MID-TERM EVALUATION REPORT

2022

AUG-FEB

Help a Mother & New-born in Liberia

Help a Mother and Newborn in Liberia Project
Margibi County, Liberia
August 2021– December 2022

ACKNOWLEDGMENTS

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Cover photo taken by Mr. Daniel N. Gayflor at the Training Certification Program March

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Co-Initiators Statement

Pregnancy or giving birth should never be a death sentence for any woman or newborn, but in Liberia, it is. Every day, thousands of Liberian women and their babies are exposed to the risk of dying from preventable pregnancy and delivery-related complications. Being a country with a fragile health system due to the long years of civil conflict and the 2014-2015 Ebola virus disease, we lack adequately trained health workers, medical equipment, drugs, essential medical supplies, etc.

With the drive to fix this void, Bowier Trust Foundation Switzerland provided us the opportunity to travel to Switzerland for a two-month graduate internship program focusing on maternal and newborn health in low resource settings through its Medical Internship Program. The finance to cover our trip was provided by the Rotary Club of Switzerland, and the internship program took place at Spital Linth. There, we acquired vast knowledge and re-turned fully equipped to implement this impact-driven project, "Help a Mother and Newborn in Liberia," tailored towards addressing some of the many challenges faced in reducing maternal and newborn deaths in Liberia. We were optimistic that this project would contribute to the national efforts in reducing maternal and newborn deaths in Liberia.

We had the drive, enthusiasm, motivation, and passion for making this project work. Six months later, here we are, still passionate and working towards achieving all of its objectives and producing the expected outcomes.

"Change will not come if we wait for some other person or some other time."-Barrack Obama We are the ones we've been awaiting. We are the change we seek; therefore, we are making the change now!!!

Lela & Bernice

Impact Review

742

Women die in every 100,000 live birth in Liberia

More deliveries done at homes by Traditional Midwives

Limited capacity building of maternal Health care providers at the public health facilities

Lack of awareness and motivation for traditional midwives

50+ Women and Babies lives save

25 Maternal health care providers from 10 public health facilities capacities built

50 Traditional Midwives capacities built about the roles and how to care for women and babies

50 Traditional Midwives provided with working tools to enable take the women to the health Facilities

10+
Communities

4
Health District in Margibi County

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BACKGROUND

One of the priority goals on the international agenda is reducing maternal mortality. The new global target is to reduce the maternal mortality ratio to <70 maternal deaths per 100 000 live births. No should have a maternal mortality ratio higher than 140 deaths per 100 000 live births by 2030 (Maternal Health Task Force at the Harvard University, 2017).

However, Liberia, a nation riddled with fourteen years of civil war, has fallen behind when it comes to this. Thousands of **women are exposed and vulnerable** to the risk of dying from pregnancy and delivery-related complications. In 2017, the maternal mortality ratio for Liberia was 661 deaths per 100,000 live births (World Data Atlas,2017). About three-quarters of these deaths were caused by postpartum hemorrhage, hypertensive disorders such as pre-eclampsia/eclampsia, unsafe abortion, and other **delivery-related complications**. Most of these are due to a fragile health care delivery system, and there are limited competent health workers, life-saving drugs and equipment, and little knowledge about many diseases. Also, half of the birth occurs at home by unskilled health professionals.

While these issues represent a challenge yet to be adequately addressed, the immediate causes of maternal death only paint part of the picture; many risk factors for maternal death begin long before delivery. Social determinants such as geographical locations and socioeconomic status influence a woman's likelihood of dying from childbirth-related complications in Liberia.

The **"Help a Mother and Newborn in Liberia"** project was designed to address these challenges by integrating health practitioners at local health facilities within our target communities, outlining services to promote and maintain access to maternal health care, and promoting healthy conversations amongst young adolescents and Women.

Evidence shows that improving maternal health care delivery services enhances a mother's and her baby's health, but that's not the only outcome. It also increases the number of women in the workforce and promotes the economic well-being of communities and a country.

EXECUTIVE SUMMARY

The goal of the HMNL Project is to address at least 25% of the Challenges faced in reducing Maternal and Newborn deaths in Margibi County by December 2022.

The project is implemented by the passionate young Liberians aspiring to make a significant impact on Liberia's health sector with technical support from the Liberia Midwives Association and the Family Health Division of the Ministry of Health, and financial support from the Bowier Trust Foundation Switzerland and other organizations and individuals in Switzerland. The project targeted area is Margibi, a county on the north-central coast of Liberia, an hour drive away from the Capital (Refer to Attachment C: Map and Flag of the project area). Margibi has four (4) health districts: Kakata (the County's Capital), Gibi, Mambakaba, and Firestone. The projected population of the County is 272,255: 137,267 male and 134,988 Female.

MAIN ACCOMPLISHMENTS

The HMNL project is operational in 10 Health Facilities, ten secondary schools, and more than 30 communities across four health and five educational districts. The project is impacting the lives of 25 Maternal Health care service providers, 50 Traditional Midwives, 500 young adolescents, and 100 pregnant women and postpartum mothers. Sensitization, recruitment, community mapping, review of local partners' responsibilities, HMNL project plan, and surveys were undertaken. Recently, an operational survey/evaluation focusing on the impact of the implemented project activities among the beneficiaries was completed.

EXECUTIVE SUMMARY

Additionally, the HMNL project team managed the completion of a Baseline Survey to understand the present status of the project beneficiaries, two capacity building training for both maternal health care service providers (25) and Traditional Midwives (50), distribution of working tools that included Rain boots and coat, Flashlights, Buckets, Soap, Pictorial Books, Traditional Lappa, and Bag to the 50 Trained Traditional Midwives, recruitment of Sexual and Reproductive Health club members from 10 secondary schools with logistics support from **Hon. Ivar Jones,** the Representative of one of the electoral Districts in the County, and the first evaluation/survey to determine the impact of the fully implemented activities

OVERALL PROGRESS IN ACHIEVING OBJECTIVES

Data from the first evaluation indicated that the project is progressively achieving its objectives. From the training, trained Maternal health care service providers learned lifesaving procedures and basic concepts of delivering quality and respectful care for women and babies. They are using this knowledge to save many lives at their health facilities. Trained Traditional Midwives are aware of their roles and have the resources to care for women and babies in their communities effectively. The maternal patients reported that they noticed a positive change in the behavior of the health facilities staff recently.

MAIN CONSTRAINTS AND LESSONS LEARNED

The project team experienced many difficulties in implementing the various activities from network coverage and logistics availability. The team, nevertheless, has made rapid progress. However, it is crucial that the project stays on track with the activities in the implementation plan (Refer to Attachment A: Monitoring and Evaluation Framework).

ASSESSMENT OF THE PROGRESS MADE TOWARDS PROGRAM OBJECTIVES

TECHNICAL APPROACH

OVERVIEW

The project targeted area is Margibi, a county on the north-central coast of Liberia, an hour drive away from the Capital (Refer to Attachment D: Map and Flag of the project area). Margibi has four (4) health districts: Kakata (the county's Capital), Gibi, Mambakaba, and Firestone. The county's projected population is 272,255: 137,267 male and 134,988 Female.

The goal of the HMNL Project is to address at least 25% of the Challenges faced in reducing Maternal and Newborn deaths in Margibi County by December 2022.

The project is implemented by passionate young Liberians aspiring to make a significant impact on Liberia's health sector with Major financial support from Switzerland through the TFS and technical support from the Linth hospital, Liberia Midwives Association, and the Family Health Division of the Ministry of Health, and financial support from the Bowier Trust Foundation Switzerland and other organizations and individuals in Switzerland.

The project objectives can be narrowed down to three strategic health objectives:
1) Capacity Building of Maternal Health workers and Traditional Midwives,
2) Provision of resources for Health Facilities and Traditional Midwives,
3) Provision of awareness and resources for pregnant women and postpartum mothers, and
4) Provision of awareness and resources for young adolescents

COMMUNITY INITIATIVE SERVICE CIS

FOUNDATION FOR THE ADVANCEMENT OF GIRLS

ASSESSMENT OF THE PROGRESS MADE TOWARDS PROGRAM OBJECTIVES

TECHNICAL APPROACH

OVERVIEW

10 Health Facilities

04 Health Districts

10 secondary schools

05 Education Districts

25 Maternal Health Service provider

500 Young adolescents

100 Pregnant women

50 Traditional Midwives

30 Communities

The project interventions are implemented through the following four major cross-cutting strategies:

(1) Health education/coaching for behavior change through training of Maternal Health workers, Traditional Midwives, young adolescents, pregnant women, and postpartum mothers, the establishment of Health Clubs, and regular refresh meetings

(2) Mobilization of Resources (medical equipment and drugs for Health facilities, working tools for Traditional Midwives, maternity kits for pregnant women at delivery, menstrual pads and contraceptives for young adolescents) for improvement and access to health care services and prevention of unwanted pregnancy

(3) Coordination and involvement of local partners to ensure synergy and collaboration

The HMNL project is operational in 10 Health Facilities, ten secondary schools, and 30 communities across four health districts and five educational districts. This project impacts the lives of 25 Maternal Health care service providers, 50 Traditional Midwives, 500 young adolescents, and 100 pregnant women and postpartum mothers. Sensitization, recruitment, community mapping, review of local partners' responsibilities, review of HMNL project goal and objectives, and surveys were undertaken. Recently, an operational survey/evaluation focusing on the impact of the implemented project activities among the beneficiaries was also completed.

safe2choose
safe2choose.org

pink shoes
pinkshoes.org

find my method
findmymethod.org

ASSESSMENT OF THE PROGRESS MADE TOWARDS PROGRAM OBJECTIVES

Additionally, the HMNL project team managed the completion of the following activities:

- Baseline Survey to understand the present status of the project beneficiaries
- Two capacity-building training for maternal healthcare service providers (25) and Traditional Midwives (50).

The Maternal Health Workers (Nurses and Midwives) Training topics covered include:
(1) Helping Mothers survive Bleeding,
(2) Helping Babies Breathe
(3) Preecclamsia and Ecclamsia
(4) MGSO4 Protocol
(5) Timely Referral and,
(6) Respectful Care.

ASSESSMENT OF THE PROGRESS MADE TOWARDS PROGRAM OBJECTIVES

The Traditional Midwives Training topics covered include:

(1) Roles of Traditional Midwives in Liberia,
(2) Homecare for Pregnant women, postpartum mothers and babies
(3) Family Planning
(4) Danger signs in Pregnant omen and Newborn
(5) Facility Referral.

- Distribution of working tools that included Rain boots and coat, Flashlights, Buckets, Soap, Pictorial Books, Traditional Lappa, and Bag to the 50 Trained Traditional Midwives
- Recruitment of Sexual and Reproductive Health club members from 10 secondary schools with logistics support from Hon Avar Jones, the Representative of one of the electoral Districts in the County,
- First Evaluation/survey to determine the impact of the fully implemented activities

The local partners are an essential part of this project. The key partners and their respective contributions to the project are as follows:

- Community Initiative Services (CIS) provided volunteers to work on the project team. This is one of our partners that plays a significant role in this project.
- Liberia Midwives Association (LMA) provided technical support to the project team and participated in conducting the capacity-building training.
- Family Health Division, MoH provided a link with the Margibi Health Team and provided Logistics for one of our activities
- Margibi County Health Team worked with the team to recruit the project beneficiaries and maintain communication with them.
- Women First Digital Liberia (WFD) provided IEC materials for the capacity-building training and some financial assistance to the team when needed.
- Foundation for the Advancement of Girls (FAG) provided volunteers to monitor and facilitate the capacity-building training.

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

A. BASELINE SURVEY

OVERVIEW

The key components of this intervention were as follows:

- Establish a robust connection with the Ministry of health through the Margibi County Health Team and the Liberia Midwives Association
- Establish partnerships with other local organizations
- Identify the project beneficiaries (Refer to Attachment O: Project Beneficiaries and Impacts)
- Develop baseline survey questions to measure the current knowledge and practices of local health facilities, maternal health care service providers, and Traditional Midwives in the five districts of Margibi County (Refer to Attachment B&C: Baseline Survey questionnaires for Health Facilities and Traditional Midwives)
- Conduct a baseline survey with the targeted beneficiaries
- Analyze and compile the information gotten from the survey

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

MAJOR ACTIVITIES	AUG	SEP	OCT	NOV	DEC
Establishing connection with the Ministry of health Team and the Liberia Midwives Association	X				
Partnership establishment with Local NGO		X			
Identification of the project beneficiaries		X	X		
Development of Baseline Survey Questionaries			X	X	
Baseline Survey				X	
Data Analysis				X	X

At the start of the project, the team carried out a baseline survey to understand the status of the ten targeted health facilities and the 50 traditional midwives in providing maternal health services in addition to the Maternal Health statistics and Report available from the Ministry of Health.

The officers in charge of each facility were asked to fill in a written survey form, and the 50 traditional midwives were interviewed orally. The results/findings from the data analysis include:

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

FINDINGS FROM THE BASELINE SURVEY TO UNDERSTAND THE MATERNAL HEALTH SERVICES DELIVERY STATUS AT THE 10 TARGETED HEALTH FACILITIES

Findings from the Baseline Survey show that most traditional midwives were not aware of their roles. Moreover, all of these Traditional Midwives lacked the tools to work as community midwives effectively.

All of the 50 Traditional midwives recruited to be beneficiaries of this program were interviewed by the team. The interviewees were asked different behavioral questions. Table 2, as follow, presents the findings from the data analysis:

VARIABLE	NUMBER	PERCENT
Health Facilities that experienced Maternal deaths in the last 3 months	0	0%
Health Facilities that provided quality routine assessment and appropriate care for women	10	100%
Health Facilities that could properly identify and manage women with pre eclampsia and eclampsia (PE/E)	2	20%
Health Facilities that could properly identify and manage women with Postpartum Hemorrhage (PPH)	2	20%
Health Facilities that experienced Newborn deaths in the last 3 months	0	0%
Health Facilities that provided quality routine care to newborns immediately after birth	5	50%
Health Facilities that provided quality routine postnatal care for women and Newborns	5	50%
Health Facilities that had sufficient lifesaving maternal health drugs and equipment to provide care for all the maternal patients who seek care	0	0%
Health Facilities that could properly identify and manage infections in Newborns	4	40%
Health Facilities that had complete, accurate, and standardized medical record system	5	50%
Health Facilities that had a timely referral plan	5	26%
Health Facilities that have coordinated care, with clear and accurate information exchange with patients and their families	6	26%
Health Facilities that provided respectful care for women	6	0%
Health Facilities that had proper WASH facilities	7	70%

TABLE 1: BASELINE SURVEY FOR HEALTH FACILITIES. N=10

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

FINDINGS FROM THE BASELINE SURVEY TO UNDERSTAND THE CURRENT BEHAVIOR OF TRADITIONAL MIDWIVES AND TOOLS AVAILABLE FOR THEM EFFECTIVELY DO THEIR WORK

Findings from the Baseline Survey to understand the current behavior of traditional midwives and tools available for them effectively do their work show that majority of the Traditional midwives was not clearly aware of their roles and all of them lacked the tools to effectively work as community midwives.
All of the 50 Traditional midwives recruited to be beneficiaries of this program were interviewed by the team. The interviewees were asked different behavioral questions. Table 2 as follow presents the findings from the data analysis:

VARIABLE	NUMBER	PERCENT
Traditional Midwives who encouraged pregnant women in their community to go for regular check-ups to the health facility	50	100%
Traditional Midwives who clearly knew their roles in the community	5	10%
Traditional Midwives who could properly provide routine care for women and babies in their communities	15	30%
Traditional Midwives who referred women to the health facilities instead of performing home delivers	27	54%
Traditional Midwives who believed that family planning is a great way to avoid unwanted pregnancy	33	66%
Traditional Midwives who had the proper resources to effectively care for women and babies in their communities	0	0%

TABLE 2: BASELINE SURVEY FOR TRADITIONAL MIDWIVES. N=50

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

B. CAPACITY BUILDING OF LOCAL MATERNAL HEALTH CARE SERVICE PROVIDERS AND TRADITIONAL MIDWIVES

The key components of this intervention were as follows:
Recruit the Training Facilitators.

- Developed the training Contents and Schedules (Refer to Attachment E & F: Maternal Health care Service and Traditional Midwives Capacity building Training Schedule)
- Train the recruited local maternal health care service providers (Nurses and Midwives) about different life saving maternal health procedures
- Train the recruited Traditional Midwives about their roles and how to care for mothers and babies at home.
- Host a program to certify all of the training participants (Refer to Attachment J: Training Certificate Sample)

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

B. CAPACITY BUILDING OF LOCAL MATERNAL HEALTH CARE SERVICE PROVIDERS AND TRADITIONAL MIDWIVES

MAJOR ACTIVITIES	SEP	OCT	NOV	DEC	JAN
Recruitment of Facilitators and Development of Training Contents	X	X			
Pre meeting with the Training Participants		X	X		
Training of the 25 Maternal health care service providers				X	
Training of the 50 Traditional Midwives				X	
Training Certification Program					X

THE TRAINING OBJECTIVES WERE AS FOLLOW:

1. To build the capacity of twenty-five (25) local maternal health care service providers in providing quality and respectful care for maternal patients at the facility level, and

2. To build the capacity of fifty (50) Traditional Midwives in caring for women and babies at the community level and make them understand their roles in reducing maternal deaths

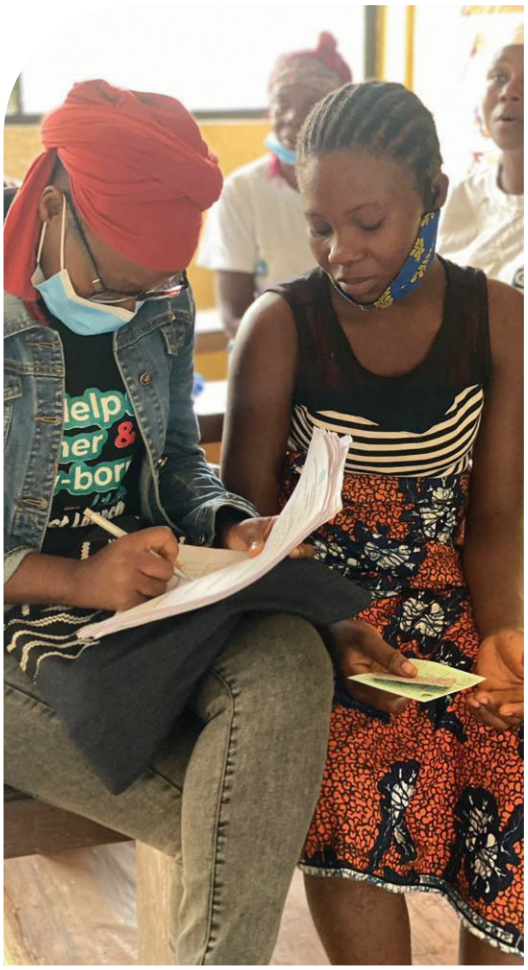
The training was conducted in 4 phases at the CH Rennie Compound within ten days;
Phase 1 and 2 for the 25 Local Maternal Health Care Service Providers, and
Phase 3 and 4 for the 50 Traditional Midwives.
Seventy-five (75) local maternal health care service providers from 10 public health facilities and Four (4) Health Districts of Margibi County were trained.

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

MATERNAL HEALTH WORKERS TRAINING ASSESSMENT REPORT

(WRITTEN IN COORDINATION WITH ONE OF THE TRAINING FACILITATORS-MRS DAMAWAH SAYE, SECRETARY OF THE LIBERIA MIDWIFE ASSOCIATION)

Like many developing countries, Liberia faces challenges in providing quality RMNCAH services, thus, leading to increase maternal child morbidity and mortality. It is believed that basic training programs provide the requisite knowledge and skills required to promote quality of care. However, it often does not give the confidence to translate the knowledge into practice, or service delivery issues may hamper staff ability to practice good quality care.
Strategies to reduce the high maternal mortality remain paramount amount partners in RMNCAH.



The Ministry of Health and its partners are making significant progress in building the capacity of skilled Health professionals, which is believed in contributing to the reduction of maternal mortality.

From the 2013 and 2020 LDHS reports, there is a decline in maternal mortality from 1072 to 742. This shows a significant achievement in efforts and strategies put in place by Government and its partners.

The "Help a Mother and Newborn in Liberia" Emergency Obstetric and Newborn Care (EmONC) training for local maternal health care service providers is a capacity-building training that will contribute to government efforts to reduce Maternal deaths in Liberia, especially Margibi County.

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

MATERNAL HEALTH WORKERS TRAINING ASSESSMENT REPORT

(WRITTEN IN COORDINATION WITH ONE OF THE TRAINING FACILITATORS-MRS DAMAWAH SAYE, SECRETARY OF THE LIBERIA MIDWIFE ASSOCIATION)

The training contents and methodologies considered those areas with the most significant impact. The training was well organized and coordinated; it utilized evidence-based training materials approved by the Ministry of Health, knowledgeable and skilled facilitators, an adequate number of participants per training session, and training sites.

As part of the training methodologies, there was a written pre-and an Observe Structural Clinical (OSCE) Exam on significant skills and contents of the training. These tests were administered to ascertain participants' knowledge and skills before the training teaching sessions.

The result and analysis show that (95%) of the participants had prior knowledge of the training contents. Nevertheless, about 85% could not perform any life-saving skills procedures per the protocols and guidelines. This evaluation enabled the facilitators to align the training so that each participant had the opportunity and time to practice the skills to competencies. One factor that makes the training stand out from other training is the number of participants per facilitator. There were 25 participants in total, and they were divided into two separate groups: 12 participants for the first round and 13 for the second round with three facilitators. This gives the participants more time to practice all of the different procedures effectively.

With all of the methodologies and effort from both the participants and facilitators, the participants' and facilitators' expectations were met. It was observed that participants, who scored below 50% in the written pre-test and could not demonstrate the skills as per the protocols, scored above 80% in the pre-test and demonstrated the skills with competencies and confidence. This shows that every participant attained knowledge and skills. All of them promise to apply what they learn at their facilities.

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

TRADITIONAL MIDWIVES TRAINING ASSESSMENT REPORT

(WRITTEN IN COORDINATION WITH ONE OF THE TRAINING FACILITATORS-MRS WEEDOR K. SIAZIA, THE DISTRICT HEALTH OFFICER FOR GIBI DISTRICT)

Traditional Midwives play essential roles in reducing maternal and newborn deaths in every setting, especially in rural communities. In Liberia, Traditional Midwives are faced with the responsibility to care for women and babies in their community, and they are not allowed to perform deliveries unless in rare cases. However, most of these women lack the basic knowledge and support to perform their duties effectively.

The Help a Mother in Liberia Capacity Building Training, was a significant step to boost the confidence of these women and show them how important they are in the fight to reduce maternal death. This training was among the first to bring traditional midwives together from all over the county to be trained and certified professionals in caring for women at the community level.

The training activities included expectation setting, Brainstorming, Presentations (role play, songs, storytelling, experience sharing, etc.), Group discussions, Practical and returned demonstrations, Demonstrations, and Evaluation (Oral Pre-and Post-Tests and end course evaluation per training). Knowledge was provided on roles of Traditional Midwives in Liberia, Family Planning, Homecare for pregnant women, postpartum mothers and newborns, timely facility referral, and danger signs in pregnancy and newborn. The facilitators utilized visual aid materials, language translators, roles places, and local Liberian English due to most of the lack of proper education by most of the participants and their ages.

Our Capacity Building Training was a significant step to BOOST THE CONFIDENCE of these women and show them how important they are in the fight to reduce maternal death.

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

TRADITIONAL MIDWIVES TRAINING ASSESSMENT REPORT

(WRITTEN IN COORDINATION WITH ONE OF THE TRAINING FACILITATORS-MRS WEEDOR K. SIAZIA, THE DISTRICT HEALTH OFFICER FOR GIBI DISTRICT)

The result and analysis showed that only (35%) of the participants had prior knowledge of the training contents. This evaluation enables the facilitators to facilitate the different training materials.

With all of the methodologies and effort from both the participants and facilitators, the participants' and facilitators' expectations were met. After the training teaching sessions, about 96% of the participants acquire full knowledge of all of the training contents.

This shows that the participants attained knowledge and skills. All of the Traditional Midwives were excited to return home and apply all they learned.

Help a Mother & New-born in Liberia

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

TRAINING CERTIFICATION PROGRAM

The two capacity-building training were concluded with a certification program on Jan. 8, 2022. Individuals from Health Organizations and our local partners, including the Director of Family health division, Last Mile Health Country Director, Liberia Midwives Association Secretary, Margibi County Representative, and the Margibi County Health Officer, joined us to certificate the participants for completing an intensive training.

The 75 training participants from both the Maternal Health care service providers training and the Traditional Midwives training received certificates of Participation. They were urged to apply all that they learned for the greater good in their various facilities and communities.

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

C. PROVISION OF RESOURCES FOR TRADITIONAL MIDWIVES

PROGRAM PLAN

The key components of this intervention were as follows:

- Mobilize funds to purchase working tools for all the 50 Traditional Midwives part of the training.
- Ensure to distribute these working tools during or after the training certification program
- Ensure that the Traditional Midwives use the tools and knowledge acquired from the training to care for women and babies in their community effectively.
- Each Traditional Midwives received a package that included: Rain Boot and coat, Umbrella, Flashlight, Traditional Lappa, Bucket, Soap, Rice, Hand Sanitizer, Towel, Illustration Book about home care for women and babies, and Copy Book and pen

MAJOR ACTIVITIES	DEC	JAN	FEB
Funds Mobilization	X		
Distribution of Working Tools		X	
Monitoring			X

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

C. PROVISION OF RESOURCES FOR TRADITIONAL MIDWIVES

Many Traditional Midwives lack the necessary tools to effectively care for women in their community (See Testimonies). They often risk their lives at night to take pregnant women to the health facilities when they are in Labour. There is no rain gear to protect themselves from the rain and no flashlight to see clearly in the dark. This is why we did not only provide capacity-building training for them but also distributed materials to keep them motivated and make their work easier.

These women were asked about everything they needed to do their work effectively during the training. These midwives were provided with all the requested working tools, plus more at the certification program. Each Traditional Midwives package included: Rain Boot and coat, Umbrella, Flashlight, Traditional Lappa, Bucket, Soap, Rice, Hand Sanitizer, Towel, Illustration Book about home care for women and babies, and Copy Book and pen. They were overwhelmed with joy as it was the first time they had received working materials. They assured the team that they would rise every morning and continue taking care of mothers and babies despite all the odds.

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

D. INTERVIEWS TO DETERMINE THE IMPACT OF THE IMPLEMENTED ACTIVITIES ON THE BEHAVIOUR OF THE TRAINED MATERNAL HEALTH CARE SERVICE PROVIDERS AND TRADITIONAL MIDWIVES

PROGRAM PLAN

The key components of this intervention were as follows:

- Develop the Evaluation Questionnaires
  (Refer to Attachment G: Evaluation Survey Questionaries)
- Conduct the survey/Evaluation with the project beneficiaries
- Analyse and compile the information gotten from the survey

MAJOR ACTIVITIES	JAN	FEB	MAR
Development of Evaluation/Survey Questionaries	X		
Evaluation		X	
Data Analysis			X

DATA COLLECTION PROCESS

The mid-term evaluation for the HMNL Project used a participatory approach. The Program Managers engaged the entire project team in the evaluation process. The first step was to involve the whole team in planning the evaluation. This was accomplished in a one-day workshop facilitated by Mr. Wainright Acquoi (CEO of Tribe Liberia) with the participation of the whole staff team. The workshop focused on providing key evaluation knowledge for the team.

D. INTERVIEWS TO DETERMINE THE IMPACT OF THE IMPLEMENTED ACTIVITIES ON THE BEHAVIOUR OF THE TRAINED MATERNAL HEALTH CARE SERVICE PROVIDERS AND TRADITIONAL MIDWIVES

The facilitator began by reviewing the project objectives and framework. Within the framework of the guidelines, he asked the project team to identify what they had done up to this point, including the things that were still in process. He provided information on evaluation tools and midterm report writing.

After the workshop, the M & E Officer and the team drafted the survey questions based on the needed information. The final step was to decide on the interview mode for the various types of beneficiaries.
The community engagement team visited the ten facilities and conducted meetings and Interviews with the training beneficiaries.

They interviewed three categories of the project beneficiaries were interview: 50 Trained Traditional Midwives, 2 Trained Maternal Health care service providers, and 100 maternal patients receiving care at the various facilities to determine the impact of the implemented activities on the behaviors of the Trained Maternal Health care service providers and Traditional Midwives

DATA ANALYSIS PROCESS

Data analysis was done by the project managers and the M&E Officer, the lead evaluator. They created data recording sheets in MS Excel for the survey. The data analysis team had online meetings to put together the information gathered. The results/findings from the various interviews analysis include:

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

1 FINDINGS FROM THE SURVEYS/INTERVIEWS WITH THE TRAINED MATERNAL HEALTH CARE SERVICE PROVIDERS

From the baseline survey, care provided to women and babies at the health facilities was low quality. The project has made a substantial contribution to improving this care. Findings from the Surveys/interviews with the Trained Maternal health Workers indicate that 100 percent of the Trained Maternal health care service providers learned lifesaving procedures and basic concepts of providing quality and respectful care for women and babies from the training. Additionally, they are using this knowledge to save many lives at their health facilities.

All of the 25 Trained Maternal health care service providers were interviewed by the team. The interviewees were asked different open-ended questions. Table 3 below presents the findings from the interviews.

VARIABLE	NUMBER	PERCENT
Trained Maternal health care service providers applying what they learned from the training at their facilities	25	100%
Trained Maternal health Workers who are now performing 1 or more procedures that they couldn't performed properly before the training	25	100%
Trained Maternal health care service providers who got new knowledge from the training that is helping them provide quality maternal care	25	100%
Average number of women and babies that were properly care for by each of the Trained Maternal health care service providers after the training	30	30%
Average number of Safe Deliveries that were performed by the Trained Maternal health Workers after the training	10	10%

TABLE 3: INTERVIEWS WITH TRAINED MATERNAL HEALTH CARE SERVICE PROVIDERS. N=25

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

2 FINDINGS FROM THE SURVEYS/INTERVIEWS WITH THE TRAINED TRADITIONAL MIDWIVES

From the baseline survey, the majority of the Traditional has low knowledge of their roles in caring for women and babies. All of them lacked the resources to perform this task effectively. The project has made a substantial contribution to positively changing this narrative. Findings from the Surveys/interviews with the Trained Traditional Midwives indicate that 100 percent of the Trained Traditional Midwives are aware of their roles and have the resources to effectively care for women and babies in their communities after the training.

All of the 50 Trained Maternal health Workers were interviewed by the team. The interviewees were asked different open-ended questions. Table 4 below presents the findings from the interviews.

VARIABLE	NUMBER	PERCENT
Trained Traditional Midwives applying what they learn from the training in their communities	50	100%
Trained Traditional Midwives who are now effectively performing their roles that couldn't due to lack of knowledge or resources before the training	50	100%
Trained Traditional Midwives who got new knowledge from the training that is helping them properly care for women and babies	50	100%
Trained Traditional Midwives who have not perform home delivery since they return from the training due to the knowledge they acquire about the disadvantages of Home Deliveries	50	100%
Trained Traditional Midwives who received resources through the project to effectively care for women and babies in their communities	50	100%
Average number of women and babies that each of the Trained Traditional Midwife have refer to the health facility for delivery	7	
Average number of women and babies that each of the Trained Traditional Midwife have provided care for after the training	50	

TABLE 4: INTERVIEWS WITH TRAINED TRADITIONAL MIDWIVES. N=50

PROGRESS REPORT ON IMPLEMENTED ACTIVITIES

3 FINDINGS FROM THE SURVEYS/INTERVIEWS WITH THE MATERNAL PATIENTS

From the baseline survey, care provided to women and babies at the health facilities was low quality. The project has made a substantial contribution to improving this care. Findings from the Surveys/interviews with the Maternal Patients indicate that there has been a positive change in the behavior of the health facilities staff. Also, the care the patients receive is satisfactory.

The team interviewed a total of 100 Maternal Patients receiving care at the 10 targeted health facilities. The interviewees were asked different open-ended questions. Table 5 below presents the findings from the interviews.

VARIABLE	NUMBER	PERCENT
Maternal Patients that rated the care they have been receiving at the facility in the past 1 month more than 5 (From the scale of 1-10)	50	100%
Maternal Patients that receive proper community care from the Trained Traditional Midwives in their community	50	100%
Trained Traditional Midwives who got new knowledge from the training that is helping them properly care for women and babies	50	100%
Maternal Patients that have notice positive changes in the behavior of the Trained Maternal health Workers	50	100%
Trained Traditional Midwives who received resources through the project to effectively care for women and babies in their communities	50	100%
Maternal Patients interested in being a part of a maternal Health club the facility they seek care	7	

TABLE 5: INTERVIEWS WITH MATERNAL PATIENTS. N=100

PROJECT MANAGEMENT

A. PLANNING AND IMPLEMENTATION

The project team (Refer to Attachment M: Project Information) meets twice a week (Monday and Friday) to identify weekly success and challenges and develop a clear road map for the week's activities. A weekly work plan guides the team, and at the end of every week, a weekly update report is done and shared with our consultants. Every month, a status report is done and shared with our partners and well-wishers to update them about the project's current status.

The successful implementation of project activities is greatly enhanced by the below methods/strategies:

- Facilitate the total involvement of the county health and education team, health facilities heads, secondary school heads, Traditional Midwives Heads, and town chiefs at every stage of the project to ensure local ownership and long-term sustainability.

- After the second phase of the project, one staff will be selected from each health facility and school to locally monitor and evaluate the donated materials' usage and the project impact and delivery outcomes in each facility.

- All activities will be assessed after the third phase of the project to ensure that each activity's desired output was met.

- After the project's final phase, the project team will visit the Health facilities and secondary schools once every other month for six months to monitor and evaluate the project impact and results.

- Each district will be mapped and divided into regions. A maximum of three midwives will be assigned to an area to monitor and refer pregnant women within the given region. This will enable effective data collection and make the project impact measurable.

- Collaboration with grassroots organizations with shared values to promote diversity and maximize resources

B. HUMAN RESOURCES AND VOLUNTEERS MANAGEMENT

This project started with five team members, but we recruited more volunteers on the team, summing up to 15 members. All of the members on the team are volunteering their services. However, finances for transportation and scratch cards are made available to perform their tasks effectively.

C. FINANCIAL MANAGEMENT

A financial regulation framework was developed to manage the project finance. The project's finances are reviewed monthly, focusing on budget and receipts (income and expenditure). The Finance manager work with the project managers are responsible for ensuring the following:

- Financial control and expenses remain within the budget line
- Expenditures only be for the purposes set out
- Financial documentation, including requisite form and petty cash form, be filed in an orderly manner.
- Petty cash form, requisite form, and receipt book are used effectively
- All funds received are recorded, and receipts are made available for every Money spent.
- Financial updates are made weekly to the project's key donors and monthly to its sponsors and well-wishers to ensure transparency and authentication

Some of the activities costs in the proposed budget(Refer to Attachment: Proposed Budget) excelled due to uncontrollable reasons such as increased price and exchange rate. Extra Money was also spent on activities that weren't included in the budget, including Special Events to raise funds locally and celebration of major health days.

PROJECT MANAGEMENT

D. TECHNICAL SUPPORT

The project team has used technical support throughout the project. The Liberia Midwives Association and the Ministry of Health, through the Margibi county health team, provided support in selecting the health facilities and training participants and the venue for the training. They also served as facilitators for the activity. The project also received support from numerous local and international organizations and individuals.

Marcel Buckman from Switzerland provided consultation to the team on how to start the project and take ownership.
The Chief Gynecology of the Linth Hospital Switzerland has provided consultancy on many project issues, and Mr. Peter Gysel, a member of the Rotary Club of Zurich, also provided pro bono service for this project. Mr. Felix Walz, the Founder of Bowier Trust Foundation Switzerland, has been a significant backbone of this project. He is crucial in mobilizing funds in Switzerland and providing advice and recommendations in making this project a success (the best is always save for the last).

We are grateful to our key project donors in Switzerland including the ROTARY Club of Zurich and other reputable institutions and Individuals. Funds to implement this project couldn't have been available without their support. Thank you so much for contributing to making the lives of Liberian women and babies better.

MAJOR CONSTRAINTS AND LESSONS LEARNED

The project team was faced with many difficulties in implementing the various activities over the period, including the following (month by month):

AUGUST AND SEPTEMBER

- Getting acceptance and visibility from the high level people in Liberia
- Raising funds to cover the project budget
- Travelling to the four targeted health districts in Margibi due to the bad roads and lack of clear directions
- Staying motivated as a team with all of the many demotivating factors around us

OCTOBER

- Raising funds locally
- Lack of logistics (car) to reach facilities in Margibi with terrible roads
- Getting positive responses from the entities we sent proposals to for sponsorship.
- Difficulties in reaching most of the District Health Officers because of the poor network coverage in their districts

NOVEMBER

- Getting the Baseline survey completely filled by the 10 facilities and the 50 Traditional Midwives
- Difficulties reaching to facilities in Gib due to the road condition and lack of the suitable Vehicle
- Getting the Districts education officers and the 10 schools principals contacts from the Margibi County Education officer
- Getting High Level people to attend our project Launch and support us financially

MAJOR CONSTRAINTS AND LESSONS LEARNED

DECEMBER

- Travelling to and From Margibi with the training materials in public transportation
- Getting the funds for the training activities on time from the bank
- Finding a conducive and affordable accommodation in Margibi for the two weeks of the training
- Limited team members with a huge work load
- Getting the Service Providers
- Training participants to be on time for the session
- Preparing for the certification program in the festive season

JANUARY

- Communicating with the Project Stakeholders in Margibi County
- Developing effective M & E tools to evaluate the implemented project activities
- Getting Transportation Logistics for school engagements in Margibi County

FEBRUARY

- Reaching out to the Gibi district reproductive officer to inform the TTMs due to very poor network coverage
- Unstable current in the country affected the team timely reporting system and social media engagements
- Misinformation about the schools
- Completing the Evaluation process

The team overcame these challenges because of our passion and strong desire to implement this project successfully, and we have made rapid progress. Over time, we learned that it is crucial that the project stays on track with the activities in the implementation plan (Refer to Attachment A: Monitoring and Evaluation Framework). We have also learned not to depend on the high-level people in Level for financial support. However, all our efforts are placed on running the project effectively and raising funds from the people of Switzerland and local people in Liberia. This method has been working for the project

FINANCIAL REPORT

CASH FLOW (FROM AUGUST-FEBRUARY)

SOURCE OF INCOME	AMOUNT
Bowier Trust Foundation Switzerland	**$14,220.00US**
Project Launch Fundraiser	**$1,000.00US**
Local Fundraising Campaigns	**$1,930.00US**
Individual Contribution to the Project	**$1,977.00US**
TOTAL INCOME	**$19,127.00US**

ACTIVITY/INTERVENTION	AMOUNT
Opening	**$345.00US**
Baseline Survey	**$525.00US**
Maternal Health Care Service provider Capacity Building Training	**$4,856.00US**
Traditional Midwives Capacity Building Training	**$4,541.00US**
Certification Program	**$2,250.00US**
Traditional Midwives Working Tools	**$2,469.60US**
School Engagement and SRH Tranng Preparaton	**$874.00US**
Monitoring and Evaluation activities	**$305.00US**
Overheads and Other Special Events (Program Launch, Maternal Day program etc.)	**$872.00US**
TOTAL EXPENDITURE	**$17,037.60US**

CONCLUSION

The HMNL project has made excellent progress in addressing some of the major challenged faced in reducing maternal deaths in Margibi county. The intermediate indicators from the resent evaluation/survey give evidence that at the end of the program, majority if not all of the project expected outcomes will become a reality

- Good progress has been made in supporting the work of traditional Midwives. 50 Traditional Midwives from Margibi now have the requisite knowledge and resources to provide quality care for women and babies in their communities

- 25 Local Maternal Health care service providers acquired full knowledge of the lifesaving maternal health procedures and the concept of respectful care and they are applying it for the greater good at their health facilities.

- Full local Participation is a strength of this project. Timely response and cooperation from the District Health officers and Health facilities heads show a high level of involvement with the project.

- The regular traditional midwives meetings has started and the component that needs to be developed is the role of the Traditional Midwives in running the upcoming maternal health clubs. Additionally, a strategy is needed that includes support from community leaders to help the Traditional Midwives perform their roles.

- This project has done an excellent job in communicating and working with the Margibi county health team. The project team has been very careful to include county level, district level, and local health facilities staff in all stages of the project.

ATTACHMENT A:

BASELINE SURVEY QUESTIONNAIRES FOR HEALTH FACILITIES

QUESTIONNAIRE ON MATERNAL HEALTH SERVICES DELIVERY AT THE 10 TARGETED HEALTH FACILITIES

Name of Facility:

Name of OIC:

Contacts:

Date:

Indicator	Category	Answer Yes/No or percent	
STANDARD 1. EVIDENCE-BASED CARE FOR WOMEN			
Women: Outcome Measures			
Number of livebirths in the health facility	Outcome		
Number of maternal deaths in the health facility	Outcome		
% Women with specific obstetric complication(PPH, PE/E, prolonged labour, infection/sepsis)	Outcome		
1.1 Women receive routine assessment and appropriate care			
Are patients in labour assess at admission [prenatal history/risk factors, vital signs, danger signs, physical examination]?	Output (Service Delivery)		
Do the maternal health workers always monitor patients appropriately during labour?	Output (Service Delivery)		
Do the maternal health workers always monitor patients' blood pressure, pulse and temperature appropriately [admission,labour, postpartum period]?	Output (Service Delivery)		
Do the maternal health workers always monitor patients' during postpartum period for danger signs, including bleeding?	Output (Service Delivery)		
1.2. Women with PE/E			
Are patients with severe PE/E treated with magnesium sulfate?	Process/ Output (Service Delivery)		
Are patients with PE/E managed appropriately based on maternal/fetal status and gestational age?	Process/ Output (Service Delivery)		
1.3. Women with PPH			
Do the maternal health workers always administered immediate postpartum uterotonic as prevention to patients with PPH?			
Is appropriate treatment always provided to patients who developed PPH?			

ATTACHMENT A:

BASELINE SURVEY QUESTIONNAIRES FOR HEALTH FACILITIES

QUESTIONNAIRE ON MATERNAL HEALTH SERVICES DELIVERY AT THE 10 TARGETED HEALTH FACILITIES

Indicator	Category	Answer Yes/No or percent	
STANDARD 2. EVIDENCE-BASED CARE FOR NEWBORN			
Newborn: Outcome Measures			
Pre-discharge neonatal mortality rate	Outcome		
Facility stillbirth rate	Outcome		
% of newborn with specific neonatal complications (prematurity, possible serious bacterial infection, asphyxia)	Outcome		
2.1 Newborns receive routine care immediately after birth			
Are newborns birthweight documented always?	Output (Service Delivery)		
Do the maternal health workers always ensure that mothers breastfed their newborns within one hour of birth?	Output (Behavior)		
Do the maternal health workers always provide essential early newborn care (drying, skin to skin, delayed cord clamping, breastfeeding) to newborns?	Output (Service Delivery)		
2.2. (Women and) newborns receive routine postnatal care			
Are postnatal mothers/babies monitored appropriately for danger signs (vital signs/clinical signs)?	Process/ Output (Service Delivery)		
Do the maternal health workers always administer vitamin K and full vaccination to newborns	Process/ Output (Service Delivery)		
Are postpartum women counselled on birth spacing and postpartum contraception options?	Process/ Output (Service Delivery)		
2.3. Newborns with suspected/risk factors for infection			
Are first- and second-line antibiotics Available at the facility?	Input (Commodities / Equipment)		
Are newborns of mothers with signs of infection evaluated for infection and treated as appropriate?	Process/ Output (Service Delivery)		
Are newborns with signs of infection administer appropriate antibiotics?	Process/ Output (Service Delivery)		

ATTACHMENT A:

BASELINE SURVEY QUESTIONNAIRES FOR HEALTH FACILITIES

QUESTIONNAIRE ON MATERNAL HEALTH SERVICES DELIVERY AT THE 10 TARGETED HEALTH FACILITIES

Indicator	Category	Answer	
		Yes/No or percent	
STANDARD 3. HEALTH INFORMATION SYSTEMS			
3.1. Complete, accurate, standardized medical record			
% of newborns with patient identifier and individual clinical medical record	Output (Information Systems)		
Do the facility discharge newborns with accurately completed record?	Output (Information Systems)		
Do the facility discharge postpartum women with accurately completed record?	Output (Information Systems)		

Indicator	Category	Answer	
		Yes/No or percent	
STANDARD 4. REFERRAL			
4.1. Decision to refer made without delay			
% of women/newborns who fulfilled criteria for referral and were referred	Output (Information Systems)		
% of women/newborns with complications transferred to appropriate care level with referral note	Output (Information Systems)		
% of women presenting to labour ward who report receiving immediate attention upon arrival	Output (Information Systems)		
4.2. Referral follows predetermined plan without delay			
% of newborns who died before or during transfer to higher-level facility	Process/ Output (Service Delivery)		
% of newborns referred from facility who completed referral	Process/ Output (Service Delivery)		
% of pregnant or postpartum women who died before or during transfer to higher-level facility	Process/ Output (Service Delivery)		
% of women referred from facility who completed referral	Process/ Output (Service Delivery)		
Does the facility have standardized referral form	Process/ Output (Service Delivery)		

ATTACHMENT A:

BASELINE SURVEY QUESTIONNAIRES FOR HEALTH FACILITIES

QUESTIONNAIRE ON MATERNAL HEALTH SERVICES DELIVERY AT THE 10 TARGETED HEALTH FACILITIES

Indicator	Category	Answer Yes/No or percent	
STANDARD 5. COMMUNICATION			
5.1. Women and families receive information about care and have effective interactions with staff			
% of women receiving postnatal information and counselling before discharge	Output (Information Systems)		
% of women who felt they were adequately informed by the health workers about their care, including examinations	Output (Information Systems)		
% of women who reported they were given an opportunity to discuss their concerns and preferences	Output (Information Systems)		
5.2. Coordinated care, with clear, accurate information exchange			
Does the facility have standard form for documenting clinical progress and care	Input (Information Systems)		
Does the facility have written protocols for verbal and written handovers (shift change, intra-facility transfer, referral, discharge)	Input (Policy/ Protocol)		
% of women for whom a partograph has been completed	Process/ Output (Information Systems)		

Indicator	Category	Answer Yes/No or percent	
STANDARD 6. RESPECT AND DIGNITY			
6.1. Privacy around the time of labour and childbirth, and their confidentiality is respected			
Does the facility have physical environment allows privacy	Input (Other)		
Does the facility have written, up-to-date protocols to ensure privacy and confidentiality	Input (Policy / Protocol)		
% of women reported receiving dignified andrespectful care during maternity visit	Outcome		
6.2. Informed choices about the services			
Does the facility have written, up-to-date policies on obtaining informed consent	Input (Policy / Protocol)		
Does the facility have standard informed consent form	Input (Other)		
% of women who felt adequately informed by health workers about their health and care	Outcome		

ATTACHMENT A:

BASELINE SURVEY QUESTIONNAIRES FOR HEALTH FACILITIES

QUESTIONNAIRE ON MATERNAL HEALTH SERVICES DELIVERY AT THE 10 TARGETED HEALTH FACILITIES

Indicator	Category	Answer	
		Yes/No or percent	
STANDARD 6. PHYSICAL ENVIRONMENT			
6.1. WASH functioning, reliable, safe and sufficient			
Does the facility have basic water supply in maternity care areas (labour, birth, postnatal)	Input (WASH)		
Does the facility have basic environmental cleaning practices in maternity areas (labour, birth, postnatal)	Input (WASH)		
Does the facility have basic health-care waste management in maternity care areas	Input (WASH)		
Does the facility have basic sanitation available for women during and after labour and childbirth (Toilet, latrine)	Input (WASH)		

ATTACHMENT B:

BASELINE SURVEY QUESTIONNAIRES FOR TRADITIONAL MIDWIVES

QUESTIONNAIRE ON MATERNAL HEALTH SERVICES DELIVERY AT THE 10 TARGETED HEALTH FACILITIES

Name of TTM:
Name of District:
Facility associated with:
Contacts:
Date:
Literacy
a. Cannot read nor write b. Can read, cannot write c. Can read and write d. Can write name only

No	Questions	Answer (Yes/No)
1	I encourage pregnant women in my community to go for regular check-ups to the health facility	
2	I arrange means of transport and accompany pregnant women in labor to the health facility	
3	TBAs encourage women and girls in my community to take family planning	
4	I perform delivery often even though it's against the government policy	
5	I only perform delivery in emergency cases	
6	I am aware of my role in reducing maternal deaths as a traditional midwife	
7	I am aware of the different danger signs in pregnancy	
8	I have a good relationship with the nurses and midwives at the facility	
9	I believe that family planning is a great way to avoid unwanted pregnancy	
10	I do not recommend family planning to women and girls in my community who haven't had a child because it will stop them from having children	
11	I always refer pregnant women in labor to the facility	
12	I always take records of the pregnant women I refer to the facility	
13	I do not want any woman or baby to die during pregnancy, labor, or after giving birth	
14	I am involved in this work because I want to help save lives i	
15	I am involved in this work because I want to get money to support my family	
16	I learn this work from my relative (Mother, aunty, and others)	
17	I provide advice to pregnant women in my community about what to eat and personal hygiene	
18	I provide advice to postpartum women in my community about when to start having sex again	
19	I provide advice to mothers about infant care throughout the the first year of life	
20	I encourage mothers to take their babies to the hospital for the appropriate care	
21	I have resources available to carry on my work as a TTM	

ATTACHMENT C:

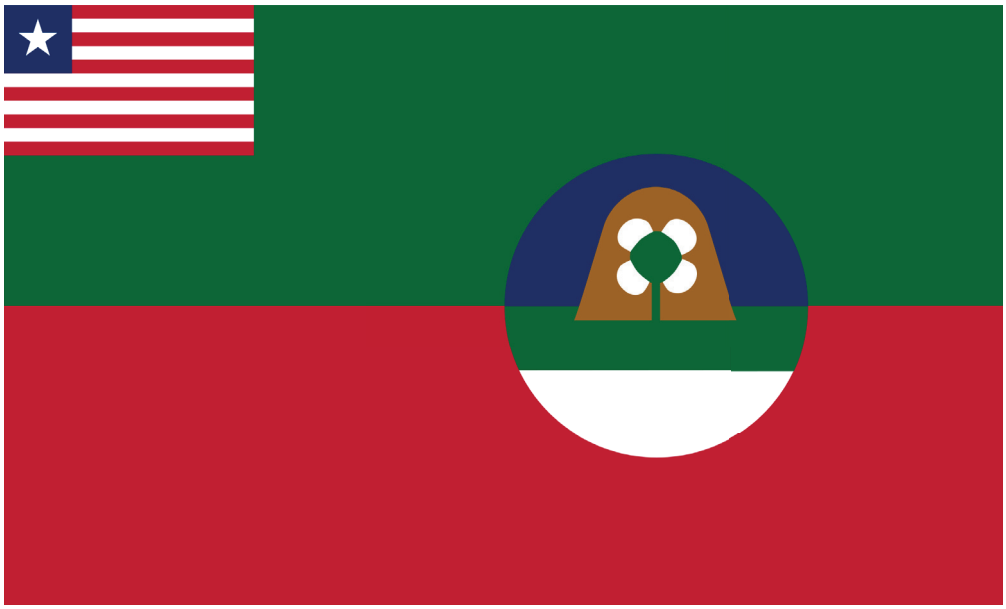
MAP AND FLAG OF THE PROJECT AREA

MARGIBI COUNTY

4 DISTRICTS

District Boundareis
Roads

FLAG



ATTACHMENT D:

MATERNAL HEALTH CARE SERVICE PROVIDERS CAPACITY BUILDING TRAINING SCHEDULE

TIME	ACTIVITIES	RESPONSIBLE PERSON
DAY- ONE (1)		
8:30AM-9:0AM	• Arrival • Registration of Participants/Facilitators	All
9:00AM - 9:30AM	**BREAK FAST**	All
9:30AM - 9:35AM	Welcome Remark/Opening	MCHT, HMNL, and partners
9:35AM - 10:05AM	Self-Introduction, Expectation, & ground rules	All
10:05AM – 11:35AM	Pre-Test And Pre Osce	Participants
11:35AM – 12:05PM	Overview of Maternal Mortality in Liberia	Mrs. Siafa
12:05AM – 1:05PM	Essential Care for Labor and Birth (ECLB)	Mrs. Flomo
1:05PM – 2:05PM	**LUNCH BREAK**	All
2:05PM – 2:50PM	ECLB Breakup section (Partograph)	Facilitators
2:50PM – 3:50PM	Helping Mother Survive Bleeding Complete (HMSBC)	Mrs Saye
3:50PM – 4:40PM	HMSBC Breakup Section	Facilitators
4:40 – 5:00PM	CLOSING	All
DAY-TWO (2)		
8:00 AM - 8:15 AM	Registration of Participants/Facilitators	All
8:15 AM – 9:15 AM	**BREAKFAST**	All
9:15 AM - 9:45 AM	Recap from Day One (1)	Participants
9:45 AM – 10:45AM	Essential New-born Care (ENC)	Mrs. Siafa
10:45 AM – 11:45PM	ENC Breakup Section	Facilitators
11:45 AM – 12:45PM	Pre-eclampsia and Eclampsia (PEE)	Mrs. Saye
1:00PM – 2:00PM	**LUNCH BREAK**	All
2:00PM –: 3:00PM	PEE Breakup Session	Facilitators
3:00PM – 4:40PM	Practice Section (Skills Demonstration)	All
4:40PM-5:00PM	Closing	All
DAY- THREE (3)		
8:00AM - 8:15AM	Registration of Participants/Facilitators	
8:15AM -9:15AM	**BREAKFAST**	All
9:15 AM -9:45AM	Recap From Day two (2)	Participants
9:45AM – 11:45AM	Practice Section (Skills Demonstration)	All
11:45AM – 12:45PM	Post Test (Theory)	Participants
1:00PM – 2:00PM	**LUNCH BREAK**	All
2:00PM – 3:30PM	Post OSCE	Participants
3:30PM – 5:00PM	Remarks and Closing	HMNL team & ALL

ATTACHMENT E:

TRADITIONAL MIDWIVES CAPACITY BUILDING TRAINING SCHEDULE

TIME	ACTIVITIES	RESPONSIBLE PERSON
DAY- ONE (1)		
9:00AM-9:10AM	• Arrival • Registration of Participants/Facilitators	All
9:10AM - 9:45AM	**BREAK FAST**	All
9: 45 -10:00AM	Self-introduction, expectations & Ground rules	ALL
10: 00 -10 :20 AM	Opening Statement and remarks	HMNL team and Partners
10:20AM – 11:00AM	**Pre-Test**	Participants
11: 00AM -11:15 AM	Goals and objectives of the training	HMNL Project initiator (s)
11: 15 AM – 12:15 PM	General information about pregnancy	Midwifery Association
12: 15 -1: 30PM	Dangers signs in pregnancy (graphic presentation)	Helen Barclay Suah
1:30PM – 2:30PM	**LUNCH BREAK**	All
2: 30 – 3:00PM	Role of TTM/TBA	Lynton Bridges
3:00- 3:45PM	Break out Session	Facilitators
3: 45PM – 4:00PM	Summary/wrap up/ Remarks and Closing	HMNL team & ALL
DAY-TWO (2)		
9:00 AM - 9:10 AM	Registration of Participants/Facilitators	All
9:10 AM – 9:45 AM	**BREAKFAST**	All
9: 45AM -10:15AM	Recap of Day 1	Participants
10: 15AM – 11:15PM	New-born care (cord care, danger signs, & immunization)	FHD
11: 15AM – 12: 00PM	Break-out Section	Facilitators
12: 00 – 12:45 PM	Family planning	Helen Barclay Suah
12:45PM – 1:30PM	Break-out Section	Facilitators
1:30PM – 2:30PM	**LUNCH BREAK**	All
2:30PM – 3:30 PM	REFERRAL	Midwifery Association
3:30PM – 4:00PM	Summary/wrap up	ALL
4:00PM: 4:40PM	**Post Test**	Participants
4:40PM- 4:50PM	Course Evaluation	ALL
4:50PM-5:30PM	Remarks and Closing	HMNL team & ALL

ATTACHMENT F:

TRAINING BENEFICIARIES TESTIMONIES

I am very happy about this Project because we (Traditional Midwives) are suffering. Day and night, we are up and down, ensuring that pregnant women go to the health facility for checks and follow the proper measures. We do this because of passion because we are not being paid. There is no motivation or compensation from the government. This is why we are grateful that the people who brought this Project appreciate us for what we do and want to help us by training us to properly take care of pregnant women and babies at home and providing us with working tools like raincoats, boots, and flashlights.

It is helpful to us because we face many challenges every day that comes. We are not aware of many things to ensure that pregnant women or babies do not die. Moreover, we lack working materials to make our work effective. Many days, the rain beat us in taking the women to the clinic. Sometimes, we walk in the bushes at night with our flashlight to take the pregnant women to the clinic when they get in labor. One of our colleagues was bitten by a snake because of no light, and it caused her death. We get tired and want to quit most days.

We appreciate the people who are supporting this Project. At least God has smiled on us through them. We promise to work with the team to ensure that no woman or baby dies during pregnancy by encouraging them to go to the clinic and take care of them at home.

Ma Nancy S. Larwubah

Traditional Midwife
Training Participant

ATTACHMENT F:

TRAINING BENEFICIARIES TESTIMONIES

There have been huge changes in my work since we completed the HMNL training and received working tools. Before the training, I was unaware of so many things and lack the skills to convince the women to attend the health facility. Currently, I'm on top of my game and have effectively cared for at least 10 women in the past times. 5 of these women delivered safely at the health facility and I am always following up on them.

Thanks to the HMNL project for the knowledge and resources they provided to us to ensure that the lives of women and babies are safe. I'm happy to be a part of this project.

Ma. Victoria Farr

TTM
Mambakaba District

The training was timely and rewarding for the all the people who attended from my district. All of the Facilities staff that attended the training are now able to manage maternal complications without referral and according to the facilities midwives, the TTM are doing more referrals than before

Helen Suah

District Health officer,
Mambakaba

ATTACHMENT F:

TRAINING BENEFICIARIES TESTIMONIES

The HMNL capacity-building training was very thoughtful and meaningful. More pregnant women are coming to the Facility for their antenatal care visits than before, showing that the TTMs are carrying on a massive awareness in their communities and making more referrals. Moreover, there is a considerable improvement in those who attended the training (including me). These three staff can perfectly perform the Newborn resuscitation and managing postpartum hemorrhage procedure, while those who didn't attend can miss some of the steps. As the Officer in charge of the Facility, I can testify that there were many things learned from the capacity building training that we are applying at our Facility to save lives, and I'm are hoping that the HMNL team can plan another training to teach the various procedures to the staff who didn't attend to help them effectively save the lives of mothers and babies as well. We can't wait to receive the basic drugs and equipment donated next month.

Esther Griffiths

OIC, Cotton Tree Health Center

ATTACHMENT F:

TRAINING BENEFICIARIES TESTIMONIES

One woman life saves
Because Ma Musu (the Traditional Midwives in the picture above) position on not performing delivery at home was firm

Ma Musu, one of the TTM part of the training, was at her house when a pregnant woman experiencing complications was brought to her to deliver. Ma Musu examined the pregnant woman and advised the family to take the woman to the health facility because doing the delivery herself would lead to a serious problem, even the woman's death because she didn't have access to the primary equipment and drugs needed for safe delivery. The family refused at first but later finally agreed, and they took the woman to the nearest health facility. Upon arrival, the woman was taken to the delivery room, and the midwives on shift discovered that the baby was dead in her stomach a long time ago and was glad that they brought her to the clinic as only skilled midwives or nurses in addition to primary lifesaving maternal health equipment and drugs (only present at health facilities) could handle this case. The skilled midwife performed the procedure and safely delivered the dead baby without causing the mother life. The story could have been different if Ma Musu could have agreed and performed the delivery at home without the proper equipment and drugs (the woman could not have survived).
Ma Musu shared that she was very grateful for all the knowledge she got from the HMNL Capacity training, including the importance of facility delivery and the risk of home delivery. She added that she could have agreed to perform the delivery if this could have happened before the training. We are glad that this project has contributed to saving a Life. Ensuring that women's lives are saved is one of the many outcomes we seek.

ATTACHMENT G:

BENEFICIARIES LIST (HEALTH FACILITIES)

HEALTH DISTRICTS	HEALTH FACILITIES
MAMBAKABA	
	Marshal Health Center
	Unification Town Health Center
FIRESTONE	
	Dolo's Town Health Center
	Cotton Tree Health Center
KAKATA	
	Massaqoi Town Health Center
	Cinta Clinic
	Velley-Ta Clinic
GIBI	
	Peter's Town Clinic
	Yanwullie Clinic
	Worhn Clinic

ATTACHMENT H:

BENEFICIARIES LIST (MATERNAL HEALTH CARE SERVICE PROVIDERS)

GIBI DISTRICT		
WORHN CLINIC		
Bessie Johnson		0880333566
Lucretia Johnson		0886443619
PETER'S TOWN CLINIC		
Sarah Vezelee		0886120056
T. Nixon Reeves		0880782591
YARNWULLIE CLINIC		
Princess Juasemai	RM	0880770649
Charlotte Francy	RM	0886891441
KAKATA DISTRICT		
CINTA COMMUNITY CLINIC		
Rebecca Y Allen	CM	0880333566
Grace T Wongeh	CHSS	0886443619
MASSAQUOI TOWN HEALTH CENTER		
Saybah Gamah	RM	0886120056
Tainah S Zubawuo	RN	0880782591
VALLEY-TA CLINIC		
Alice B Mah	CM	0880770649
Louise N Knuckles	RM	0886891441

RM - Registered Midwive
CM - Certified Midwive
RN - Registered Nurse
CHSS- Community Health Services supervisor

ATTACHMENT H:

BENEFICIARIES LIST (MATERNAL HEALTH CARE SERVICE PROVIDERS)

MAMBA KABA DISTRICT		
UNIFICATION TOWN H. CENTER		
Velma W. Yerka	CM	0770322871
Henrietta Toe	RN	
VVarbah P. Diakenah	RN	0880782591
MARSHALL HEALTH CENTER		
Williette Bestman	CM	0880902594
Dorothy Padmoore	PA	0880902594
Ruth Johnson	RM	0777284169
FIRESTONE DISTRICT		
COTTON TREE HEALTH CENTER		
Yamah G. Sumo	RM	0770322829
Esther Griffiths	CM	0777274831
Linda Karnga	CM	077593991
DOLO'S TOWN H. CENTER		
Kebeh Karmo Suah	RM	0777406060
Princess Y. Dowee	CM	0886438468
Vivian B. Flomo	RN	0886403083

RM – Registered Midwive
CM – Certified Midwive
RN – Registered Nurse
CHSS- Community Health Services supervisor
PA – Physician Assistant

ATTACHMENT I:

BENEFICIARIES LIST (TRADITIONAL MIDWIVES)

No.	Name
	GIBI District
	Worhn Clinic
1	Fatu Garway
2.	Baryou Manneh
3.	Mary Geah
4.	Matta Garway
	Peter's Town Clinic
5.	Famatta Doncan
6.	Ammah Vorvor
7.	Korto Borbor
8.	Garmah Rando
	Yarnwullie Clinic
9.	Mamie Bondo
10.	Miatta Smith
11.	Sonnie Dailaway
12.	Trlan Freeman
	KAKATA District
	Cinta Community Clinic
13.	Musu Binda
14.	Esther Wennie
15.	Kayma Sackie
16.	Belekula Sackie
	Massaquoi Ta Health Center
17.	Esther Sackie
18.	Nenkpah Musa
19.	Qwema Flomo
20.	Nenkpah Blackie
	Valley-Ta Clinic
21.	Miatta Dolo
22.	Jartu Freeman
23.	Martha Clement
24.	Kpannah John

ATTACHMENT I:

BENEFICIARIES LIST (TRADITIONAL MIDWIVES)

No.	Name
	Mamba Kaba District
	Unification Town H. Center
25.	Nancy Larwubah
26.	Jaijay Saygbo
27.	Victory Farr
28.	Musu Tokpah
29.	Peadamar John
	Marshall Health Center
30.	Martha Kpowo
31.	Mouama Powell
32.	Cecelia Marley
33.	Mary Lewis
34.	Tanneh Wleh
	Firestone District
	Dolo's Town H. Center
35.	Sonnie Yarkpawolo
36.	Hannah Banwon
37.	Kamah Fasu
38.	Mamie Zogar
39.	Nancy Saah
40.	Matta Varney
41.	Musu Martin
	Cotton Tree Health Center
42.	Nancy Kennedy
43.	Nana Kromah
44.	Esther Momoh
45.	Helen Duo
46.	Garmai Suahkollie
47.	Tueseamar David
48.	Sera Beybor
49.	Sarah Joe
50.	Garmai Kerkulah

ATTACHMENT J:

TRAINING CERTIFICATE SAMPLE

ATTACHMENT K:

FIRST EVALUATION QUESTIONNAIRES

SURVEY/INTERVIEW TO EVALUATE WHETHER OR NOT THE HEALTH WORKERS AND ARE APPLYING THE KNOWLEDGE ACQUIRED FROM THE CAPACITY BUILDING TRAINING IN THEIR VARIOUS FACILITIES, AND DETERMINE THE IMPACT WE HAVE MADE SO FAR (HEALTH WORKERS)

Name Facility: District:

No.	Open Handed Questions
1.	How have you been applying what you learn from the training in your facility?
2.	What procedure/s you couldn't performed properly before the training that you can perform now?
3.	What new knowledge did you get from the training that is helping you provide quality maternal care?
4.	How many women and babies have you provided care for after the training?
5.	What are the challenges you are still faced with in providing quality maternal and new-born care at your facilities?
6.	Any comments/Feedback/Recommendations?

SURVEYS/INTERVIEWS TO EVALUATE WHETHER OR NOT PREGNANT WOMEN IS RECIEING QUALITY CARE
(PREGNANT WOMEN)
Name: _____ Contact:_____

No.	Open Handed Questions
1.	From the scale of 1-10, how can you rate the care you have been receiving at the facility in the past 1 month?
2.	Did you receive community care from any TTM in your community? If Yes, Who?
3.	Have you notice any change in the behaviour of the facility staff? If yes, how?
4.	Will you be interested in being a part of a maternal Health club the facility?
5.	Do you Know the important of seeking care from the health facility? If yes, what is it?
6.	Any comments/Feedback/Recommendations?

ATTACHMENT K:

FIRST EVALUATION QUESTIONNAIRES

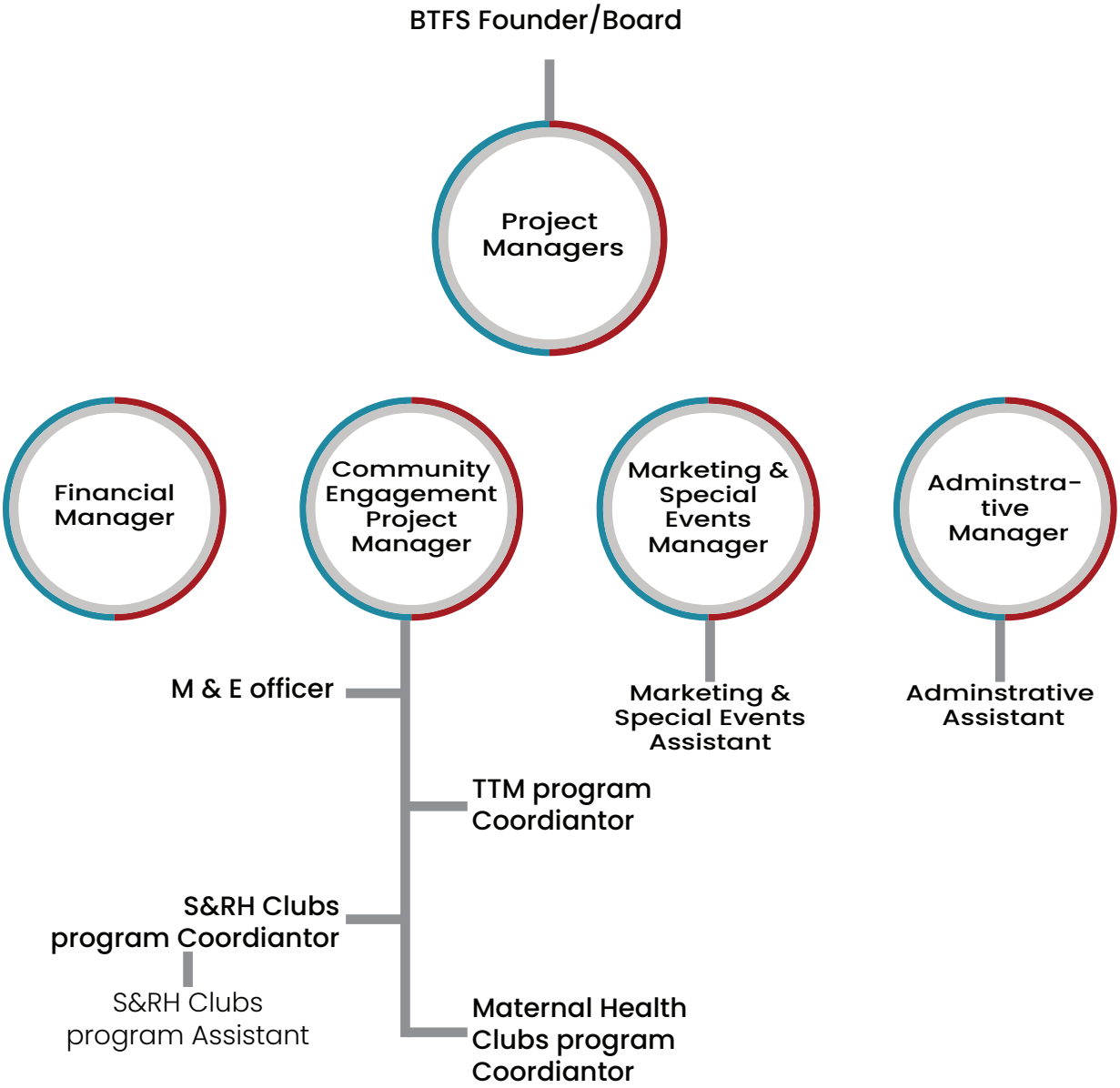
SURVEYS/INTERVIEWS TO EVALUATE WHETHER OR NOT THE TRADITIONAL MIDWIVES ARE APPLYING THE KNOWLEDGE ACQUIRED FROM THE CAPACITY BUILDING TRAINING IN THEIR VARIOUS COMMUNITIES, AND DETERMINE THE IMPACT WE HAVE MADE SO FAR
(Trained Traditional Midwives)
(HEALTH WORKERS)

Name District: Community:

No.	Open Handed Questions
1.	How have you been applying what you learn from the training in your community?
2.	What are the things you couldn't do properly before the training that you can do now?
3.	What new knowledge did you get from the training that is helping you provide care to women and babies?
4.	How many women and babies have you provided care for after the training?
5.	How many of these women and babies did you refer to the health facility?
6.	Have you done delivery since you came back from the training? If yes, Why?
7.	What are the challenges you are still faced with in providing care to women and babies in your community?
8.	Any comments/Feedback/Recommendations?

ATTACHMENT L:

PROJECT TEAM INFORMATION



ATTACHMENT M:

TEAM

Lela Precious Dolo
Co-Initiator/ Team Lead

Bernice Maima Kromah
Co-Initiator/ Team Lead

Julian T. Tucker
Finance Manager

William M. Lawrence
Community Engagement Program Manager

Nulee Garteh
Marketing and Special Events Manager

Roseline P. Sneh
Administrative Manager

Chris C. Meinwipia
M & E Officer

Agnes C. Nagbe
Maternal Health Clubs program Coordinator

Wonda Allison
Traditional Midwives Program Coordinator

Deddeh Mulbah
S & R Health Clubs program Coordinator

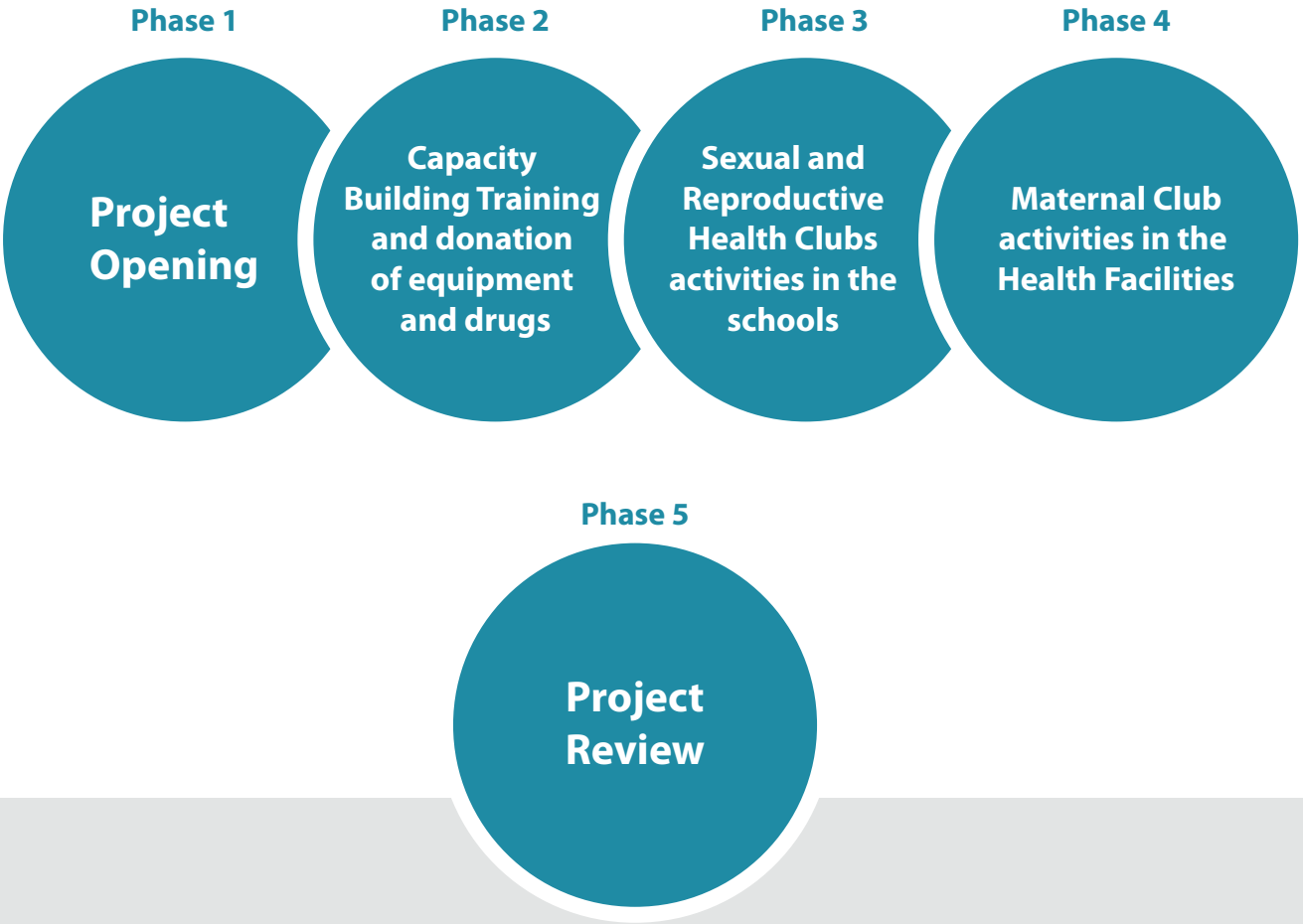
Mark G. Gray
Marketing and Special Events Assistant

P. Yamah Davis
Administrative Assistant

Folley Sombai
S & R Health Clubs program Assistant

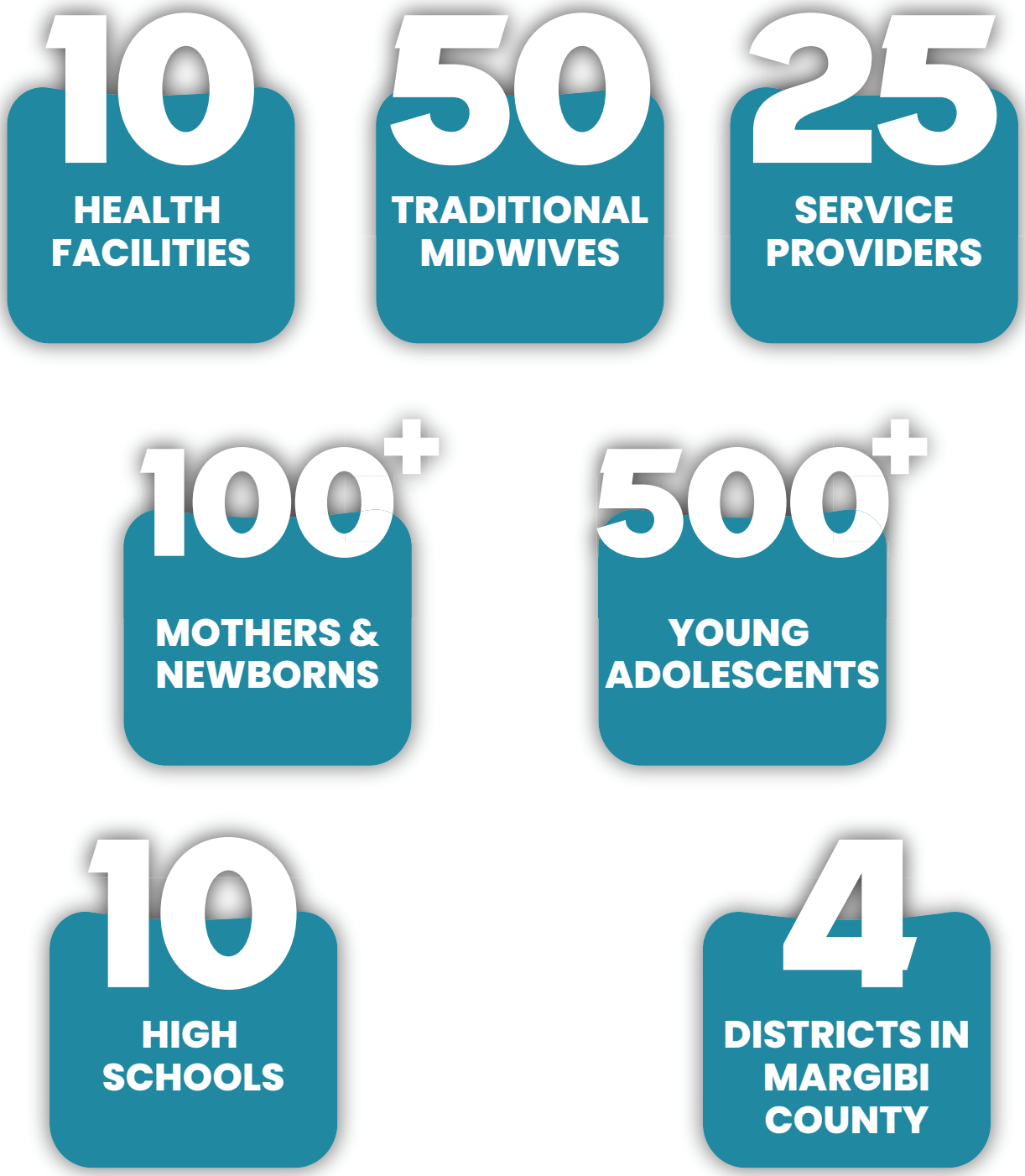
ATTACHMENT N:

PROJECT TIMELINE



ATTACHMENT O:

PROJECT BENEFICIARIES AND IMPACTS



ATTACHMENT P:

PROPOSED BUDGET

ACTIVITIES	AMOUNT
Training of 25 Maternal Health Service Providers	**$4,762.00**
Training of 50 Traditional Midwives	**$5,312.00**
Donation of Basic maternal Health Drugs and Equipment to 10 Health Facilities	**$5,750.00**
Provision of maternity kits for 100 Pregnant Women	**$2,200.00**
Provision of Working Tools for 50 Traditional Midwives	**$1,550.00**
Pregnancy prevention and menstrual materials for 10 secondary school	**$1,247.00**
Logistics/Transportation	**$3,329.00**
Miscellaneous	**$2,415.00**
TOTAL	**$26,565.00**

ALL CURRENCY ARE IN USD