

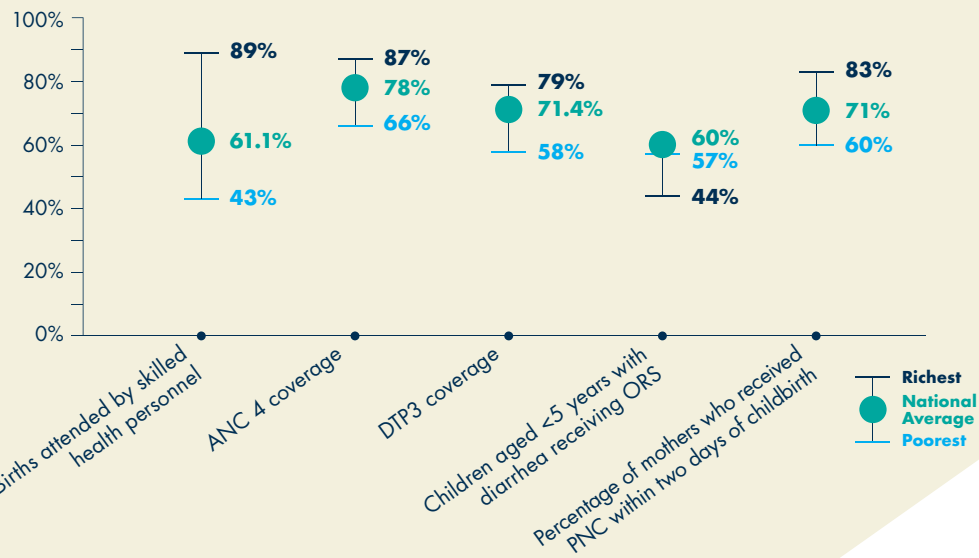
RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 1,072 per 100,000 live births	Under-five mortality ratio 94 per 1,000 live births	Percent of births <24 months after the preceding birth 15.5%	Moderate to severe wasting among children under 5 years of age 6%
Neonatal mortality ratio 26 per 1,000 live births	Adolescent birth rate 149 per 1,000 women	Stunting among children under 5 years of age 32%	

COVERAGE INDICATORS***

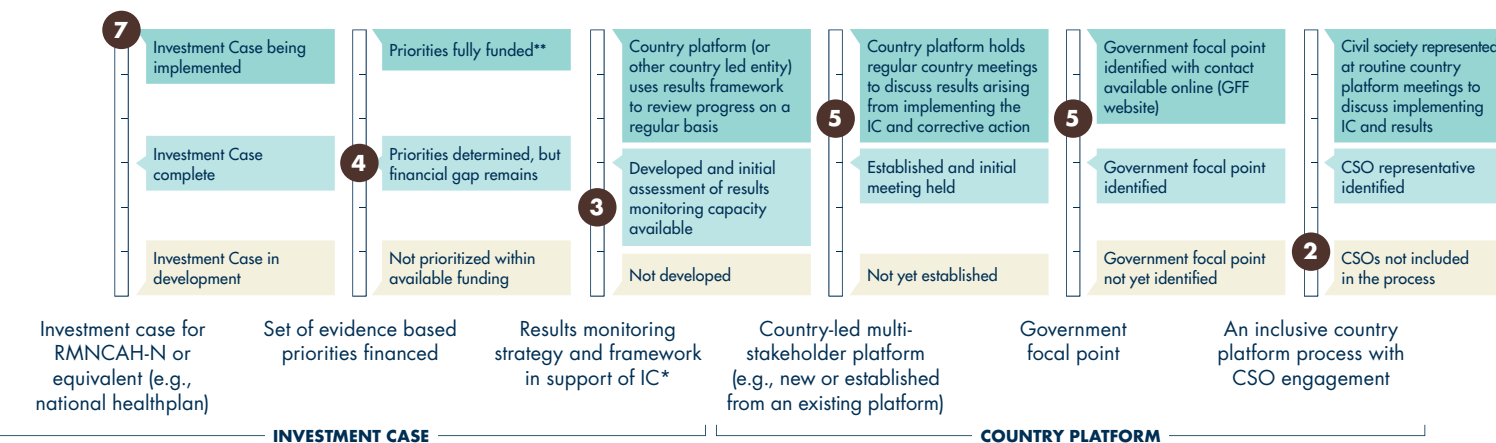
People living with HIV receiving ART 30%	Coverage of pregnant women who receive ARV for PMTCT 39%	Children aged <5 years with pneumonia symptoms taken to a healthcare provider 50.7%	Modern contraceptive prevalence rate 20.5%
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Investment Case Priorities

- Provide quality emergency obstetric and newborn care, including antenatal, postnatal care, and child health.
- Strengthen the civil registration and vital statistics system.
- Carry out adolescent health interventions to prevent mortality and morbidity during antenatal, childbirth, and postpartum periods, unsafe abortion, early and unintended pregnancy and sexually transmitted infections, and gender-based violence.
- Establish emergency preparedness, surveillance and response, especially focusing on maternal and newborn deaths surveillance and response.
- Promote sustainable community engagement, established, enhanced, and maintained through community structures.
- Build an enabling environment: reinforce RMNCAH leadership, governance, and management at all levels.

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 5.13	Ratio of government health expenditure to total government expenditures 2.68%	Percent of current health expenditures on primary/ outpatient health care 54%	Incidence of catastrophic and impoverishing health expenditures 22% catastrophic 6% impoverishing
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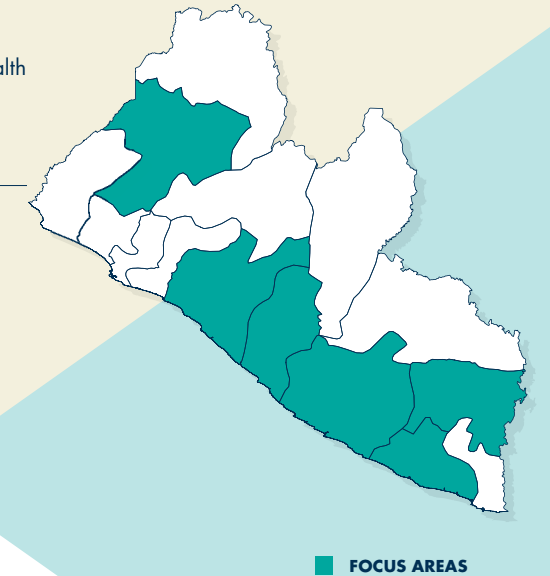
OUTPUT INDICATORS

Share of health in total government budget 15%	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization Yes	Share of external funding for health that is pooled or on budget 54%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No	Implemented strategies to reduce key drivers of inefficiency Partially	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) No	
Country has: implemented or updated a resource mapping exercise Yes	Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) No		

EFFICIENCY

DTP3 dropout rate 23%	ANC dropout rate 15%
Health budget execution rate 84%	

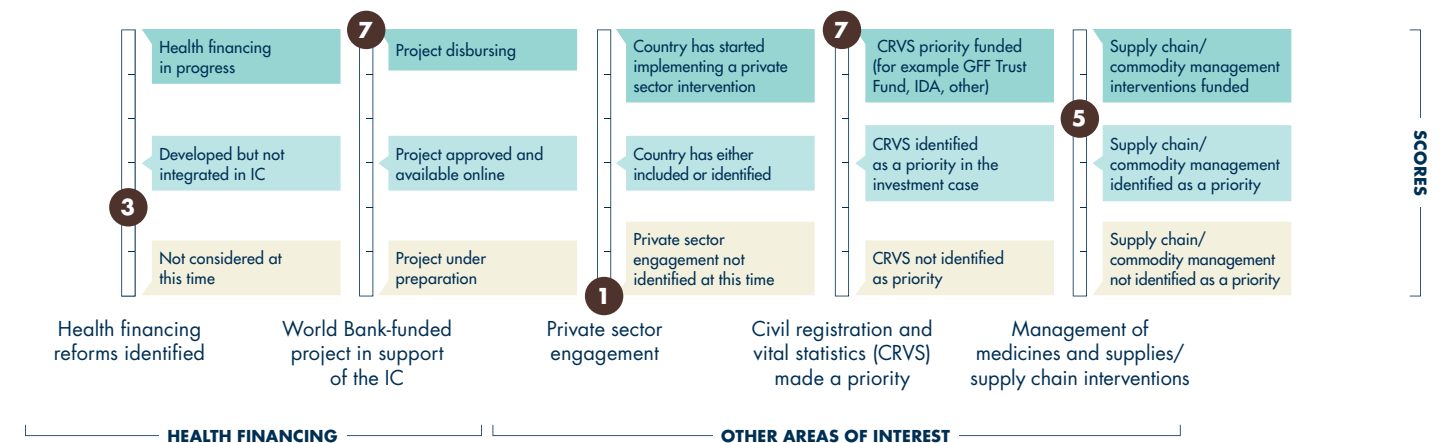
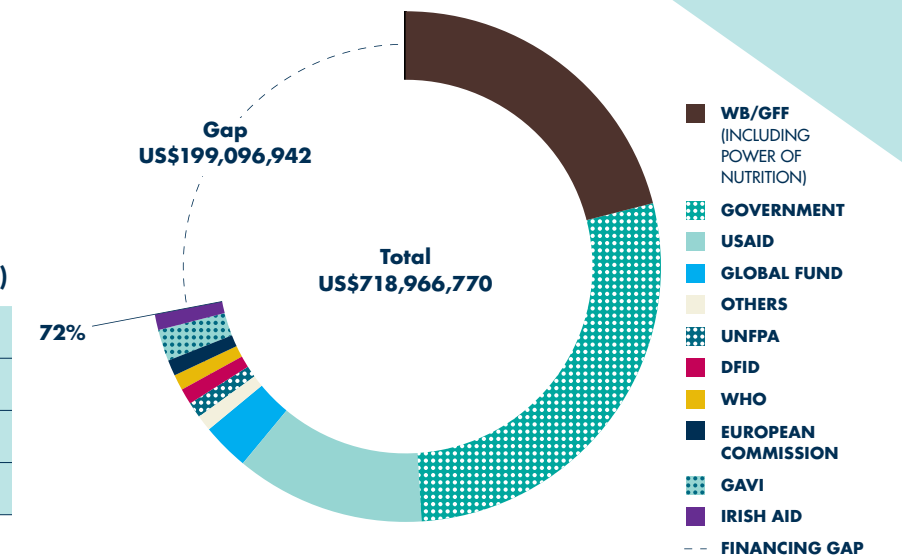
Geographic Focus Areas



Resource Mapping

World Bank-funded Project (IDA/IBRD/GFF)

COUNTRY	Liberia
BOARD DATE	2/23/17
GFF APPROVED AMOUNT	\$16M
IDA AMOUNT	\$16M



Note: The GFF prioritization areas in Liberia directly align with the districts with the highest rates of wasting in the country. Source: WHO, Global Database on Child Growth and Malnutrition 2007 Publication Date: 4/9/2018