GBARPOLU COUNTY HEALTH PLAN
2007/2008

MINISTRY OF HEALTH & SOCIAL WELFARE
REPUBLIC OF LIBERIA

Date: January 4th to 6th 2008
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### Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>AHA</td>
<td>African Humanitarian Action</td>
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<tr>
<td>2</td>
<td>INGO</td>
<td>International non-governmental organization</td>
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<tr>
<td>3</td>
<td>AIDS</td>
<td>Acquired immuno-deficiency syndrome</td>
</tr>
<tr>
<td>4</td>
<td>ANC</td>
<td>Antenatal clinic</td>
</tr>
<tr>
<td>5</td>
<td>ARV</td>
<td>Anti-retroviral</td>
</tr>
<tr>
<td>6</td>
<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>7</td>
<td>CBO</td>
<td>Community-based Organization</td>
</tr>
<tr>
<td>8</td>
<td>CBSP</td>
<td>Community-based Service Provider</td>
</tr>
<tr>
<td>9</td>
<td>CDC</td>
<td>Community Development Committee</td>
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<tr>
<td>10</td>
<td>CHT</td>
<td>County Health Team</td>
</tr>
<tr>
<td>11</td>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>12</td>
<td>CM</td>
<td>Certified Midwife</td>
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<tr>
<td>13</td>
<td>CST</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>DOTS</td>
<td>Directly Observed Treatment-Short Course</td>
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<tr>
<td>15</td>
<td>DPT</td>
<td></td>
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<tr>
<td>16</td>
<td>EPI</td>
<td>Expanded Program on Immunization</td>
</tr>
<tr>
<td>17</td>
<td>FBO</td>
<td>Faith-based Organization</td>
</tr>
<tr>
<td>18</td>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>19</td>
<td>GOL</td>
<td>Government of Liberia</td>
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<tr>
<td>20</td>
<td>RPR</td>
<td></td>
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<tr>
<td>21</td>
<td>HBLSS</td>
<td>Home-based Life Saving Skills</td>
</tr>
<tr>
<td>22</td>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<tr>
<td>23</td>
<td>HFS</td>
<td>Health Facility (ies)</td>
</tr>
<tr>
<td>24</td>
<td>HWs</td>
<td>Health Worker(s)</td>
</tr>
<tr>
<td>25</td>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>26</td>
<td>HS</td>
<td>Health Service</td>
</tr>
<tr>
<td>27</td>
<td>HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>28</td>
<td>BPHS</td>
<td>Basic Package of Health Services</td>
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<tr>
<td>29</td>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>30</td>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
</tr>
<tr>
<td>31</td>
<td>IPT</td>
<td>Intermittent Preventive Treatment</td>
</tr>
<tr>
<td>32</td>
<td>IRC</td>
<td>International Rescue Committee</td>
</tr>
<tr>
<td>33</td>
<td>IUD</td>
<td>Intrauterine device</td>
</tr>
<tr>
<td>34</td>
<td>UNMIL</td>
<td>United Nations Mission in Liberia</td>
</tr>
<tr>
<td>35</td>
<td>LSS</td>
<td>Life Saving Skill</td>
</tr>
<tr>
<td>36</td>
<td>PMU</td>
<td></td>
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<tr>
<td>37</td>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>38</td>
<td>MERCI</td>
<td>Medical Emergency Relief and Corporative International</td>
</tr>
<tr>
<td>39</td>
<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<tr>
<td>40</td>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>41</td>
<td>MSF</td>
<td>Medcine San Frontieres</td>
</tr>
<tr>
<td>42</td>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>43</td>
<td>PA</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>44</td>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>45</td>
<td>SCF/UK</td>
<td>Save the Children Fund/United Kingdom</td>
</tr>
<tr>
<td>46</td>
<td>WVL</td>
<td>World Vision Liberia</td>
</tr>
<tr>
<td>47</td>
<td>SP</td>
<td>Sulfadoxine-Pyrimethamine</td>
</tr>
<tr>
<td>48</td>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>49</td>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>50</td>
<td>TT</td>
<td>Tetanus Toxoid</td>
</tr>
<tr>
<td>51</td>
<td>TM</td>
<td>Traditional midwife</td>
</tr>
<tr>
<td>52</td>
<td>VPD</td>
<td>Vaccines-preventable diseases</td>
</tr>
<tr>
<td>53</td>
<td>TTM</td>
<td>Trained Traditional Midwives</td>
</tr>
<tr>
<td>54</td>
<td>VCT</td>
<td>Voluntary Counseling and Testing (Center)</td>
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1. Introduction and Background

1.1. County population, geography and administrative structure

Gbarpolu County was born out of the merger of two former districts of Lofa County, namely: Gbarma and Bopolu. Gbarpolu is located in the tropical rain forest of western Liberia. It is bounded on the East by Bong County on the West by Grand Cape Mount County, on the North by Lofa County, and on the South by Bomi County. The county has an international border with the Republic of Sierra Leone on the west.

Gbarpolu has five districts, namely: (1) Bopolu, (2) Gbarma, (3) Kongba, (4) Belle and (5) Bokomu. There are 21 clans and 12 chiefdoms, which constitute a total population of 131,495. One of the five districts - Bokomu district - is practically inaccessible by vehicle. Only footpath leads to the many towns and villages scattered throughout Bokomu. The average walking time between towns is 10 to 30 hours. Mining, hunting and farming are the occupational engagement of the people.

1.2 Institutional Structure of the County

The Gbarpolu County institutional structure consists of five statutory districts, 2 Chiefdoms and 21 Clans. Gbarpolu County has completed the “Gbarpolu County Development Agenda” which serves as a roadmap for the development of the county during the five years period, 2008-2012.

The Superintendent of Gbarpolu County is the representative of the President of Liberia in the county. He has oversight responsibility of the county and is assisted by an assistant superintendent for development, who is responsible for the coordination of development activities such as formulation of the county development agenda. There is a superintendent’s council headed by the superintendent, which serves in an advisory capacity.

The organogram below shows the administrative structure of Gbarpolu County. This structure is basically the same for all the 15 counties of Liberia. Minor variations may exist in some counties due to the size of the county and/or the availability of human resource for the various posts.
SUPERINTENDENT

- Supt. /Council
- County Attorney
- County Inspector
- Relieving
- Commissioner
- Administrative
- Consultant
- Coordinator of
- Tribal native

Asst. Supt for
development

- Project Planner
- Project Coordinator
- Budget &
- Procurement
- Agro-General
- Inspector

Asst. Superintendent
- Operation
- Administrative
- Assistant
- Special Assistant
- Secretary
- City Mayor

District
- Commissioner

- Township
- Commissioners

- Paramount Chief
- Clan Chief
- General Town
- Chief

City Council

Governor

District Statutory
Superintendent
1.3.0 Description of Health Issues and Disease Burden and existing preventive and control strategies and programs

1.3.1 Description of current county health system

1.3.1.1 Health Status:
  
  Maternal and Newborn Care
  • 86% of pregnant women receiving 2+ TT vaccinations
  • 66% of TT2+ non pregnant
  
  Child Health
  • DPT3 coverage in under 1 yr old is 118%
  • Total malaria episodes treated June 2006-June 2007 is 25,400

1.3.1.2 Disease Control (No information)
  • HIV/AIDS: total tested X, positives X, negatives X
  • TB: total cases X, total positive X, total negative X and EP X

1.3.1.3 Number and type of facilities and services provided (public and private)
  • 16 functional facilities out of 33
    • 1 Hospital; 0 Health Centre; 15 Clinics (GOL),

1.3.1.4 County Health Team
  Current Gbarpolu County Health Team

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<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
<th>Cell #</th>
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<tbody>
<tr>
<td>1.</td>
<td>Dr. Joseph Dwana</td>
<td>County Health Officer</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Vacant</td>
<td>Community Health Department Director</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Vacant</td>
<td>Health Services Administrator</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Vacant</td>
<td>Hospital Administrator</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Vacant</td>
<td>Nursing Director</td>
<td></td>
</tr>
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GBARPOLU COUNTY ORGANOGRAM-PROPOSED PER PLAN

Table xxx: County Health Team Structure

- County Health Officer
  - County Health Services Administrator
    - Accountant
    - Human Resources Manager
    - Data Manager / HMIS Focal Person
    - Logistician
  - Hospital Medical Director
    - Nursing Director
  - Community Health Department Director
    - Clinical Supervisor
    - Social Welfare Supervisor
    - Environmental Health Supervisor
    - Surveillance Officer
  - Pharmacist

1.3.2 Partnerships (NGOs, private sector)
There are two NGOs partners in Gbarpolu county, namely AHA and SCF/UK

1.3.3 Financial resources (including Governments, NGOs and Un agencies)
For the fiscal year 2007-2008, the budget allocation to Gbarpolu CHT for health systems is USD 60,000. Drugs, medical supplies and staff salaries are supported directly by the MOHSW. The MOHSW also provides a fuel allowance of USD 1,675.50 (500 gals) per month for the county hospital (300 gals) and county health team (200 gals).

Additional resources for infrastructure, training and other activities required to implement the BPHS will be supported by the MOHSW through the GOL budget and partners (multilateral donors, INGOs etc) contribution. It is expected that the CHT will be provided some support to contract health staff to support the implementation of the BPHS where necessary.
2 County Health Planning Process

The Gbarpolu County Health Plan (2007-2008) was elaborated at a crucial time in the history of the county. Planning was done a time when there are only two health partners assisting the county health team. The County Health Plan is formulated in consonance with the overall National Health Plan which provides the strategy for implementation of the National Health Policy.

A 3-day Gbarpolu County Health Planning Workshop (4\textsuperscript{th} - 6\textsuperscript{th} January 2008) was organized by the Gbarpolu County Health Team with facilitators from the central Ministry. It brought together key stakeholders in the county and over 30 participants. The participants included the County Health Team, Officers in-Charge of health facilities, NGO partners, members of the Superintendent’s office, local authorities, including the media.

The participants developed the health plan by building consensus following extensive discussions in plenary and during small group working sessions. The groups were based on the four key components of the National Health Plan, namely: BPHS, HR, Infrastructure and Support Systems. Group work was followed by review at plenary during which time the document under review was finalized. The entire body participated in the selection of six health facilities for BPHS implementation. The selection of facilities was guided by a set of criteria, which among others includes the equitable distribution of facilities/services. The participants also prioritized major objectives and targets, as well as activities to be implemented during the planned period. At the end of the entire process, a one-year plan was adopted and endorsed by all the workshop participants.

3.0 Situational/Gap Analysis of the County Health System

A situational analysis puts into perspective the strengths and weaknesses of the Gbarpolu County health system and defines the gaps that need to be filled for equity in health service in the county. The major findings include:

I. Basic Package for Health Services

A. All Program Areas

1. Community Level (no info)
Strengths
Underlying factors/causes
Weaknesses
Underlying factors/causes

2. Health Facility Level (no info)
Strengths:
Underlying factors/causes

Weaknesses/gaps/unmet needs:
Underlying factors for weaknesses identified

B. Maternal and Newborn Care

Community level
Strengths
• Prompt referral by TTM
• Clean and safe delivery by TTM
• Adequate health education by TTM

Underlying factors/causes
• Continuous refresher training conducted by MOH and partners support
• Provision of delivery kits

Weaknesses/gaps/unmet needs:
• Lack of commitment from community to support TTM especially in referrals
• Unequal geographic distribution of TTM selected for training

Underlying factors/causes
• Community feels that TTM are being paid
• Lack of job opportunities for communities to enable them pay TTM
• Inaccessibility of 3 districts
Facility Level
Strengths
- Availability of eight CMs in Gbarpolu county
- Availability of trained CMs to perform safe delivery
- Good conduct of health workers
- Daily health education at HFs
- Availability of free health services at HFs
Underlying factors for the strengths identified at facility level
- Incentives provided by NGOs
- Committed and trained staff
Weaknesses/gaps/unmet needs:
- More than 50% of health facilities without CMs
- HWs are overburden
- Limited number of trained staff
Underlying factors
- Lack of motivation for health workers

C. Child Health:

Community Level:
Strengths:
- 85% of mothers are taking their children for vaccination
- Monthly outreach activities conducted at community level
Underlying factors:
- Community sensitization by many partners including CHWs, TTM and CHDC and others
Weaknesses/gaps/unmet needs:
• 15% of mothers are not taking their children for vaccination

Underlying factors/causes
• Communities are in hard to reach areas; access to HF is poor

Health Facility Level
Strengths
• DPT coverage is 118%
• 88% of HF have with vaccine storage capacity
• Free health services

Underlying factors/causes
• Commitment of health workers
• Good donor and MOH support

Weaknesses/gaps/unmet needs:
• 12% of health facilities are without vaccine storage capacity
• All functional health facilities (16) are without IMCI activities

Underlying factors/causes
• Natural barriers and poor condition of building/structure used as HF
• Lack of resources and trained personal

D. Reproductive and Adolescent Health

Community level
Strengths
• TTMs are providing education on FP
• Availability of community condom distributors
• Existence of community structures and health partners carrying on awareness

Underlying factors/causes
• Reproductive health concept has been introduced into community training
• MOH and NGOs support

Weaknesses
• Limited availability of FP commodities in community

**Underlying factors/causes**
• No funds for expansion of services

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**Health Facility**

**Strengths**
• 88% of health facilities providing FP services
• Health workers are trained in STIs management
• STIs protocols and drugs available at 14 of 16 functional health facilities

**Underlying factors**
• Support of MOH and partners
• Regular in-service training and provision of drugs by NACP/ MOH and partners

**Weaknesses**
• Continuous shortage of FP commodities; regular stock out of FP commodities
• 12% of health facilities are without family planning services

**Underlying factors**
• MOH bureaucracy
• Bad road condition

---

**E. Disease Control – HIV/AIDS**

**Community Level**

**Strengths**
• Massive education on HIV/AIDS
• Condom distribution in communities
• Availability of 588 community health volunteers
• Availability HIV/AIDS education programs including of video shows
• Talk show at local radio stations in English and local dialects

**Underlying factors**
• Support by MOH and health partners
Weaknesses
- Lack of awareness in hard to reach areas
- Poor compliance with condom use
- Limited knowledge to female condom
- Limited decision making power by females when it comes to sexual activities

Underlying factors
- Inaccessibility and bad roads
- Cultural/traditional beliefs (that condom promote impotency)
- Gender issues/inequality

Facility Level
Strengths
- Trained staff in 3 health facilities
- Daily health education and health management of STIs

Underlying factors
- MOH and partners support
- Availability of IEC/ BCC materials

Weaknesses
- No VCT centers
- No lab technician

Underlying factors
- Limited human resources

E. Disease Control – TB
Community Level:
Strengths
- Continuous awareness of TB in 3 districts
- Provision of supplementary feeding for TB patients

Underlying factor/causes
- Donors and MOH support
- Feeding provided by WFP
• Training conducted by NTLCP/ MOH

Weaknesses
• Limited TB awareness in remaining 2 districts

Underlying factor/causes
• No motivation for CHWs
• Very weak CHT

Facility Level
Strengths
• Regular supply of TB drugs in 3 facilities
• Availability of 3 microscopes in the county
• Trained lab assistants available in clinics

Underlying factor:
• MOH and partners support

Weaknesses
• Limited TB services

Underlying factor/causes
• Limited funding

E. Disease Control – Malaria

Community level
Strengths:
• Distribution of ITNs and spraying in communities
• Massive health education by CHWs and health workers
• Community-based assessment

Underlying factors:
• Donor and MOH support

Weaknesses:
• Limited CHWs
• Availability of CHWs only in vertical program areas

**Underlying factor/causes**
• Incentives provided by vertical programs

---

**Facility Level**

**Strengths:**
• Trained health workers in malaria case management
• Availability of malaria treatment protocols and guidelines

**Underlying factors/causes**
• MOH and donor support

**Weaknesses**
• Shortage of malaria drugs and RDT

**Underlying factors/causes**
• MOH bureaucracy

---

**F. Mental Health:** (no organized program)

**Community level**
**Strengths:**
**Underlying factors:**

**Weaknesses:**
**Underlying factor/causes**

**Facility Level**
**Strengths:**
**Underlying factors/causes**
Weaknesses
Underlying factors/causes

G. Essential Emergency Treatment:

Community level
Strengths: *(No information)*
Underlying factors:

Weaknesses:
  - No system in place for referrals
Underlying factor/causes
  - No community commitment

Facility Level
Strengths: *(no information)*
Underlying factors/causes

Weaknesses
  - Inadequate ambulance services
  - Limited emergency drugs
Underlying factors/causes
  - Limited resources

II. Human Resource
Strengths
  - Availability of 115 health workers
• Availability of one medical doctor
• Existence of 12 scholarships for health workers
• Availability of 12 TNIMA students on internship
• Strong county health team

**Underlying factors**
• NGO incentive payment
• Presence of hospital facility
• Commitment of local authority
• GOL commitment to improve health services

**Weaknesses**
• Inadequate trained health workers
• 81% of HWs not on GOL payroll
• Poor collaboration between CHT and MOH

**Underlying factors**
• Unwillingness of trained health workers to work to Gbarpolu County
• Lack of regional health training institutions
• Inadequate motivation and low incentive

**III. Infrastructure**

**Strengths**
• Existence of 16 functional facilities out of 33 prewar HFs
• Existence of one hospital with electricity
• 50% of HFs have water
• Presence of 2 NGOs (AHA and SCK/UK)

**Underlying factors**
• GOL/NGO and community support
• Support of local government officials
• GOL commitment to revitalize health care delivery system
Weaknesses

- Inaccessibility of county though close to the national capital
- Limited budgetary support
- Majority of HFs (99%) are without light
- Limited number of health NGO partners
- 19% of HF in makeshift structures
- Uneven distribution of health facilities in the county
- Stiff bureaucracy

Underlying factors

- Lack of road network
- Non-participation of local authority in budget and planning
- Poor planning
- NGOs have own policy
- No infrastructure plan
- GOL reform policy negatively affects employment

IV. Support System

1. Policy formulation and implementation

Strengths

- Policies from central are being implemented at county level by CHT and partners

Underlying factors

- Availability of some skilled human resources at county level
- CHT effort to ensure that policies are implemented at county level

Weaknesses

- Policies are not always fully implemented at county level

Underlying factor/causes

- Limited logistics to ensure/supervise implementation of policies at all facilities
- Inaccessibility of some facilities
- Bad road condition
• Limited trained personnel
• Inadequate incentives

2. Planning and Budgeting

Strengths
• CHT is involved in planning and budgeting at county level

Underlying factors
• Availability of some personnel/staff

Weaknesses
• Delay in disbursement of funds from central MOH to county
• CHT has no say in planning and budgeting for the county at the national level
• No Accountant on the CHT

Underlying factors
• Too much bureaucracy

3. Human Resource Management and in-service training

Strengths
• Availability of a health workforce of 115 personnel in Gbarpolu county
• Regular in-service training for staff

Underlying factors
• MOH, CHT and partners capacity building effort
• Availability of NGO partners

Weaknesses
• Availability of only 12 professionals in entire county
• Only 5 professional staff on GOL payroll

Underlying factors
• Inadequate/ low incentives
• GOL payroll restrictions
4. Health Management Information System

Strengths
- Availability of two County Registrars with training in data collection
- Registrars available at all health facilities
- Monthly data collection done at all facilities

Underlying factors:
- MOH and partners capacity building
- Incentive provided by NGOs/partners
- Trained registrars available at all facilities

Weaknesses
- Untimely collection and dissemination of data within county
- Incorrect data provided by the county registrars

Underlying factors
- Deplorable roads within county
- Limited logistics
- Inadequate training provided

5. Drugs and Medical Supplies

Strengths
- Free drugs provided at all GOL facilities
- Availability of one DDFP in the county

Underlying factors:
- MOH and partners’ collaboration

Weaknesses
- Inadequate essential drugs and medical supplies at health facilities; frequent stock-outs

Underlying factors
- Free services provided are abused
- Lack of training in rational use of drugs
- Bad roads
• Limited space for storage

6. Facility and Equipment maintenance

Strengths
• Periodic maintenance of seven NGO supported facilities

Underlying factors
• NGO and CHT collaboration

Weaknesses
• Inadequate maintenance of facilities and equipments

Underlying factors
• Lack of maintenance department
• No spare part workshop in the county

7. Logistics and Communication

Strengths
• Some parts of the county are reachable by Mobile phone
• Three radio stations available in Gbarpolu county
• Availability of the following logistical and communication support in county and functional
  o 1 HF base radio
  o 3 computers (desktop)
  o 1 laptop
  o 1 photocopier
  o 1 printer

Underlying factors:
• Private GSM Company (LoneStar Cell) expansion
• MOH and CHT resource mobilization
• Local and international partners’ efforts

Weaknesses
• No functional vehicle
• Inadequate motorbikes
• Limited network coverage
8. Supervision, Monitoring and Evaluation, Research

Strengths
- Monthly joint supervision and monitoring conducted by CHT and partners

Underlying factors
- CHT and partners collaboration

Weaknesses
- Insufficient joint supervision of activities

Underlying factors/causes
- Limited logistics
- Bad roads/no roads

9. Stakeholder Coordination and Community Participation

Strengths
- Monthly CH meetings with partners
- Monthly health sector meetings
- Existence of 225 active CHWs

Underlying factors
- CHT coordination

Weaknesses
- Poor attendance of CHT and partners at coordination meetings

Underlying factors
- Bad roads and inaccessibility of some communities
- Untimely dissemination of citations for meetings
4.0 Description of Objectives, Targets and Activities

*Please refer to the County Health Technical Plan (Attachment 1) for:*

1. Objectives and Targets
2. County Facility Plan (HR, Infrastructure and Services Needs for selected BPHS and non BPHS facilities)
3. Implementation Plan (Activities, Responsibilities and Timelines)
4. County Health Team Budget Allocation

Each of these has been structured by the National Health Plan Components and Sub Components

5.0 Supervision, Monitoring and Evaluation

Regular monitoring will be conducted at all levels on a quarterly basis. A bi-annual review of implementation of activities will be conducted to evaluate progress of program activities. Monitoring and Evaluation will be done at three levels:

1. County Health Team
2. County Health and Social Welfare Board
3. Ministry of Health and Social Welfare

6.0 Implementation Challenges

There are numerous challenges that will undoubtedly attempt to stall the successful implementation of the Gbarpolu County Health Plan (2007-2008). These include the following:

- Limited capacity of the Gbarpoly Cunty Health Team to implement the plan
- Inadequate mobilization of needed resources
- Limited motivation/incentive for staff
- Rapid turnover of health workers
- Unavailability of trained human resources in the county
- Bad road conditions
Strategies to address challenges to BPHS implementation
It is important to develop appropriate strategies to address implementation challenges in order to achieve the objectives contained in the County Health Plan. The following actions are therefore recommended:

- Ensure that a County Health & Social Welfare Board (CHSWB) is set up immediately and terms of references (TORs) and guidelines developed.
- Engage the CHSWB to facilitate the mobilization of additional resources
- Engage county civil authorities for the mobilization of additional resources for the successful implementation of the County Health Plan
- Obtain the commitment of county civil authorities towards the implementation of the County Health Plan
- Engage other line Ministries (particularly Ministry of Public Works) in facilitating the successful delivery of health services and to make them more accessible especially to hard to reach areas (e.g., reconditioning bad road, creating new roads etc.).
- Engage central Ministry constructively, for the timely disbursement of funds and delivery of needed materials for the successful implementation of the Plan.
- Ensure continuous monitoring of progress towards the County Health Plan’s agreed targets and implementation schedule as per the monitoring and evaluation activities outlined in the Plan.
Appendix 1: Details on HR and Infrastructure

A. HR

Clinics
The clinics in Gbarpolu County are also implementing the staffing profile in accordance to the Basic Package. (Six/seven for health clinics). The CHT has begun recruiting health workers; about seven “nurses” have been recruited and assigned at the Gbarpolu Medical Center. 12 TNIMA interns have joined the Gbarpolu Health Center.

Training
About 115 staff in the BPHS selected facilities will receive in-service training beginning January 2008. 000 CHWs will be trained in multipurpose to provide BPHS Services.

- Creating an annex for CHT office

Three BPHS Facilities that needs major rehabilitation

1. Jallah Lon hospital
2. Bopolu Health Center
3. Fassama Clinic

Upgrading of 5 clinics to health center:

<table>
<thead>
<tr>
<th>Facility</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gbangaye</td>
<td>Bopulu</td>
</tr>
<tr>
<td>2. Kpayeakwelleh</td>
<td>Guo-walala</td>
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<tr>
<td>3. Fassama</td>
<td>Belle</td>
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<tr>
<td>4. Tarkpoima</td>
<td>Gbarma</td>
</tr>
<tr>
<td>5. Kumgbo</td>
<td>Kongba</td>
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</tbody>
</table>
Proposed areas for construction of new Health Centers and clinics to improve access to health care are:

<table>
<thead>
<tr>
<th>Health Center</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>District</td>
</tr>
<tr>
<td>Henry Town (Tearfund Project)</td>
<td>Bopolu</td>
</tr>
<tr>
<td>Gbengbeta</td>
<td>Bokomu</td>
</tr>
<tr>
<td>Fankpolu</td>
<td>Guo-walala</td>
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<tr>
<td>Clinic</td>
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<tr>
<td>Kondesu</td>
<td>Belle</td>
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<td>Belleyallah</td>
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<td>Normandatondo</td>
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<td>Mbama</td>
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<tr>
<td>Gokala</td>
<td>Bopolu</td>
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</tbody>
</table>

Construction of staff Housing
There is an urgent need to construct Office Units for CHT and staff housing for health workers at the Jallah Lone Medical Center to avoid health workers using hospital facilities for dwelling units.

Rehabilitation
- Major……5
- Minor……9

II Up-Grading Clinic to Health Center

<table>
<thead>
<tr>
<th>Facility</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gbangaye Town</td>
<td>Bokomu</td>
</tr>
<tr>
<td>2. Kpayeawelleh</td>
<td>Guo-walala</td>
</tr>
<tr>
<td>3. Fasama</td>
<td>Belleh</td>
</tr>
<tr>
<td>4. Takpoima</td>
<td>Gbarma</td>
</tr>
<tr>
<td>5. Kungbo</td>
<td>Kongba</td>
</tr>
</tbody>
</table>
### New Construction

**Health Center**
1. Facility District
   2. Henry Town (Tearfund-NGO) Bopolu
   3. Gengbeta Bokomu
   4. Pala quele Guawalala

**Clinic**

<table>
<thead>
<tr>
<th>Facility</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gartimah</td>
<td>Belleh</td>
</tr>
<tr>
<td>2. Belleyalah</td>
<td></td>
</tr>
</tbody>
</table>

**BPHS Priority Facilities**

1. Jallah Lon Hospital
2. Bopolu Health Center
3. Fassama Clinic
4. Totokwelleh Clinic
5. Kungbo Clinic
6. Gbarma Clinic