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Maternal and Child
Survival Program

MATERNAL AND CHILD SURVIVAL PROGRAM (MCSP):



Photo: Maternal and Newborn Health Conference in Sanniquellie City Hall, Nimba county

RESTORATION OF HEALTH SERVICES IN LIBERIA

Quarterly Report (Project Year 3, Quarter 1, October 1, 2017-December 31, 2017, FY18Q1)

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ACRONYMS AND ABBREVIATIONS

Acronym	
AAP	Accelerated Action Plan
ACT	Artemisinin-based Combination Therapy
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
B/CEmONC	Basic/Comprehensive Emergency Management of Obstetric and Newborn Care
BAFO	Best and Final Offers
BCC	Behavior Change Communication
BOQ	Bills of Quantities
CBD	Community Based Distribution
CHT	County Health Team
CMS	Central Medical Store
CSH	Collaborative Support for Health Systems Strengthening
DHT	District Health Team
EMMP	Environmental Monitoring and Mitigation Plan
ENC	Essential Newborn Care
EPHS	Essential Package of Health Services
EPI	Expanded Program on Immunization
EPMCD	Ending Preventable Maternal and Child Deaths
EVD	Ebola Virus Disease
FARA	Fixed Amount Reimbursement Agreement
FHD	Family Health Division
FP/RH	Family Planning and Reproductive Health
GHET	Global Health Ebola Team
GOL	Government of Liberia
HBB	Helping Babies Breathe
HC3	Health Communication Capacity Collaborative
iCCM	Integrated Community Case Management
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IPC	Infection Prevention and Control
IR	Intermediate Result
KSKS	Keep Safe, Keep Serving
LAC	Liberia Agriculture Company
LARC	Long-Acting Reversible Contraception
LDHF	Low Dose High Frequency
LGH	Liberia Government Hospital
M&E	Monitoring and Evaluation

Acronym	
MCHIP	Maternal and Child Health Integrated Program
MCSP	Maternal Child Survival Program
MNDSR	Maternal & Newborn Death Surveillance and Response
MMEL	Measurement, Monitoring, Evaluation, and Learning
MOH	Ministry of Health
OFDA	Office of Foreign Disaster Assistance
PACS	Partnership for Advancing Community Services
PPE	Personal Protective Equipment
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PSM	Procurement and Supply Management
QI	Quality Improvement
RED	Reaching Every District
REP	Reaching Every Pregnant Woman
RH	Reproductive Health
RHS	Restoration of Health Services
RHTC	Reproductive Health Technical Committee
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SGBV	Sexual and Gender Based Violence
SQS	Safe Quality Services (Keep Safe, Keep Serving Updated Curriculum)
STTA	Short Term Technical Assistance
TB	Tuberculosis
TOT	Training of Trainers
TTM	Trained Traditional Midwife
U5M	Under 5 Mortality
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WWT	Waste, Water and Triage

PROGRAM SUMMARY TABLE

Program Name:	Maternal and Child Survival Program (MCSP): Restoration of Health Services in Liberia
Start Date and End Date:	August 1, 2015 (Official start date: September 17, 2015) – June, 2018
Name of Prime Implementing Partner:	Jhpiego Corporation
Agreement Number:	AID-OAA-A-N-00028
Partner Organizations:	Jhpiego: Lead partner John Snow Inc. (JSI): Technical support in Immunization, Child Health, Supply Chain, Infrastructure (<i>note: renovation contracts are with Jhpiego</i>), and management of Nimba County activities Save the Children: Technical support in Newborn Health and Adolescent Sexual and Reproductive Health
Key Partners:	Ministry of Health (MOH) and key departments; County Health Teams in Grand Bassa, Lofa and Nimba; USAID-funded projects and partners, including FARA IPs (Africare and IRC), PACS (IRC), DELIVER (JSI), CSH (MSH); UNICEF, WHO, Americare UNFPA, H4+; Chemonics / PSM
Geographic Coverage:	Grand Bassa, Lofa, Nimba counties
Reporting Period:	July 1, 2017 to September 30, 2017 (Quarter 4, Fiscal Year 2017)
Total Funds Obligated to Date:	\$15,257,000 USD

INTRODUCTION

The Maternal and Child Survival Program (MCSP) is a global U.S. Agency for International Development (USAID) cooperative agreement to introduce and support high-impact health interventions in 26 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. The MCSP engages governments, policymakers, private sector leaders, health care providers, civil society, faith-based organizations and communities in adopting and accelerating proven approaches to address the major causes of maternal, newborn and child mortality such as postpartum hemorrhage (PPH), birth asphyxia and diarrhea, respectively, and seeks to improve the quality of health services from household to hospital. The Program tackles these issues through approaches that also focus on health systems strengthening, household and community mobilization, gender integration and eHealth, among others.

In light of the Ebola Crisis, MCSP is supporting USAID/Liberia's commitment to restoring service delivery at primary health care facilities and to rolling out the nationwide infection prevention and control (IPC) training and protocols. The MCSP Liberia Restoration of Health Services (RHS) program carries forward the momentum and lessons learned from the USAID funded Maternal and Child Health Integrated Program (MCHIP), which has made significant progress in improving the health of women and children in over 50 developing countries throughout Africa, Asia, Latin America and the Caribbean, including Liberia. MCSP Liberia/RHS is a 34¹-month project with a geographic focus primarily in Grand Bassa, Lofa and Nimba counties.

Goal: MCSP RHS Liberia's overarching goal is to restore confidence in the health care system by upgrading IPC practices critical for fighting Ebola and other infectious diseases and ensuring restoration of MCH services in target facilities.

Project Objectives

1. **Objective One** [Prevention at facilities]: IPC practices at 77 health facilities are strengthened through training, intensive supportive supervision, triage, improvement of waste management and planning and management of essential IPC commodities and supplies.
2. **Objective Two** [Increase MCH Service Demand and Utilization through Restored Service Delivery]: Demand is generated and delivery of quality primary health care services is restored through the implementation of integrated reproductive, maternal, newborn, child, and adolescent health (IRMNCAH) as part of the Essential Package of Health Services (EPHS) in 77 facilities.

This report highlights the achievements, processes, challenges, lessons learned from July through September 2017 as well as upcoming activities for the next quarter. This report has seven sections:

1. **Achievements in the objectives and intermediate results (IRs):** This is a narrative section that complements the progress reported against the work plan matrix. It provides a detailed

¹ Assuming an official work plan approval and start date of September 17, 2015, the project duration has been extended from 15 to 23 months until June 2018.

description of accomplishments and identifies any additional activities completed that were not part of the original work plan. Any additional activities completed were in response to the MOH, USAID or GHET requests.

2. **Coordination and collaboration with partners:** This section highlights specific coordination and collaboration activities during the reporting period.
3. **Cross-cutting areas:** This section describes some overarching, cross-cutting updates. It also outlines the project's monitoring, evaluation and research (MER) activities, in addition to what is described in the above sections.
4. **Opportunities, Challenges and Lessons Learned:** This section highlights any major challenges and opportunities encountered, as well as lessons learned.
5. **Management:** This section highlights management issues made for effective program execution during the quarter.
6. **Key planned activities for the next quarter:** This section highlights the key planned activities in the next quarter.
7. **Annexes:** The annexes provide progress against the performance monitoring plan, graphical representation of training results, trainings conducted, technical assistance provided, a success story, progress against the MCSP RHS work plan matrix and an infrastructure report table.

ACHIEVEMENTS IN THE OBJECTIVES AND INTERMEDIATE RESULTS

The below table outlines MCSP RHS key project interventions.

Key MCSP RHS Liberia Interventions

- **Provide support to 77 MCSP target health facilities (public and private hospitals, health centers and clinics) in Grand Bassa (30), Lofa (17) and Nimba (30) counties.**
- **Train health workers and supervisors in the following technical areas:**
 - **Safe Quality Services**
 - **Effective Teaching and Supervision Skills**
 - **Integrated Reproductive, Maternal, Newborn and Adolescent health (RMNCAH), including youth friendly services and gender sensitivity**
 - **Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and routine immunization services**
 - **Comprehensive Emergency Obstetric and Neonatal Care (CEmONC)**
 - **Integrated Family Planning and Immunization**
 - **Postpartum Family Planning, as an extension of Maternal and Child Health**
 - **Health Management Information System and Data Use**
 - **Sexual and Gender Based Violence training for health care providers**
- **Provide mentoring, coaching and supportive supervision to health workers, alongside county and district health teams, to build capacity and improve performance of County Health Teams (CHTs), District Health Teams (DHTs) and facility level staff**
- **Strengthen and support linkages between the CHTs, DHTs and health facilities**
- **Provide other support and resources (such as standards, job aids, supplies) as needed to improve the quality of health services delivered at facility level**
- **Coordinate with Chemonics/PSM (NDS/ Supply chain Unit of MOH) to ensure the adequate quantification, procurement, distribution and supply of necessary commodities, supplies and essential drugs at the 77 MCSP-supported health facilities in the three counties**
- **Provide or rehabilitate Waste, Water and Triage (WWT) features and/or perform minor construction for MCH extension to improve the quality of services in up to 46 out of 77 target health facilities**
- **Fill human resource gaps in up to 74 out of 77 target health facilities**
- **Provide support for outreach services, including provision of motorbikes, fuel, outreach staff per diem and motorbike maintenance support**
- **Support the use of data for decision making at all levels though monthly data collection, reporting analysis and feedback with action plans**
- **Coordinate with MOH, USAID, County & District Health Teams and other Health Partners in ensuring that project's activities are implemented successfully.**

KEY ACHIEVEMENTS

The sections below highlight MCSP RHS key activities and achievements in support of the two MCSP RHS objectives—prevention at facilities and restoration of MCH services.

- Staff Incentives: Paid incentives for 132 staff in the three counties to ensure availability high quality MCH services in supported health facilities
- Training and supportive supervision:
 - Trained 39 health care workers on Sexual and Gender Based Violence (SGBV) in Nimba County.
 - Conducted the quarterly joint supportive supervision at 12 health facilities in Lofa and Bassa counties and provided monthly supportive supervision to all the 77 health facilities.
- Infrastructure : Overall WWT infrastructure work completed in 37 health facilities (18 in Grand Bassa, 13 in Nimba & 6 in Lofa). The average completion of the WWT work is at 94%.
- IPC supplies
 - Procured essential IPC supplies and basic stationery for distribution to MCSP supportive health facilities in three counties, enough for counties to have three months' stock after the project closes.
- M & E and Program Learning
 - RHS end line assessment data collection and entry was completed; analysis is underway.
 - EPI-FP integration study concluded and analysis and writing workshop held for the investigative team in Washington DC.
 - Developed and distributed chlorhexidine charts for monitoring of chlorhexidine application at facilities in the three MCSP-supported counties
- Coordination and collaboration:
 - Provided financial and technical support for the successful hosting of the Maternal Newborn Health Conference in Nimba County
 - 14 health facilities were recognized for best performance in composite MNCH service indicators and 4 for best performance in IPC practices in Grand Bassa and Nimba Counties

ACHIEVEMENTS BY OBJECTIVE

OBJECTIVE 1: PREVENTION AT THE FACILITIES: IPC practices at 77 health facilities are strengthened through training, intensive supportive supervision, triage, improvement of waste management and planning and management of essential IPC commodities and supplies.

IR 1.1: County, district and facility level staff are trained on updated IPC standards and guidelines: Engage in coordination and reinforce skills in IPC at national, county and district levels.

MCSP county based staff conducted refresher training and mentoring for facility staff during the routine supportive supervision visits using the IPC/SQS focal points to reinforce adherence to IPC practices such as routine hand washing, temperature taking (screening patients and visitors) and proper waste disposal at the facilities. The on-site training focused on newly hired facility staff that had not attended any of the SQS trainings conducted in the county. These trainings were conducted during supportive supervisions in collaboration with the county and district health teams.

IR 1.2: Target facilities have the minimum requisite supplies and infrastructure to adequately adhere to IPC standards and guidelines: Ensure necessary staffing, sanitation, waste management, equipment, materials and supplies at the facility level for trainings and continued IPC standard adherence

IPC Supplies: MCSP procured essential IPC supplies for distribution to 77 health facilities in the three supported counties to support adherence to standard IPC practices. The essential IPC supplies included Clorox, hand washing buckets, powder, liquid, and bar soaps, hand sanitizers, detergents and paper towels. MCSP also facilitated the procurement and distribution of essential IPC supplies to all the 77 health facilities in three supported counties that can be used for 1-2 quarters after the project closeout. Additionally, MCSP is providing monthly 300 USD fees to the Liberian Government Hospital for the electric incinerator to minimize waste products and disposal

Filling Human resource gaps: MCSP, in collaboration with the County Health Teams (CHTs), provided monthly incentives for 132 consultants in the three supported counties (Bassa-40, Lofa- 34, and Nimba-58). Working closely with the Human Resource Department of the Lofa County Health Team, MCSP settled arrears for 10 of the 11 staff (one did not come for the payment) who were deployed at three facilities (Tubugissizu Clinic-1, Fassavolu Clinic-1, and Kolahun Hospital-9) by the CHT in January 2017. Eight of the staff are currently assigned to the Kolahun Hospital. The provision of monthly incentives for facility staff is a motivational approach to retaining them at the facility and enhancing the quality of care at the facilities.

Infrastructure: To date, all the planned Waste Water & Triage (WWT) features were completed at 37 out of planned 48 health facilities in the three supported counties (18 in Grand Bassa, 13 in Nimba & 6 in Lofa). Substantial progress was made in the remaining incomplete healthcare facilities, with completion at 94% at the close of the quarter. Work has not started at Sue town clinic due to inaccessibility. The MCSP infrastructure team along with the CHT and contractor have visited Sue Town clinic in Grand Bassa County to discuss and agree on the WWT work. MCSP is negotiating with the contractor to proceed with this work in January at the direction of USAID and the Grand Bassa CHT.

With most work reaching substantial completion, MCSP is now shifting from construction oversight to performing Substantial Completion inspections, issuing punch-list corrections for any small items the contractors should repair, and turning facilities over to the clinic staff. As the facilities are turned over, the warranty period for the work begins. During the warranty period, MCSP will check in with the clinics to

ensure that all features are working as intended and are not showing signs of premature deterioration. At the conclusion of the warranty period, MCSP will issue certificates of Final Completion and close out all remaining payments and paperwork with the contractors.



Photos: Completed infrastructure works at Pentecostal Clinic

Supply Chain Technical Support: MCSP continued to collaborate with the Supply Chain Management Unit (MOH), CMS, PSM and the County Health Teams to follow up on the last mile distribution to MCSP supported facilities in three counties (Lofa, Grand Bassa and Nimba) and support other activities aimed at strengthening the supply chain at the county and central levels. Key among the achievements for the quarter were:

- Last mile distribution completed in all seventy-seven MCSP-supported facilities for the fifth round since the start of the project.
- In collaboration with the CHTs, participated and provided technical assistance in the convening of the Supply Chain Technical Working Group meetings in Grand Bassa and Lofa counties.
- Advocated for the delivery of RDT to Nimba county which were subsequently distributed to the community.

IR 1.3: Target facilities adhere correctly to IPC standards and guidelines, including correct procedures for triage, isolation and referrals: Lead technical assistance to reinforce skills in IPC in supported facilities

MCSP provided monthly and quarterly mentoring/refresher training and coaching to staff on adherence to IPC standards during regular supportive supervision visits to supported facilities. To reinforce adherence to IPC practices, spot-checks are used to ensure that all persons entering the facilities pass through the triage process. As a result of the continued mentoring and coaching, all persons entering the health facility are washing hands and are properly screened; staff wear risk appropriate PPE accordingly when providing care; and waste is properly segregated and disposed according to MOH national guidelines.

OBJECTIVE 2: INCREASE MCH SERVICE DEMAND AND UTILIZATION THROUGH RESTORED SERVICE DELIVERY: Demand is generated and delivery of quality primary health care services is restored through the implementation of RMNCAH as part of the Essential Package of Health Service in 77 facilities.

IR 2.1: Efforts to restore RMNCAH services are coordinated and harmonized with MOH and other key stakeholders: Engage in coordination at the national, county and district levels.

During the quarter, MCSP coordinated with Ministry of health, CHT, DHT and partners in the following ways:

- Participated in the mHero stakeholders meeting organized by FHD/MOH and one day mHero training in Buchanan, Grand Bassa County organized for RH supervisors and HR personnel from the 15 counties. The mHero platform, built on RapidPro, is being expanded from its original use to be the eLMIS platform. MCSP contributed to the design consideration conversations for the platform and was trained in use from health facility provider perspective. The eLMIS platform was still in development and testing phase and a roll out date had not been set.
- Provided technical support as trainer/ facilitator on a 5-day family planning training organized by FHD/MOH for 27 health care providers from three FARA operational Counties (Bong, Lofa and Nimba).
- Participated and provided technical support to the national FP Conference planning meeting organized by FHD/MOH.
- MCSP staff in Grand Bassa and Lofa counties participated and provided logistical support to the monthly Health Sector Coordination meetings, and provided updates on the project's major achievements.
- Participated in UNICEF Annual Review Meeting. MCSP reported on the implementation of activities, achievements, challenges, and next step priorities in programs supported by UNICEF including child immunization, community outreach, maternal health, nutrition and supply chain.
- Participated in the FARA monthly partners meeting and made updates on behalf of MCSP. During the meeting the three FARA supported counties (Lofa, Nimba and Bong) made presentations on activities implemented and challenges faced during the period under review.
- Presented on MCSP case scenarios booklet to the MOH Quality Management Unit Director. The booklet aims to improve the quality of supportive supervision at facilities, particularly in situations where patients/ cases with relevant symptoms are not present in the facility at the time of a supervision visit.
- In collaboration with the MOH GBV coordinator, MCSP provided logistical and technical support to finalize materials for SGBV training.



Photo: Conference participants after a parade through the town to announce the conference

- Participated in planning meetings for 16 Days of Activism against Gender Based Violence. The national theme was to promote safe education and a violence free society
- Hosted & participated in USAID team checking visits to inspect on infrastructural works and programmatic activities to selected health facilities and the CHT in Nimba. Additionally, MCSP hosted closeout meetings with Nimba County Health teams and health facility staff in December 2017.
- Provided financial and technical support to the Nimba CHT for the successful hosting of a two-day Maternal and Newborn Health Conference, under the Theme: “No to Maternal and Newborn Deaths” and Slogan: “Mama and Baby Must Live”. More than 180 participants including statutory superintendents, commissioners, TTMs, RH Supervisors, Midwives, district health officers, civil society groups (gender, youth, women), hospital medical directors attended the conference. Strong leadership and ownership of the conference from CHT and local leaders was observed. A resolution prohibiting home delivery and promoting respectful maternity care was drafted and signed. The core of the resolution was to encourage facility delivery to enable pregnant women have safe deliveries by skilled birth attendants.

During the quarter, MCSP also initiated the recognition program for supported facilities in two categories: Excellence in IPC based on SQS minimum standard scores and Best Performance based on composite MNCH performance indicators for one year (October 2016 to September 2017). The MNCH composite indicator included: proportion of pregnant women with 4+ ANC visits and proportion that deliver with a skilled provider; under-5 malaria cases treated with ACT, and Penta 3 immunization coverage for children under 1. The recognition was intended to appreciate the efforts of facility staff who have worked exceptionally well at supported facilities in each county. It was also intended to motivate other health facility staff and increase positive competition among health facilities as a way of further improving and promoting the quality of health care services at the health facilities. A total of 16 certificates were awarded to health facilities in Nimba and Grand Bassa Counties. In each county, 6 facilities were recognized for MCH performance, and 2 facilities for IPC. One health facility in each county received recognition certificate in both categories (St. John Clinic in Grand Bassa & Glahn’s Town Clinic in Nimba). As part of recurring activities, the county health teams are expected to continue the recognition exercise even after the project’s closeout in the counties.



IR 2.2: Minimum human resources for safe provision of primary health care services are met in 74 target facilities and infrastructure requirements for safe provision of primary health care services are strengthened in 74 target facilities: Provide support for the provision and administration of health services.

This IR is linked with IR 1.2 and explained above

IR 2.3: Capacity of county and district level health teams to provide supportive supervision, quality assurance and overall oversight of target facilities strengthened, and a cadre of highly skilled supervisors and mentors routinely monitors and strengthens clinical services: Build capacity of the health workforce to improve service delivery in the 77 target facilities

- **SGBV Training:** Findings from the baseline and midline assessment showed low scores in gender technical standards and gaps in technical competency of health care workers in providing care for sexual & gender based violence survivors were also observed. MCSP, in collaboration with the FHD/MOH gender focal person, held working sessions to adapt and update the SGBV training materials (training manual and power point). Following the adaptation, MCSP planned a roll out of training in the three supported counties to equip providers with skills to provide care to SGBV survivors and to document and report on cases. The first SGBV training, conducted in collaboration with the FHD/MOH SGBV focal person in Nimba County had 39 participants (OICs, CRH, DRHs and Midwives). The training covered the magnitude of the problem globally and in Liberia, untoward consequences of the problem, comprehensive clinical care for survivors, documentation & reporting and the national guidelines.
- **Facility Level Chlorhexidine Cord Care Orientation:** In the preceding quarter, MCSP conducted a one-day orientation of supervisors at district and county level so that they are able to cascade on-site orientation to facility level staff during the monthly supportive supervision. However, the facility level orientation was postponed due to unavailability of the chlorhexidine product at health facilities. This quarter, because of the availability of the chlorhexidine gel, MCSP conducted facility level chlorhexidine cord care orientation by integrating it in the monthly supportive supervision at all 77 MCSP supported health facilities in the three counties. 785 providers (Grand Bassa- 224, Lofa 152 and Nimba 409) from 81 facilities (Grand Bassa 29 out of 30, Lofa-17 and Nimba-35) were oriented.
- **Maternal and Neonatal Death Surveillance and Response (MNDSR):** MCSP county staff, in collaboration with the Nimba County Health Team, conducted a one-day MNDSR orientation training for a total of 94 professional staff from the 30 MCSP-supported health facilities to enhance their competency to conduct maternal and neonatal death reviews and responses according to the revised national MNDSR guideline and training materials. The orientation was done at each health facility during the supportive supervision visits. This is a follow up orientation training to health facility staff following the two-day MNDSR training to CHT & DHT supervisors and hospital staff. MCSP also did additional on-site orientation training to 48 professional staff from non-MCSP supported health facilities at the request of the CHT.
- **Quarterly Joint Integrated Supportive Supervision:** MCSP technical advisors modified the JISS standards to include a checklist that covers all aspects such as human resources for health including training, equipment and functionality, performance graphs, infrastructure upgrades (WWT), pressing issues on technical areas, and recently identified gaps as the project is closing soon. MCSP in collaboration with the CHTs conducted 12 joint supportive supervision visits during this quarter in two supported counties (Lofa-4 and Bassa-8) using the modified checklist. It was observed that waste was segregated and disposed of properly at facilities, all visited facilities had functional hand washing stations at entry points and all clients were triaged prior to entering the facilities. The recently donated medical and non-medical equipment was assembled and functional. The health workforce at each facility was found to be competent and MNCH performance indicators were plotted and pasted on the wall.
- **Monthly supportive supervision:** During this quarter, MCSP conducted 211 regular monthly supportive supervision visits to supported health facilities (Bassa-82, Lofa-43, and Nimba-86). Findings from the supportive supervision visits revealed that facilities are maintaining the practice of proper waste management and adherence to IPC practices. In addition, screeners were properly using the under-five case recording forms and the IMNCI charts; high quality ANC, EPI/FP, IPC, and NLD services were being provided; and all facilities visited had MgSO₄ and calcium gluconate available in MCH areas.

Sporadic skill gaps identified during the visit were addressed during the visit through discussions with facility staff and on-site mentoring and coaching.

IR 2.4: Promote and Strengthen Community Engagement to Increase Health Service Utilization

MCSP provided monthly fuel and motivational incentives (USD25.00 cash, 5 gallon of gasoline, lubricants and accessories per bike for the operation of 38 motorbikes in the three MCSP supported counties (Bassa-11, Lofa-10, Nimba-17)), for EPI outreach activities. Immunization outreach support to 38 of 77 facilities continues. The vaccinators from facilities used the opportunity of reaching children through weekly outreach vaccination services to link service delivery with the communities and increasing community awareness on importance of completing immunization schedules. Increased immunization coverage was noted this quarter based on the figures in the EPI ledgers at visited health facilities during the supportive supervision

COORDINATION & COLLABORATION WITH PARTNERS

In addition to the coordination and collaboration described at IR 2.1 above, MCSP worked with MOH and CHT to organize quarterly performance review meetings in the three supported counties. MCSP in collaboration with the CHT conducted a two-day integrated quarterly performance review meeting in all the three supported counties. This platform brought together previously vertically run review meetings such as IPC, data and RMNCAH, to one integrated review meeting. During the meetings, performance of the previous quarter, learning sessions and target setting were key activities. The participants included DHOs, district supervisors, CHOs, county M&E focal points and county supervisors. During these review meetings, MCSP, together with the CHTs, implemented a new health facility recognition initiative.

During the quarter, MCSP also revised the transition strategy developed for USAID/Liberia and shared with the MOH and the three supported counties. The strategy document, which outlines activities that MCSP has transitioned to the counties, is a guide for CHTs to continue the planning, budgeting and implementation of MCSP activities when the project has closed. Participated and organized transition planning meetings with each of the supported CHTs to discuss transition issues such as costs for activity implementation in counties including recurring activity costs and prioritizing transition activities to ensure that the gains made through MCSP are sustained by MOH/CHT after the project closeout. Additionally, MCSP plans to hold a joint meeting next quarter with CHTs, USAID, and MOH to address CHT transition concerns.

CROSS CUTTING

Monitoring, Evaluation, Research and Learning (MERL)

During the reporting period, the Monitoring, Evaluation, Research and Learning (MERL) Unit contributed to the achievement of program results, which aid MCSP leadership in critical decision making through the following activities:

Endline Assessment

- Conducted training for data collector supervisors from Nov. 21-23, 2017. A total of 21 data collectors and three supervisors from MCSP supported counties participated in the training. Presentations covered standard operating procedures of the assessment, research ethics and adverse events, and a review of the three assessment tools: facility readiness, clinical standards and key informant interview.
- Assessment tools were pilot tested at facilities in Montserrado and Grand Bassa counties (Redemption hospital and Bokay Clinic)

- Endline assessment data collection commenced in Nimba County on December 4 and concluded in Lofa and Grand Bassa counties on December 15, 2017. The assessment included both health facility assessment (quality of care and readiness), and key informant interviews with CHT and DHT members. 50% (39 of 77) of MCSP-supported health facilities were assessed. Three technical team members along with the MCSP MERL team observed the process in the three Counties.

EPI/FP Integration Study

- The EPI/FP data analysis and manuscript writing workshop took place at the MCSP office in Washington DC. Selected MCSP Liberia co-investigators shared findings and learning with the MCSP HQ and Malawi study team (Malawi is another country in the multi-country study). Preliminary results will be presented to MOH and USAID for review and further policy discussion in FY18Q2.
- The co-investigators participated in the Global Immunization and Family Planning Technical Working Group Meeting, held in Washington, DC on December 13. The focus of the TWG session was on measurement approaches for monitoring and evaluating integration activities. The MCSP team presented on methods used in the Liberia study, and participated in discussion on ways to streamline and improve measurement to inform evidence and decision-making for the intervention.

Routine Activities

- MCSP staff continued to monitor health facility staff on proper use of the updated HMIS ledgers and reporting forms to ensure high quality data are available for analysis and use at facility, county and national levels.
- MCSP printed and distributed CHX monitoring charts for MCSP-supported counties for use at facilities to capture data on the use of CHX gel at facilities.

Gender

- This quarter, MCSP worked with the MOH sexual gender based violence coordinator and MOH SGBV trainers to review SGBV training materials for care providers
- Conducted a three-day Sexual Gender Based Violence training for thirty-nine service providers (OICs, Midwives, County and District RHS) in Nimba County

Management

The overall project activities in the counties will end in March 2018. The closeout for counties was happening in phased approach and Nimba is the first county to close by December 2017. In preparation for this, MCSP held consecutive meetings with MOH, USAID and CHT. Health facility staff were also aware of the project close out in Nimba. The CHT is working along with the MOH on prioritizing MCSP supported activities including staff contracts.

PLANNED ACTIVITIES FOR NEXT QUARTER

Improved quality MCH service delivery

- Make monthly incentive payments for facility staff in Lofa and Grand Bassa.
- Continuous support to EPI outreach to 21 facilities in Lofa and Grand Bassa

- Complete the already started renovation works in the three counties in quality and timely manner
- Conduct SGBV training to health facility staff in Grand Bassa and Lofa.
- Conduct routine monthly visits to health facilities in Lofa and Grand Bassa using the revised check list.

Coordination and Collaboration

- Continue coordination meetings such as Reproductive Health Technical Committee (RHTC) and providing technical support to county health teams and central ministry.
- Support Maternal and Newborn Health Conference in Lofa County.
- Provide fuel support to the ambulance at Liberian Government Hospital in Grand Bassa County and the two ambulances from Telleyoyan Hospital and Curran Hospital in Lofa County.
- Provide logistical support to CHTs to distribute IPC, medical and non-medical and basic stationery supplies at supported facilities in Grand Bassa and Lofa
- Organize and hold transition meetings with the CHT and MOH to ensure the support will be sustained and run by the CHT/MOH after MCSP closure.
- Continue to work with the CHTs on transition activities

Recognition, Documentation and Assessments

- Analysis and report writing of the end line assessment.
- Document project processes, technical approaches, research and learning, and success stories to tell the MCSP story and define the legacy of the project.
- Recognize health facilities and districts on the performance on IPC and quality during the project through certificates and trophies/plaques.

CHALLENGES, OPPORTUNITIES, LESSONS LEARNED

Challenges

- Competing priorities and overlapping activities at county and national level have delayed planned program activities. Additionally, activity plans were further stalled by the national presidential elections. MCSP worked hard to execute project activities through timely planning and communication with CHTs and MOH.
- The rainy season damaged bridges impeding access and transportation of construction materials to some renovation sites, such as Sue Town Clinic. MCSP along with the CHT and contractors explored alternative options to transport constructions materials such as using fare/water body transport and involving the community and getting materials for the work within the community
- The health facilities continuously face stock out of essential drugs, such as ACT, RDT, paracetamol and amoxicillin that affected service delivery. MCSP provided continuous technical assistance at the county level to enable timely drug requisition to the supply chain unit at MOH and assisted in filling distribution gaps of the available supplies at the county warehouses. During the quarter, MCSP held a series of meetings with the supply chain unit of MOH to discuss drug stock outs.

Lessons learned and Opportunities

- As the project comes to a close, supportive supervisions has to be more efficient and less frequent and should cover overall programmatic activities. As the facility staff competency is built throughout the project, the CHT/ DHT are capable of completing supervision independently.

- MCSP has learned that continuous community involvement in contributing building materials, such as sand, and inclusion of DHTs/CHTs and facility leadership in supervision of renovations has promoted local ownership.
- Planning for transition and sustainability is challenging in the absence of budget resources within the counties. Discussions around transition between MCSP and the counties has not come to a clear conclusion as CHTs felt they could not sustain salaries of health workers previously under the MCSP incentive program. MCSP convened a meeting between the CHTs and the MOH to discuss human resources issues to ensure that MCSP investments are sustained
- The experience of the close-out of the Nimba office reinforces the importance of planning and appropriate time allocation for all programmatic and administrative close-out actions in the other two supported counties.

Annex I: MCSP Performance Indicator Table Progress

**HMIS data for December 2017 are not available in DHIS2 as of January 24, 2018. All italicized values include partial data for the quarter. Updated figures will be submitted in the following quarterly report once the data become available.

IND #	INDICATOR	BASELINE VALUE	PY1Q2 Jan-Mar 2016	PY1Q3 Apr-Jun 2016	PY1Q4 Jul-Aug 2016	PY1 (FY16) ACTUAL	PY2Q1 Oct-Dec 2016	PY2Q2 Jan-Mar 2017	PY2Q3 Apr-June 2017	PY2Q4 Jul-Sept 2017	PY2 (FY17) ACTUAL	FY17 Target	PY3Q1 Oct-Dec 2017**	FY18 Target (Cumul.)
GOAL: To restore confidence in the health care system by upgrading IPC practices critical for fighting Ebola and other infectious diseases and ensuring restoration of MCH services in target facilities.														
OBJECTIVE 1: [Prevention at facilities]: IPC practices at 77 health facilities are strengthened through training, intensive supportive supervision, triage, improvement of waste management and planning and management of essential IPC commodities and supplies.														
1.0.1	Percent of MCSP-supported health facilities reporting meeting 80% of IPC minimum standards	46%	79%	81%	65%	65%	78%	68%	70%	78%	78%	100%	N/A	85%
1.1.1	Percent of supported facilities with IPC/SQS Focal Point identified and trained	74%	100%	100%	94%	94%	97%	99%	97%	99%	99%	100%	N/A	100%
1.2.1	Percent of MCSP-supported facilities reporting improved scores for IPC/SQS minimum standards for infrastructure/equipment and WASH/waste management since previous quarter	N/A	44%	74%	52%	52%	44%	32%	64%	74%	74%	100%	N/A	100%
1.2.2	Percent of target facilities that have at least a one month supply of the requisite minimum supplies to allow for IPC standard	65%	90%	94%	87%	87%	96%	88%	93%	95%	95%	100%	N/A	N/A

IND #	INDICATOR	BASELINE VALUE	PY1Q2 Jan-Mar 2016	PY1Q3 Apr-Jun 2016	PY1Q4 Jul-Aug 2016	PY1 (FY16) ACTUAL	PY2Q1 Oct-Dec 2016	PY2Q2 Jan-Mar 2017	PY2Q3 Apr-June 2017	PY2Q4 Jul-Sept 2017	PY2 (FY17) ACTUAL	FY17 Target	PY3Q1 Oct-Dec 2017**	FY18 Target (Cumul.)
	adherence													
1.2.3	Percent of target facilities that had no stock out of IPC supplies in the previous quarter	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%
1.3.1	Number of facilities that received SQS training with MCSP support	N/A	18	0	17	62	0	17	0	0	17	77	0	77
OBJECTIVE 2: [Increase MCH Service Demand and Utilization through Restored Service Delivery]: Demand generated and delivery of quality primary health care services is restored through the implementation of RMNCH as part of the Essential Package of Health Services (EPHS) in 77 facilities.														
2.0.1	Percent of MCSP-supported facilities open and providing basic primary health care including RMNCH, communicable disease (malaria, TB, and HIV/AIDS), and emergency services.	57%	81%	N/A	100%	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%
2.0.2	Number of persons screened at MCSP-supported health facilities	N/A	139,268	164,803	153,256	457,327	139,151	150,022	165,003	154,027	608,203	N/A	56,450	N/A
2.0.3	Number of pregnant women who received IPT2 under direct observation	1,780	2,289	4,430	3761	10,480	3,579	4,851	4,206	4,266	16,902	N/A	2,163	N/A

IND #	INDICATOR	BASELIN E VALUE	PY1Q2 Jan- Mar 2016	PY1Q3 Apr- Jun 2016	PY1Q4 Jul-Aug 2016	PY1 (FY16) ACTUAL	PY2Q1 Oct- Dec 2016	PY2Q2 Jan- Mar 2017	PY2Q3 Apr- June 2017	PY2Q4 Jul-Sept 2017	PY2 (FY17) ACTUAL	FY17 Targe t	PY3Q1 Oct-Dec 2017**	FY18 Target (Cumul.)
2.0.4	Number of deliveries with a skilled birth attendant (SBA) in program supported health facilities	2,439	2,660	3,187	3170	9,017	3,379	3,342	4,505	3,997	15,223	N/A	2,338	N/A
2.0.5 *	Percent of MCSP-supported facilities that offer delivery services where MgSO4 is available in the delivery room	60%	N/A	N/A	41%	41%	N/A	N/A	N/A	73%	73%	100%	N/A	80%
2.0.6 *	Number of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	6	6	10	16	32	1	9	6	0	16	N/A	16	N/A
2.0.7 *	Number of cases of child diarrhea treated with ORS and Zinc in USAID-assisted (MCSP) programs*	N/A	1,158	1,578	1,710	4,446	1,594	2,191	1,808	1,218	6,811	N/A	462	N/A
2.0.8 *	Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG (MCSP)-supported programs*	N/A	2,582	3,220	5,466	9,844	5,568	5,224	6,201	5,207	22,200	N/A	2,965	N/A
2.0.9	Percent of children under 5 receiving ACT for malaria	76%	75%	80%	84%	84%	81%	86%	70%	82%	82%	95%	66%	90%

IND #	INDICATOR	BASELIN E VALUE	PY1Q2 Jan- Mar 2016	PY1Q3 Apr- Jun 2016	PY1Q4 Jul-Aug 2016	PY1 (FY16) ACTUAL	PY2Q1 Oct- Dec 2016	PY2Q2 Jan- Mar 2017	PY2Q3 Apr- June 2017	PY2Q4 Jul-Sept 2017	PY2 (FY17) ACTUAL	FY17 Targe t	PY3Q1 Oct-Dec 2017**	FY18 Target (Cumul.)
2.0.1 1	Number of pregnant women with known HIV status(includes women who were tested for HIV and received their results)(PEPFAR output-#P1.1D)	3178	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	N/A	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	N/A	N/A	N/A
2.0.1 2	Percent of USG-assisted service delivery sites providing family planning counseling and/or services	87%	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	N/A	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	99%	N/A	99%
2.1.1	Number of RMNCH coordination meetings attended	N/A	0	2	3	5	2	3	0	3	8	13	2	17
2.2.1	Number of MCSP-supported facilities meeting minimum essential RMNCAH staffing requirements	46	61	56	71	71	74	74	74	71	71	74	70	74
2.2.2	Number of health care facilities renovated with USAID support	0	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	N/A	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	N/A	N/A	46
2.3.1	Number of trainers trained or refreshed on health technical topics	N/A	104	0	0	130	0	0	0	0	0	50	0	50
2.3.2	Percent of MCSP-supported facilities that received at least 1 integrated supportive supervision visit in last quarter	N/A	100%	100%	100%	100%	87%	100%	100%	95%	95%	100%	79%	100%

IND #	INDICATOR	BASELINE VALUE	PY1Q2 Jan-Mar 2016	PY1Q3 Apr-Jun 2016	PY1Q4 Jul-Aug 2016	PY1 (FY16) ACTUAL	PY2Q1 Oct-Dec 2016	PY2Q2 Jan-Mar 2017	PY2Q3 Apr-June 2017	PY2Q4 Jul-Sept 2017	PY2 (FY17) ACTUAL	FY17 Target	PY3Q1 Oct-Dec 2017**	FY18 Target (Cumul.)
2.3.3*	Number of health care workers who successfully completed an in-service training program within the reporting period	0	71	268	149	757	172	136	204	210	722	300	39	1,350
2.3.4	Number of Health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds	0	N/A	N/A	N/A (Added FY17Q4)	N/A (Added FY17Q4)	N/A	N/A	N/A	34	34	34	0	34
2.3.5	Number of people trained in Child Health and nutrition through USG supported programs	0	N/A	N/A	N/A (Added FY17Q4)	N/A (Added FY17Q4)	N/A	N/A	N/A	34	34	34	0	34
2.3.6	Number of health workers trained in intermittent preventive treatment in pregnancy (IPTp) with USG funds	0	N/A	N/A	N/A (Added FY17Q4)	N/A (Added FY17Q4)	N/A	N/A	N/A	52	52	52	0	52
2.0.10	Number of children aged <12 months who received Penta3 vaccine in MCSP-supported areas	2,848	3,322	4,372	5,672	13,366	5,744	5,144	5,400	5,516	21,804	N/A	3,180	N/A
2.4.2	Proportion of children vaccinated with Penta3 reached through outreach	9%	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	N/A	N/A	N/A	N/A (Added FY18Q1)	N/A (Added FY18Q1)	N/A	27%	N/A

Notes:

*Denotes MCSP Global PMP Indicator.

The quarterly IPC assessment was replaced with the endline assessment. Results will be presented in the Endline Assessment Report.

Annex 2: MCSP RHS Trainings and Orientations

S/N	Training	Orientation/Training	# of participants
1.	Sexual and Gender-Based Violence	Training	39
2.	Maternal and Newborn Death Surveillance and Response – Facility Level	Orientation	142
3.	Chlorhexidine for newborn cord care – Facility Level	Orientation	785
Total:			918

Annex 3: MCSP RHS Short-Term Technical Assistance Visits During the Reporting Period

Who	What	When
Wade Smith, Project Coordinator (JSI)	Provide financial and administrative support to closeout activities in Nimba County	November 27-December 9, 2017
Joe Moyer, Infrastructure Advisor (JSI)	Review final MCSP infrastructure activities, schedules and dates, and review the status of each contract with the infrastructure team followed with individual contractors; conduct site inspections	November 27-December 9, 2017

Annex 4: MCSP RHS Work plan Matrix Progress Update

To supplement the narrative progress updates in this report, below is an update on MCSP's progress against each activity in the workplan matrix that has been planned for this reporting period.

No	Activities Planned for the Quarter	October	November	December	Progress
1.1.2	Participate in the Central level IPC TWGs, Quality Management TWGs and relevant sub committees	X	X	X	Ongoing
1.1.3	Participate in and provide financial support technical & financial support for the hosting of quarterly IPC coordination meetings (Integrated with activity 2.1.5)	X	X	X	Ongoing
1.2.1.1	Assist MOH to fill in HR gaps at target facilities	X	X	X	Ongoing
1.2.1.1	Employ efforts to transition payment and supervision of deployed contractors to full time MOH staff	X	X	X	Ongoing
1.2.2.1	Coordinate with MOH/ SCMU and NDS/ CMS and other partners as appropriate to equip facilities with essential IPC supplies and materials, strengthen their communications, and use of LMIS data and connection with the supply chain	X	X	X	Ongoing
1.2.2.2	MCSP to develop guidelines for last mile distribution in the 3 operational counties.				Completed
1.2.2.3	Coordinate with CHT/DHT to identify IPC supplies/ stock and needs at facility level	X	X	X	Ongoing
1.2.2.4	Procure essential supplies for IPC at supported health facilities	X	X	X	Completed
1.2.2.5	Work with CHT to conduct last mile distribution of IPC supplies, medical and non-medical supplies and drugs	X	X	X	Ongoing
1.2.2.6	Provide fuel Support for Liberian Government Hospital incinerator in Grand Bassa	X	X	X	Ongoing
1.1.2.2	Conduct integrated mentoring at MCSP supported facilities for IPC and other services.	X	X	X	Ongoing

1.2.3.1	Renovate/rebuild requisite waste, water and triage (WWT) structures in target facilities with needs in Grand Bassa, Lofa and Nimba	X	X	X	Ongoing
1.2.3.2	Transfer WWT to other facilities as needed with approval from USAID				Completed
1.2.3.3	Conduct routine monitoring of general contractors and renovation at health facilities	X	X	X	Ongoing
1.2.3.4	Provide logistical support to county environmental health technicians to support facilities for proper systems in place for maintenance of WWT structures	X	X	X	Ongoing
1.3.1	Conduct on-site IPC orientation: Support county IPC focal points/trainers to train and supervise all target facilities on updated IPC standards and guidelines (SQS)	X	X	X	Ongoing
1.3.2	Conduct on site trainings in updated IPC standards and guidelines (SQS) for new staff not yet trained (Mop Up and New Staff)	X	X	X	Ongoing
1.3.3	Provide supportive supervision to the facility level IPC focal points and staffs on IPC and RMNCAH monthly by County MCSP staff and Quarterly by central staff	X	X	X	Ongoing
1.3.4	Continue to support quarterly learning sessions on IPC to promote adherence (linked with Activity 2.1.5)	X	X	X	Completed
1.3.5	Ensure updated IPC tools and job aids availability and proper utilization at facilities.	X	X	X	Ongoing
1.3.6	Ensure IPC is incorporated into routine supportive supervision tools and practices	X	X	X	Completed
2.1.1	Contribute to national, county and district level policy, guideline and strategy discussions	X	X	X	Ongoing
2.1.2	Participate & contribute to different national working groups on RMNCAH services	X	X	X	Ongoing
2.1.3	Provide technical support to MOH to update and disseminate EPI policy	X	X	X	Ongoing

2.1.4	Provide technical and financial support the MOH Scale up planning and costing of CHX Cord care	X	X	X	Completed
2.1.5	Host and support quarterly county level RMNCAH/IPC/performance review coordination meetings (i.e., RHTC meetings) with key stakeholders in each county (1 meeting per county, per quarter)	X	X	X	Completed
2.1.6	Collaborate with NMCP, NACP, TB & LCP of MOH to train facility staff in integrated services provision and conduct supportive supervision	X	X	X	Ongoing
2.1.8	Provide financial and technical support CHT/DHT to develop and implement the MNDSR plans	X	X	X	Completed
2.1.9	Provide support for national RMNCAH, IPC Days (Eg: hand washing day)	X	X	X	completed
2.1.10	Support CSH with updating and validating the JISS tool, by providing RMNCAH clinical standards and other technical support.		X		Completed
2.1.11	Provide financial and technical support for annual maternal health conferences in all the three counties.	X	X	X	Ongoing
2.1.13	Conduct Quarterly data review (performance review) meeting (integrated with RMNCAH and IPC review meetings)- Linked with 2.1.5	X	X	X	Completed
2.2.1.1	Hire and pay incentive for additional staff as needed	X	X	X	Ongoing
2.2.1.2	Employ efforts to transition payment and supervision of professional staff to full-time MOH staff (Linked with 2.2.1)	X	X	X	Ongoing
2.2.2.1	Work with CHTs and DHT to ensure that facilities are submitting active and passive disease surveillance and reports	X	X	X	Completed
2.2.2.2	Create screening and isolation and care areas and redesign of patient flow as needed (links to 1.2.2)	X	X	X	Ongoing
2.2.2.3	Equip the screening and triage, and isolation areas, to implement proper screening and isolation protocols (see MOH list of supplies for isolation units)	X	X	X	Completed
2.2.2.4	Provide privacy screen for EPI staff	X			Completed

2.2.3.1	Print, disseminate, and promote use of existing RMNCAH policies, job aids, wall charts and protocols as needed/provide lighting for facilities/MCH as needed	X	X	X	Completed
2.2.3.2	Collaborate with partners to ensure availability Rechargeable mobile solar lights (Solar lamps) to health facilities to provide quality care	X	X	X	Completed
2.2.3.3	Provide quarterly operational support to facilities: i.e: basic stationaries as needed		X	X	Completed
2.2.4.1	Assess the MOH existing referral mechanisms and tools for tracking	X	X		Completed
2.2.4.2	Provide fuel and maintenance support to ambulances in hospitals to strengthen referral	X	X	X	Ongoing
2.2.4.3	Orientate CHT/DHT and facility staffs on the referral tools (during supportive supervision visits)	X	X	X	Complete
2.2.4.4	Provide appropriate tools for referral and ensure implementation	X	X	X	Ongoing
2.2.4.5	Strengthen the Referral and Counter referral feedback system	X	X	X	Ongoing
2.3.1.1	Build capacity of County Supervisors to mentor, coach and supervise health facility staff on need basis	X	X		Completed
2.3.1.2	Conduct learning session on the use of the updated JISS tool for CHT/DHT supervisors and technical team and MCSP CHPOs.				Completed
2.3.1.3	Conduct mop up training to Facility Staff on RMNCAH (1 per county)				Completed
2.3.1.4	Conduct Quarterly Integrated RMNCAH Learning Sessions during the coordination meetings on need basis			X	Completed

2.3.1.5	Conduct Age and Staging Training				Completed
2.3.1.6	Orientate CHT/DHT supervisors and screeners of under-five on the strategy to institutionalize IMNCI at county level (1 per county).	X	X	X	Completed
2.3.1.7	Track EPI/FP integrated statistics	X	X	X	Ongoing
2.3.1.8	Train CHT/DHT supervisors and CEmONC facility staff on maternal and newborn deaths surveillance (MNSDR) and response(1 per county)		X	X	Completed
2.3.1.9	Orientate CHT/DHT supervisors and CEmONC facility staffs on CHX scale up plan (1 per county)		X	X	Completed
2.3.1.1 1	HMIS Facility Roll Out training				Completed
2.3.1.1 2	Develop/ Adapt the gender performance standard				Completed
2.3.1.1 3	Assess facilities using gender standards and develop action plans for gender-sensitive services				Completed
2.3.1.1 4	Train county/facility Staff on SGBV			X	Ongoing
2.3.2.1	Provide monthly supportive supervision and mentoring by DHT and MCSP county staff (Linked with 1.3.3)	X	X	X	Ongoing
2.3.2.2	Provide quarterly JISS by SCHPO, CHT and national technical advisors	X	X	X	Completed
2.3.2.3	Regularly evaluate through the use of checklists and feedback sessions and recognize progress with certificates and a recognition ceremony (one per county) after the mid-line assessment	X	X	X	ongoing

2.3.2.4	MCSP's CHPOs supporting CHT and DHT to improve provider performance at the facility through direct observation, chart reviews, statistics analysis, patient and provider interviews and performance improvement plans.	X	X	X	Completed
2.3.2.5	Develop & validate case study booklet for simulation purpose	X	X	X	Ongoing
2.4.1.1	Set outreach target/use facility microplan for each public clinic and provide an additional financial incentive of \$ 25.00 to facilities meeting their monthly outreach targets	X	X	X	Completed
2.4.1.2	Provide support including fuel, tire and rain gear, and life jacket to health facilities to implement EPI outreach activities	X	X	X	Ongoing
2.4.1.3	Ensure proper cold chain maintenance including the usage of MCSP vehicles to transport vaccines/ice packs where feasible; monitoring and documentation of all outreach activities	X	X	X	Ongoing
2.4.1.4	Promote and support routine integrated EPI outreaches to minimize missed opportunities and create demand for services available in facilities	X	X	X	Ongoing
2.4.1.5	Conduct quarterly joint EPI/FP outreach visits with CHT/DHT and work with CHSS at MCSP facilities to increase facility utilization of services		X	X	Ongoing

SUCCESS STORY

LIBERIA – RESTORATION OF HEALTH SERVICES



Fostering Best Performance through Recognition - from Zero to Hero

The USAID funded Maternal and Child Survival Program Restoration of Health Services (MCSP RHS) Project mandate is to improve the delivery of quality maternal and child health services. MCSP RHS, in an effort to promote quality of care, developed a strategy and plan to recognize best performing primary health facilities, hospitals and districts in the three project supported counties. The RHS project committee developed two sets of recognition criteria: one to identify the highest score in Infection Prevention and Control (IPC) indicators, and the second to identify best performance based on composite Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) indicators.

Before MCSP began implementing activities, Give Them Hope Clinic (GTH), a small clinic in Nimba county, did not provide immunization services and staff did not follow MOH integrated Management of Childhood illnesses protocols for treating children under five. The clinic was receiving fewer than 8 ANC clients per month and skilled birth delivery (SBD) was at 2 per month. The clinic has shown immense improvement since the start of MCSP. The clinic is now receiving on average 25 ANC clients and performing 10 SBDs per month. Therefore, this quarter GTH was recognized with an award for excellence in providing high quality maternal and child health services. Their composite scores for the different services offered were as follows: 4th +ANC visits: 62%, delivery by skilled provider: 65%, malaria cases treated with ACT for children under 5 years: 74%, and Penta 3 immunization for children under 1: 51%. Making brief remarks on behalf of her staff, the Officer in Charge at the GTH Clinic, Zaye Zarweah, commended MCSP RHS for supporting them: “Thanks for the facilities built for us, and for efforts to build our capacity during the project. We are now rendering services that we were not rendering before.”

This recognition activity aims to appreciate the efforts of health facility teams who have worked exceptionally hard to improve the quality of services at their health facility. It also seeks to motivate other health facility staff to do the same by increasing constructive competition among health facilities and fostering best practices at health facilities using approved guidelines and checklists, thereby improving and promoting the quality of healthcare services across all health facilities.

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NAME

Recognition of Best Performing Health Facilities

LOCATION

Grand Bassa, Nimba and Lofa Counties, Liberia

SUMMARY

The USAID funded Maternal and Child Survival Program Restoration of Health Services Project (MCSP RHS), in collaboration with County Health Teams, initiated a Recognition for Performance scheme to improve and promote the delivery of quality healthcare services and quality assurance system. The initiative is meant to appreciate the efforts of health facility staff teams that have worked exceptionally hard, increase constructive competition among health facilities, and foster best health care practices using approved guidelines and checklists, thereby improving and promoting the quality of healthcare services at the health facilities.

In Nimba and Grand Bassa counties, 14 facilities received recognition awards. Three clinics, (St. John in Grand Bassa and Glahn and Kpaytuo of Nimba Counties) received awards for excellence in achieving high scores in both IPC and composite RMNCAH indicators.

The improvements in utilization and quality of services at GTH Clinic is a testament to the joint efforts of the Ministry of Health supervisors and managers, MCSP, and the health facility staff. Recognizing the performance of the staff at this facility will motivate them to continue and inspire others to do the same.



*Staff of Give The Hope Clinic
displaying their Recognition Certificate*



USAID
FROM THE AMERICAN PEOPLE

*Maternal and Child
Survival Program*

Annex 6: Infrastructure Progress Report

MCSP Infrastructure Progress Tracking - Descriptive Milestones by Site and Feature - 19 Dec 2017												
Note: Items marked "Complete" may be awaiting MCSP inspection - not necessarily ready for clinic use.					Color Key:		Not Started	Partially Complete	Nearly Complete	Complete		
Location					Components of Works Scheduled for Implementation (Features)							
County	Lots	District	Contractor	Facility	Incinerator	Triage and Holding	Latrines	New Hand Dug Well	Placenta Pit	Ash Pit	Sharps Pit	
G R A N D B A S S A C O U N T Y	Lot 1	Buchanan	Tumarsi	Well Baby (Moved from LGH)	Complete	N/A	N/A	N/A	N/A	N/A	N/A	
			Tumarsi	Camphor Clinic	N/A	N/A	Complete	N/A	N/A	N/A	N/A	
			Tumarsi	Christian Extension Mission Clinic	Complete	N/A	Complete	N/A	N/A	Complete	Complete	
			Tumarsi	Joriam Clinic	Complete	N/A	Complete	N/A	N/A	Complete	Complete	
			Tumarsi	St. Peter Clever Health Center	N/A	N/A	N/A	N/A	Complete	N/A		
			Tumarsi	Tubman Ville Clinic	Complete	N/A	N/A	N/A	N/A	N/A		
	Lot 2	District # 2										
			Triple W	LloydsVille Clinic	N/A	N/A	Complete	Complete	N/A	N/A	Complete	
			Triple W	Compound # 1 Clinic	Complete	N/A	N/A	N/A	Complete	Complete	Complete	
			Triple W	Little Bassa	Complete	N/A	Finishing	Complete	Complete	Complete	Complete	
			Triple W	Edina Clinic	Complete	N/A	N/A	N/A	N/A	Complete	Complete	
			Triple W	St. John Clinic	Complete	N/A	N/A	N/A	N/A	N/A	Complete	
			Triple W	Compound #2 Clinic	Complete	N/A	Complete	N/A	Complete	Complete	Complete	
	Lot 3	District # 3										
			Triple W	Barseegiah Clinic	N/A	N/A	Complete	N/A	N/A	Complete	Complete	
			Triple W	Boeglay Clinic	N/A	N/A	N/A	Wet Digging	N/A	N/A	N/A	
			Triple W	Compound #3 Clinic	Finishing (inc Roof)	N/A	Complete	N/A	N/A	N/A	N/A	
			Triple W	Desoe Clinic	Finishing (inc Roof)	N/A	N/A	Wet Digging	N/A	N/A	Complete	
			Triple W	Garduor Clinic	Finishing (inc Roof)	N/A	N/A	N/A	Complete	N/A	N/A	
			Triple W	Sue Town	N/A	N/A	N/A	Not Started	N/A	Not Started	Not Started	
	Lot 4	District # 4	Triple W	Zondo Town Clinic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Complete
			Tumarsi	Ceeqbah	N/A	N/A	N/A	Wet Digging	N/A	N/A	N/A	Complete
			Tumarsi	Compound # 4 Clinic	N/A	N/A	N/A	Wet Digging	N/A	N/A	N/A	
			Tumarsi	LIBINCO	Complete	Complete	N/A	N/A	N/A	Complete	Complete	
			Tumarsi	Little Kola	Complete	N/A	Complete	Wet Digging	N/A	Complete	Complete	
	Grand Bassa Total			24	15	1	10	8	5	12	16	

MCSP Infrastructure Progress Tracking - Descriptive Milestones by Site and Feature - 19 Dec 2017											
Note: Items marked "Complete" may be awaiting MCSP inspection - not necessarily ready for clinic use.					Color Key:		Not Started	Partially Complete	Nearly Complete	Complete	
Location					Components of Works Scheduled for Implementation (Features)						
County	Lots	District	Contractor	Facility	Incinerator	Triage and Holding	Latrines	New Hand Dug Well	Placenta Pit	Ash Pit	Sharps Pit
L O F A C O U N T Y	Lot 1	Voinjama	Afrique	Bondi Clinic	Complete	Complete	Complete	N/A	N/A	N/A	N/A
			Afrique	Dougoumai Clinic	Complete	Complete	Complete	Wet Digging	N/A	N/A	N/A
			Afrique	Kpademai Clinic	N/A	Finishing	N/A	Apron & Soak-Away	N/A	N/A	N/A
			Afrique	Kpotomai Clinic	N/A	N/A	N/A	N/A	N/A	N/A	N/A
			Afrique	Pentecostal Clinic	N/A	N/A	N/A	N/A	N/A	N/A	N/A
			Afrique	Torborgizizu	N/A	Finishing	Finishing	N/A	Finishing	Finishing	Finishing
			Afrique	Vezela	Finishing (inc Roof)	Finishing	Finishing	N/A	Finishing	Finishing	Finishing
	Lot 2	Kolahun	Afrique	Balahun Clinic	Complete	N/A	Complete	N/A	Complete	Complete	Complete
				Fassavolu Clinic	N/A	Finishing	Finishing	N/A	N/A	Finishing	Finishing
			Afrique	Mbalotahun Clinic	N/A	Finishing	Finishing	N/A	N/A	N/A	Finishing
		Foya	Afrique	Foya Community Clinic	N/A	Complete	Complete	Complete	N/A	Complete	Complete
			Afrique	Mendicorma Clinic	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				Isaac Gbema Clinic	Finishing (inc Roof)	N/A	N/A	N/A	N/A	N/A	N/A
			Afrique								
	Lofa Total			13	5	8	8	3	3	5	6

MCSP Infrastructure Progress Tracking - Descriptive Milestones by Site and Feature - 19 Dec 2017												
Note: Items marked "Complete" may be awaiting MCSP inspection - not necessarily ready for clinic use.						Color Key:		Not Started	Partially Complete	Nearly Complete	Complete	
Location					Components of Works Scheduled for Implementation (Features)							
County	Lots	District	Contractor	Facility	Incinerator	Triage and Holding	Latrines	New Hand Dug Well	Placenta Pit	Ash Pit	Sharps Pit	
N I M B A C O U N T Y	Lot 1	Gbehlay Geh	Tumarsi	Give Them Hope Clinic	Complete	Complete	Complete	Complete	Complete	Complete	Complete	
			Tumarsi	Kpairplay Clinic	N/A	N/A	N/A	Complete	N/A	Complete	Complete	
			Tumarsi	Slagonplay Clinic	N/A	Complete	Complete	Wet Digging	Complete	Complete	Complete	
		Saniquelle Mah	Tumarsi	Pentecostal Clinic	N/A	Complete	N/A	N/A	N/A	Complete	Complete	
	Lot 2	Saclepea	Triple W	Beindin Clinic	Complete	Complete	Complete	N/A	Complete	Complete	Complete	
			Triple W	Zahn Bahnla Clinic	N/A	Complete	N/A	Complete	N/A	N/A	Complete	
			Triple W	Dorcas Mantor	Complete	Complete	N/A	N/A	Complete	Complete	Complete	
		Lot 3	Tapitta	P&R	Graie Clinic	N/A	Complete	N/A	N/A	N/A	N/A	N/A
	P&R			Zuolay Clinic	N/A	Complete	N/A	Complete	N/A	N/A	N/A	
	Yarwin Mesonoh		P&R	Kwendin	Complete	Complete	Complete	Complete	Complete	Complete	Complete	
	RFP 2		Yarwein Mensnoh	P&R	Boyee	N/A	N/A	N/A	N/A	Complete	Complete	N/A
		Tappita		P&R	Kpallah	Finishing (inc Roof)	N/A	Complete	Complete	Complete	Complete	Complete
		Tappita	P&R	Glanstown	N/A	N/A	Complete	Wet Digging	Complete	Complete	Complete	
			Zoegeh	P&R	Bedatuo	N/A	N/A	Finishing	N/A	N/A	Complete	Complete
		Nimba Total				14	5	9	7	8	8	11

Overall Completion by Contractor or Feature

MCSP Infrastructure Progress Tracking - 19 Dec 2017

Overall Progress by Contractor

Afrique	93%
Tumarsi	95%
Triple W	94%
P&R	97%
Overall % Completion	94%

Overall Progress by Feature

Feature	Overall % Completion
Incinerator	98%
Triage and Holding	97%
Latrines	98%
New Hand Dug Well	77%
Placenta Pit	99%
Ash Pit	99%
Sharps Pit	99%