

NATIONAL COMMUNITY HEALTH SERVICES POLICY



MINISTRY OF HEALTH & SOCIAL WELFARE
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ACRONYMS

ACT	Artemisinin-Based Combination Therapy
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BPHS	Basic Package of Health Services
CBO	Community Based Organization
CH	Community Health
CHAI	Clinton Health Access Initiative
CHC	Community Health Committee
CM	Certified Midwives
CHDC	Community Health Development Committee
CHS	Community Health Services
CHSD	Community Health Services Division
CHSS	Community Health Services Supervisor
CHT	County Health Team
CHV	Community Health Volunteer
EHT	Environmental Health Technician
EPHS	Essential Package of Health Services
EPI	Expanded Program of Immunization
CHV	Community Health Volunteer
gCHV	General Community Health Volunteer
HC	Health Center
HF	Health Facility
HHP	Household Health Promoters
INGO	International Non-Governmental Organization
IRC	International Rescue Committee
IPT-SP	Intermittent Presumptive Therapy – Sulfadoxine-Pyrimethamine
ICCM	Integrated Community Case Management
LDHS	Liberia Demographic and Health Survey
MCHV	Maternal Child Health volunteer
MCVW	Maternal Child Health Worker
MDD	Mass Drug Distribution
MNH	Maternal & Neonatal Health
MOHSW	Ministry of Health and Social Welfare
NCHCC	National Community Health Coordinating Committee
NIDS	National Immunization Days

OIC	Officer-in-Charge
RBHS	Rebuilding Basic Health Package
TB/DOTS	Tuberculosis – Directly Observed Treatment, Short-Course
TM	Traditional Midwife
TTM	Trained Traditional Midwife
VDC	Village Development Committee
VPD	Vaccine Preventable Disease

Background

The Basic Package of Health Services (BPHS) established the frame work to begin improving basic health services provision in a post-conflict setting. Building upon successful implementation and strong health sector development, the Essential Package of Health Services (EPHS) now includes scaled-up and additional services for all levels of the health care delivery system to provide more comprehensive services to the Liberian people. The EPHS also focuses on strengthening certain key areas that continue to perform weakly in the current system.

Consistent with the National Health Policy, the EPHS will maintain three levels of care: primary which include community, secondary and tertiary. At the community level, a standard set of outreach, health promotion and referral will be provided for communities more than one hour walk (5km and above) from the nearest health facility by community health volunteers (CHVs).

The Community Health Services Division (CHSD) of the Ministry of Health and Social Welfare (MOHSW) has been reorganized to increase access to basic health services at the community level. In order to provide these services, the division coordinates and collaborates with County Health Teams as well as other programs, partners and communities to scale up community health activities in the counties. The division has developed a number of key documents, including the National Community Health Services Policy, the National Community Health Services Strategic Plan and Operational Guidelines. gCHV training modules for Diarrhea, Malaria, ARI, Essential Nutrition Actions and other CHV modules have also been developed. In addition to setting down a policy orientation for community health services in Liberia, the division has conducted training of trainers' workshops in Diarrhea Case management in all 15 counties and piloted integrated community case management of ARI and malaria in four counties.

As Liberia transitions from the Basic Package of Health Services to the Essential Package of Health Services, there is a need for an evidence-based, standardized approach to community health services. It was prudent to revise the National Policy on Community Health Services so that it reflects the community health components of the National Health Plans 2011-2021. This revised policy is therefore intended to address all issues raised in the Ten-Year National Plan and enable the division to achieve the goals outlined in the Essential Package of Health Services.

This policy is not intended to restrict or prohibit partners from doing more intensive local-level work with community health supporters or other community-level cadres. However, all partners are required to adhere to the policy in conducting such work.

Vision

A healthy population with social protection for all.

A. Overall Goal

The overall goal is to improve the health and social welfare status of the population of Liberia on an equitable basis at community levels.

The objectives are:

1. To ensure that health promotion and health seeking behavior activities are practiced in all communities.

2. To increase access and utilization of quality health and social welfare services
3. To make health and social welfare services more responsive to people's needs, demands and expectations by transferring management and decision making to lower administrative levels ensuring a fair degree of equity.
4. To make health and social welfare protection available to all Liberians regardless of socio- economic status at a cost that is affordable.

In terms of service delivery, this policy aims at ensuring that basic health services are provided to populations living more than 5km or one hour walk from the health facility with full community participation.

CHV Cadres

MOHSW officially recognizes the following cadres of Community Health Volunteers (CHVs) that shall be able to cover the community health activities stated in the Essential Package of Health Services:

1. general Community Health Volunteers (gCHVs)
2. Trained Traditional Midwives (TTMs)
3. Community Health Support Groups
 - a. Household Health Promoters (HHPs)
 - b. Community Directed Distributors (CDD)
 - c. School health
 - d. Mass Drug Distributors (MDD)
 - e. Community Directed Care Providers
4. CHV peer Supervisor

B. Geographic Coverage

Community health services play several different functions within the broader health system. One important function is to improve access to a limited set of simple high-impact interventions for those segments of the population living more than 5 km and above or one hour walk from the closest health facility.

C. Population Ratio

The established ratios for the cadre of CHVs are:

1. One gCHV to 250-500 Population
 2. Two TTMs to 250-500 Population
 3. One CDD to 100 Population
- One HHP to ten houses hold Population
 One CHV peer supervisor to 5-10 CHVs

However, in small disperse villages and towns; with population of less than 250, the community can select additional CHVs to support health services in that community. Recognizing that TTMs have already been traditionally identified by their communities, the MOHSW shall not limit the number of TTMs per community. However, for planning purposes, the MOHSW will assume the above ratio.

D. Setting up Community Health Structures

Community Health structures shall include: Community Health Committee, Community Health Development Committee, and Community Health Volunteers

1. Community Health Committee

- Community health committee members are selected by the community with guidance from the clinic or district health team.
 - The CHC shall comprise of 5-9 members based on fair representation of the population of the community.
 - The CHC shall elect their leadership and a representative to the Community Health Development Committee which shall comprise of chairperson, vice chairperson, secretary, financial secretary, treasurer;
 - There shall be one CHC per community
2. Community Health Development Committee
 - The CHDC shall serve as the governing body of all CHCs in the catchment community.
 - The OIC of the health facility shall serve as the secretary of the CHDC
 - Leadership of the CHDC shall be elected by the CHDC members
 - Community Health Services Supervisor (CHSS) shall serve as a non-voting member of the CHDC
 3. Community Health Volunteers

CHCs shall preside over the selection of CHVs and the process shall be guided by a designated staff from the clinic and or district level during a community forum.
 4. Selection criteria

The standard criteria for selection of CHVs, CHCs and CHDCs are as follows:

 1. A permanent resident of the community
 2. must be able to speak the local language
 3. Willing and able to serve the position and likely to continue to actively serve in this role long-term
 4. Well-respected and of sound moral character
 5. Male or female; preferably female
 6. Available and committed to voluntary work

D. Roles and Responsibilities

The CHVs roles and Responsibilities shall include but not limited to:

1. The implementation of all community directed interventions based on their scope of work
2. Linking the community and health facility in support of outreach services – EPI, TB/DOTS, special campaigns days (vitamin A supplement distribution, NIDS, child health days, and national HIV/AIDS day, ITN distribution);
3. Health Promotion (creating awareness, demonstrating desired behaviors, etc.) group and individual level
 - Awareness on Personal and oral hygiene/hand washing
 - Proper home and community waste disposal (human/animal) /Water and sanitation services
 - Awareness on EPI activities and drop out tracing
 - Safe drinking water
4. Proper home and community waste disposal (human/animal)/Water and sanitation services
5. Link community and social welfare services
6. . Service delivery
 - Distribution and dispensing of Family Planning commodities pills, injectables, condoms;

7. Antenatal
 - Post-partum hemorrhage prevention through the distribution of misoprostol
 - distribution of iron/ folate, calcium, deworming tabs
 - Intermittent Presumptive Therapy (IPT), and ITNs (given fairly high ANC visit coverage, CHV distribution of these commodities may only be necessary for more remote populations with poorer ANC coverage);
8. post-natal
 - post-partum iron supplementation; family planning
 - vitamin A administration
 - immediate post-natal care including care of the newborn and essential nutrition actions (exclusive breast feeding)
9. Integrated Community Case Management – conditions for which dispensing shall be considered:
 - Diarrhea – ORS & zinc;
 - Pneumonia –cotrimoxazole; peds paracetamol
 - Malaria – malaria confirmed case management with ACT for the under-5s & pre-referral rectal artemether for severe cases; 1 peds paracetamol
 - Administration of vitamin A to children 6 months and above; under-5 twice semiannual vitamin A and de-worming;
 - Essential nutrition actions and growth monitoring
10. Documentation –
 - Birth recording
 - Community-level HMIS indicators
 - Maternal, Newborn and child death recording

E. Motivation /Incentive

CHVs as volunteers shall not receive a monthly salary. However, the MOHSW shall ensure that CHVs receive a standardized package of incentives. This package shall include:

1. Transportation reimbursements
2. Meals and lodging during activities such as meetings, workshops, and trainings
3. Essential supplies to perform CHV work, according to their function:
 - Rain gear
 - Torch lights
 - Official badges or ID cards
 - Job aids
 - Certificates
 - Bicycles
 - T-shirts
 - Vests
 - Backpacks
 - Lappas
4. Gifts in kind provided by the CHV's community and other agencies are also encouraged
5. Communities are required to support CHVs in kind and or services

6. Employment or advancement opportunity when available based on demonstrated capacity in previous work as a CHV. This may include advancement into the role of a peer supervisor or health facility staff.
7. Involvement in national campaigns (e.g. polio campaigns, ITN distribution). Performance-based incentives must be provided for specialized functions and MOHSW shall endeavor to ensure continuity of any such incentive provisions.
8. Recognition through events like a National CHV Day, community review meetings, and health fairs

The incentive package must be consistently available, and clearly communicated to CHVs (and CHCs).

The MOHSW shall ensure partners' compliance with this package in their support of CHVs

E. Community Health Services Support System

1. Central level (Community Health Services Division):

The Community Health Services Division at the central level is responsible to coordinate the development and dissemination of policy, strategies, guidelines, protocols and to ensure the implementation of all community health services activities. The Division

- Shall ensure mobilization of resources for the implementation of community health services activities
- Ensure that a standardized core package of training and reporting materials are used and regularly supplied to CHVs. This package shall consist of training curricula, job aids, health management information system (HMIS) registrar/forms, and ledgers.
- Ensure collaboration with partners in the monitoring and supervision of all community health activities in the country.

2. County Community Health Department

- CHVs shall be provided with robust support by their County Health Teams, including in-service training, supportive supervision and consistent resupply of any needed materials (e.g. job aids, reporting forms, medicines or other consumables)
- Ensure the coordination of all community health services activities in the county
- Ensure collaboration with health partners in the monitoring and supervision of all community health activities in the county

The Community Health Department Director shall coordinate all community level activities within the county.

3. District community health department

- At the district level, the community health department shall ensure the coordination and collaboration of monitoring and supervision of community health services activities at the district level

4. Health facility level

- CHVs shall be provided with robust support by their local Health Facilities , including in-service training, supportive supervision and consistent resupply of any needed materials (e.g. job aids, reporting forms, medicines or other consumables)
- Ensure regular supervision of CHVs from the nearest health facility. Supervision shall be the responsibility of the Community Health Services Supervisor (EHT, CM, PA, RN and LPN).
- Supervision shall be conducted on a monthly basis by the Community Health Services Supervisors.

5. Community level

- CHVs shall be provided with robust support by their local Communities, in kind and services
- CHV peer supervisors shall engage in supportive supervision and facilitate reporting of community-level data back to the health facility.

G. Outreach services

- The health facility shall ensure continuous outreach services in the catchment communities of the facility
- With support from the facility, the CHSS along with the CM shall plan and implement outreach services within the catchment communities
- At the level of each catchment area, associated with each clinic and health center, there shall be one locally assigned supervisor/ staff with a primary focus on outreach services and support to CHVs.
- Certified midwives in collaboration with the supervisor shall provide technical oversight of TTMs working within their catchment areas.

H. Training of CHVs

All CHVs shall be trained according to the training policies and curricula of the MOHSW.

Training modules shall include, but shall not be limited to the following:

- Committee roles and responsibilities
- Community health orientation module for gCHVs
- Community entry and mobilization (working with communities)
- Community development advocacy training modules
- HMIS Recording Document
- gCHVs consultation modules
- Community health supervision manual
- Community health supervision checklist and tools
- Integrated Health Technical Module

- Essential Nutrition Actions (ENA) Training modules
 - Home Based Life Saving Skills Training modules
 - WASH / Hygiene Promotion Modules
 - Health Promotion Modules
- Community Based FP training Modules
 - BCC/IEC e.g. CHEST Kit and Journey of Hope Kit etc.
 - Integrated modules on community case management

All existing training materials shall be reviewed and revised to be consistent with current information. Additionally, all CHV trainers must undergo a training of trainers, which shall build their capacity in the knowledge and skills necessary for training and supervising CHVs.

Trainers shall be at all levels:

- National
- County
- District
- Facility
- Community

I. Supervision

Effective supervision shall be at all levels:

National

Supervision shall be conducted by the Community Health Services division quarterly

County

Supervision shall be conducted by the Community Health Services Department Monthly

District

The DHO in collaboration with health facility staff shall conduct monthly supportive supervisor of communities monthly

Facility

Supervision shall be conducted by a professional health worker (EHT, CM, PA, RN and LPN) who has been trained to supervise and train CHVs on a Monthly basis

Community peer supervisors

At the community level, supervisions shall also be conducted by Peer supervisors, who have been selected as the most capable amongst their peers.

The Community Health Committees shall also play supervisory and monitoring roles

J. Monitoring and Evaluation:

The flow of community health data shall follow the HMIS protocol. CHVs shall be responsible for filling out and submitting monthly community-level HMIS data, based on information recorded in their ledgers. The data shall be verified and collected by CHV supervisors, who shall submit information to their health facility to be compiled. Data at the health-facility level shall be reported to the CHT on a monthly basis for onward submission to National HMIS.

[CHV → CHV peer supervisor → facility CHSS (CM, LPNs, PA, RN and EHT) → DHT/CHT]→NHMIS

Systems shall be put into place such that information from the national and county levels is reported back to facilities, CHV peer supervisors, and CHVs.

K. Logistics

Provision of adequate logistics is important for all community health activities. The availability of these provisions will help to enhance the CHS activities at all levels. The Community Health Services Division of the MOHSW shall:

- Ensure all materials intended to facilitate the CHVs activities are delivered to CHVs through the health facility without interruption.
- Ensure all Commodities and drugs for CHVs use are ordered and stored by the CHSS in consultation with the health facility OIC based on the needs of the community without stock
- Ensure all Commodities and drugs for CHVs use are ordered and stored by the health facility OIC based on the needs of the community without stock out.
- Ensure the supply chain master plan is used for delivery of drugs from the health facility to communities.

L. Community Support

Community support is an inter-sectorial collaborative effort at all levels, especially between the MOHSW and MIA. All should be involved for effective support to CHVs.

The relationship between the CHV and the community is critical. As outlined previously, one key selection criterion is that CHVs come from and reside in the community where they serve. Communities should take responsibility and ownership of all health care activities in their communities.

Communities must therefore:

- Select CHVs in accordance with the national CHS policy
- Provide in-kind incentives for CHVs
- Work with, oversee and support local CHVs to liaise with local health facility to mobilize communities through Community Health Committees to take actions for health.
- Support the CHCs as leaders of all health activities in the community working with the CHVs
- Ensure that CHVs make monthly report to CHCs

M. Coordination, Collaboration and Integration

- At national level, the Community Health Services Division shall coordinate all community health programs and activities of the Ministry of Health and Social Welfare.
- All vertical programs of the ministry shall be encouraged to collaborate with the community health services division to implement activities including meetings, trainings, monitoring and supervision, BCC activities etc. The focal person of these vertical programs shall ensure that strategy and plans are shared with the community health services division which shall help to avoid duplication and enhance or lavish minimum resources.

- The Community health package (training, strategy etc) of all vertical programs shall be incorporated into the national community health strategy, training curricula and activity plans.
- The CHSD shall coordinate quarterly meetings of the National Community Health Coordination Committee (NCHCCM) and CCM Technical Working Group. Term of reference for these two bodies shall be developed to ensure effective and efficient functions of groups.

County level

- At county level, a community health coordination committee shall be established to discuss all issues relating to community health program. All vertical programs at the county level shall collaborate with the Community Health Department of the County Health Team (CHT).
- At district level, the health facility staff shall meet with District Health Officer to discuss community health issues.
- Moreover, at the clinic level a regular meeting shall be held in collaboration with the CHDCs and Clinic staff.

Community level

- The CHC working with the CHVs shall serve as leaders of all health activities in the community.
- Communities should take responsibility and ownership of all health care activities in their communities.
- Additionally, the MOHSW shall encourage linkages to CBOs, INGO and other partners, line ministries, national, county, district and community levels focusing on empowerment and health activities etc.

N. Operational Research

Research and development

The Ministry will promote a culture of inquiry into the best methods for delivering of community health services. To achieve this and ensure coordination of community research activities, the national community health program will coordinate closely with the existing Research Unit of the MOHSW to carry out operational, program action-oriented research.

The community health division will also work with other autonomous institution created to organize and conduct community based research. The Ministry shall be consulted in all matters regarding community health related research by third parties.

An Ethics Committee for research will apply approved ethics guidelines and internationally accepted standards to determine the appropriateness of all community health related research. MOHSW and partners will support the national, county and community health service providers to participate actively in sub-regional, regional and global exchanges in order to further community health and social welfare interests of the country, learning from the best practices of others as well as sharing and documenting its own experience.

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