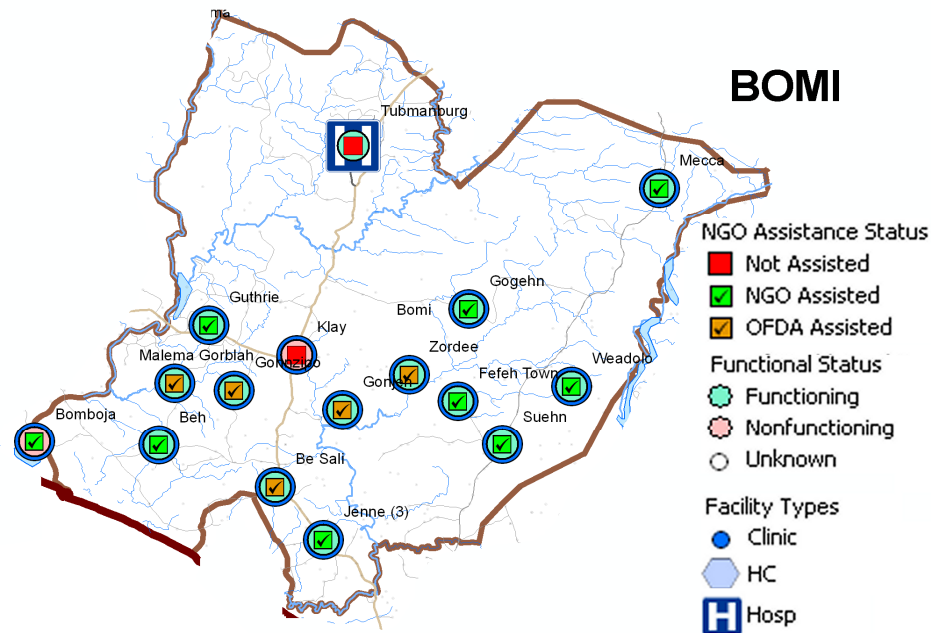


BOMI COUNTY HEALTH PLAN 2007/2008



MINISTRY OF HEALTH & SOCIAL WELFARE
REPUBLIC OF LIBERIA

Date: 30th August 2007

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Acronyms

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

1. Introduction and Background

1.1 County population, geography and administrative structure

Bomi County is located in the southwestern part of Liberia, about 105 kilometers from the nation's capital city, Monrovia. The county population is approximately 139,048. Bomi County is bounded on the east by Montserrado County, on the west by Grand Cape Mount County, on the north by Gbarpolu County and on the south by the Atlantic Ocean. The county is subdivided into four districts, namely: 1. Tubmanburg, 2) Klay, 3) Suehn-Mecca, and 4) Dewoin District.

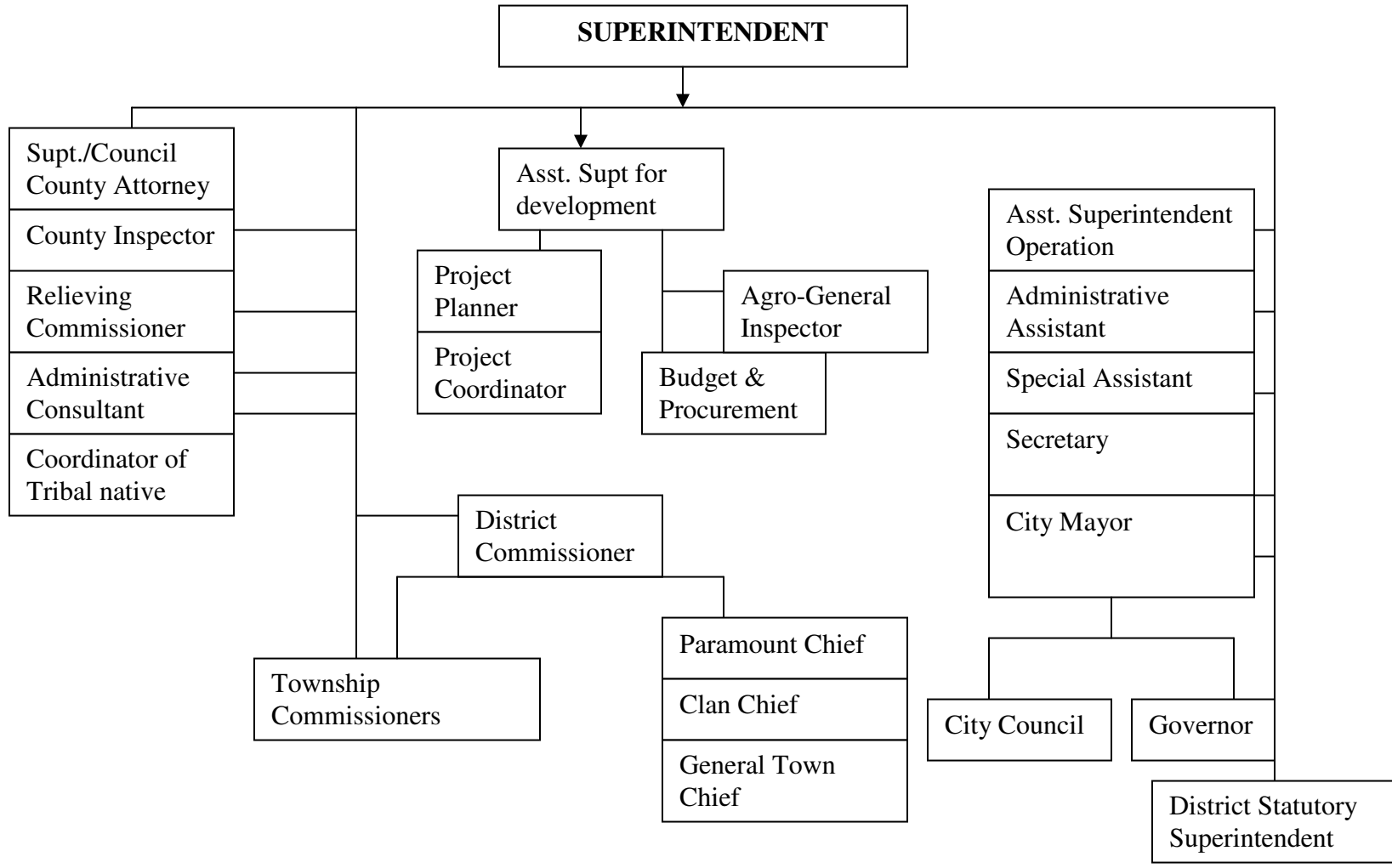
Bomi County was one of Liberia's most prosperous counties of the early seventies, when the Liberia Mining Company (LMC), an iron ore concession, operated in the area. The company constructed schools, clinics and hospitals, including the Liberian Government Hospital which was built in the early 50s, with a bed capacity of 75. The hospital was turned over to the Liberian Government in 1977 when the company folded up its operations. The government operated the hospital until 1985 when the Chinese Government took over the facility up to 1989 when the civil war started in Liberia.

The county, especially the health system, was seriously destroyed during the decades of the Liberian civil conflict as several warring factions established their headquarters in the county.

1.2 Administrative Structure of Bomi County in organization Chart

The Superintendent of Bomi County is the vice gerent 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, a five-year county plan, in the county. There is a superintendent's council headed by the superintendent, which serves in an advisory capacity.

The organogram below shows the administrative structure of Bomi County. The administrative structure is basically the same for all 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.



1.1. Summary: Current Status of Basic Package for Health Services in Bomi County

- Maternal and Newborn Care
 - 65% of pregnant women are receiving TT2 vaccinations
 - 38% of non pregnant are receiving TT2
- Child Health
 - DPT3 coverage in under ones is 95%
 - Total malaria episodes treated June from 2006 to June 2007 is 122,510
- Adolescent, Sexual and Reproductive Health
 - There is no organized program of Adolescent, Sexual and Reproductive Health.
 - Adolescents benefit from the general health program;
 - Reproductive health of women is addressed in a limited manner in maternal health
- Disease Control – 2006 data
 - HIV/AIDS: total tested 50, positives 24, negatives 26
 - TB: total cases 109, total positive 77, total negative 22 and EP 10
 - Malaria: 122510
 -

1.2. Description of current county health system

1.2.1. Number and type of facilities and services provided (public and private)

- 21 functional health facilities out of total of 22 in the county
 - 1 Hospital; 0 Health Centre; 17 Clinics (GOL), 3 private
 - 17 HF (80%) are being supported by NGOs (including SC-UK, IMC, PMU, AHA) and FBOs and Guthrie Plantation

1.2.2. County Health Team

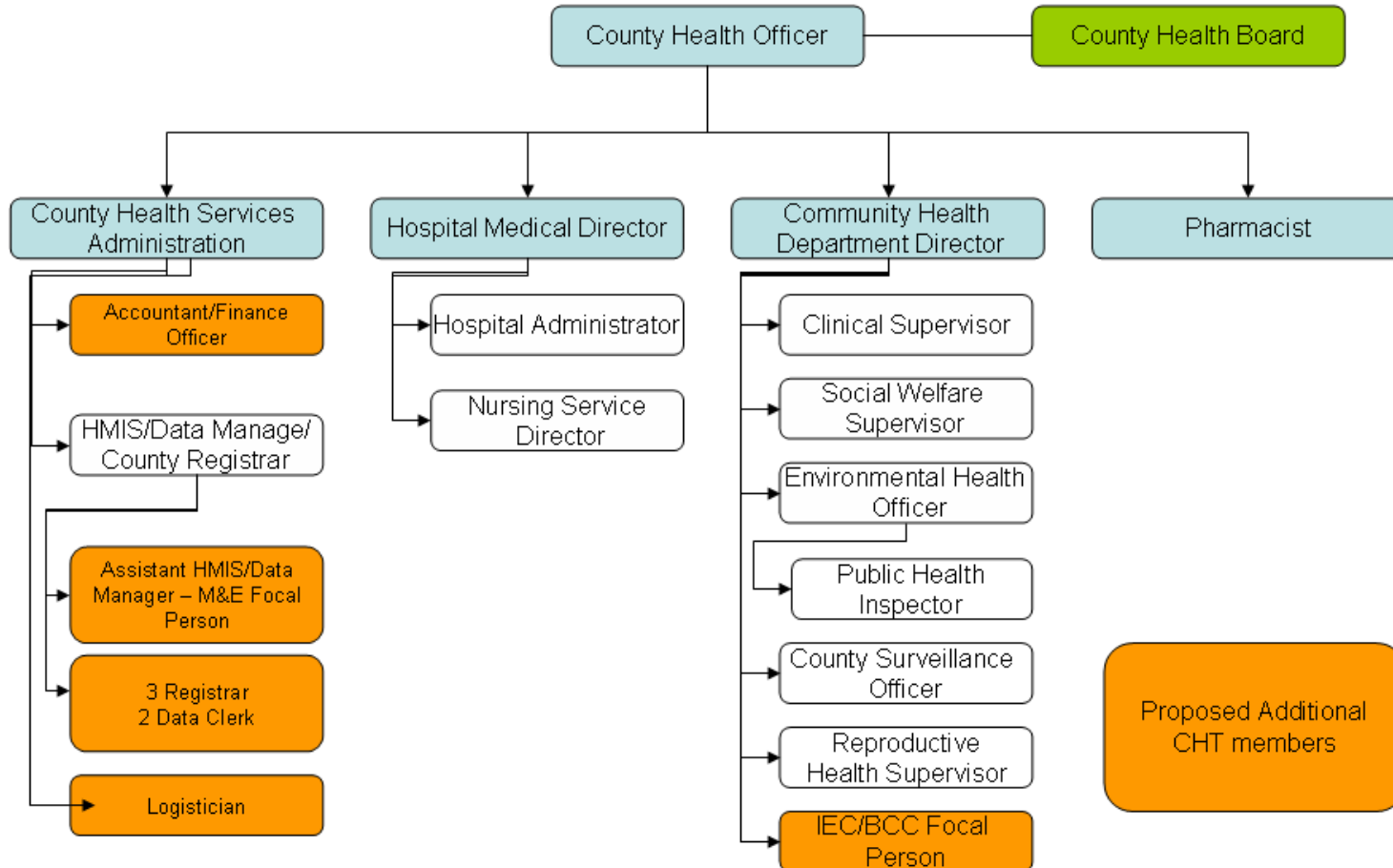
1.2.2.1. Current Bomi County Health Team

No.	Name	Position	Cell #
1.	Dr. Linda A. Birch	County Health Officer	06558547
2.	John S. Kollie	Community health department director	04714734
3.	Rev. Sando G. Sirleaf	Health services administrator	04713113/0581944
4.	Davidson O. Rogers	Hospital administrator	077013443

5.	Dr. Ansumana Kamara	County Med. Director	06558686
6.	Mohammed M. Dukuly	Nursing director	04791613
7.	Thomas Jallah	County Pharmacist	06525452

1.2.2.2. Proposed Bomi County Health Team Organogram –according to the Health Plan

Bomi County Health Team Organogram – Proposed Per Plan



1.2.3. Partnerships (NGOs, private sector)

The major health sector partners in Bomi County are WVL, AHA SC-UK

1.2.4. Financial resources (including Governments, NGOs and UN agencies)

For the fiscal year 2007- 2008, the budgetary allocation to Bomi CHT is USD 45,000 for the county hospital and USD 60, 000 for health systems. Drugs, medical supplies and staff salaries are supported directly by the MOHSW. The MOHSW also provides a monthly fuel allowance of USD 1,675.50 for 500 gallons of gas of which the county hospital gets 300 gallons while the county health team gets 200 gallons.

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) contributions. It is expected that the CHT will be provided some support to contract health staff to support the implementation of the BPHS where necessary.

2.0 County Health Planning Exercise

The Bomi Interim County Health Plan (2007-2008) was elaborated at a time when challenges presented by decades of the civil war were compounded by the sudden departure of NGOs support to health facilities. The revitalization of the Bomi County health sector therefore requires a comprehensive and robust plan that will serve as a road map for effective delivery of the health care services, especially the BPHS.

The Bomi County Health Plan is formulated in consonance with the National Health Plan of Liberia which provides the strategy for implementation of the National Health Policy. The Bomi county health plan is therefore an effort to implement the Basic Package for Health Services which forms the cornerstone of the National Health Plan. The county health plan is also linked to Pillar Four of the Interim Poverty Reduction Strategy (Infrastructure and Basic Social Services) of the Government of Liberia, and the UN Millennium Development Goals of 2015.

Formulation of the Bomi County health plan consisted two phases:

- Phase one was the training of county health teams of five counties - Bomi, Grand Cape Mount, Grand Gedeh, Lofa and Nimba - in June 2007 to give them orientation on the BPHS and the development of county plans within the context of the basic package.

- Phase two was a 4-day Bomi County Health Planning Workshop (27-30 August 2007) organized by the County Health Team with facilitators from the central Ministry of Health. The planning workshop brought together key stakeholders in the county and had 30 participants. The participants included the County Health Team, District Health Officers, NGO partners, members of the Superintendent’s office and other local authorities, including Chiefs. Others were representatives from the UNMIL Civil Affairs Office and the mass 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 **13 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.

2. Situational/Gap Analysis of the Bomi County Health System

A situational analysis puts into perspective the strengths and weaknesses of the Bomi 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

Strengths

- Existence of community health development committee 89 communities
- Existence of community health workers

Underlying factors/causes

- Willingness of communities to be a part of development efforts including health development
- Volunteerism by community members to promote health through awareness activities as well as reporting of diseases, birth and deaths within the community
- Willingness of community members to be a part of the referral system in the county

Weaknesses

- Traditional beliefs practiced by CHW and CHDC
- Inadequate number of CHWs
- Poor health program coordination

Underlying factors/causes

- Limited training of CHWs
- Lack of incentives/motivation of CHWs
- Existence of too many vertical program

2. Health Facility Level

Strengths:

- Availability of some basic services at all health facilities; every functional HF provides some minimum service
- Availability of some trained staff for some HF
- Availability of some standardized health infrastructure
- 80% of health facilities provide EPI services

Underlying factors

- Good NGO support
- Staff motivation by incentives paid by NGO partners
- Availability of regular supply of essential drugs and medical provided by GOL and NGOs
- Regular in-service training by central MOH and NGOs
- Re-vitalization/upgrading of HF by MOH and NGO partners

Weaknesses/gaps/unmet needs:

- Lack of some basic services (e.g. mental health, IMCI); lack of some important drugs
- Inadequate (quantity and quality) HW for service delivery
- Existence of some HF of poor standard (no water, no toilet, no light)

Underlying factors

- Lack of trained staff in the county to effectively run all programs
- Lack of housing for HW
- Inadequate training for upgrading skills of HW
- Some NGOs phased out during renovation of HF
- Limited community participation

B. Maternal and Newborn Care

Community level

Strengths

- 46% of TTMs are doing health education, identifying complications of pregnancy and making referrals
- TTMs take pregnant women for ANC
- More than 50% of newborns delivered at home are taken to clinic within one week of delivery
- Availability of good EPI outreach services

Underlying factors/causes

- Training of TTMs by the CHT in collaboration with NGOs
- Regular LSS training conducted
- Availability of logistical support for EPI

Weaknesses/gaps/unmet needs:

- TTMs delay the referral /reporting of complicated pregnancies to the hospital

Underlying factors/causes

- Insufficient training for TTMs
- Inadequate transportation and communication system

Facility Level

Strengths

- ANC services available at all functional HFs
- IPT provided for pregnant women
- Immunization services available at 80% of HFs

Underlying factors

- Availability of CMs in some HFs
- Availability of good storage facilities for vaccines and staff to administer vaccines

Weaknesses/gaps/unmet needs:

- Inadequate number of CMs within Bomi County
- Limited number of in-service/refresher training for all categories of HW
- Irregular supply of SP for IPT

Underlying factors

- No incentives for CMs; CMs are not on GOL payroll
- Inadequate/limited support for training from GOL and NGOs
- Inaccessibility of some HFs during the rainy season
- Inadequate logistics to transport drugs to HFs within the county

C. Child Health:

Community Level:

Strengths:

- CHW actively involved in health promotion through community awareness of child health issues including growth monitoring

Underlying factors:

- Training of CHW by the CHT in collaboration with NGOs –SCF/UK and WVU

Weaknesses/gaps/unmet needs:

- Insufficient number of trained CHWs
- Delayed reporting of priority childhood illnesses

Underlying factors/causes

- Limited support for training of CHWs
- Poor coordination of training by NGO partners

Health Facility Level

Strengths

- Availability of trained staff at some HFs; some HW have skills in IMCI
- 80% of HFs conduct outreach EPI activities
- Existence of a strong surveillance system for vaccines-preventable diseases

The underlying factors/causes

- Support of GOL and NGOs in training
- Commitment of HWs and availability of logistics for outreach EPI activities
- Availability of personnel at county and district levels for surveillance

Weaknesses/gaps/unmet needs:

- Inadequate number of trained HW (in quantity and quality)to cover all HFs; e.g. very few HWs are trained in IMCI

Underlying factors/causes

- Support for HW training is inadequate; number of in-service/refresher training is insufficient

D. Reproductive and Adolescent Health

There is no organized program for adolescent health in Bomi County; Only Reproductive Health is discussed here.

1. Community level

Strengths:

- Availability of TTMs and TMs
- Awareness and sensitization campaigns undertaken in communities

Underlying factors/causes:

- Regular refresher trainings conducted by CHT and partners

Weaknesses

- Inadequate number of TTMs and TMs
- Irregular replenishment of TTM kits

Underlying factors

- No motivation for TTMs to attract new members
- No funds for regular training of TTMs and replenishment of their kits

2. Health Facility

Strengths

- Availability of some trained staff to deliver service
- Most HFs provide RH services including family planning
- Availability of essential drugs and medical supplies most of the time; supplies are provided regularly

Underlying factors

- GOL and partners support

Weaknesses

- Limited number of trained staff at most HFs

Underlying factors

- No budget for employment and retention of HW

E. Disease Control – HIV/AIDS

1. Community Level

Strengths

- HIV/AIDS awareness and sensitization activities taking place at the community level
- Condom distribution actively going on

Underlying factors

- Availability of CHWs trained for health promotion and condom distribution
- Focal point available for health promotion and condom distribution at the community level

Weaknesses

- Some CHWs spread misinformation (such as condom causes impotency)

Underlying factors

- Training does not include all CHWs

2. Facility Level

Strengths

- VCT services are available
- Rapid test is performed at the county hospital
- Regular health education /sensitization/awareness ongoing
- High quality/professional management of HIV positive patients
- Reporting forms available for HIV/AIDS

Underlying factors

- Trained staff available to provide services(rapid tests, health talks, etc)
- HW trained (by NACP/MOH) in HIV/AIDS management
- Availability of supplies (forms and test kits) from the national program

Weaknesses

- ARVs not available
- Laboratory testing inadequate
- Regular stock-out of essential drugs and supplies (test kits)

Underlying factors

- Lack of trained staff to administer ARVs
- Laboratory supplies not always available to conduct needed tests
- Delay in distribution of essential drugs by NDS

E. Disease Control – TB

1. Community Level:

Strengths

- Ongoing public awareness and sensitization on TB

Underlying factors/causes

- Trained CHW for TB awareness and sensitization
- TB Focal point available

2. Facility Level

Strengths

- Essential drugs are available
- Availability of trained HW for management of TB
- Laboratory facilities available at the government hospital for testing
- Good case management

Underlying factor:

- Timely supply of drugs and medical supplies by the NTCP/MOH
- Training of HW by the national program
- Support given to the county by the national program

Weaknesses

- There are many cases of treatment defaulters
- Poor/limited feedback from central/national program
- Poor maintenance of motorcycles provided by the national TB program

Underlying factor/causes

- Poor health education and follow up of patients
- Poor national system for monitoring and supervision
- Limited support from the national program for maintenance

E. Disease Control – Malaria

Community level

Strengths:

- Community awareness and sensitization on of signs and symptoms of malaria with participation of CHW
- ITNs distribution by NGO

Underlying factors:

- Training conducted for CHWs
- Availability of ITNs at community level

Weaknesses:

- Insufficient number of CHWs
- Insufficient amount of ITNs

Underlying factors:

- Limited training opportunity for CHWs
- Limited supply from central/national program

2. Facility Level

Strengths:

- Diagnosis, management/treatment and prevention of malaria at all HFs
- Availability of trained HW for malaria case management at HFs
- Availability of essential drugs, most of the time
- ITNs distribution to pregnant women and under-fives

Underlying factors/causes

- Continuous training of HW by partners and NMCP/MOH
- Timely supply of essential drugs and supplies (ITNs, etc) by NMCP/MOH

Weaknesses

- Reports are inaccurate and late
- Limited feedback from the national program
- Irregular monitoring and supervision from all levels
- Experience of stock-out of drugs sometimes
- Poor quality of services at some HFs

Underlying factors/causes

- Limited skills in reporting
- No organized system in place for feedback to counties on their reports
- County-level stock-outs usually result from lack of drugs at the NDS
- Limited capacity of HWs for malaria case management at some HFs

F. Mental Health: There is no Mental Health Program in Bomi County; MOHSW has no organized program at the national level

G. Essential Emergency Treatment:

1. Community Level

Strengths:

- There is a good referral system operating from the community to the health facility

Underlying factor/causes:

- Availability of community health workers that are sensitized to services of the HF

2. Health Facility Level

Strengths

- Essential emergency treatment available at some HF

Underlying Factors/causes

- Regular support by GOL and partners

Weaknesses

- Lack of adequately trained HW for essential emergency treatment
- Irregular supply of essential drugs and supplies

Underlying factors/causes

- No support to conduct training of staff

II. Human Resource

Strengths

- 35% of 305 personnel in the Bomi county health system are being effectively utilized for service delivery
- Strong collaboration with the NGO community; the health system is 80% supported by NGOs
- Regular training (in-service/refresher) of HWs ongoing
- Many HWs are indigenous and trained in county therefore many remain here to work

Underlying factors

- NGOs provide incentives for large number of HWs
- CHT is committed to service delivery
- HWs are loyal to Bomi county because many are citizens of the county
- GOL's partnership with NGOs for salary incentives due to its low income generating capacity brought on by the civil war

Weaknesses

- 65% of health workforce are volunteers – not on regular salary
- Inadequate human resource in quantity and quality; 65 % of HW not adequately trained
- Many elderly/aged HWs; some unwilling to work
- Some health personnel lack capacity to be trained further
- Potential of losing HW when source of income dries up with the departure of NGOs
- NGO departure with equipment and other supplies that facilitated their work in the county (e.g. PAK-MEID Team)

Underlying factors

- GOL has not regularized county payrolls nor its policy on employment
- Lack of standardized curriculum and professional instructional staff for the Bomi Community College that is training professional nurses
- Elderly/aged HWs may be physically worn out/tired due to age
- Benefit package including incentive payment will cease with NGOs departure; HWs search of job security could take them out of Bomi County thereby depriving the county
- Absence of a MOHSW/GOL policy requirement for partners to leave equipment and supply that facilitated their work

III. Infrastructure

Strengths

- Availability of 21 functional HF out of a total of 22
- Availability of communication equipment
- Availability of basic equipment and supplies (BP cuff, microscopes, scales, delivery sets)
- More than 50% of HF are accessible

Underlying factors

- Support of GOL and its partners including NGOs and UNMIL

Weaknesses

- County has no Health Center
- Equipment (medical, communication, etc) are outdated and inadequate
- Monthly fuel supply of 500 gallons is inadequate/insufficient in meeting needs
- Existence of make-shift HFs; some HF are operated from private homes
- Inaccessibility of some health facilities
- Some HF have no water and lighting facilities

Underlying factors

- Budgetary constraints (for upgrade of clinics to HCs, purchase of modern medical and communication equipment, provision of adequate fuel supply)
- Poor commitment of county authorities to health development
- Bad road condition
- Inadequate/poor supervision at all levels

IV. Support System

1. Policy formulation and implementation

Strengths

- Existence of a well organized CHT
- Discussion of policy issues at regular program coordination meetings

Underlying factors

- Good leadership of the county health system

Weaknesses

- Poor dissemination of decisions of the coordination meetings;

Underlying factors

- No system for networking and information sharing

2. Planning and Budgeting

Strengths

- Availability of manpower for planning and budgeting

Underlying factors

- MOH/GOL support/deployment
- Staff commitment and motivation

Weaknesses

- No financial management unit
- No finance officer
- Current staff are overworked; there is an overload of duties

Underlying factors

- There is a chronic problem of human resource shortage at the national level

3. Human Resource Management and in-service training

Strengths

- Periodic in-service/refresher training by MOHSW and partners
- Motivation of HWs by GOL and collaborating health partners through incentives

Underlying factors

- Support provided by MOHSW/GOL and its partners

Weaknesses

- Limited trained human resource
- High unemployment when there is dire need for personnel

- Low/no incentives to motivate staff in some facilities
- No Human resource officer

Underlying factors

- High cost of training
- Low GOL budget and policy to put a hold on employment

4. Health Management Information System

Strengths

- Existence of a structured CHT
- County registrar (personnel) available

Underlying factors:

- Implementation of MOH decentralization policy
- Recruitment and deployment of personnel by MOH

Weaknesses

- No HMIS unit in Bomi county
- Lack of adequately trained manpower
- Untimely reporting by HFs; reports are inaccurate and late

Underlying factors

- HMIS not adequately set up at national level
- Inadequate resources (human, material and financial) at national level
- Limited number of staff and therefore overburdened

5. Drugs and Medical Supplies

Strengths

- Availability of drugs and medical supplies from partners including NGOs, GFATM
- Availability of a county pharmacist
- Existence of a regional drug depot in Bomi County

Underlying factors:

- Successful resource mobilization by GOL
- Staff recruitment and deployment by MOH
- Good collaboration between GOL and NGO partners

Weaknesses

- Frequent stock out of essential drugs at **some** HFs
- Pharmacist not functional
- Depot is not adequate; it needs more space, shelves and cooling facilities

Underlying factors

- Bad road condition
- Delay in sending drug request from county
- Poor motivation of pharmacist; there is delay in payment of incentive
- Poor coordination between CHT and agency that built drug depot

6. Facility and Equipment maintenance**Strengths**

- 95% of HFs are functional (21 out of 22 HFs)
- NGO-supported HFs are regularly maintained by the partners
- CHT does minor repairs on GOL health facilities, vehicles, motorbikes and bicycles

Underlying factors

- Cooperation of partners (NGOs, UNMIL) with CHT/MOH/GOL
- Provision of funding support by MOH for maintenance of HF and equipment

Weaknesses

- County has no health center (only clinics and a hospital)
- Insufficient HFs; need additional facilities (5) for equity in health care.
- Some HFs need major renovation
- Difficulty in ensuring NGOs adherence to MOU (e.g. SCF/UK defaulted on renovation of their HFs)

Underlying factors

- Low/limited GOL budget and income generating capacity
- No authority given to CHT to ensure adherence to MOU

7. Logistics and Communication

Strengths

The following logistical and communication support are in the county and functional:

- Three pickups
- One ambulance
- Two motorbikes
- Twenty-six bicycles
- Three GOL VHF radios

Underlying factors:

- Availability of funding from donors through GOL resource mobilization effort

Weaknesses

- Inadequate logistical and communication equipment, the county needs additional support – 6 motorbikes, 6 bicycles, 2 VHF radios. The motorbikes and bicycles are available in the county but need to be repaired

Underlying factors

- Low GOL budget

8. Supervision, Monitoring and Evaluation, Research

Strengths

- Joint supervision regularly conducted by unit heads
- Availability of supervisory checklist
- Availability of designated county supervisors

Underlying factors

- Implementation of program management requirements
- Delegation of responsibility by CHT leadership

Weaknesses

- Restriction on the use of NGO vehicles
- No M&E Unit
- No data managers and data clerks

Underlying factors/causes

- NGO policy
- Lack of resources at the central level

9. Stakeholder Coordination and Community Participation**Strengths**

- Regular coordination meeting with all health partners
- Existence of CHDCs; 53 out of 89 are functional (60%)

Underlying factors

- Good collaboration between CHT and committed partners
- Community members' willingness to participate in health development

Weaknesses

- Poor attendance of coordination meetings by some partners
- No resource mobilization activities at county level

Underlying factors

- Poor follow up of partners by CHT
- Lack of authority of CHT to mobilize resources

4.0 Description of County Health Objectives, Targets, Activities and Budget Allocation

4.1 County Health Technical Plan

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 have been structured by the National Health Plan Components and Sub Components

5.0 Supervision, Monitoring and Evaluation

In order to ensure an effective and reliable monitoring and evaluation system for impact measurement, a one year M&E Plan will be developed based on the County Health Plan. Based on the one year M&E Plan, routine recording and reporting systems of the Bomi County Health Team will be strengthened to closely monitor program implementation in the 13 selected BPHS facilities as well as in non-BPHS facilities.

An HMIS/M&E Unit will be established to coordinate all reports relating to implementation of the BPHS strategy. Standardized checklists for supervision, and reporting forms for monitoring purposes will also be developed. CHWs will be strengthened to collect data at the community level using standardized reporting forms. Data collected at health facilities (including private ones) from all levels of the health system will be collated and analysed at the county health team level and reported to the central level. 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 level,
2. County Health Advisory Board level,
3. Ministry of Health and Social Welfare

6.0 Implementation Challenges and Proposed Solutions

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

- Limited capacity of the Bomi County 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 country
- Bad road conditions

Strategies to address challenges to BPHS implementation

It is necessary to develop appropriate strategies to address these challenges in order to achieve the objectives contained in the County Health Plan. The following actions are therefore recommended:

- A Bomi County Health & Social Welfare Board (CHSWB) be set up immediately and the terms of reference/guidelines developed for its operation,
- CHSWB to facilitate the mobilization of additional resources,
- County commitment towards the implementation of the county health plan be solicited through the holding of a mass meeting under the leadership of the superintendent's office, with all stakeholders including sectoral partners,
- Progress towards achievement of set targets of the County Health Plan be continuously monitored,
- Implementation of activity plans, as per the monitoring and evaluation activities outlined in the health plan, be continuously monitored.

Appendix 1: Details on HR and Infrastructure

A. HR

BPHS Facilities

Staffing

Others under the Hospital are as follows:

Plumber-----2
Electrician-----1
Mechanic-----1
Hospital Adm.----1
Secretary-----1
Yardman-----3
Surveillance---- 2
Driver-----5
Radio operator---2
Carpenter-----2
Total_____20

Others under the Health Center

Administrator-----1
Cook-----1
Maintenance-----1
Driver-----1
Total 4

Clinics

Some clinics have seven instead of the six staff members as per the staffing pattern recommended by the Basic Package; this is due to the presence of a vaccinator in such health facilities. Nurses with B.Sc who are serving as OICs will be redeployed to the hospital and PA/RNs will be recruited to replace them as OICs at the selected BPHS clinics. Licensed practical nurses (LPNs) will be

recommended for scholarship to further their education to become registered nurses, and if not possible, they will be recommended for retirement. Laboratory aides and nurse aides will also be recommended to further their education to become laboratory technicians and registered nurses respectively.

Training

All of the staff in the BPHS clinics and selected staff in the BPHS hospital will receive in-service training during the period Sept 07 to June 08 to help them implement the BPHS.

In particular, training is required in VCT and PMTCT sensitization, IUD insertion and removal, IMCI, Emergency Care and Treatment and Mental Health.

B. Infrastructure

BPHS Facilities for minor rehabilitation:

Minor rehabilitation includes: replacement of some damaged items such as: windows, doors, door locks, light bulbs, painting, potty, ceiling, roofing sheets, shelves, benches, chairs

List of BPHS selected facilities needing **minor rehabilitation** include:

1. Bedafinie
2. Melama
3. Zordee
4. Goghen
5. Sasstown
6. Mecca
7. Weawolo
8. Beh Town

BPHS Facilities for major rehabilitation - Referral Hospital in Tubmanburg: major rehabilitation includes:

- Complete replacement of floor tiles
- Complete replacement of doors
- Complete replacement of windows

- Complete replacement of damaged ceilings
- Complete replacement of damaged roofing sheets
- Complete rehabilitation of water system
- Complete rehabilitation of sewage system
- Complete rehabilitation of electrical system
- Complete painting of hospital
- Complete rehabilitation of nurses and doctors residences
- Complete rehabilitation of the garage
- Complete rehabilitation of laundry
- Creating an annex for CHT office

Health Facility for upgrading from Clinic to Health Center

The **Suehn Clinic** has been selected to be upgraded to a health center status. The upgrading will include: constructing an annex to accommodate 15 beds (male, female & pediatrics wards, etc.), addition of a laboratory, dressing room, record room, storeroom, laundry and maintenance office. This clinic is ideally located in the midst of three clinics (Mecca, Fefeh Town, Weawolo) and has a catchment population of 23,555. These four health facilities are also a long distance (approx. 92 Km.) from the Government Hospital in Tubmanburg.

NON-BPHS FACILITIES

Major rehabilitation of non-BPHS Clinics which are functioning in make shift structures includes:

1. Dagweh Town
2. Sackie Town
3. Vortor

Minor rehabilitation of non-BPHS functioning Clinics includes:

1. Gongeh
2. Bonjeh Town
3. Jenneh #3
4. Fefeh Town
5. Gonzipo

Major rehabilitation of non-BPHS and non functioning Clinics includes:

1. Klay Health Centre

Proposed areas for **construction of new clinics** to improve access to health care are:

1. Tulaymu, Dewoin District;
2. Mulbah Town, Suehn-Mecca District;
3. Gayah Hill, Klay District;
4. Yomo Town, Senjeh District.

Presently, there is ongoing construction of Yomo Town Clinic by UNDP.