



LIBERIA HEALTH
CSOs' NETWORK

SPOTLIGHT ON GFF IN LIBERIA

WHAT GFF DOES AND WHAT IT PAYS

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The Liberia Spotlight on GFF serves as an advocacy tool that provides simple and useful information about GFF in Liberia, aimed at supporting Liberia Health CSOs Network to actively engage in the GFF process and monitor its performance. The Spotlight is developed through rigorous analysis of the Liberia RMNCAH Investment Case (IC) and GFF Project Appraisal Document

WHAT ARE THE HEALTH CHALLENGES IN LIBERIA?

1

The Liberia country context was re-defined with the Ebola Virus Disease (EVD) crisis which resulted in reduced economic growth for the country.

2

The Ebola Virus Disease (EVD) outbreak eroded a number of previous gains, and further weakened the already fragile health system.

3

Deliveries by skilled birth attendants, for example, declined by 7 percent from 2013 to 2014; Antenatal Care 4th visits dropped by 8 percent; measles coverage declined by 21 percent from 2013 to 2014; and health facility utilization plummeted by 40 percent.

4

Continuing poor health outcomes have been linked to, and compounded by the fact that Liberia lost 10 percent of its doctors and 8 percent of its nurses and midwives to Ebola.

5

A 2015 study estimates that the deaths of these health workers may result in an increase in the maternal mortality ratio by 111 percent relative to pre-Ebola rates.

6

Post-conflict conditions, coupled with the more recent impact of the EVD outbreak, place Liberia at the bottom of global rankings for maternal, neonatal and child health (MNCH).

KEY ISSUES, GAPS, AND PRIORITIES

- Large variations and gaps exist in key RMNCAH services and intervention
- Poor quality of care is a major cause of high maternal and under-five mortality.
- There are large geographical disparities in health services that need to be urgently addressed.

WHAT DOES THE LIBERIA RMNCAH INVESTMENT CASE IDENTIFIED AND PRIORITIZED?

Six counties based on a comparison of 20 health indicators/interventions across the 15 counties were identified. The results revealed large differences in the number of low performing indicators (i.e., lower than national average) across counties. Based on this analysis, the RMNCAH IC identified the following six priority counties, which are both remote and have comparatively worse RMNCAH indicators.

1. Gbarpolu
2. Grand Bassa
3. Grand Kru
4. Rivercess
5. Rivergee
6. Sinoe

RATIONALE FOR THE IDENTIFICATION OF THE 6 PRIORITY COUNTIES

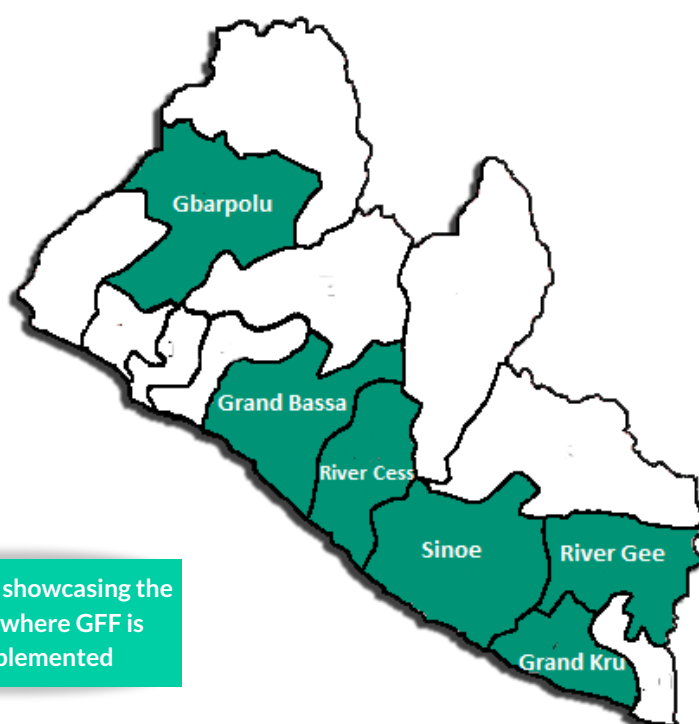
The identification was based on a comparison of key health indicators across the 15 counties which revealed large differences in the number of low performing indicators (i.e., lower than national average) across counties. The 6 counties selected were both remote and have comparatively worse RMNCAH indicators as listed below;

- Skilled birth attendance at birth
- Birth delivered at health facility
- Child vaccination 12-23 months fully vaccinated
- Improved drinking water source
- % who sought treatment or advice from health facility or provider

WHAT ARE THE PRIORITY RMNCAH INTERVENTION AREAS?

Based on the health sector performance analysis and health system assessment, the RMNCAH IC has identified six priority investment areas across the continuum of care.

- 1** Quality Emergency Obstetric and Newborn Care (EmONC) including antenatal and postnatal care and child health
- 2** Strengthening the civil registration and vital statistics (CRVS) system.
- 3** Adolescent health interventions to prevent mortality and morbidity during the antenatal, childbirth, postpartum periods, unsafe abortion, early and unintended pregnancy, sexually transmitted infections and gender-based violence.
- 4** Emergency preparedness, surveillance and response, especially maternal and neonatal deaths surveillance and response (MNDSR)
- 5** Sustainable community engagement
- 6** Leadership, governance and management at all levels.



Map of Liberia showcasing the six counties where GFF is being implemented

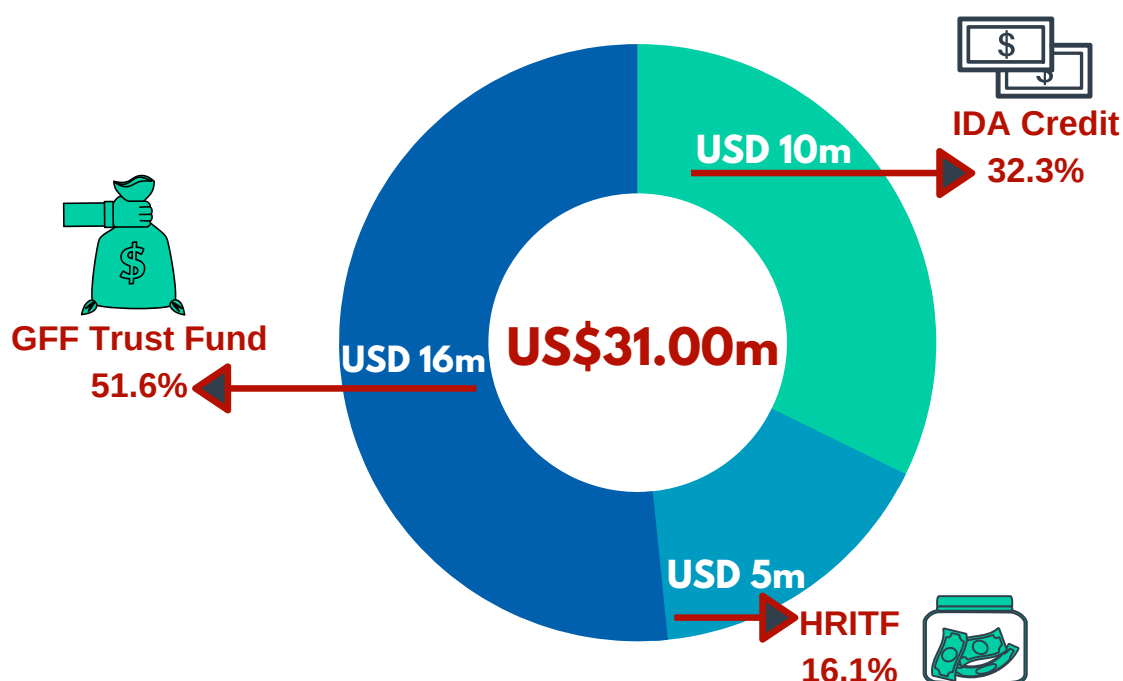
FINANCING THE RMNCAH INVESTMENT CASE?

The RMNCAH Investment Case built on an existing Health System Strengthening Project (HSSP) which consists of;

- An IDA Credit of SDR 6.7 million (US\$10 million equivalent);
- A US\$5.0 million Grant from the Health Results and Innovation Trust Fund.

With the support of the GFF Trust Fund of US\$16 million to co-finance the RMNCAH IC, which together with the original HSSP allocation of US\$15 million makes the total financing of US\$31.00 million.

The below table Illustrates the funding distribution according to source;



Disbursement Timeline (in USD Million) focusing on HSSP and GFF

Fiscal Year	2015	2016	2017	2018	2019	2020
Annual	6:00	1:00	5:00	8:00	8:00	3:00
Cumulative	6:00	7:00	12:00	20:00	28:00	31:00

ABOUT LIBERIA HEALTH CSOS NETWORK

The Liberia Health CSOs Network comprises of non-governmental organizations, women groups and young people, committed to promoting civil society participation, engagement, accountability and transparency in the implementation of RMNCAH+N including GFF in Liberia. Public Health Initiative Liberia is hosting the secretariat of the network

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