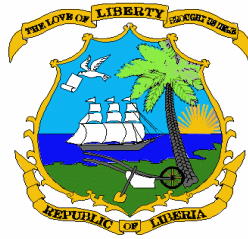


**REPUBLIC OF LIBERIA**  
**Ministry of Health & Social Welfare**



# **Request for proposal**

**Ref: RFP/MOH&SW/005/2009**

**Ministry of Health & Social Welfare (MOH&SW)**  
**Capitol Bye Pass, Monrovia**  
**REPUBLIC OF LIBERIA**

**December 2009**

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# Request for Proposals (RFP)

December 17, 2009

Dear Sir/Madam,

**Subject: "Support for Delivering the Basic Package of Health Services in Liberia"**

1. Enclosed is an RFP for Performance Based Contracts to be issued by the Ministry of Health and Social Welfare (MOHSW).
2. Any questions regarding this RFP should be submitted via e-mail to [kgmorris\\_2003@yahoo.com](mailto:kgmorris_2003@yahoo.com) with "Ref: RFP/MOHSW/005/2009" in the subject line. Questions must be submitted no later than 1700 hours Liberia time by January 6<sup>th</sup>, 2009.
3. If your organization is interested in submitting a proposal in response to this RFP, please carefully review this letter and the contents of this document. To enable you to submit your proposal, attached are:

i. Instructions to Offeror	Annex 1
ii. Bid Data Sheet	Annex 2
iii. Terms of Reference	Annex 3
iv. Technical Proposal – Standard Forms	Annex 4
v. Financial Proposal – Standard Forms	Annex 5
vi. M & E Performance Framework	Annex 6
vii. List of Health Facilities to be Supported	Annex 7
viii. List of Relevant Documents	Annex 8

8. As per the submission instructions in the RFP, your offer comprising of technical and financial proposals, in separate sealed envelopes, should be delivered into the tender box on the third floor of the following address no later than February 5th, 2010:

Ministry of Health & Social Welfare  
3rd Floor Procurement Drop Box  
Attention: Procurement Director  
Ref: RFP/MOH&SW/005/2009 (Do Not Open)  
Capitol By-Pass  
1000 Monrovia 10  
Republic of Liberia

**MOHSW Contact Person for this RFP:**

Telephone number: +231-(0)654-9476

Email address: [kgmorris\\_2003@yahoo.com](mailto:kgmorris_2003@yahoo.com)

- 
9. A pre-proposal workshop will be held January 8th, 2010 from 10:00-14:00 in the MOHSW's 3rd floor conference room. One representative from each interested organization is encouraged to attend. RSVP is requested, but not required.

Yours sincerely,

Vivian Cherue  
Deputy Minister of Administration  
**[Signature on file]**

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# Annex I: Instructions to Offerors

## I. Invitation to Bid

- A. The MOH&SW invites sealed bids for support to provision of the Basic Package of Health Services (BPHS) at selected Government health facilities. The role of the service provider will be to support the County and District Health Teams to ensure that the full BPHS is available at the facilities included in this RFP.
- B. All health services to be provided are described in the Basic Pack for Health Services and its supporting documents at [www.liberiamohsw.org](http://www.liberiamohsw.org).
- C. Only one contract per county is anticipated under this RFP.
- D. Offerors must submit complete technical and cost proposals. Support must include requisite resources for of the all health facilities included in Annex 7 under the county for which the proposal is being submitted.

An Offeror may submit more than one proposal. As an example, if an Offeror wants to submit a proposal for Maryland County and Grand Gedeh County, the Offeror must submit two separate proposals, one for Maryland County and another for Grand Gedeh County.

- E. Any proposal not covering all listed facilities in a county (as per Annex 7) will be considered non-responsive and will not be further evaluated.

## II. Solicitation Documents

- A. Contents of solicitation documents

Proposals must offer services for the total requirement (see Annex 3, Terms of Reference). Proposals responding to only part of the requirement will be rejected as non-responsive.

The Offeror is expected to examine all corresponding instructions, forms, terms and specifications contained in this RFP. Failure to comply with these documents will be at the Offeror's risk and will affect the evaluation of the proposal.

1. Clarification of solicitation documents

A prospective Offeror requiring any clarification of the Solicitation Documents may notify the MOH&SW in writing by standard electronic means at the email address indicated in the cover letter of the RFP before 17:00 hours January 6<sup>th</sup>, 2010.

Written responses (including an explanation of the query but without identifying the source of inquiry) will be posted thereafter on the MOH&SW's website, [www.liberiamohsw.org](http://www.liberiamohsw.org).

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A pre-proposal workshop will be held January 8th, 2010 from 10:00-14:00 in the MOHSW's 3rd floor conference room. One representative from each interested organization is encouraged to attend. RSVP is requested, but not required.

## 2. Amendments of solicitation documents

At any time prior to the deadline for submission of Proposals, the MOH&SW may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective Offeror, modify the Solicitation Documents by amendment. All prospective Offerors will be notified of all amendments to the Solicitation Documents via a public notice on the MOHSW website, [www.liberiamohsw.org](http://www.liberiamohsw.org).

In order to afford prospective Offerors reasonable time in which to take the amendments into account in preparing their offers, the MOH&SW may, at its discretion, extend the deadline for the submission of Proposals.

## 3. Completion of solicitation documents

Offerors must submit a complete technical and cost proposal by county and must include all health facilities included in Annex 7 in that county for which the proposal is being submitted. Offerors may submit more than one proposal if applying for more than one county. Any proposals not covering all facilities (per Annex 7) in a county will be considered incomplete and unresponsive and will not be further evaluated.

If the Offeror is a joint venture or partnership, the proposal must include a copy of the agreement between the parties to the joint venture/partner.

## B. Format and signing of proposals

The Offeror shall prepare one original and five copies of the Proposal, clearly marking "Original Proposal" and "Copy of Proposal" as described in Form TECH-3 Guidelines on Responding to the Terms of Reference. In the event of any discrepancy between them, the original shall govern.

The six, total copies of the Proposal shall be typed or written in indelible ink and the original shall be signed by the Offeror (Forms TECH-1 and FIN-1) or a person duly authorized to bind the Offeror to the potential contract.

A Proposal shall contain no interlineations, erasures, or overwriting except, as necessary to correct errors made by the Offeror, in which case the person signing the Proposal shall initial the correction.

## C. Submission of Proposals

Proposals shall be received as 6 hard copies (one original and five copies), and electronically in the form of a CD or flash drive. **No email submissions will be accepted.**

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The Offeror shall seal the Proposals in one outer and two inner envelopes, as detailed below.

The outer envelope shall be:

- Addressed to:

Ministry of Health & Social Welfare  
3rd Floor Procurement Drop Box  
Attention: Procurement Director (Do not open)  
Ref: RFP/MOH&SW/005/2009 for \_\_\_\_\_ County [include the name of  
the county being proposed]  
Capitol By-Pass  
1000 Monrovia 10  
Republic of Liberia

- Marked with:

**RFP -- “Support for Delivering the Basic Package of Health Services in Liberia”**

Both inner envelopes shall indicate the name and address of the Offeror. The first inner envelope shall contain the original, signed “Technical Proposal for \_\_\_\_\_ County” along with the five copies duly marked “Copy”.

The second inner envelope shall include the original, signed “Financial Proposal for \_\_\_\_\_ County” duly identified as such and accompanied by the five copies duly marked “Copy.”

Note that if the inner envelopes are not sealed and marked as per the instructions in this clause, the MOH&SW will not assume responsibility for the Proposal’s misplacement or premature opening.

Proposals must be received by the MOH&SW at the address specified no later than the time indicated in the cover letter.

The MOH&W, at its own discretion, may extend this deadline for the submission of Proposals by amending the solicitation documents, in which case all rights and obligations of the MOH&W and Offerors previously subject to the deadline will thereafter be subject to the extended deadline.

Any Proposal received by the MOH&SW after the deadline (or extended deadline, as the case may be) for submission of proposals will be rejected.

D. Modification and withdrawal of proposals

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The Offeror may withdraw its Proposal after the Proposal's submission, provided that written notice of the withdrawal is received by the MOH&SW prior to the deadline prescribed for submission of Proposals. Resubmission must follow all original submission requirements.

No Proposal may be modified or withdrawn subsequent to the deadline for submission of proposals.

### **III. Opening and Evaluation of Proposals**

#### **A. Opening of proposals**

The MOH&SW will open the Proposals in the presence of a committee that will be established by the Head of the Procurement Unit.

#### **B. Clarification of proposals**

To assist in the examination, evaluation and comparison of Proposals, the MOH&SW may at its discretion, ask the Offeror for clarification of its Proposal. The request for clarification and the response shall be in writing.

#### **C. Preliminary examination**

The MOH&SW will examine the Proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the Proposals are generally in order.

Arithmetical errors will be rectified on the following basis: If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected. If the Offeror does not accept the correction of errors, its Proposal will be rejected. If there is a discrepancy between words and figures the amount in words will prevail.

Prior to the detailed evaluation, the MOH&SW will determine the substantial responsiveness of each Proposal to the Request for Proposals (RFP). For purposes of these Clauses, a substantially responsive Proposal is one that conforms to all the terms and conditions of the RFP without material deviations. The MOH&SW's determination of a Proposal's responsiveness is based on the contents of the Proposal itself without recourse to extrinsic evidence.

A Proposal determined as not substantially responsive will be rejected by the MOH&SW and may not subsequently be made responsive by the Offeror by correction of the non-conformity.

#### **D. Evaluation and comparison of proposals**

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The criteria presented below have been tailored to the requirements of this particular RFP (see Annex 2, the Data Sheet for further breakdown of scoring). Offerors should note that these criteria serve to: (a) identify the significant matters which Offerors must address in their proposals and (b) set the standard against which all proposals will be evaluated. To facilitate the review of proposals, Offerors should organize the technical proposal as directed in Annex 4.

The cost proposal will be numerically scored. The cost proposal will be judged on: (i) whether it is realistic and consistent with the technical proposal; (ii) overall cost control (avoidance of excessive salaries, excessive home office visits, and other costs in excess of reasonable requirements). Further extensive negotiations will be conducted after initial selection based on the technical proposal.

#### E. Technical proposal evaluation criteria

Proposals will be evaluated in accordance with the technical evaluation criteria set forth below, which have been tailored to the requirements of this RFP. The information and/or questions outlined under each bulleted scoring criterion below are intended to inform the scoring process broadly; each will not be individually scored or equally weighted. An award will be made to the Offeror whose proposal offers the most effective technical approach, the greatest likelihood of success and the highest value for money as per the guidelines outlined below.

#### **Past Performance**

This section demonstrates the Offeror's track record of providing high quality services and evidence of customer satisfaction. It should provide examples of experience in:

- Successfully implementing similar size projects as the Offeror's project proposal under the RFP;
- Successfully implementing the Basic Package of Health Services at the facility level listed under this RFP, as evidenced by BPHS accreditation reports;
- Successfully providing the requisite support (material and technical) as requested under this RFP, specifically in the areas community-based, facility level, and CHT/DHT strengthening activities;
- If working in consortium, evidence of previous, successful experience working in consortium should be described;

#### **Program Strategy and Technical Approach**

This section should provide a clear description of the overall strategies and details on the proposed technical interventions and activities to achieve the Objectives. It is important to clearly define linkages with other programs in the county and describe how synergy between programs will be developed. Reviewers will evaluate the overall quality and feasibility of the technical approach design. A strong technical design will:

- 
- Document the Offeror’s approach to improving the efficiency and effectiveness of health facility-based and community BPHS service delivery in order to reduce the cost of service delivery and increase the sustainability of health services.
  - Discuss how the approaches proposed will foster behavior change at the individual, family, community, health worker and CHT level.
  - Describe how the Offeror’s technical approach will complement and coordinate with the activities of other local organizations and health facilities in the proposed county, including indigenous organizations, NGOs/FBOs, networks or associations, community organizations, private commercial partners and traditional providers, and government initiatives.
  - Describe how the Offeror will support and build capacity (technical or material, as required) of the County (or District) Health Team (CHT) to meet its county health plan.
  - Specify how the Offeror will monitor and evaluate progress. Contain a brief, realistic work plan for rapid start up of the project, including the first year plan of activities and timeline consistent with targets (see Annex 4).

### **Management Plan**

This section provides an overview of the Offeror’s proposed management of the project, evidence of cost control, timeliness of performance, effective management practices and a work plan of activities. A strong management plan will include:

- Clearly defined project management and reporting structures, field sites and structures to effectively support implementation of this project.
- Strategies to garner efficiencies through co-location with the CHT/DHT and joint use of project resources;
- Demonstrate strong organizational, human resources, financial, and information management structure and mechanisms, with clear roles and responsibilities of key staff.
- Demonstrate capacity to develop an effective system for working with County or District Health Teams (CHT) and any other method proposed for engaging other organizations, as needed, in the conduct of the program.
- Demonstrate qualifications of at least three key personnel (defined as the staff members most essential to the program's management and implementation at senior levels) that will be 100% dedicated to carry out technical and managerial requirements of the program.

Project Director, Medical Director and Financial Accountant/Manager positions are suggested as key personnel. See Tech Form-5 for the CV template and team composition table.

## Annex 2: DATA SHEET

<b>Relevant clause of Instruction to Bidders</b>	<i>Specific data complementing, supplementing or amending instructions to Bidders</i>
<b>Evaluation &amp; Comparison of Proposal</b>	Method of selection: <b>Quality Cost Based Selection</b>
<b>Submission of Proposal</b>	Financial Proposal to be submitted together with Technical Proposal: <b>Yes X</b> [in separate envelops] No _____  Name of the assignment is: " <b>Support for Delivering the Basic Package of Health Services in Liberia</b> "
<b>Clarification of Solicitation Document</b>	A pre-proposal conference will be held: <b>Yes</b>  January 8th, 2010, at 10:00 in the MOHSW 3 <sup>rd</sup> Floor Conference Room. One representative from each interested organization is encouraged to attend. RSVP is requested, but not required.  <hr/> The Client's representative is: Name: Mr. Ka-Rufus Morris, Procurement Director, MOHSW Telephone: +231-(0)654-9476 Email address: <a href="mailto:kgmorris_2003@yahoo.com">kgmorris_2003@yahoo.com</a>  Ministry of Health & Social Welfare Capitol By-Pass 1000 Monrovia 10 Republic of Liberia
<b>Submission Deadline</b>	Date: February 5, 2010    Time: 5:00pm Place: Ministry of Health & Social Welfare 3rd Floor Procurement Drop Box Attention: Procurement Director Ref: RFP/MOH&SW/005/2009 (Do Not Open)
<b>Award of Contract</b>	The MOH&SW will provide the following inputs and facilities:  Financial resources as agreed in the contract budget (successful contract recipient only), health facilities, and health facility staff (as possible).
<b>Proposal Validity Date</b>	Proposals must remain valid for 90 days after the submission deadline.
<b>Expected Start Date</b>	April 1, 2010

<b>Technical Proposal</b>	Firms may associate with other organizations: Yes: <u><b>X</b></u> No: ___
<b>Financial Proposal</b>	The estimated number of months required for the assignment is: <b>27 calendar months.</b>

<b>Technical Proposal</b>	Training is a specific component of this assignment: Yes <u><b>X</b></u> No [If yes, provide appropriate information]: All training under this assignment must conform to MOHSW standard, approved training curricula (where it exists).		
<b>Technical Proposal</b>	<p>Criteria, sub-criteria, and point system for the evaluation of Full Technical Proposals are: <u>Points</u></p> <p>(i) Past performance and experience of the firm or organization relevant to the assignment: (refer to company profile Form Tech-2 for examples of similar assignments carried out by the organization)</p> <ul style="list-style-type: none"> <li>• No previous, similar assignments - zero points</li> <li>• 1-3 previous, similar assignments - up to ten points</li> <li>• 4-5 previous, similar assignments - up to 15 points</li> <li>• 6 or more previous, similar assignments -up to 20 points</li> </ul> <p style="text-align: right;">Total points for criterion (i): [20]</p> <p>(ii) Program strategy and technical approach of the proposed methodology and work plan in responding to the Terms of Reference (Form Tech-3 &amp; 4):</p> <p>a) Technical approach and methodology [50points] b) Work plan [10 points]</p> <p style="text-align: right;">Total points for criterion (ii): [50]</p> <p>(iii) Management plan, staffing and key professional staff qualifications and competence for the assignment (Form Tech-4 &amp; Form Tech-5):</p> <p>a) Key professional staff (eg Project Director, Financial Accountant, Medical Director)</p> <ul style="list-style-type: none"> <li>• General qualifications (5 points)</li> <li>• Adequacy for the assignment (5 points)</li> <li>• Experience in West Africa Region (5 points)</li> </ul> <p>b) Management plan Management structure (5 points) Cost control (5 points) Systems and procedures (5 points)</p> <p style="text-align: right;">Total points for criterion (iii): [30]</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>Total points for the three criteria:</td> <td style="text-align: right;">100</td> </tr> </table>	Total points for the three criteria:	100
Total points for the three criteria:	100		

<b>Financial proposal</b>	The minimum technical score required to pass is: 70 Points
	The single currency for price conversions is: <b>US Dollars</b>
	The source of official selling rates is: the Central bank The date of exchange rates is: <b>Prevailing rate at time of transaction</b>
	The formula for determining the financial scores is the following:  Sf = 100 x Fm / F, in which Sf is the financial score, Fm is the lowest price and F the price of the proposal under consideration.  The weights given to the Technical and Financial Proposals are: T = 80 F = 20
<b>Domestic Preference</b>	Expected date for commencement of services <b>April 1, 2010</b>
	The MOHSW's contracting policy highlights preference for local Non-Governmental, Faith Based and Community Based Organizations (NGO, FBO, and CBO) that are representative of the population served. Where local NGO, FBO or CBO organizations lack experience and/or capacity, partnership with international organizations is encouraged. Therefore, for international organizations proposing under this RFP, the MOHSW requires partnership with a local non-governmental, faith-based, or community based organization.


## Annex 3: Terms of Reference

### I. Background

Currently, Liberia is among the countries with the poorest health status and lowest investment in health worldwide. Based on 2007 Demographic and Health Survey, Liberia's infant mortality rate is 71 per 1,000 live births, life expectancy at birth is 44 years, under-five mortality is 110 per 1,000 live births, and the maternal mortality rate is 994 per 100,000 live births.

The Liberian Ministry of Health and Social Welfare (MOHSW) has developed a National Health Policy that pledges to “improve the health status of an increasing number of citizens, on an equal basis, through expanded access to effective basic health care, backed by adequate referral services and resources.”

In order to accomplish this pledge, the MOHSW has designed an ambitious program plan to increase access to basic health services and strengthen the decentralized management of the health system through the implementation of the National Health Plan and the Basic Package of Health Services (BPHS).

#### Abridged Summary of Key Elements of the BPHS<sup>1</sup>

INTERVENTIONS and SERVICES	Community	Clinic	Health Centre	County hospital	Referral Hospital
<b>I. MATERNAL &amp; NEWBORN CARE</b>					
<b>1.1.1. ANTENATAL CARE</b>					
Diagnosis of high-risk pregnancy	Yes	Yes	Yes	Yes	Yes
IPT with SP, Iron Supplementation, ITNs	Yes	Yes	Yes	Yes	Yes
Treatment of malaria, Tetanus toxoid immunization	-	Yes	Yes	Yes	Yes
<b>1.1.2. LABOUR and DELIVERY CARE</b>					
Identify foetal malpositions	Refer	Refer	Yes	Yes	Yes
Normal vaginal delivery	Yes	Yes	Yes	Yes	Yes
Emergency Obstetric Care	Refer	Refer	Yes/Refer	Yes	Yes
PMTCT Package	Yes	Yes	Yes	Yes	Yes
<b>1.1.3. POST PARTUM CARE</b>					
Prevention and detection of puerperal infection	Yes	Yes	Yes	Yes	Yes
Detection and treatment of anaemia	Yes	Yes	Yes	Yes	Yes
Counseling on birth spacing and FP service	Yes	Yes	Yes	Yes	Yes
<b>1.1.4. CARE OF THE NEWBORN</b>					
Emergency neonatal care	Refer	Yes	Yes	Yes	Yes
Manage neonatal infections and sepsis	Yes & Refer	Yes & Refer	Yes	Yes	Yes
HIV care/Replacement feeding, Immunizations	-	Yes	Yes	Yes	Yes
<b>2.0. CHILD HEALTH</b>					
Vaccine security/cold chain	-	Yes	Yes	Yes	Yes
EPI, BF, GM, Vit. A, Deworming, ITNs, ORT	Yes	Yes	Yes	Yes	Yes
Management of pneumonia, fever and malaria	Yes	Yes	Yes	Yes	Yes
Identify & manage dehydration/ severe diarrhea	Yes & Refer	Yes & Refer	Yes	Yes	Yes
<b>3.0 ADOLESCENT, SEXUAL, and REPRODUCTIVE HEALTH</b>					
<b>3.1 FAMILY PLANNING</b>					
Distribute oral Contraceptives and condoms	Yes	Yes	Yes	Yes	Yes
DMPA injection	-	Yes	Yes	Yes	Yes

<sup>1</sup> The complete Basic Package of Health Services can be found on the Internet at [www.liberiamohsw.org](http://www.liberiamohsw.org).

INTERVENTIONS and SERVICES	Community	Clinic	Health Centre	County hospital	Referral Hospital
Intrauterine devices	-	-	Yes	Yes	Yes
<b>3.2 ADOLESCENT HEALTH</b>					
Substance abuse prevention, Family life education	Yes	Yes	Yes	Yes	Yes
Oral contraceptives and Condom distribution	Yes	Yes	Yes	Yes	Yes
<b>4.0 DISEASE PREVENTION, CONTROL &amp; MANAGEMENT</b>					
<b>4.1 HIV/AIDS</b>					
ABC Promotion and Condom distribution	Yes	Yes	Yes	Yes	Yes
Home-based Care	Yes	-	-	-	-
Treatment of opportunistic infections	-	-	Yes	Yes	Yes
VCT, PMTCT	-	Yes	Yes	Yes	Yes
Blood Screening and Antiretroviral therapy	-	-	-	Yes	Yes
<b>4.2 Control of Malaria</b>					
Clinical diagnosis	Refer	Yes	Yes	Yes	Yes
RDT/Microscopy, Treating uncomplicated cases	-	Yes	Yes	Yes	Yes
Distribution of ITNs and IPT	Yes	Yes	Yes	Yes	Yes
<b>4.2 Control of Tuberculosis</b>					
Case detection - sputum smear	Refer	-	Yes	Yes	Yes
DOTS and Active case-finding in community/OPD	Yes	Yes	Yes	Yes	Yes
BCG vaccination	-	Yes	Yes	Yes	Yes
<b>5.0 Mental Health</b>					
Initial counseling and care, referral for treatment	Refer	Yes & Refer	Yes & Refer	Yes	Yes
<b>6.0 Essential Emergency Treatment</b>					
Shock, Injuries, Poisoning	Yes & Refer	Yes & Refer	Yes & Refer	Yes	Yes

In addition to the work being done exclusively by the Government of Liberia, implementation of the BPHS is being supported by non-governmental and faith-based organizations funded by Liberia's donor partners, as well as by non-governmental and faith-based organizations funded by Government of Liberia through performance-based contracts.

Sector actors must conform their own services and programs to the BPHS guidelines for two reasons: first because it is the statement of government's national policy for health services in Liberia; and second, because it carries in itself the authority of evidence-based interventions, to be implemented in a way that is compatible with the resources of the country at this time in order to meet the needs of the population.

## II. Priority Areas and Components

The BPHS addresses six national health priority areas. It identifies those services that are most critically needed to improve the health status of the Liberian population, especially its most vulnerable groups, in the short- to medium-term. The Basic Package of Health Services for Liberia consists of the following:

### Maternal and Newborn Health

- Antenatal care
- Labor and delivery care
- Emergency obstetric care
- Postpartum care
- Newborn care

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## **Child Health**

- Expanded Program on Immunization
- Integrated management of childhood illnesses
- Infant and young child feeding

## **Reproductive and Adolescent Health**

- Family planning
- Sexually transmitted infections
- Adolescent Health

## **Communicable Disease Control**

- Control of STI/HIV/AIDS
- Control of tuberculosis
- Control of malaria
- Control and management of other diseases with epidemic potential

## **Mental Health**

- Depression and post traumatic stress
- Physical care and counseling
- Danger signs and referral
- Psychiatric care and task shifting to communities

## **Emergency care**

- Respiration and ventilation
- Life saving skills
- Head injuries and abdominal trauma
- Referral

See the complete Basic Package of Health Services for a complete description of the services included at each level of the health system.

The Ministry of Health of Social Welfare will ensure that critical, cross-cutting issues, particularly relevant in a post-war context, are appropriately addressed, including interventions to strengthen programming in the areas of gender and mental health.

## **III. Geographic Areas**

Please see Annex 7 for a list of selected health facilities to be supported under this solicitation. The geographic areas (clusters) that this RFP will support through the performance-based contracts include:

- Bong County (5 months)<sup>2</sup>
- Gbarpolu County (27 months)
- Grand Gedeh County (27 months)
- Maryland County (27 months)

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<sup>2</sup> The six facilities listed under Annex 7 for Bong County are part of the Montserrado cluster for a period of five months, after which it is expected that they will be supported through another funding mechanism.

- 
- v. Montserrado County (27 months, includes six Bong County facilities for five months)
  - vi. Nimba County (27 months)
  - vii. Rivercess County (27 months)

#### **IV. Goal and Objectives**

The goal of this Request for Proposals is to contribute to improving the health status of the Liberian population. The Ministry of Health and Social Welfare's strategy is to support the Basic Package of Health Services in the listed geographic areas through the implementation of an open and competitive performance-based contracting program described in this RFP.

Local and international non-governmental and faith-based organizations interested in participating in this program must submit proposals that will be competitively evaluated against proposals from other organizations for the same geographic area (see Annex 7 for the list of facilities in each separate geographic area).

Performance-based contracts will be awarded to the most responsive proposals after a thorough evaluation process. These contracts are expected to result in improved delivery of primary health care services in the respective geographic areas.

The specific objectives to be achieved include:

- 1. Delivery of evidence-based BPHS, supported by innovative financing to improve health service delivery.**
- 2. Expansion of BPHS services to communities.**
- 3. Strengthening the capacity (material or technical, as required) of County Health Teams (CHTs) and District health Teams (DHTs) to manage a decentralized health system.**

Offeror's technical approach should focus on detailing its strategy for assisting CHTs and DHTs to achieve these three objectives, described in greater detail below.

#### **Objective 1: Delivery of evidence-based BPHS services, supported by innovative financing.**

*a. Management of health facilities (clinics and hospitals) and outreach services to catchment areas.*

The Offeror will ensure the delivery of the full package of BPHS services in each facility and catchment area that it supports. Increasing access to and demand for the Basic Package is essential to improving the overall health of communities and is the cornerstone of the MOHSW's National Health Policy and Plan. In particular, the MOHSW will monitor the delivery of 10 evidence-based, high-impact BPHS interventions and services:

- a. Antenatal care

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- b. Maternal and newborn care
  - c. Emergency Obstetric and Newborn Care (EmONC) – Basic and Comprehensive
  - d. Post-natal care
  - e. Reproductive and adolescent health
  - f. Child health
  - g. Communicable diseases – TB, HIV/AIDS, STIs
  - h. Malaria
  - i. Mental Health
  - j. Emergency care

Therefore, offerer should clearly articulate how proven and effective evidence-based interventions/practices will be delivered to ensure the quality of BPHS service delivery in its facilities and their surrounding catchment communities.

The Offeror will demonstrate how it will utilize existing community-based health workers (CHVs and TTMs) for the delivery of effective and proven community-based interventions that can be delivered by minimally trained workers (e.g. ITNs, promoting birth preparedness, breastfeeding, counseling, ORS/zinc), while MOHSW efforts to upgrade the health workforce are being implemented. Offerors will be required to demonstrate how they will manage health facilities, supervise Community Health Volunteers, and oversee associated outreach to communities in facility catchment areas.

In the transition from a humanitarian relief approach to a sustainable, development approach to service delivery, significantly fewer financial resources will be available for the delivery of health services than they have in the past. In order to ensure the long-term sustainability of the health system, Offerors are encouraged to actively seek ways to improve the efficiency and effectiveness of facility-based and community BPHS service delivery. As such, Offerors should clearly describe their strategies for reducing costs and improving operational efficiency in order to increase the sustainability of health services. These strategies should also be reflected in the Offeror's budget.

Offerors should propose activities that will lead to the achievement of the 10 evidence-based, high-impact BPHS interventions and services described above. Offerors are encouraged to describe their approach to:

1. Ensuring that the physical infrastructure and grounds are in a suitable condition and that drugs and equipment/supplies are adequate for the provision of the BPHS (as highlighted in the health facility accreditation reports), including minimal renovation, as needed [no new construction will be funded under this RFP]. Offeror should indicate how water supply will be made available and sanitation requirements for the health facility as well as identify the need for additional latrines, wells.

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2. Ensuring the delivery of evidence-based high impact interventions to support the delivery of ANC, maternal care, newborn care, EmONC services, RH and adolescent health, child health, communicable disease control, malaria, mental health and emergency care
  3. Providing training, ensuring adequate staffing and supervision of community and facility based health workers to accelerate coverage and quality of the BPHS (including maternal and newborn care, child health, reproductive health, adolescent health, hygiene, communicable diseases including HIV/AIDS, malaria and tuberculosis, mental health and emergency care), as per MOHSW guidelines.
  4. Ensuring the use of MOHSW-approved BPHS protocols, standards, information tools and procedures for prevention, care and treatment.
  5. Institutionalizing the MOHSW's health management information system (HMIS) to monitor facility management and service quality according to standards and ensure accurate reporting.
  6. Ensuring the effective financial and administrative management of the health facility, identifying ways to increase the efficiency of facility operations, contain costs and improve the quality of services.
  7. Improving rational drug use through correct diagnosis, prescription and dispensing practices.
  8. Ensuring timely referrals from community to clinic/health center and from health center to hospitals.
  9. Working to ensure the availability of adequate and timely supplies of essential drugs, equipment, BCC materials and job aids and other commodities and medical supplies necessary for implementing the BPHS at hospital, health center, clinic and community levels to prevent stock-out (as per the relevant facility levels indicated in the facility list, Annex 7).
  10. Ensuring appropriate infection control, health care waste management (including sharps and medical waste disposal) and how they will be monitored at the level of the health facility to ensure protection of health workers and community members.

*b. Strengthening Service Delivery through Quality Assurance.*

Offerors will work with CHTs and DHTs to strengthen service delivery at the facility level through technical assistance and training, using both standardized and tailored approaches, to build facility staff capacity to deliver quality health services and gain essential technical, managerial and leadership skills. Service delivery should build on existing tools and approaches that have proven effective in Liberia and elsewhere. Implementation should be evidence-based and focused on the most effective interventions within the BPHS.

Offerors will be required to support service delivery, including supervision and other tactics to strengthen individual and facility performance, using continuous quality assurance methods. Building the capacity of the CHT to carry out this role is vital. MOHSW recognizes that "quality" has many dimensions, including: technical competence, accessibility,

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effectiveness, interpersonal relations, efficiency, safety, continuity of care, and amenities. Health professionals tend to see quality in terms of clinical standards of care. Clients are often more focused on the interpersonal communication dimension. But quality assurance cannot be divorced from the people who provide and receive services. Offerors should describe their approach to quality assurance at the facility level and demonstrate how quality assurance will be incorporated into personnel management at all levels of the delivery system. Offerors should also describe their approach to working with CHTs and community groups to gain client input and support for improving the quality of care and the delivery of health services, thereby ensuring that health and psychosocial support programs address community needs.

*c. Assisting CHTs, DHTs and communities to identify and pilot innovative financing of health activities.*

MOHSW is committed to identify innovative ways to finance health activities, particularly at the community level. The cost of implementing innovative financing arrangements will come from outside this performance-based contract, but it is expected that the Offeror will work proactively with CHTs and Community Health Committees to identify opportunities for public-private partnership and other innovative financing options at the county and community levels. In addition, MOHSW places a high priority on bringing others into the process as full partners, and developing a coherent, replicable and sustainable system for financing health services. Offerors will take measures to ensure conformity with MOHSW policy, and work in close collaboration with CHTs, county superintendents, private sector and other partners, as appropriate, to build a supportive context for public and private financing of health care services in their county.

**Objective 2: Expansion of BPHS Services to communities.**

The MOHSW fully recognizes the critical role of communities as vested partners in the health sector and the importance of community-based programming as a strategy to increase access to health care services including mental health. The MOHSW has recently developed a new Community Health Strategy which should be used as a guide for service delivery expansion to communities. Offeror should clearly indicate in their proposal how this strategy will be implemented in accordance with the scale-up plan of the MOHSW.

MOHSW promotes an integrated approach to service delivery bringing facilities and communities together in such a way that promotes: community awareness of key behaviors; appropriate home and community-based care and treatment; behavior change communication (BCC); psychosocial counseling and multi-sectoral initiatives such as improved water supply and sanitation, malaria prevention and community agriculture and nutrition programs. Informing and educating community groups, members and leaders about the dimensions and realistic expectations of quality, including technical performance, is also critical to improving service delivery to communities. Equally important is finding effective ways to give community members a voice in assessing health needs, identifying areas of concern, problem-solving and making positive change.

Broad support to community-based workers, including Community Health Volunteers (CHVs) social workers, mental health counselors and Trained Traditional Midwives (TTM) is key to the scale up of

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the comprehensive community health program documented in the MOHSW's Community Health Strategy. We will also seek to improve quality of care by requiring that community based workers are trained using the MOHSW-endorsed curriculum and materials.

The Offeror should describe how they will expand service delivery to communities, including illustrative activities and initiatives to:

- Promote healthier life-styles and environmental control (including safe use of water, hygiene promotion, enhance sanitation and malaria prevention control measures).
- Assist in the development and distribution of BCC materials/interventions targeting key behaviors (including ABC, EPI, birth preparedness, family planning, use of ITNs, etc.).
- Promote and provide more accessible preventive and home-based care in the community (infant and young child feeding practices, including exclusive breastfeeding, first aid, case management of diarrhea, malaria and ARI, appropriate referral, condom distribution, etc.).
- Promote demand for and appropriate use of health services (including sensitization and awareness of health care services as well as measures to decrease transport time to health facilities for urgent care during delivery).
- Ensure that patients seek prompt and effective treatment of malaria with ACT within 24 hours of on-set of fever.
- Strengthen referral systems from community level and provide a link between the community and the formal health system (including surveillance).
- Provide information at the community level on mental health problems and the availability of mental health services at the facility level.
- Support CHVs and TMs through peer-to-peer sharing and joint supportive supervision by CHT members, CHCs, and facility health workers to reinforce the link between the community, facility, county and vertical programs.
- Promote greater citizen participation in health services management through Community Health Development Committees and other groups.

**Sub-Objective 3: Strengthening the capacity (material and technical, as required) of County and District Health Teams to manage a decentralized health system.**

The Ministry of Health and Social Welfare is committed to primary healthcare and decentralization in the form of de-concentration as the key drivers for reconstruction. The National Health Plan calls for the County Health Teams (CHTs) to provide overall management and serve as the “hub” of the county level health system by leading planning, management, supervision, and monitoring and evaluation (M&E) of service delivery. The CHTs are the critical link between the central Ministry, NGO/FBO service delivery partners, facilities, vertical programs, and the community. During the past year, the MOHSW has made significant achievements in building CHT capacity and supporting them to develop county health development plans. This approach is re-establishing the leadership role of the Ministry and the CHTs in health systems management.

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One key area for partnership is in-service training. Performance-based contracting partners will work with CHTs, the Training Unit and National Programs trainers to implement the national strategy for county-wide in-service training based on the technical content, standards, methods and strategies developed by the MOHSW for BPHS implementation.

County-wide in-service training curricula are already being developed by the MOHSW for both BPHS and Support Systems. In-service training modules for each BPHS component are complete and include training for community-based services by health center outreach services and CHVs, as per the MOHSW Community Health Strategy. Training modules and procedural guidelines for each support system are also under development.

Offerors are anticipated to play a role in helping to build the capacity of the County Health Teams, especially in the area of support systems strengthening. Therefore, the Offerors should propose activities that will lead to enhanced capacity of the CHT, including but not limited to:

- Joint planning, based on evidence through the utilization of health data where possible, and coordination to share resources.
- Building the skills and competencies of the HMIS officer in the County Health Team in order to ensure timely collection and reporting of health data and to strengthen evidence based planning and management.
- Implementation of the nine support systems developed by the MOHSW.<sup>3</sup>
- Development of an effective referral system linking the different levels of service delivery (community, clinic and hospital), including mental health.
- Joint supervision of health facilities, building the capacity of the relevant MOHSW supervisors to carry out their role, including continuous quality assurance.
- Joint recruitment and retention of staff for health facilities and MOHSW employment. It is acknowledged that the Ministry is retaining the Offeror in the capacity of independent contractor, and organizational staff of the Offeror shall not be considered employees, agents, or representatives of the Ministry for any purpose.
- Strengthen stakeholder coordination to harmonize activities.

## **V. Performance Requirements and Measurement.**

Performance based financing links motivational incentives (performance-based payment) as well as sanctions to achieving performance agreed upon in a contract. The range of the performance-based payment will be 10% of the contract award. Up to five percent (5%) of this performance payment will be awarded based on progress made towards negotiated

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<sup>3</sup> Support systems to be strengthened: Policy Formulation & Implementation; Planning & Budgeting; Health Management Information System; Supervision, M&E and Research – park rationalize M&E; Drugs & Medical Supplies; Logistics & Communication; Facility & Equipment Maintenance; Human Resources Management; Stakeholder Coordination.

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and agreed targets. Conversely, up to five percent (5%) of the performance payment will be deducted for under performance from negotiated, agreed targets. Therefore, the effect of the performance component of the contract will be to set the range of the total contract value from 95 to 105% of the contract award, depending upon the level of performance. Use of the performance bonus shall be proposed by the Offerors and must be approved by the Ministry.

Incentives will be awarded based on progress made towards **Performance Indicators** with agreed upon targets. The Performance Indicators will be selected from MOHSW input, output and outcome/impact indicators that are selected from MOHSW indicators intended to measure and track implementation of the BPHS and Support Systems as detailed in the National Health Plan. The targets will be negotiated and determined according to the baselines established for each indicator. The MOHSW is currently working on identifying baseline values for a list of 135 indicators, some of which cover the scope of this RFP and will form the basis of the Performance Framework (see Annex 6). The MOHSW will use the indicators in this Performance Framework as the tool for tracking progress. The Performance Framework will be agreed upon and included in the contract between MOHSW and the relevant organization.

Quarterly and annual performance indicators shall be used to measure and track the provision of programs and services. The Contracting organization shall submit a quarterly **Programmatic Report** to the central MOHSW and the CHT summarizing the progress made on the performance indicators, implementation strategies, challenges and constraints, as well as additional related issues.

#### ***Quarterly Performance Measurement***

MOHSW and the CHTs will jointly monitor Contracting organizations' performance on a quarterly basis using the MOHSW monitoring tools. Other mechanisms for verification of progress made against the performance indicators are summarized below. Results of the quarterly review process will also feed into the annual verification/award process described below.

#### ***Annual Performance Measurement***

Performance-based contracting provides a fixed amount of funding to cover costs, as agreed upon in the contract. The performance fee (bonus) is awarded annually following MOHSW verification and validation of performance.

A number of performance indicators will be tracked on an annual basis to enable MOHSW to assess the organization's performance and thereby determining the annual performance fee. These performance indicators include selected input, output, and outcome indicators.

The weighting assigned to each performance indicator will be agreed at the outset and be clearly defined in the contract. The following are potential indicators for the quarterly and annual reporting<sup>4</sup>:

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<sup>4</sup> The final number of indicators and their targets will be agreed upon and included in the contract agreement.  
Ref: RFP/MOH&SW/005/2009: "Support for Delivering the Basic Package of Health Services in Liberia" 24

**VI. List of Potential Annual Bonus and Quarterly Performance Indicators**

ID	Indicator	Mechanism to collect or verify data	Party responsible for collection of data	Frequency of data collection and reporting (A=annual, Q=quarterly)
1.	Number and Percentage of health facilities providing HIV information and services (BBC, HCT, PMTCT, ART, etc)	HFS	NGO, CHT, MOHSW	A
2.	Number of health workers trained (LSS, BLSS, CHVs, etc)	HFS	NGO, CHT, MOHSW	A
3.	Percentage of children under age 5 sleeping under ITNs	Household Surveys	MOHSW	A
4.	Percentage of health facilities accredited (disaggregated by type of facilities: referral hospital, hospital, HC, Clinics)	HFS	NGO, CHT, MOHSW	A
5.	Number and percent of sites offering routine Family Planning	HFS	NGO, CHT, MOHSW	A
6.	Percentage of health facilities reporting no stock outs of essential drugs	HFS	NGO, CHT, MOHSW	Q
7.	Percentage of children under one fully immunized (Pentavalent as proxy for full immunization coverage)	HMIS	CHT, MOHSW	Q
8.	Number and Percentage of deliveries conducted at health facilities by skilled health personnel (doctor, nurse, midwife, physician's assistant)	HMIS	CHT, MOHSW	Q
9.	Number and % of pregnant women (attending ANC) receiving two or more Intermittent preventive treatment (IPT)	HMIS	CHT, MOHSW	Q
10.	Percentage of health facilities jointly supervised in the last 3 months	HFS, Informant Interviews	NGO, CHT, MOHSW	Q
11.	Percent of projected births actually registered at birth.	HMIS	NGO, CHT, MOHSW	Q

Recognizing that the final indicators remain to be determined, the Offerors should describe generally how they intend to monitor the performance and achieve indicators.

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## VII. Verification, Monitoring and Evaluation

The MOHSW, CHT and the contracted organization itself will monitor and evaluate the progress of implementation.

MOHSW and the CHT will monitor the quarterly progress made against the quarterly targets for output indicators. In addition, progress on annual achievements will be checked against the annual targets, upon which the annual performance payment will be based. At the CHT level, the monitoring process shall be instituted through the regular monitoring and supervision visits conducted by CHT (e.g. the clinical supervisor/ M&E staff) and through the quarterly health sector review meeting. At central MOHSW, the M&E unit and health services department will conduct monitoring and supervision visits to the CHT and to the health facilities supported by the contracted organization.

The health facilities supported by the contracted organization shall use the MOHSW data collection and reporting tools (DHIS) and submit their data on a monthly basis to the relevant CHT. Data collected through the DHIS will be analyzed to track service provision and utilization of health care services in facilities. The data flow from the health facilities and reporting requirements can be accessed from the HMIS Unit at the central MOHSW office.

The following are some of the mechanisms that MOHSW will use to verify and validate the performance and progress of the contracted organizations:

### Baseline Estimates from Surveys

MOHSW will analyze data from existing surveys (LDHS 2007, LMIS, etc.) and assessments (BPHS Accreditation, GFATM verified report, etc.) to obtain baseline estimates for performance indicators.

### Health Management Information System (HMIS) Routine Reports

Data collected from the health facilities through the DHIS will be analyzed to track service provision and utilization of health care services in facilities.

### Onsite Verification

The central and county M&E Unit will conduct random onsite verifications where facilities' records and ledgers will be reviewed, the health facilities' staff and beneficiaries interviewed.

### Monitoring & Supervision Visits

Supervision visits will provide a means to obtain periodic information on the services provided and other activities undertaken by contracted organizations.

### Health Facility Surveys

Service provision, utilization, and quality of health care services in facilities will be assessed through health facility surveys (such as the annual accreditation survey) including provider interviews, direct observation, patient interviews, facility assessment (equipment, stock, etc.), and/or medical record reviews.

### Household Surveys

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Household surveys may be implemented to provide data on a range of health activities and outcomes, including health-seeking behavior, coverage of services, and community perceptions on quality of services provided.

Informant Interviews

Interviews with relevant stakeholders, such as county health team members or community health committee members will be used to verify levels and quality of collaboration and cooperation.

Data Quality Audit (DQA)

A standardized tool will be used to assess and audit the quality and validity of data. The DQA will be done on annual basis.

Coordination Meetings

MOHSW technical team at the CHT level will regularly meet with performance-based contracted organizations to review and coordinate activities, discuss progress against work plans and achievement of results, and assist in addressing constraints to program implementation.

**Offeror M&E plan**

The Offeror is not only expected to carry out appropriate quality assurance but also to monitor the implementation of its work plan and progress on performance indicators so as to allow timely adjustment of activities where necessary to achieve program targets. Involvement of relevant stakeholders (i.e. representatives of county health team, community health committees, etc.) in these processes is strongly encouraged. ***Offerors are asked to provide a concise Monitoring & Evaluation plan describing how data will be collected and used for programmatic decision-making and performance appraisal.***

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## Annex 4: Technical Proposal - Standard Forms

- TECH-1    Technical Proposal Submission Form**
- TECH-2    Offeror's Organization and Experience**
- TECH-3    Guidelines on Responding to the Terms of Reference**
- TECH-4    First Year Work Plan Template**
- TECH-5    CV Template for Proposed Professional Staff and Team Composition**

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**Form TECH-1 Technical Proposal Submission Form**

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[to be submitted on the Offeror's organizational letterhead]

[Location, Date]

To: Ministry of Health & Social Welfare  
3rd Floor Procurement Drop Box  
Attention: Procurement Director  
Ref: RFP/MOH&SW/005/2009 (Do Not Open)  
Capitol By-Pass  
1000 Monrovia 10  
Republic of Liberia

**Subject: Request for Proposals, "Support for Delivering the Basic Package of Health Services in Liberia"**

We, the undersigned, offer to provide the services for *[Insert title of assignment]* in accordance with your Request for Proposal dated *[Insert Date]* and our Proposal. We are hereby submitting our Proposal, which includes a Technical Proposal and a Financial Proposal sealed in separate envelopes.

We are submitting our Proposal in association with: *[Insert a list with full name and address of each associated organization] (Delete in case no association is foreseen or allowed under the Project).*

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained in it may lead to our disqualification. If negotiations are held during the period of validity of the Proposal, we undertake to negotiate on the basis of the proposed approach and cost. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We undertake, if our Proposal is accepted, to initiate the services related to the assignment not later than the date indicated in Annex 2: the Data Sheet.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature *[In full and initials]*: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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**Form TECH-2 Offeror's Organization and Experience**

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***A - Offeror's Organization***

*[Provide here a brief (one page) description of the background and organization of your firm/entity including the below information.]*

Liberian Registration Date  
No of Employees in Liberia  
No of Offices/branches  
Area of operation

**Form TECH-2 Offeror's Organization and Experience**

**B - Experience**

*[Using the format below (replicate the table as required), provide information on each assignment for which your firm, and each associate for this assignment, was legally contracted either individually as a corporate entity or as one of the major companies within an association, for carrying out services similar to the ones requested under this assignment.]*

Assignment name:	Approx. value of the contract (in current US\$):
Country: Location within country:	Duration of assignment (months):
Name of Client:	Total N <sup>o</sup> of staff-months of the assignment:
Address:	Name of associated firms (if in consortia):
Start date (month/year):	Completion date (month/year):
Name of associated firms, if any:	Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader):
Narrative description of Project:	
Description of actual services provided by your staff within the assignment:	

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## Form TECH-3 Guidelines on Responding to the Terms of Reference

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The following are the instructions for preparation of technical and cost proposals. The Offeror must submit the technical and cost proposals separately. They must be submitted in separate, sealed envelopes clearly marked “Cost Proposals” and “Technical Proposals.”

### A. Technical Proposal

The Technical Proposal, written in English and at 12 point font, shall comprise the following components:

#### **Cover Page** (*one page*)

With organization name and contact information including address in Liberia, telephone, fax, and email address.

#### **Table of Contents** (*one page*)

#### **Executive Summary** (*maximum 2 pages*)

Provide a short summary of the main information in the proposal so that the selection committee will gain an initial insight into the content and approach to the proposal, including: county proposed, number and type of facilities included, organizations involved (if consortium) and previous, relevant experience.

**Technical Proposal** (*maximum length of 20 pages total*) consists of the following aspects:

- **Technical approach** (*14 pages maximum!*)

This section is to describe the project you are proposing. Do *not* talk about what you may have achieved in the past in this regard; this section is about what you propose to do. Mention the goal of the project, namely: to contribute to improving the health status of the Liberian population. The Technical Approach should respond to and reflect the expectations described in Annex 3, Scope of Work, include the following:

- Description of project goals and objectives
- Presentation of key strategies and activities for achieving the three sub-objectives.
- Include a short monitoring and evaluation plan.

Offerors are advised to:

- State clearly how the approach chosen and the proposed strategies and activities relate to the program objectives described in this RFP.

- 
- Discuss how the project implementation will be coordinated and how this will link with existing coordination mechanisms and other related health action plans and government efforts. Also highlight collaboration with the CHT and with other actors operational in this area of activities.
  - Include a short plan that reveals how progress will be monitored and evaluated.

Highlight the strategies (the approach followed with types of activities and processes) you will carry out to achieve these objectives. It may look like this:

The Goal of the project is: Increased access to contribute to improving the health status of the Liberian population, by:

*1) Delivery of evidence-based BPHS services:*

Describe what major activities, strategies and innovative approaches your organization proposes to increase and sustain equitable access to the BPHS and achieve improved quality and efficiency of the services provided. You may think of areas like human resources, training, supervision, drugs and medical supply systems, etc.

*2) Expansion of selected BPHS services to communities.*

Describe what major activities, strategies and innovative approaches your organization proposes to strengthen the community implementation of BPHS. You may think of areas like BCC, training of CHWs, etc.

*3) Strengthening the capacity (material and technical) of County and District Health Teams to manage a decentralized health system.*

Describe what major materials, activities, strategies and innovative approaches your organization proposes to build the capacity of the County and District Health Teams. You may think of areas like supervision, logistics, equipment, evidence based planning and monitoring, etc.

**Management Plan (4 pages maximum)**

This section elaborates how you intend to manage the project, including:

- Plan for overall management of the project, including where the organizations project office and potential sub-offices (eg at district level) will be located. Joint location arrangements (co-location) with the CHT and DHT is strongly encouraged.
- A staffing plan (see Form TECH – 5), a description of the roles, responsibilities and supervision of proposed personnel, a description of each organizational partner and which organizational key staff will be functionally responsible for project activities (eg community level activities versus facility level).
- Description of the plan for collaboration with County and District Health Teams, including a short description of needs and plan for building capacity

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(material or technical, as required).

- Work Plan, in the form of a Gantt chart for Year 1 (see Annex 4, Form TECH – 4 Work Plan).

***Past performance (2 pages maximum)***

In order to highlight why your organization(s) is best placed to implement and manage this project, it is important to reveal more about its experiences and past achievements in relation to the project activities proposed. A brief summary of the following is recommended:

- Past performance (for how long) and experience implementing (organizational systems and structures in place) and managing similar facility-based (equivalent level of care as the facilities in this RFP) and community outreach services in Liberia;
- Organizational and health facility performance in the BPHS accreditation process (average scoring, progress made, number of accredited facilities managed);
- Previous experience in managing grants or contracts of a similar size and complexity in Liberia (for which donors, amount, duration).

In addition and in annex to the proposal, please provide the TECH – 2 Form B – Experience for each project implemented by the organization in the last two to three years.

***Attachments to the technical proposal:***

- i. Form TECH 2 A & B*
- ii. Reference information from three sources (for example one donor, one MOHSW, and one reference from the County for which the Offeror is submitting proposal) with whom the Offeror has worked in the past three years in the implementation of a similar program.*
- iii. Staffing Plan or Organizational charts*
- iv. M&E Performance Framework Template (Annex 6, completed as much as possible)*
- v. First year work plan using the template in Annex 4.*

**B. Financial Proposal**

The cost proposal must be submitted separately and include a budget with an accompanying budget narrative that provides in detail the total costs for implementation of the program the Offeror is proposing. The budget must be submitted using the template in Annex 5 in Excel worksheets, along with an accompanying budget narrative in MS Word. The following describes the documentation that Offerors must submit as part of the cost proposal.

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The proposed budget should provide cost estimates for the management of the program (including program monitoring). Offerors should minimize their administrative costs for managing the project to maximize the funds available for project activities. Accordingly, those proposals with minimal administrative costs may be deemed to offer a "greater value" than those with higher management costs for program administration.

No page limit has been established for the Cost Proposal.

The Offeror must prepare the budget using the budget template included in Annex 5. The template contains the following worksheets:

### **Budget Template Worksheets**

**PROGRAM COST SUMMARY**  
**PROGRAM COSTS**  
**TRAINING COSTS**  
**SERVICE DELIVERY BUDGET – HEALTH CENTER - WORKSHEETS**  
**SERVICE DELIVERY BUDGET – HOSPITAL - WORKSHEET**  
**SERVICE DELIVERY BUDGET – CLINICS -WORKSHEETS**

#### **Program Cost Summary**

This worksheet summarizes total costs for each category of cost. All line items are calculated formulaically from the worksheets. ***Do not manually enter information on this summary sheet. Information will be automatically generated from the linked sheets.***

#### **Program Cost**

Program Cost includes salaries and benefits of staff dedicated to this project at headquarters (if international), the national level and county field offices. Transportation, training, and Other Direct Costs (including running costs) are calculated on this sheet for national and county offices, as well as at the individual facility level (through linked worksheets for each facility).

Each facility's cost (Hospital, Health Center and Clinic) is linked to the Program Cost worksheets from the individual worksheets. Only use as many worksheets as required by the individual county for which you are submitting a proposal. **Ignore unused worksheets!!** They will not affect the Program or Summary worksheets.

#### **Training Costs**

If training costs have been included, the training breakdown template provided must be used to calculate training costs.

Equipments over \$10,000 should also be indicated on the Program Cost worksheet and be broken down into the line items to be purchased (eg vehicles, generators).

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***Offerors are encouraged to refer to the 2009 BPHS accreditation report for information regarding equipment and renovation requirements for the health facilities included in the offeror's proposal.***

### **Service Delivery Budgets**

- Offeror should complete the required number of worksheets for the number facilities to be managed. Ignore unused worksheets, **but do not delete them.**
- Worksheets should not be deleted.

The list of clinics, health centers and hospitals by county that will be funded through this RFP are included in Annex 7.

### **Budget Narrative**

A brief budget narrative in MS Word and annexed to the financial proposal should provide any explanation required for each line item. The budget narrative should have clear reference links (eg use line item and sub-item headings) with the Excel Budget Template.

The following section provides guidance on line items.

#### **1 Salaries and Benefits**

- A. NGO/FBO Headquarters Staff
- B. County Staff
- C. Facility Staff - Incentives
  - Identify by title, and name (where available), each proposed position to be supported under the proposed award.
  - For any home office support staff, identify who will be compensated, the percentage of time and briefly specify related duties.
  - State the amounts of time, such as months and percent of time that will be expended by each position, their base pay rate and total direct compensation under this program, e.g., Position/Person Time XX Rate = \$XXXX.

#### ***Facility Staff Incentive***

- For each health facility, enter the number of staff into the staff list provided. Facility staffing levels **MUST** reflect the BPHS incentive scale.
- For each health facility, enter the appropriate BPHS incentive per health worker.
- The Offeror must ensure that incentives are not paid by multiple sources, i.e. MOHSW and another donor, for the facilities budgeted.
- All incentives budgeted must be in accordance with the MOHSW policies.

- 
- The contract's annual performance payment can be used to provide additional incentive to health facility staff, provided that it is linked to health the individual facility's performance and not as a blanket means of raising staff salaries beyond the BPHS salary scale. The performance payment may also be provided in the form of housing allowances, books, scholarship, etc.

## **2. Consultants**

- Identify by title any consultant to be engaged under the proposed award.
- State the amounts of time, such as months and percent of time that will be expended by each consultant, their base pay rate and total direct compensation under this program, e.g., Position/Person Time XX Rate = \$XXXX.

## **3. Travel/ Transportation**

- Identify total international and domestic travel as separate items.
- For international travel, indicate the estimated number of trips, number of travelers, position of travelers, number of days per trip, point of origin, destination and purpose of travel.
- All travel related costs including lodging and per-diem be included in this line item Include transport costs for fuel and repairs costs for vehicle, motorcycles, and any other transportation costs.

## **4. Training/Workshops**

- Use the training worksheet template provided and ignore unused lines;
- Identify training costs including facilitator fees, training materials, equipment, meals and briefly justify the need for each cost item proposed relative to the Program Description.
- Indicate estimated per diem cost and number of participants for each training proposed.

## **5. Other Direct Costs**

- A NGO/FBO Headquarters
- B. County Office
- C. Facilities

- Identify other costs and briefly justify the need for each cost item proposed relative to the Program Description.
- For national and county offices, if the organization has projects in addition to this project, the costs should be pro-rated across projects (eg office running and support staff costs should be allocated as a % to this and the other organizational project(s)).
- For health facility worksheets, this area should include running costs such as drugs and medical materials, as well as other costs (e.g. if clinics do not have EPI refrigerators, this fact should be explained in the Program Description and budgeted for as necessary (e.g. fuel for kerosene refrigerator, solar, other)).
- Indicate the estimated unit cost and number of units for each item proposed.

#### ***Repairs and Maintenance***

- The Offeror will restore and maintain the health center structure in a condition suitable for provision of BPHS. This will include minor repair and maintenance of building, water and sanitation, the provision of required furniture and upkeep of the clinic grounds.
- No new construction of physical structures or rent will be budgeted. Major repairs and/or renovation will not be funded through this RFP.

#### ***Fuel for Facilities***

- Fuel for facilities (i.e. generator, etc.) should be itemized and budgeted in this line item.

#### ***Other Direct Costs***

- Identify other costs and briefly justify the need for each cost item proposed relative to the Program Description.
- Indicate the estimated unit cost and number of units for each item proposed.
- Provide the basis for the cost estimates.

#### **6. Equipment, Furniture and Medical Supplies for Facilities**

- Itemize the equipment, furniture and supplies and briefly justify the need for the items to be purchased.
- All health facility equipment and supplies (including drugs) budgeted must reflect MOHSW standard equipment and essential drugs lists as well as actual facility inventory.
- Indicate the estimated unit cost and number of units for each item to be purchased.

#### **7. Equipment over \$10,000**

- 
- Itemize equipment and briefly justify the need for the item to be purchased.
  - Indicate the estimated unit cost and number of units for each item to be purchased.

**8 Overhead/Indirect Costs**

- The offeror should compute 5% of total program cost as overhead/indirect cost. Prospective offerors should note that the actual overhead recoverable would reflect the actual program expenditure.

**Form TECH-4 First Year Work Plan Template**

Please fill in the following table. List each objective individually.

**Objective1. Delivery of evidence-based BPHS services, supported by innovative financing.**

No	Major activities	Means of verification (link to relevant indicators in M&E plan)	Timeframe											
			Year 1											

**Objective 2: Expansion of BPH services to communities.**

No	Major activities	Means of verification (link to relevant indicators in M&E plan)	Timeframe											
			Year 1											

<b>Objective 3: Strengthening the capacity of County and District Health Teams (CHTs) to manage a decentralized health system.</b>													
No	Major activities	Means of verification (link to relevant indicators in M&E plan)	Timeframe										
			Year 1										
	<b>Objective 2: Expansion of BPH services to communities.</b>												

**Form TECH-5 CV Template for Proposed Professional Staff and Team Composition**

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1. **Proposed Position** *[only one candidate shall be nominated for each position]:* \_\_\_\_\_

2. **Name of Organization:** \_\_\_\_\_  
\_\_\_\_\_

3. **Name of Staff:** \_\_\_\_\_

4. **Date of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

5. **Education** *[Indicate college/university and other specialized education of staff member, giving names of institutions, degrees obtained, and dates of obtainment]:* \_\_\_\_\_  
\_\_\_\_\_

6. **Membership of Professional Associations:** \_\_\_\_\_  
\_\_\_\_\_

7. **Other Training** *[Indicate significant training since degrees under 5 - Education were obtained]:* \_\_\_\_\_  
\_\_\_\_\_

8. **Countries of Work Experience:** *[List countries where staff has worked in the last ten years]:* \_\_\_\_\_  
\_\_\_\_\_

9. **Languages** *[For each language indicate proficiency: good, fair, or poor in speaking, reading, and writing]:* \_\_\_\_\_  
\_\_\_\_\_

10. **Employment Record** *[Starting with present position, list in reverse order every employment held by staff member since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.]:*

From [Year]: \_\_\_\_\_ To [Year]: \_\_\_\_\_

Employer: \_\_\_\_\_

Positions held: \_\_\_\_\_

(replicate as required)

<p><b>11. Detailed Tasks Assigned</b></p> <p><i>[List all tasks to be performed under this assignment]</i></p>	<p><b>12. Work Undertaken that Best Illustrates Capability to Handle the Tasks Assigned</b></p> <p><i>[Among the assignments in which the staff has been involved, indicate those assignments that best illustrate staff capability to handle the tasks listed under point 11.]</i></p>
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**Annex 4 – Technical Proposal – Standard Forms**

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**13. Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.

\_\_\_\_\_ Date: \_\_\_\_\_  
*[Signature of staff member or authorized representative of the staff]* *Day/Month/Year*

Full name of authorized representative: \_\_\_\_\_

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**Team Composition and Task Assignments**

Professional Staff				
Name of Staff	Organization	Area of Expertise	Position Assigned	Task Assigned

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## Annex 5: Financial Proposal - Standard Forms

Financial Proposal Standard Forms shall be used for the preparation of the Financial Proposal.

**FIN-1      Financial Proposal Submission Form**

**FIN-2      Summary of Costs**

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**Form FIN-1 Financial Proposal Submission Form**

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[To be submitted on the Offeror's organizational letterhead]

[Location, Date]

To: Ministry of Health & Social Welfare  
3rd Floor Procurement Drop Box  
Attention: Procurement Director (Do Not Open)  
Ref: RFP/MOH&SW/005/2009  
Capitol By-Pass  
1000 Monrovia 10  
Republic of Liberia

**Subject: Request for Proposals, "Support for Delivering the Basic Package of Health Services in Liberia"**

We, the undersigned, offer to provide the services for [Insert title of assignment] in accordance with your Request for Proposal dated [Insert Date] and our Technical Proposal. Our attached Financial Proposal is for the sum of [Insert amount(s) in words and figures<sup>5</sup>]. This amount is exclusive of the local taxes, which shall be identified during negotiations and shall be added to the above amount.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from contract negotiations, up to expiration of the validity period of the Proposal as indicated in the Data Sheet.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature [In full and initials]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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<sup>5</sup> Amounts must coincide with the amounts indicated under Total Cost of Financial proposal in Form FIN-2.

## Form FIN-2 Summary of Costs

[This summary of costs is for demonstration purposes only. The Offeror is required to use the Excel Budget Template included with the RFP. Each worksheet in the budget template (one for each health facility, one for program costs, and the summary sheet represented below must be completed in the attached Excel document provided). See Form Tech-3 for guidelines on how to complete the budget template].

<b>RFP/MOH&amp;SW/005/2009 Budget Template</b>				
<b>Budget Period:</b>	April '10 - June '12 (27 mths)			
<b>Date Prepared:</b>				
<b>Line Item</b>	<b>Total Budget</b>	<b>Budget</b>		<b>Comment</b>
	<b>All Years</b>	<b>Year 1</b>	<b>Year 2</b>	
	27 months	15 mths	12 mths	
<b>Personnel Expenditure</b>	-	-	-	
Salaries and Benefits	-	-	-	
Consultants	-	-	-	
<b>Goods and Services</b>	-	-	-	
Travel and Transportation	-	-	-	
Training/Workshops	-	-	-	
Other Direct Costs	-	-	-	
<b>Capital Equipment</b>	-	-	-	
Equipment, furniture, and supplies for Clinics	-	-	-	
Equipment Over \$10,000	-	-	-	
Overhead/Indirect Cost (5%)	-	-	-	
<b>Total</b>	-	-	-	-

## Annex 6: M & E Performance Framework Template

The Framework below will be used by the Contracting organization for periodic programmatic reporting. Final indicators, baselines and targets will be established following award of contracts. **The indicators list in Section 3, List of Annual and Quarterly Performance Indicators, will be used to fill in the framework. If any of the indicators are not relevant, please explain in the comments section. In addition, please add any indicators relevant for your organization to internally monitor project implementation and progress.** Note that the table includes three types of indicators: (i) quarterly performance indicators, on which quarterly payments will be based, (ii) annual performance/bonus indicators, on which the bonus payment will be based, and (iii) other indicators for which the Contracting organizations are likely to be responsible, but for which no payment will be based (i.e. not performance indicators). It likely that only 20 ‘quarterly performance’ and ‘annual bonus’ indicators will be used in assessing eligibility for payment/performance fee.

Quarterly Performance or Annual Bonus Indicator	Indicator	Baseline	Year / Data source	Targets Annual	Targets Quarterly				Frequency of reporting to MOH/SW	Comments
					O-D	J-M	A-J	J-S		
<b>Program objective 1: Increased Access to Basic Health Services</b>										
Annual										
Annual										
Quarterly										
Quarterly										
Other										

## Annex 7: List of Health Facilities Included in this RFP<sup>6</sup>

#	County	District	Type of Health Facility	Facility Name
1	<b>Bong (6)<sup>7</sup></b>	Salala	Clinic	Totata
2		Salala	Clinic	Zeauzue
3		Sanoyea	Clinic	Sanoyea
4		Suakoko	Clinic	Gbortala
5		Pantakpai	Clinic	Foequelleh
6		Pantakpai	Clinic	Garmu
7	<b>Gbarpolu (12)</b>	Bopolu	Hospital	Bopolu
8		Bopolu	Clinic	Henry's Town
9		Bokomu	Clinic	Gbangay
10		Gbarma	Clinic	Tarkpoima
11		Kongba	Clinic	Kungbor
12		Belle	Clinic	Fassama (Belle)
13		Bopolu	Clinic	Totoquelleh
14		Bopolu	Clinic	Bamboo Town (Bambuta)
15		Bopolu	Clinic	Gbaryamah
16		Gbarma	Clinic	Gbarma
17		Gbarma	Clinic	Yangaya

<sup>6</sup> Offerors are required to propose for only the facilities listed for a given county (exception Montserrado which includes the six Bong County facilities for a period of five months (through August 2010)). Offerors should submit a separate proposal for each county, if proposing for more than one county (except for Montserrado). Each proposal must include all of the listed facilities and no additional facilities.

<sup>7</sup> Bong County facilities are expected to be funded by a separate funding source and therefore should be budgeted for a period of only five months, as part of the Montserrado cluster. Montserrado facilities should be budgeted for the full 27 months.

18		Gbarma	Clinic	Weasu
19	<b>Grand Gedeh (11)</b>	B'Hai	Clinic	Toe Town
20		Cavalla	Clinic	Janzon Clinic
21		Konobo	Clinic	Zia Town Clinic
22		Gbao	Clinic	Polar Town Clinic
23		Gbao	Clinic	Zleh Town
24		Konobo	Health Centre	Konodo Health Center (Ziah)
25		Konobo	Clinic	Jarwodee Clinic
26		Konobo	Clinic	Putu Pennoken
27		Tchein	Clinic	Gborbwrogba
28		Tchein	Clinic	Kumah Town Clinic
29		Tchein	Hospital	MTM Hospital
30	<b>Mary Land (12)</b>	Harper	Clinic	Fish Town
31		Harper	Clinic	Rock Town
32		Harper	Clinic	Cavalla Clinic
33		Pleebo Sodoken	Clinic	Barraken
34		Pleebo Sodoken	Health Centre	Pleebo
35		Karluway	Clinic	Karluway-Boniken
36		Borrobo	Clinic	Glofarken Clinic
37		Harper	Clinic	Pullah Clinic
38		Harper	Hospital	JJ Dossen Hospital
39		Karluway #2	Clinic	Yedahken Clinic
40		Karluway #1	Clinic	Pougbacken
41		Pleeboo/	Clinic	Old Sodoken

		Sodoken		
42	<b>Montserratado (7)</b>	St.Paul	Clinic	Blamacee
43		St.Paul	Clinic	Bromely
44		Johnsonville	Clinic	Johnsonville Community Clinic
45		Monrovia	Health Centre	Chocolate City Clinic
46		Caresburg	Clinic	Caresburg
47		Caresburg	Clinic	Kingsville #7
48		Todee	Clinic	Zannah Town
49	<b>Nimba (1)</b>	Sanniquellie	Hospital	Mahn G.W. Harley Hospital
50	<b>Rivercess (11)</b>	Timbo	Hospital	St. Francis
51		Timbo	Clinic	Charlie Town
52		Central C	Clinic	Neezuin
53		Jowein	Clinic	Larkpazee
54		Bimbo	Clinic	Timbo Compound
55		Doedain	Clinic	Boegeesay
56		Jo-river	Clinic	Salyah
57		Doedain	Clinic	Kangbo
58		Central C	Clinic	Zammie Town
59		Yarnee	Clinic	ITI
60		Jowein	Clinic	Bodowhea

## Relevant Documents

- Liberia Institute of Statistics and Geo-Information Services (LISGIS) [Liberia], Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and Macro International Inc. 2008. *Demographic and Health Survey Liberia 2007*. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and Macro International Inc.
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- Republic of Liberia, Ministry of Health and Social Welfare. 2007. *Basic Package of Health and Social Welfare Services Incentive Scale*. 2007
- Republic of Liberia, Ministry of Health and Social Welfare. *Community Health Strategy* February 2009
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- Republic of Liberia 2008 National Population and Housing Census
- Republic of Liberia, Ministry of Health and Social Welfare. 2009 BPHS Accreditation Report.
- Republic of Liberia, Ministry of Health and Social Welfare. 2009 National Community Health Services Policy and Strategy.
- UNFPA, USAID, JSI and CDC et al. 2007. *Women’s reproductive health in Liberia- The Lofa County Reproductive Health Survey January–February 2007*

For further information see website <http://liberiamohsw.org>