholders at ground level, a standard template will be developed for reporting, which will include indicators of progress that can be fed into Monitoring &

Evaluation processes.

UNFPA with the Ministry of Health will participate in field visits to verify data and information received from stakeholders at ground level and track urgent areas that require immediate attention and action.

Proposed Budget

Proposal Title: Restoring Midwifery Services in Post Ebola most-affected counties					
RECOVERY STRATEGIC OBJECTIVES (RSOs): RCO1- Health, Nutrition and WASH					
Effect Indicators	**Geographical Area**	**_Target**	**Target**	**Means of verification**	**Responsible Organizations**
RCO1- Health, Nutrition and WASH					
Output 1: Deployment of international obstetric teams twinned with national professional trained on IPC/EVD					
Output Indicators	**Geographical Area**	**Target**	**Budget**	**Means of verification**	**Responsible Organizations**
Number of international obstetric teams trained and deployed	Lofa, Gbarpolu and Grand Cape Mount Counties	9	162,000	UNV contracts awarded + training reports	UNFPA
Number of national midwives and health workers trained and deployed		15	54,000	Contract awarded + training reports	UNFPA, MOHSW
Local and International Travels		-	20,002	Travel request and mission reports	UNFPA
Sub total			**236,002**		
Output 2: 5 Fully functional maternity or hospital wards are rehabilitated twinned with a midwifery referral centre and a referral mechanism					
Output Indicators	**Geographical Area**	**Target**	**Budget**	**Means of verification**	**Responsible Organizations**
Equipment, medical attire and furniture including delivery bed for obstetrical services	Lofa, Gbarpolu and Grand Cape Mount Counties		38,840	Purchase and delivery documents	UNFPA
Communication equipment for maternity and hospital wards (VHF and HF communication systems)			14,450		
Emergency transportation to referral hospital - ambulances			84,400		
Essential life-saving drugs			92,489		
Kit 6A – Clinical Delivery Assistance Kit - Reusable equipment			9,680		
Kit 6B – Clinical Delivery Assistance Kit-Drugs & Disposable Equipment			10,240		
Kit 8 – Management of Complication of Miscarriage Kit			6,876		
Kit 9 – Suture of Cervical & Vaginal Tears			7,540		
Kit 10 Vacuum Extraction Kit			1,640		
Kit 11A - Referral Kit for Reproductive Health- Reusable Equipment			2,104		
Kit 11B - Referral Kit for Reproductive Health- Drugs and Disposables			7,602		

Output indicators	Geographical Area	Target	Budget	Means of verification	Responsible Organizations
Kit 12 - Blood Transfusion Kit			5,440		
Additional medical and non-medical equipment			112,760		
Sub total			**394,061**		
Output 3: Outreach activities are conducted through community mobilization					
Output indicators	**Geographical Area**	**Target**	**Budget**	**Means of verification**	**Responsible Organizations**
National staff	Lofa, Gbarpolu and Grand Cape Mount Counties	15	16,320	Contracts awarded	UNFPA
Communication and outreach			10,092		
Sub total			**26,412**		
Output 4: Refurbishment and equipment of 8 Maternity wings in 8 Health facilities					
Hiring of consultant Engineer	Lofa, Gbarpolu and Grand Cape Mount Counties	1	9,600	Evidence of Contract with consultant	UNFPA
Refurbishment supplies		8	40,000	Report and documents for refurbishment	
Water sanitation and hygiene supplies		5	15,000		
Support for electricity and energy supply		9	27,000		
Refrigeration equipment		8	24,000		
Sub total			**115,600**		
Operational Support			71,505		
Procurement and Transportation of Equipment & Supply			65,000		
Coordination Fees			26,000		
Sub total			**162,505**		
TOTAL NEEDS IN USD (1)			**934,580**		
AVAILABLE FUND IN USD (2)			-		
GAP IN USD TO BE COVERED [(3) = (1)-(2)]			**934,580**		
Indirect Cost max 7 %			65,420.57		
OVERALLTOTAL COST IN USD [(3) +(4)]			**1,000,000**		

APPENDIX
PROJECT BUDGET SUMMARY

CATEGORIES	Amount Recipient Agency	TOTAL
1. Staff and other personnel (include full details)	228,507.00	228,507.00
2. Supplies, Commodities, Materials (include full details)	158,060.50	158,060.50
3. Equipment, Vehicles, and Furniture (including Depreciation) (include full details)	236,000.00	236,000.00
4. Contractual services and facility refurbishment (include full details)	115,600.00	115,600.00
5.Outreach and travel (include full details)	26,412.00	26,412.00
6. General Operating and other Direct Costs (include full details)	170,000.00	170,000.00
Sub-Total Project Costs	**934,579.50**	**934,579.50**
8. Indirect Support Costs*	65,420.57	65,420.57
TOTAL	**1,000,000**	**1,000,000**

* *The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to the Agency's regulations, rules and procedures.*

Logical Framework

<table>
<tr><th rowspan="2">Output</th><th rowspan="2">Sub Output Indicators</th><th colspan="3">Baseline and Targets per county</th><th rowspan="2">Strategic Intervention</th><th rowspan="2">Means of verification</th><th rowspan="2">Responsible Organizations</th></tr>
<tr><th>Lofa County</th><th>Gbarpolu County</th><th>Cape Mount County</th></tr>
<tr><td colspan="8">Outcome: Women and Girls have increased access to and utilization of equitable, affordable, and quality maternal health services</td></tr>
<tr><td colspan="8">Outcome indicators:
1. Proportion of Skilled Institutional Deliveries increased
2. Couple Years Protection for Family Planning increased by 50%</td></tr>
<tr><td colspan="8">Output 1: Strengthened capacity of health systems to deliver emergency obstetric and newborn care including management of fistulae in selected health institutions for women and young people.
Output Indicators:
1. Number of BEmONC facilities providing all signal functions
2. Proportion of met need for EmONC per county</td></tr>
<tr><td rowspan="2">Sub output 1.1: Human Resource capacity is strengthened to ensure quality service delivery</td><td>Number of international obstetric teams trained and deployed to provide Obstetrical and Gynecological services including medical and surgical services</td><td>Baseline = 0
Target = 2</td><td>Baseline = 0
Target = 2</td><td>Baseline = 0
Target = 2</td><td rowspan="2">Ensure recruitment and deployment of Staff</td><td>UNV contracts awarded + training reports</td><td>UNFPA</td></tr>
<tr><td>Number of national midwives newly recruited, trained and deployed to provide services including Infection Prevention and control (IPC)procedures</td><td>Baseline = 0
Target = 6</td><td>Baseline = 0
Target = 6</td><td>Baseline = 0
Target = 6</td><td>Contracts with new midwives through MoH recruitment process + training reports</td><td>UNFPA/MoH</td></tr>
<tr><td rowspan="2">Sub output 1.2: Health facility capacity to provide Maternal Health services including EmONC and family planning Services improved through training, supply of</td><td>Number of BEmONC facilities supported to provide services with full IPC for infection prevention and all 7 signal functions[i] 7days a week 24 hours</td><td>Baseline = 0
Target = 5</td><td>Baseline = 0
Target = 2</td><td>Baseline = 0
Target = 3</td><td rowspan="2">Ensure the upgradation of health facilities through training of staff and supply of essential drugs to provide essential EmONC services</td><td>Quarterly Implementation Reports</td><td>UNFPA, MOH</td></tr>
<tr><td>Proportion of Caesarean Sections conducted in CEmONC facilities per county</td><td>Baseline = 0
Target = 10 to 15%</td><td>Baseline = 0
Target = 10% to 15%</td><td>Baseline = 0
Target = 10% to 15%</td><td>Quarterly Implementation Reports</td><td>UNFPA, MOH</td></tr>
</table>

[i] Signal functions are a set of clinical interventions/care/ services that are required to be in place for a health facility to qualify as an Emergency Obstetric and New Born Care Facility and there are nine in total. A facility that provides 7/9 is considered Basic Emergency Obstetric and Newborn Care facility while a facility that provides 9/9 of the services is referred to as a Comprehensive Emergency Obstetric and Newborn Care facility

commodities and monitoring	*Proportion of women attending four ANC visits per quarter*	Baseline = 52% Target = 70%	Baseline = 41% Target = 70%	Baseline = 61% Target = 75%	Training, Supply distribution and mentoring and supervision	Quarterly Implementation Reports	UNFPA, MOH
Output 2: Strengthened National Systems for Reproductive Health Commodity Security 1. Output Indicators: **Number of clients of family planning who access services from community based distributors of family planning commodities**							
Sub-output: 2.1: Health facilities have access to regular stock of essential medicines and contraceptives	*Proportion of Health facilities with no stock out of essential drugs and medicines*	Baseline = 0 Target = 5	Baseline = 0 Target = 5	Baseline = 0 Target = 5	Assessment of stock situation per target area, training and distribution of supplies	Quarterly Implementation Reports	UNFPA, MOH
	Proportion of Health facilities with no stock out of at least five modern method of contraceptives	Baseline = 0 Target = 6	Baseline = 0 Target = 6	Baseline = 0 Target = 6		Quarterly Implementation Reports	UNFPA, MOH
Sub output: 2.2: Communities are actively engaged in the promotion of maternal and newborn health care I targeted districts	*Number of active community health and development committees that are functional and support community delivery of maternal health services*	Baseline = TBD Target = 15	Baseline = TBD Target = 8	Baseline = TBD Target = 10		Quarterly Implementation Reports	UNFPA, MOH
	Number of CHWs conducting surveillance activities related to ebola prevention and promotion of maternal and newborn health care in project locations	Baseline = 109 Target = 150	Baseline = 42 Target = 80	Baseline = 67 Target = 100		Quarterly Implementation Reports	UNFPA, MOH
	Number of Community Distributors for FP commodities in targeted Counties	Baseline = 0 Target = 80	Baseline = 0 Target = 50	Baseline = 20 Target = 50		Quarterly Implementation Reports	UNFPA, MOH
Output 3: Enhanced national capacity for Disease surveillance and data availability during humanitarian situation Output Indicators: 1. **Number of maternal deaths reports and response conducted per county** 2. **Number of diseases including EVD reported and investigated per county**							
Sub output: 3.1: Districts and community surveillance structures are supported to provide regular reports on disease surveillance per county	*Proportion of reportable events that occur in targeted communities that are reported and investigated as per protocol*	Baseline = 78% Target = 100%	Baseline = 40% Target = 100%	Baseline = 62% Target = 100%		Quarterly Implementation Reports	UNFPA, MOH
	Number of Districts with functional maternal death surveillance and response systems in place	Baseline = 58% Target = 60%	Baseline = 32% Target = 60%	Baseline = 54% Target = 70%		Quarterly Implementation Reports	UNFPA, MOH

Baseline data presented in the logframe was obtained from the county data office (representing countywide baseline information), however these numbers are likely to change since this project will be implemented in a few districts per county. A more realistic baseline will be gathered and validated. UNFPA will request a revision of the logframe as soon as the information is available