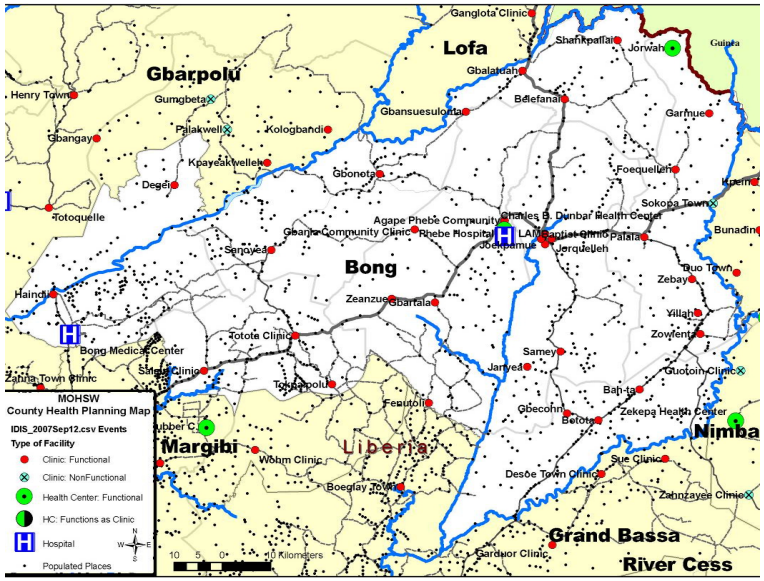
BONG COUNTY HEALTH PLAN
2007/2008



MINISTRY OF HEALTH & SOCIAL WELFARE
REPUBLIC OF LIBERIA

Date: September 2007

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Acronyms

1	PPE		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	HFs	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)
55	MDM	Medecin Du Monde	56	IMC	
57	CCF		58		

1. Introduction and Background

1.1. County population, geography and administrative structure

Bong County is located in central Liberia. It was created on July 26, 1964 as one of two counties formed out of the then Central Province, the other county being Nimba County. The population of Bong county is estimated as 585,174.

Bong County's neighbors are:

- Nimba County in the northeast
- Grand Bassa County in the southeast,
- Margibi County in the south, and
- Lofa County in the northwest

The St. Paul River is on the southwest of Bong County and forms a boundary between the county and Bomi & Gbarpolu counties. Bong county has an international border with the Republic of Guinea in the north.

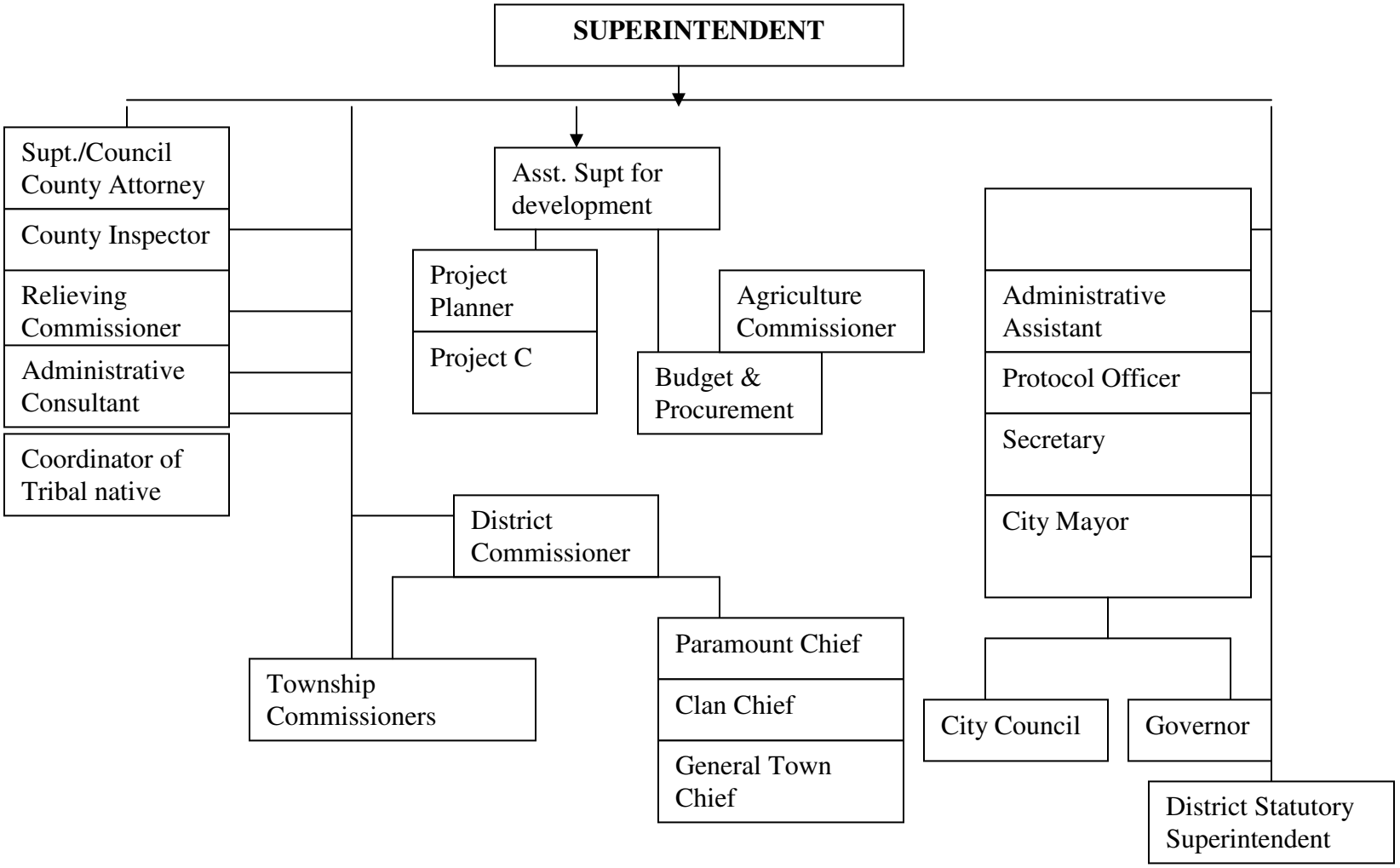
Bong County is subdivided into 12 political districts and two townships. The districts are: Biosen, Fuamah, Jorquelleh, Kokoya, Kpaii Panta, Salala, Sanoyea, Suakoko, Tukpablee, Yellequelleh and Zota. Four of the districts (Boisen, Kpaii, Tukpablee, and Yellequelleh) are new districts created by legislative enactment in October 2003. There are two townships in the county, namely Boisville and Yoloville

Five major tribal groups live in Bong County, namely: Kpelleh, Bassa, Mano, Lorma and Mandingo. The city of Gbarnga is the administrative seat of the county. Gbarnga, is located in Jorquelleh district and has an estimated population of 60,000.

1.2 Administrative Structure of Bong County and Organizational Chart

The Superintendent of Bong County is the administrative head of the county and represents the Office of the President of Liberia in the county. The superintendent is assisted by an Assistant Superintendent for Development, who is responsible for coordination of development activities in the county, including the formulation of the county development agenda, a five-year county plan. There is a Superintendent Council headed by the Superintendent, that serves as an advisory council.

The organogram below shows the administrative structure of Bong 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.


SUPERINTENDENT
Supt./Council
County Attorney
County Inspector
Relieving
Commissioner
Administrative
Consultant
Coordinator of
Tribal native
Asst. Supt for
development
Project
Planner
Project C
Agriculture
Commissioner
Budget &
Procurement
Administrative
Assistant
Protocol Officer
Secretary
City Mayor
District
Commissioner
Township
Commissioners
Paramount Chief
Clan Chief
General Town
Chief
City Council
Governor
District Statutory
Superintendent

1.2 Health Indicators

Information about the health status of the Liberian population is still dependant upon national surveys since the regular reporting system from health facilities has not yet recovered. The most recent data comes from the Liberian Demographic and Health Survey of 2007. Information from that survey and other special studies is presented here.

Mortality rates in children have been improving:

- Neonatal Mortality (under 1 month) 32 /1000
- Infant mortality (under 1 year) 72 /1000 (down from 117 in 1999/2000)
- Under five mortality 111 /1000 (down from 194 in 1999/2000)

There is no recent data on maternal mortality, and the last ratio was 580 / 100,000.

Indicator	Total Liberia*	Urban*	Rural*	North Central*	Bong County**
Maternal health					
Antenatal care at least once from Skilled Attendant (%)	79.3	94.4	71.6	63.4	
Last birth protected from tetanus (%)	77.5	90.4	71.0	74.8	
Last birth attended by Skilled Attendant (%)	46.4	78.8	32.2	32.7	
Last delivery at a health facility (%)	37.1	63.5	25.5	31.0	
Birth spacing					
Women (couples) using a modern contraceptive (%)	10.2	16.3	7.1	7.7	
Child health					
Percent children 12-23 mo who received:					
• BCG	77.1	91.5	70.2	71.6	
• DPT3	50.3	69.5	41.0	46.1	
• Measles	63.3	76.7	56.8	59.6	
% UFC with ARI treated at health facility	69.6	80.7	66.1	73.2	
% UFC with fever treated at health facility	58.2	76.5	50.8	50.7	
% children under 5 years: underweight	18.8	17.0	19.6	19.6	
% children under 5 years: severely underweight	5.7	5.5	5.9	5.6	
Infants exclusively breast-fed for 6 months (%)	28.8				

Infants 6-9 months receiving complementary foods (%)	62.4				
Disease Control					
Households with at least one mosquito net (%)	30.4	31.3	29.9		
Women, 15-49 years who are HIV positive (%)	1.8	2.8	1.1	0.5	
Men, 15-49 years who are HIV positive (%)	1.2	2.1	0.6	0.7	
Men & women, 15-49 years: HIV positive (%)	1.5	2.5	0.8	0.6	
Expected annual incidence rate of sputum +ve TB per 1000 population. ***	1.32				

North Central: Bong, Nimba, Lofa. ** Data from County Health Office. *** Data from National Tuberculosis Program.

Description of current county health system

Bong County has eight health districts**:** Fuamah,, Jorquelleh, Kokoya, Panta- Kpaii, Salala, Sanoyea, Suakoko, Zota.

1.3.1. Health Facilities

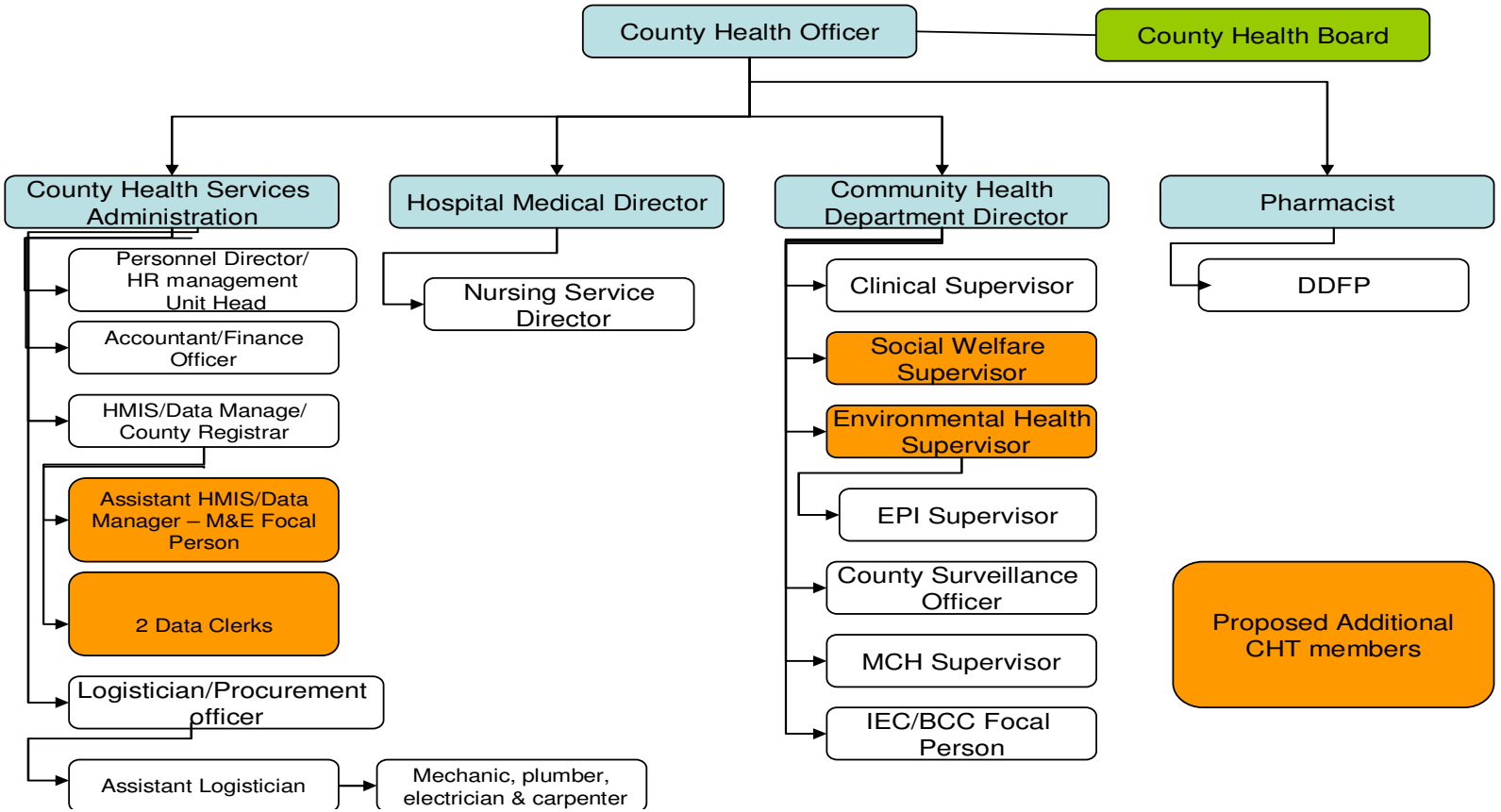
- There are 33 functional health facilities out of 39
- 2 Hospitals; 1 Health Centre; 27 Clinics (GOL), 3 private HF
- 28 facilities (88%) are being supported by NGOs (Africare, MDM, SCF/UK)

1.3.2 County Health Team

No.	Name	Position	Cell #
1.	Dr. Garfee Williams	County Health officer	
2.	Mr. Kerson Saykor	County Heath Service Administrator	
3.	Mr. Francia kambo	Community Health Department Director	
4.	Mrs. Mary Tiah	County Nursing Director	
5.	Mr. Arthur Louyour	County Pharmacist	
6.	Mr. Stephen Cooper	County EPI Supervisor	
7.	Rev. John Lunn	Hospital Administrator	
8.	Mr. Fatorma Jusu	County Surveillance Officer	
9.	Ms. Gormah Cole	County MCH Supervisor	

1.3.2.1 Bong County Health Team Organogram – Proposed

BONG COUNTY PROPOSED ORGANOGRAM



1.3.4 Partnerships (NGOs, private sector)

The major health sector partners in Bong County are MDM, Africare and SCF/UK

1.3.5 Financial resources (including Governments, NGOs and UN agencies)

For the fiscal year 2007- 2008, the budgetary allocation to the Bong CHT is USD 60,000 for the county hospital and USD 55, 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 Process

2.1 The National Health Policy and Plan

County health planning is built upon the foundation and principles of the National Health Policy and National Health Plan.

The National Health Policy (January 2007) is to: 1) expand access to a basic package of health care by investments in infrastructures, human resources and decentralized management; and 2) establish the building blocks of an equitable, effective, lean, responsive and sustainable decentralized health care delivery system.

The mission of the Ministry of Health and Social Welfare is to reform the sector to effectively deliver quality health and social welfare services to the people of Liberia. The MoH&SW is dedicated to equitable, accessible and sustainable health promotion and protection and the provision of comprehensive and affordable health care and social welfare services. Liberia's vision is improved health and social welfare status and equity in health; therefore becoming a model of post-conflict recovery in the health field,

The guiding principles and strategic orientations include:

- Health as a Basic Human Right
- Equity, Gender and Poverty Focus
- Efficiency and Sustainability

- Accountability
- Decentralization
- Primary Health Care (PHC)
- Community Empowerment
- Partnerships:

Objectives of the National Health Plan (February 2007)

a) Basic Package of Health Services:

- Improved child health
- Improved maternal health
- Increased equitable access to quality health care services
- Improved prevention, control and management of major diseases
- Improved nutrition status

b) Human Resources

1. Ensure a coordinated approach to human resource planning;
2. Enhance health worker performance, productivity and retention;
3. Increase the number of trained health workers and their equitable distribution; and
4. Ensure gender equity in all aspects of employment in health.

c) Infrastructure

Increasing access to PHC is a key objective of the National Health Plan. Since health clinics and health centers make up more than 90% of health facilities, they are the key to increasing access to PHC. The infrastructure plan prioritizes restoring and reforming the capacity of health clinics and health centers to provide the BPHS and increase access to PHC. However, county and referral hospitals will also not be forgotten

d) Support Systems

The priority and primary objective of the support systems component will be to develop the capacity of County Health Teams (CHT) to take charge of the planning process and resource coordination of development partners to shift from the humanitarian to development model before the end of 2008. To this end, the support systems capacity-building process will begin with Planning & Budgeting, Health Management Information System, Supervision, Drugs & Medical Supplies and Stakeholder Coordination.

2.2 County Health Planning Exercise

The Bong County Interim Health Plan (2007-2008) was elaborated at a time when challenges presented by decades of civil war were compounded by the sudden departure of NGOs support to health facilities. The revitalization of the 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 Basic Package for Health Services, BPHS.

The County Health Plan is formulated in consonance with the National Health Plan which provides the strategy for implementation of the National Health Policy. The Bong 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 plan is also linked to Pillar Four (Infrastructure and Basic Social Services) of the Interim Poverty Reduction Strategy (iPRS) of the Liberian Government, and the UN Millennium Development Goals of 2015.

Formulation of the Bong 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 their respective county plans within the context of the basic package.
- Phase two was a 4-day Bong County Health Planning Workshop (19-22 September 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 over 45 participants. The participants included the entire County Health Team, District Health Officers, NGO partners, personnel of the Superintendent's office and local authorities, including statutory superintendents and county commissioners.

  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 **14 health facilities for BPHS implementation**. The selection of facilities was guided by a set of criteria, which among others includes the equitable distribution of facilities/services.

  The participants also prioritized major objectives and targets, as well as activities to be implemented during the planned period. At the end of the entire process a one-year plan was adopted and endorsed by all the workshop participants.

3.0 Situational/Gap Analysis of the Bong County Health System

A situational analysis puts into perspective the strengths and weaknesses of the Bong 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 – Missing Information

A. All Program Areas

Community Level

Strengths

Underlying factors/causes

Weaknesses

Underlying factors/causes

Health Facility Level

Strengths:

Underlying factors

Weaknesses/gaps/unmet needs:

Underlying factors

B. Maternal and Newborn Care

Community level

Strengths

- About 5% modest increase in referral of pregnant women with risk factors

Underlying factors/causes

- Refresher training and replenishment of basic kit
- Awareness on the benefit of pre and post natal care

Weaknesses/gaps/unmet needs:

- Limited/delay referrals of pregnant women with all risk factors

Underlying factors/causes

- Long distance to health facilities

Facility Level

Strengths

- 80% of women within 5 kilometer radius of health facilities receive antenatal care
- 32 out of 35 health facilities provide post natal consultations
- Increase of the referral from primary levels to secondary levels(MDM)

Underlying factors for the strengths identified at facility level

- Maternal services are free
- Increase of ambulance services

Weaknesses/gaps/unmet needs:

- 23% TT2+pregnant coverage low
- 10 to 15% post natal care

The **underlying factors**

- Poor record keeping/registration of patients/credible data.
- Low coverage of polio zero

C. Child Health:

Community Level:

Strengths:

- Most mothers put the babies to breast immediately after delivery
- Good information sharing

Underlying factors/causes

- CHW and TT promote breast feeding
- It is culturally acceptable
- No economic burden

Weaknesses/gaps/unmet needs:

- Health information package not comprehensive

Underlying factors/causes

- No standardized training tools
- No CHW guidelines

Health Facility

Strengths

- Immunization coverage of 83% for all antigen

Underlying factors/causes

- There exists an effective information sharing
- Due to the RED strategy developed by WHO

Weaknesses/gaps/unmet needs:

- No organized growth monitoring of children

Underlying factors/causes

- Limited resources at facilities

D. Reproductive and Adolescent Health

Community level

Strengths:

- CHWs are involved in community awareness of aspects of reproductive health

Underlying factors

- Training by CHT and partners

Weaknesses/Gaps/Unmet Needs

- There is no organized reproductive health program at the central level for counties to draw support from

Underlying factors/Causes

- Competing priorities in the face of limited resources

2. Facility level

Strengths:

- All HWs trained in syndromic management if STIs
- FP services in some clinics

Underlying factors

- Regular in-service training by CHT and partners
- Partners support

Weaknesses/Gaps/Unmet Needs

- FP coverage is low
- No male involvement in FP

Underlying factors/Causes

- Misconception of family planning
- Cultural belief that FP cause childlessness
- Limited public awareness; no follow-up of IEC to ensure BCC

E. Disease Control – HIV/AIDS

1. Community Level

Strengths:

- HIV/AIDS awareness ongoing by CHWs

Underlying factors

- Regular training of CHWs by CHT and partners

Weaknesses

- CHWs not motivated to intensify awareness activities

Underlying factors

- CHWs receive no incentives/remuneration

2. Facility Level

Strengths:

- Good surveillance in place, county has HIV sentinel site
- HIV testing done at county hospital, Good diagnostic system in place
- ARV drugs given at county hospital

Underlying factors

- Support of GOL and partners including GFATM

Weaknesses

- Sustainability of the programs threatened

Underlying factors

- Lack of ownership of program by the community, MOH and CHT
- Program is 100% donor funded; procurement of commodities and other support threatened when donor funds are exhausted

E. Disease Control – TB

1. Community Level:

There is no TB program at the community level; there is limited support from the central level

2. Facility Level (No information)

Strengths

Underlying factor:

Weaknesses

- Poor supervision of program by the Central Level

Underlying factor/causes

- Exhaustion GFATM resources

E. Disease Control – Malaria

1. Community level

Strengths:

- **CHW doing community awareness of malaria**

Underlying factors:

- Regular training of CHWs by CHT and partners

Weaknesses

- CHWs not motivated to intensify awareness activities

Underlying factors

- CHWs receive no incentives/remuneration

2. Facility Level

Strengths:

- RDT done in 95% of all health facilities
- Implementation of new malaria treatment (ACT) in 100% of facilities
- Trained personnel available to provide services
- ITNs distribution at ANC
- SP given during ANC

Underlying factors/causes

- Support of CHT, partners and MOHSW
- Availability of trained HW to provide service

Weaknesses

- Sustainability of the programs threatened

Underlying factors

- Lack of ownership of program by the community, MOH and CHT
- Program is 100% donor funded; procurement of commodities and other support threatened when donor funds dry up

E. Disease Control – Lassa Fever

Community Level

Strengths:

- Community awareness by CHWs
- Distribution of sanitation tools
- Strong surveillance at all levels

Underlying Factors/Causes

- CHT and partners support

Health Facility

Strengths

- Strong surveillance at all levels
- Availability of drugs
- Prompt isolation of patients

Underlying Factors/causes

- GOL and partners support of the Bong County Health Team

Weaknesses/gap/unmet needs

- Program is fully donor driven
- Limited supplies of PPE

Underlying factors/causes

- Low GOL revenue base and competing priorities in the health sector

F. Mental Health:

Community level:

Strengths:

- Existence of a pilot project; project is decentralized and includes community awareness and training of community health workers.

Underlying factors:

- Training conducted by MDM

Weaknesses:

- Limited human resources and limited geographic coverage of programs

Underlying Factors:

- Trainings need to be conducted for remaining communities

Health Facility

Strengths

- Mental health services provided in 7 of 33 functioning HFs

Underlying factor:

- Support of MDM

Weaknesses:

- Lack of mental health services within 75% of health facilities

Underlying Causes:

- Limited resources. Ongoing project is a pilot project

G. Essential Emergency Treatment:

Community Level

Strengths:

- TTMs make referrals of cases of complicated pregnancies

Underlying factors/causes:

- Training by CHT and partners

Weaknesses:

- Poor transport system

Underlying factors/causes:

- Bad road condition

Health Facility

Strengths

- Strong referral system in place

Underlying factors/causes

- Partner support

Weaknesses/Gaps/Unmet needs

- Limited specialized services available
- Fully supported by partner

Weaknesses: Underlying factors

- Lack of trained health HWs
- Lack of financial and other resources

II. Human Resource

Strengths

- Availability of over 400 health workers
- Commitment of HWs
- 85% of HW are trained
- 75% of HWs are from Bong County
- Presence of NGOs staff/partners in the county

Underlying factors

- Continuous in-service training
- Incentives provided by NGOs; about 90% of HFs receive incentives
- Availability of two para-medical training institutions in the county
- Scholarship provide for HW by GOL and partners
- Collaboration of partners with GOL

Weaknesses

- Inadequate trained manpower (quality and quantity)
- Lack of county human resource plan
- Low salary
- 95% of HWs **not** on Government payroll

Underlying factors

- High cost for training manpower especially on the part of the partners

- No feedback from central to county
- Low salary scale by Government
- No payroll update by GOL

III. Infrastructure

Strengths

- 33 functional HF out of 39 HFs in Bong County
- 75% of HF structurally designed as health facilities
- County has two hospitals
- 85% of HFs have water
- 95% of HFs have toilets
- 30% of HFs light (solar and generator).
- 85% of HFs are supported by NGOs
- Existence of 4 delivery homes.

Underlying factors

- Support from GOL, partners and the communities
- Support from county authorities

Weaknesses

- HFs not evenly distributed in the county; many underserved areas
- Bad roads condition
- 25% of health facilities not designed for use as health facilities

U**nderlying factors**

- Lack of Government initiative in reaching underserved areas
- Political interference in HF construction site selection
- Limited GOL revenue base for regular maintenance of roads
- Lack of county health infrastructure plan

IV. Support System

1. Policy formulation and implementation

Strengths

- Adherence to MOH&SW guidelines and policies by all partners
- Good set-up that involves all implementing partners
- Continuous sharing of policy information between partners by CHT

Underlying factors

- Partners are aware/knowledgeable of policy
- CHT collaboration with all stakeholders in health issue
- Good CHT leadership

Weaknesses

- Slow pace of adherence to policies by some HFs
- Policy documents not available at HF level

Underlying factors

- Poor national documents distribution scheme of MOHSW

2. Planning and Budgeting

Strengths

- CHT has some skills in planning and budgeting
- Availability of a Finance Officer
- Availability of an Accountant

Underlying factors

- Training done in planning & budgeting
- County recruited staff to meet need for finance officer and accountant
- Unique relationship between CHT and Phebe(sharing of staff)

Weaknesses

- Inadequate trained manpower
- Lack of decentralization in planning and budgeting

Underlying factors

- CHT has some skills in planning and budgeting
- Have a Finance Officer
- Have an Accountant

3. Human Resource Management and in-service training

Strengths

- All HFs have qualified OICs
- Some HF have CMs and laboratory technicians
- In-service training provided as resources allow
- 95% of HWs receive monthly incentives

Underlying factors

- Presence of Phebe and Cuttington training schools for HWs
- Support provided by MOHSW/GOL and its partners
- NGO partners support of the Bong County Health Team

Weaknesses

- Limited trained human resource
- Many HWs **not** on GOL payroll
- No database of health staff in Bong County
- Gender imbalance

Underlying factors/causes

- High cost of training;
- No scholar program to assist interested persons
- Difficult conditions of work in rural Liberia
- Limited expertise to favor gender equality

4. Health Management Information System

Strengths

- Personnel (county registrar) available

Underlying factors:

- Implementation of MOH decentralization policy

Weaknesses

- County registrar's knowledge of HMIS very limited
- Lack of equipment and supplies (computer, etc) for HMIS unit

Underlying factors

- Limited training opportunities and resources

5. Drugs and Medical Supplies

Strengths

- Availability of drugs and medical supplies from GOL and partners including NGOs and GFATM
- Availability of a county pharmacist
- Transportation of drugs by some NGO partners

Underlying factors:

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

Weaknesses

- Frequent stock out of essential drugs at some HFs
- Delivery of drugs not on time for some HFs

Underlying factors

- Inadequate transport for transportation of drugs

6. Facility and Equipment maintenance

Strengths

- Existence of a maintenance department with some qualified personnel
- 65% of HF are regularly maintained

Underlying factors

- Contribution of Phebe Hospital to the Bong County Health System
- Support of NGO partners

Weaknesses

- Lack of spare parts
- Inadequate and irregular supply of fuel
- No regular preventive maintenance

Underlying factors

- Limited resources
- Inadequate trained manpower

7. Logistics and Communication

Strengths

- The following logistical support are in the county and are functional:
  - one ambulance (provided by the NGO MDM)
  - three motorbikes
  - two vehicles(pick ups)
  - five VHF radios

Underlying factors:

- Fruits of GOL resource mobilization efforts

Weaknesses

- No IEC/BCC focal point for Bong County
- Limited number of vehicles
- 25 motorcycles are non-functional

Underlying factors

- Low GOL budget/revenue base

8. Supervision, Monitoring and Evaluation, Research

Strengths

- Monthly CHT supervision regularly conducted
- Joint supervision conducted by CHT and some partners every 2 months
- Clinic reports collected monthly
- Some district surveillance officers collect information from communities
- Some CHWs involved in collection of birth and death data

Underlying factors

- Good coordination among CHT and partners
- Good leadership of the CHT

Weaknesses

- Joint supervision **does not** involve all partners

Underlying factors/causes

- Partners have conflicting schedules
- Lack of incentives for district surveillance officers and CHWs

9. Stakeholder Coordination and Community Participation

Strengths

- Good interpersonal relationship between CHT, OICs and community
- NGOs and CHT coordinate referrals
- Existence of community health committees (CHCs); 25% of CHC are active

Underlying factors

- Good leadership by CHT
- Some degree of community participation in health

Weaknesses

- NGO to NGO coordination poor (e.g. WATSAN activities are not coordinated between NGO
- 75% of CHCs are inactive/non-functional

Underlying factors

- NGOs have their own policies and plans
- No motivation (incentive for CHC members

3. County Health Plan: Facility Plan

3.1 Strategic 3-4 year facilities plan

The county health team has considered the need for additional health facilities in the county. Equitable distribution of health facilities is desired in order to give access to primary health care and referral care to as many as possible. A medium term plan for 3 to 4 years proposes the following improvements to the network of health facilities in the county.

New clinics (construction) are proposed to provide services for currently underserved communities:

Location	District
1. Rock Crusher	Kokoya
2. Yolota	Kokoya
3. Kelebi	Sanoyea
4. Yowee	Zota
5. Yaindawuon	Suakoko

6. Degei	Fuamah

Referral services for severe illness are found in health centers and the hospital. The hospital and health centers are proposed in order to have a referral center in the most easily accessible location for a cluster of clinics and the communities in their catchment areas. Clinics proposed for **upgrading** to **health center** status proposed in the following locations:

Location	District
1. Palala Clinic	Panta-Kpaii
2. Salala Clinic	Salala
3. Gbeakohn	Kokoya
4. Sanoyea	Sanoyea
5. Belefanai	Zota

5.0 Supervision, Monitoring and Evaluation

In order to ensure an effective and reliable monitoring and evaluation system as well as impact measurement, a one year M&E Plan will be developed based on the County Health Plan. Based on this M&E Plan, routine recording and reporting systems of the Bong County Health Team will be strengthened to monitor closely the implementation of the BPHS and other 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 be developed.

There are plans to strengthen CHWs to enable them collect data at the community level using standardized reporting forms. Data collected at health facilities (including private ones) at all levels will be collated and analysed at the county health team level and reported to 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, namely:

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

6.0 Implementation Challenges

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

- Low level of commitment from local authority
- Limited managerial capacity of the Bong County Health Team to implement the plan
- Inadequate mobilization of needed resources
- Limited motivation/incentive for staff
- Rapid turnover of health workers
- Inadequate number of trained human resources (in quantity and quality)
- Bad road conditions

Strategies to ensure implementation of Bong County Health Plan

It is necessary to develop appropriate strategies to address the challenges and to ensure the achievement of objectives contained in the County Health Plan. The following actions are therefore recommended:

- A County Health & Social Welfare Board (CHSWB) be established immediately and its terms of reference (TOR) developed and endorsed within a month of its constitution
- The CHSWB to facilitate the mobilization of additional resources (human, financial, material) for the BPHS
- Commitment towards the implementation of the County Health Plan to be mobilized through social mobilization of the entire county as a development initiative
- Continuous monitoring of progress towards achievement of set targets be undertaken monthly, and
- Implementation of plans as per the monitoring and evaluation schedule outlined in the plan adhered to.

Appendix 1: Details on Human Resource and Infrastructure

A. Human Resource

Staff categories	BPHS Standards		County hospital: planned	Current staff: total	Planned staff: total	Staffing gap
	Clinic ()	Health center ()				
Medical doctor			2	1	2	1
Pharmacist			2	2	2	0
Physician assistant		2	3	14	17	3
Registered Nurse	1	2	6	22	25	3
B.Sc Nurse			2	7	5	-2
Licensed practical nurse			3	15	3	-12
Nurse aide	1		5	13	33	20
Certified midwife	1	4	3	21	39	18
Trained traditional midwife			2	31	2	-29
Laboratory Technician		1	1	2	3	1
Laboratory Aide			2	4	2	-2
Dispenser	1	1	2	34	32	-2
Environmental technician		1	1	1	3	2
Social worker		1	1	0	3	3
Recorder	1	1	3	33	33	0
Cleaner	1	1	4	7	4	-3
Security			4	37	34	-1

Clinics

Some clinics have seven staff members instead of the six recommended by the Basic Package; this increase is due to the presence of a vaccinator. B.Sc nurses serving as OICs will be redeployed to the hospital, while PA/RN will be recruited to replace the B.Sc. nurses as OICs at the BPHS clinics. LPNs will be recommended for scholarship to further their education to become registered nurses. Laboratory aides and nurse aides will also be recommended to further their education to become laboratory technicians and registered nurses respectively.

Staffing

Other non-medical staff under the Phebe Hospital is as follows:

Type of Personnel	Quantity
Plumber	1
Electrician	1
County Health Administrator	1
Driver	2
Radio operator	1
Carpenter	1
Laundryman	2
Cook	3
Vaccinator	2
Ward clerk	1
CHO special assistant	1
Mason	1
Hospital Administrator	1
Total	**18**

Other non-medical staff under the Bong Mines Hospital is as follows:

Type of Personnel	Quantity
Plumber	1
Electrician	1
County Health Administrator	1
Driver	2
Radio operator	1
Carpenter	1
Laundryman	2
Cook	3
Vaccinator	2
Ward clerk	1
CHO special assistant	1
Mason	1
Hospital Administrator	1
Total	**18**

Other Staff under the Health Center (C.B. Dunbar)

Type of Personnel	**Quantity**
Cook	3
Electrician	1
Driver	1
Counselors	2
Vaccinator	2
Total	**9**

Training

All the staff in the BPHS clinics and selected staff in the BPHS hospitals will receive regular in-service training during the period September 2007 to June 2008, to help them implement the BPHS. Training will include IMCI, HIV/AIDS, PMTC, Rational Use of Drugs, Syndromic Management of STIs, Malaria Case Management, HMIS, VCT, . Additionally, training of CHWs will continue.

B. Infrastructure

Bong County Infrastructure Plan Summary

	Facilities June 07	County plan: June 08	Rehabilitation			Build new	Utilities installation		Equipment required	
			Minor	Major	Upgrade		Water	Power	Non-med	Medical
Government facilities:										
BPHS priority, June 2008										
• Hospitals	2	1		1			1			1
• Health centers	1	1	1				1		1	2
• Clinics	11	11	11		1*		7	1	3	13
Total	**14**	**14**	**12**	**1**	**5**	**0**	**9**	**1**	**4**	**16**
BPHS priority after June 2008										
• Hospitals	0	0								
• Health centers	0	0								
• Clinics	15	16	7	2		6				
Total	15	16								
Private	1	1								
Total facilities in county	39	32								

* Infrastructure is adequate for health center, but requires minor rehabilitation

BPHS Facilities

Bong County selected 14 of its 33 functional health facilities for implementation of the Basic Package for Health services

List of facilities that need **major** rehabilitation

1. C.B. Dunbar Health Center (**Commitment has already been received from a partner for completion of rehabilitation work by October 2008)**
2. Salala Clinic
3. Sanoyea Clinic
4. Yeilla Clinic
5. Zointa Clinic

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

1. Belefanai Clinic
2. Fonitoli Clinic
3. Gbeacohn Clinic
4. Palala Clinic
5. Totota Clinic
6. Zabay Clinic

List of BPHS selected facilities needing **no** rehabilitation include:

1. Bong Mines Hospital
2. Phebe OPD
3. Phebe Hospital

Definition of Major and Minor Rehabilitation

Major Rehabilitation includes:)

1. Complete replacement of doors
2. Complete replacement of windows
3. Complete replacement of damaged ceilings
4. Complete replacement of damaged roofing sheets
5. Complete rehabilitation of water system

6. Complete rehabilitation of sewage system
7. Complete painting of hospital
8. Complete rehabilitation of the kitchen
9. Complete rehabilitation of laundry

Minor Rehabilitation includes: Replacement of some damaged items such as:
Windows, doors, door locks, light bulbs, painting, potty, ceiling, roofing sheets, shelves, benches, chairs

Upgrading
Upgrading of **six** selected clinics to health center status is very important and urgent. It is unfortunate that the rehabilitation can not be completed by June 2008. The need is particularly urgent for the Salala, and Sanoyea clinics that functioned as health centers before the civil war. Presently, Salala serves a catchment population of 23,604 while Sanoyea serves a catchment population of 23,879. The recommended upgrades will relieve the Phebe hospital of some medical cases that do not need to come to them once Sanoyea and Salala are strengthened. Further, it would reduce the time, long distance and financial cost patients have to incur to reach the Phebe hospital.

NON-BPHS Facilities: There are 19 non-PHS facilities categorized as follows:

Major rehabilitation
1. Gbonota (**Currently using a private home – have been asked to evict building) – Need new structure**
2. Gbarnla (**Currently using a private home – making bricks for new building, already have 4,000)**

Minor rehabilitation
1. Botota
2. Garmu
3. Gbalatua
4. Gbatala
5. Samay
6. Shankpala
7. Tokpapolu
8. Zeansue

No Rehabilitation Needed
1. Agape Clinic - - - **private**
2. Baptist Mission - - **private**
3. Foequelleh
4. Gbansuesuloma
5. Gbaota Clinic
6. Janyea
7. Jorquelleh - - **private**
8. Jorwah

9. LAM - - - - **private**