

# COUNTRY PROFILE: LIBERIA

LIBERIA COMMUNITY HEALTH PROGRAMS  
JANUARY 2014



### **Advancing Partners & Communities**

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### **JSI RESEARCH & TRAINING INSTITUTE, INC.**

1616 Fort Myer Drive, 16th Floor  
Arlington, VA 22209 USA  
Phone: 703-528-7474  
Fax: 703-528-7480  
Email: [info@advancingpartners.org](mailto:info@advancingpartners.org)  
Web: [advancingpartners.org](http://advancingpartners.org)

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\* Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.



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# ACRONYMS

ACT	artemisinin-based combination therapies
AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infection
BCC	behavior change communication
BPHS	basic package of health services
CHC	Community Health Committee
CHDC	Community Health Development Committee
CHV	community health volunteer
CHW	community health worker
C-IMCI	community-based integrated management of childhood illnesses
CM	certified midwives
DMPA (IM)	intramuscular Depo-Provera
FAM	fertility awareness methods
FP	family planning
gCHV	general community health volunteer
GOL	Government of Liberia
HBMNC	home-based maternal neonatal and care
HIV	human immunodeficiency virus
HMIS	health management information system
INGO	international nongovernmental organization
IRS	indoor residual spraying
IUD	intrauterine device
MCH	maternal and child health
MNCH	maternal, newborn, and child health
MOHSW	Ministry of Health and Social Welfare
NGO	nongovernmental organization
ORS	oral rehydration salts
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
STI	sexually transmitted infections
TTM	traditional trained midwives
VCT	voluntary counselling and testing
WASH	water, hygiene, and sanitation

# I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to [info@advancingpartners.org](mailto:info@advancingpartners.org). APC intends to update these profiles regularly, and welcomes input from our colleagues.

# II. GENERAL INFORMATION

1	<p>What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs, combination, etc.)?)</p> <p><i>Please list all that you are aware of.</i></p> <p><i>*If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.</i></p>	<p>The <b>National Community Health Volunteer Program</b> is the community health program in Liberia. It is made up of two cadres of health workers and is overseen by the Government of Liberia (GOL) Ministry of Health and Social Welfare (MOHSW).</p>
2	<p>How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?</p>	<p>A cadre of community health workers existed before the civil war in 1989. Some NGOs also had their own cadres over the past decade. The Government of Liberia re-initiated a government-led community health volunteer (CHV) program in 2008. Community health volunteers have been used since that time. However, the first formal cadre of health workers, as they are defined today, was created in policy in 2011. This policy has been updated as recently as 2013 and is evolving to include more activities such as distribution of antibiotics and injectable contraceptives. Overall, the CHV Program is currently undergoing rapid scale-up and policy change.</p>

3	<p>Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting?</p> <p><i>Please note specific districts/regions, if known.</i></p>	<p>The National CHV Program operates in areas nationwide that lack access to formal medical care.</p> <p>Rural communities that are over 5km from a health center or an hour's walk, whichever is farther, are served by general community health volunteers (gCHVs) and traditional trained midwives (TTMs).</p> <p>As of 2012, gCHVs and/or TTMs were active in all 15 counties, but only performing partial duties due to incomprehensive training. The program is still in a scale-up phase.</p>
4	<p>If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.</p>	<p>Current scale-up is aimed at ensuring all counties have health workers trained in the complete package of services. As of 2012, all gCHVs have been trained in diarrhea care. The gCHVs in four counties received training in malaria, with plans to train the remaining 11. All counties will be trained in acute respiratory infection (ARI) care.</p> <p>Additionally, all counties will receive training in family planning (FP), including injectables. Within counties, this training will be limited to select gCHVs who are capable of taking on the additional responsibility.</p>
5	<p>Please list the health services delivered by community health workers (CHWs<sup>1</sup>) under this program. Are these services part of a defined package? Do these services vary by region?</p>	<p>The <i>National Community Health Services Strategy and Plan</i> includes a defined package of services delivered at the community level. These include:</p> <ul style="list-style-type: none"> <li>• Disease prevention and control for HIV/AIDS, sexually transmitted infections (STIs), tuberculosis, malaria, pneumonia, and diarrheal diseases</li> <li>• First aid</li> <li>• Information and education, including behavior change communication, surrounding health promotion and disease prevention</li> <li>• Family health services including immunizations, community-based integrated management of childhood illnesses (C-IMCI), and maternal care</li> <li>• Family planning</li> <li>• Non-communicable disease control</li> <li>• Information and education surrounding water, hygiene, and sanitation (WASH)</li> </ul> <p>While these services are intended to be nationwide, current service delivery is based on the level of training in specific communities.</p>
6	<p>Are FP services included in the defined package, if one exists?</p>	<p>Yes, family planning services are included in the package of services provided in the program.</p>

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<sup>1</sup> The term “CHW” is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

7	Please list the FP services and methods delivered by CHWs.	<p>Limited numbers of both gCHVs and TTMs have been trained in community-based family planning counseling and the distribution of condoms, oral pills, injectables, and emergency contraception.</p> <p>Only 17% of CHVs are trained in the administration of injectables, according to the <i>2013 Community Mapping Report</i>. Thus, gCHVs do not administer this service nationwide at this time.</p>
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	<p>Services are provided in the community. This can be at a client's home or at a community gathering.</p>

### III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	<p>The GLL officially recognizes two cadres of community health workers:</p> <p><b>General community health volunteers</b> provide comprehensive health services at the community level.</p> <p><b>Trained traditional midwives</b> are midwives who are trained to carry out delivery at the community level.</p>	
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Yes, each cadre has distinct responsibilities, which are consistent within cadres. However, both cadres provide the same family planning services to clients.	
11	<p>Total number of CHWs in program?</p> <p><i>Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.</i></p>	<p><b>gCHVs</b></p> <p>There are currently 3,727 gCHVs</p>	<p><b>TTMs</b></p> <p>There are currently 2,856 TTMs</p>
12	<p>Criteria for CHWs (e.g. age, gender, education level, etc.)?</p> <p><i>Please break this down by cadre, if known.</i></p>	<p><b>gCHVs</b></p> <p>gCHVs must be permanent residents of the community, able to speak the local language, willing and able to serve the position and likely to continue to actively serve in the role long-term, be well-respected and of sound moral character, and be available and committed to voluntary work. gCHVs can be either male or female.</p>	<p><b>TTMs</b></p> <p>TTMs are chosen from a pool of existing traditional midwives within the communities. TTMs are selected from the leaders of traditional midwives.</p>
13	<p>How are the CHWs trained? Please note the length, frequency, and requirements of training.</p> <p><i>Please break this down by cadre, if known.</i></p>	<p><b>gCHVs</b></p> <p>All gCHVs are trained according to the training policies and curricula of the MOHSW. gCHVs currently receive training in the management of childhood illnesses; specifically malaria, diarrhea, and ARI. The diarrhea training course is two days, the ARI course is three days, the malaria training course is five days, and the community-based family planning course is five days. Each training has a limit of 20 gCHVs and is led by two or three trainers.</p> <p>Additionally, the MOHSW curriculum includes training on behavior change communication (BCC) and information and education; community mobilization and community committee roles and responsibilities; community entry;</p>	<p><b>TTMs</b></p> <p>TTMs receive the same training as gCHVs with an additional home-based maternal neonatal and care (HBMNC) module. The module focuses on prevention activities through health education and referrals. The module lasts five days.</p>

		advocacy; the health management information system (HMIS) recording document; the community health supervision manual; and the community health supervision checklist.		
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	<b>gCHVs</b> gCHVs are trained over time by intervention area. This leads to gCHVs who are not trained across all service delivery areas. Financial resources limit the ability of training to happen across the country at once.	<b>TTMs</b> TTMs are trained over time by intervention area.	
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	<b>gCHVs</b> gCHVs administer cotrimoxazole, oral rehydration salts (ORS), zinc, and artemisinin-based combination therapies (ACTs), and some family planning commodities; diagnose pneumonia, malaria, and dehydration; provide triage services for symptoms of illness in children; give referral services for immediate medical attention and follow-up care; and provide counseling for all family planning methods.	<b>TTMs</b> TTMs provide maternal, newborn, and child health (MNCH) health education to pregnant women, mothers, and children under five. TTMs encourage facility delivery, accompany pregnant women to the health facility for delivery, provide follow-up care to recently delivered mothers and newborns, and refer clients to health centers when danger signs are recognized.  Additionally, TTMs provide family planning counseling across all contraceptive methods and distribute some contraceptives in the community.	
16	Please list which FP services are provided by which cadre(s), as applicable.		<b>gCHVs</b>	<b>TTMs</b>
		<i>Information/ education</i>	Standard days method, male and female condoms, oral pills, injectables, implants, IUDs, emergency contraceptives, and permanent methods	Standard days method, male and female condoms, oral pills, injectables, implants, IUDs, emergency contraceptives, and permanent methods
		<i>Method counseling</i>	Standard days method (SDM), male and female condoms, oral pills, injectables, implants, intrauterine devices (IUDs), emergency contraceptives, and permanent methods	Standard days method, male and female condoms, oral pills, injectables, implants, IUDs, emergency contraceptives, and permanent methods
		<i>Method provision</i>	Standard days method, male and female condoms, oral pills, and injectables (in select counties)	Standard days method, male and female condoms, oral pills, injectables, implants, IUDs, emergency contraceptives, and permanent methods

		Referrals	Implants, IUDs, permanent methods	Implants, IUDs, permanent methods
17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	<p><b>gCHVs</b></p> <p>gCHVs prescribe and administer cotrimoxazole, ORS, zinc, and ACTs. They also distribute male and female condoms, oral pills, and injectables (in select districts).</p>		<p><b>TTMs</b></p> <p>TTMs prescribe and administer insecticide treated nets, intermittent preventive treatment for malaria, and iron supplements and misoprostol to pregnant women. They also distribute condoms, oral pills, injectables, and emergency contraceptives.</p> <p>Misoprostol is only distributed by TTMs in Bong and Grand Bassa Counties.</p>
18	Are CHWs paid, are incentives provided, or are they volunteers? <i>Please differentiate by cadre, as applicable.</i>	<p><b>gCHVs</b></p> <p>gCHVs are volunteers. The MOHSW has a defined package of incentives that are provided in place of paid employment. The incentives include:</p> <ul style="list-style-type: none"> <li>• Transportation reimbursements</li> <li>• Meals and lodging during activities such as meetings, workshops, and trainings</li> <li>• Essential supplies to perform CHV work, according to their function: <ul style="list-style-type: none"> <li>○ Rain gear</li> <li>○ Flashlights</li> <li>○ Official badges or ID cards</li> <li>○ Job aids</li> <li>○ T-shirts</li> <li>○ Vests</li> <li>○ Backpacks</li> <li>○ Certificates</li> <li>○ Cloth</li> <li>○ Bicycles</li> </ul> </li> </ul> <p>In addition to these stipulated incentives, the communities in which gCHVs work are asked to provide in-kind support.</p>		<p><b>TTMs</b></p> <p>TTMs are volunteers but they are compensated when they accompany a pregnant woman to the health facility for delivery. Most often, pregnant women give TTMs a piece of cloth called a lappa as payment for their services.</p>
19	Who is responsible for these incentives (MOHSW, NGO, municipality, combination)?	<p><b>gCHVs</b></p> <p>These incentives are supported by the MOHSW, but provided and funded by international nongovernmental</p>		<p><b>TTMs</b></p> <p>The compensation is provided by the community or the pregnant woman, and encouraged by partner NGOs and</p>

		organizations (INGOs) and international agencies. In-kind support is provided by the community.	the MOHSW.
20	Do CHWs work in urban and/or rural areas?	<b>gCHVs</b> gCHVs work in communities located at least five kilometers or one hour's walk from a health center.	<b>TTMs</b> TTMs mainly provide services in rural communities.
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	<b>gCHVs</b> gCHVs must be residents of their communities in order to be elected by the community.	<b>TTMs</b> TTMs are residents of the communities they serve.
22	Describe the geographic coverage/catchment area for each CHW.	<b>gCHVs</b> Each gCHV serves 200-500 people.	<b>TTMs</b> One TTM serves 125-250 people. Two TTMs work in the same catchment area as one gCHV.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	<b>gCHVs</b> Bicycles are provided to some gCHVs to increase accessibility to clients.	<b>TTMs</b> TTMs walk to their clients homes. When going with a client to the health center, TTMs take public transportation.
24	Describe the CHW role in data collection and monitoring.	<b>gCHVs</b> gCHVs are responsible for HMIS data collection based on clients seen, gender, age of child, vaccination status, health issue seen, nutritional needs, medications distributed, referral provided, and follow-up condition.  This information is recorded on a register and provided to the Environmental Health Officer (or other formal supervisor) at supportive supervision meetings, so it can be recorded into the HMIS and checked for quality and correctness.	<b>TTMs</b> TTMs work with the gCHVs to assist them with recording all of their activities, including conducting health education, visitations, and referrals, etc. This data is included in the gCHV report and recorded in the national HMIS system.

## IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	<p>The National Community Health Volunteer Program utilizes a semi-decentralized management system. Each local health center is responsible for the management of gCHVs or TTMs in its catchment area. Policy and implementation strategies are determined at the national level. The levels of the system are:</p> <ul style="list-style-type: none"> <li>• National</li> <li>• County</li> <li>• District</li> <li>• Community.</li> </ul>
26	Is the MOH responsible for the program, overall?	Yes, the Ministry of Health and Social Welfare is ultimately responsible for the program.
27	<p>What level of responsibility do municipalities have for the program, if any?</p> <p><i>Please note responsibility by level of municipality.</i></p>	<p>At the national level, the Community Health Services Division of the MOHSW develops gCHV guidelines and supervisory tools, receives and provides feedback on gCHV and TTM activity reports, conducts a monthly technical coordination meeting, and holds quarterly joint supervision for all community health services activities (including gCHVs and TTMs).</p> <p>Though TTMs provide community level services, they are managed by the Family Health Division in addition to the Community Health Services Division.</p> <p>At the county level, the Community Health Services Department holds monthly supervision with involved partners, monitors the training of gCHVs and TTMs, attends and co-facilitates supportive supervision at both the facility and in the community with gCHVs, and works with any partners to ensure appropriate implementation of the MOHSW policy.</p> <p>At the district level, the District Health Team holds monthly supervision and meetings with health facility staff to discuss community health program activities, and collects monthly activity reports.</p> <p>At the facility level, the Community Health Services Supervisor provides support to gCHVs, monthly supervision of gCHVs, coordinates supervision activities with the Community Health Committee (CHC) and Community Health Development Committee (CHDC) and peer supervisors, compiles gCHV activity reports, monitors supply chains and ensures stock availability, trains gCHVs, and coordinates with District Health Teams to provide triage supervision to gCHVs with additional needs on a quarterly basis. At this level, TTMs are supervised by certified midwives (CMs), rather than the Community Health Services Supervisor.</p>
28	What level of responsibility do NGOs have for the program, if any?	NGOs have no formal responsibility for the implementation of the National Community Health Volunteer Program. However, NGOs work closely with the MOHSW and District Health Teams to supplement MOHSW programming, particularly for community-based family planning distribution support and scale up. NGOs follow the guidelines and policies put in place by the MOHSW for all programs at the community level.

29	Are CHWs linked to the health system? Please describe the mechanism.	<p><b>gCHVs</b></p> <p>Yes, gCHVs provide referrals to the health center, receive medications from the health center, and are supervised at the health center. They are also responsible for collecting HMIS data at the community level.</p>	<p><b>TTMs</b></p> <p>Yes, the TTMs act as a linkage to the health facility through the formal referrals of pregnant women. Additionally, TTMs receive supervision and technical oversight from certified midwives.</p>
30	Who supervises CHWs? What is the supervision process?	<p><b>gCHVs</b></p> <p>The National CHV Program utilizes a dual supervision structure for gCHVs. Each gCHV, therefore, has two formal supervisors: a GOL employee and the CHC.</p> <p>The GOL employee is located at the health facility the gCHV is associated with. In policy, the supervisor is the Environmental Health Officer; however the position can also be filled by a nurse or other qualified medical professional when the health facility does not have an Environmental Health Officer.</p> <p>The CHC provides peer supervision to a gCHV. The CHC is composed of 5-9 gCHVs who are elected to the CHC. They meet monthly with all the gCHVs in a community area to provide feedback and problem solving support. The CHC is overseen by the CHDC, which is composed of one member of each CHC and employees of the community health facility.</p>	<p><b>TTMs</b></p> <p>TTMs are supervised by CMs. TTMs attend regular meetings at the health facility with CMs. Additionally, CMs monitor TTM activities and conduct capacity-building sessions to ensure adherence to policy as well as effective performance.</p>
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	Both gCHVs and TTMs refer to the nearest health facility for additional services.	

<b>32</b>	Where do CHWs refer clients specifically for FP services? <i>Please note by method.</i>		<b>gCHVs</b>	<b>TTMs</b>
		<i>SDM/fertility awareness methods (FAM)</i>	Not applicable	Not applicable
		<i>Condoms</i>	Not applicable	Not applicable
		<i>Oral pills</i>	Not applicable	Not applicable
		<i>Intramuscular Depo-Provera (DMPA (IM))</i>	gCHV or TTM who are trained in injectables or nearest health facility	gCHV or TTM who are trained in injectables or nearest health facility
		<i>Implants</i>	Nearest health facility	Nearest health facility
		<i>IUDs</i>	Nearest health facility	Nearest health facility
		<i>Permanent methods</i>	Nearest health facility	Nearest health facility
		<i>Emergency contraception</i>	Not applicable	Not applicable
<b>33</b>	Are CHWs linked to community outreach programs?	gCHVs and TTMs are the formal community outreach program in Liberia. gCHVs and TTMs also work with additional health outreach programs, such as immunization days and non-MOHSW family planning days to mobilize community attendance.		
<b>34</b>	What mechanisms exist for knowledge sharing among CHWs/supervisors?	<b>gCHVs</b> gCHVs meet their government-supervisor (Environmental Health Officer or other health facility employee) monthly. gCHVs that need additional assistance can meet with their supervisor and the District Health Team quarterly. Knowledge sharing among peers is provided via the CHC and CHDC.	<b>TTMs</b> TTMs meet with the CM on a monthly basis.	
<b>35</b>	What links exist to other institutions (schools, churches, associations, etc.)?	The MOHSW encourages linkages with other institutions, such as community-based organizations, INGOs, or NGOs. These linkages are created through partner work at MOHSW health facilities.		

36	Do vertical programs have separate CHWs or do the programs share or integrate the CHWs?	The National CHV Program is an integrated community health program. It provides a variety of health services. gCHVs and TTMs are distinct from one another, based on the training they receive and services they provide.
37	Do they have data collection/reporting systems?	Data is collected through a ledger by gCHVs and given to their government supervisor. The data is then entered into the national HMIS system. The TTMs data is recorded with the help of the gCHVs and reported to the health facility or through the supervisors.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	The program is funded through a combination of the MOHSW budget and donor funding. The government provides 15% of the overall health expenditures at the national level.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	gCHVs and TTMs obtain health commodities from their GOL supervisors, the Environmental Health Officer and community midwife, respectively. They are also provided other necessary supplies, such as BCC materials, during training.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Currently, there is no policy on where or how gCHVs and TTMs should dispose of medical waste. However, there are current discussions at the MOHSW level to clarify this.

## V. POLICIES

41	<p>Is there a stand-alone community health policy? If not, is one underway or under discussion?</p> <p>Please provide a link if available online.</p>	<p>The GOL has two policies that guide the implementation of community-based services: <i>The Revised National Community Health Services Strategy and Plan 2011-2015</i> and the <i>National Community Health Services Policy 2011</i>.</p> <p>Though not a policy document, the MOHSW has also written guidance on community-based family planning: <i>The National Guidelines for Initiating and Managing Community-Based Family Planning Distribution Services 2013</i>.</p> <p>However, as the community health system in Liberia is currently in development and scale-up, these policies and guidelines are continuously being changed and amended.</p>
42	<p>Is the community health policy integrated within overall health policy?</p>	<p>The <i>National Community Health Services Policy</i> is a free-standing policy and not a part of the overall health policy. However, the <i>National Health and Social Welfare Policy and Plan 2011-2021</i> informs the basic package of health services (BPHS), which includes service delivery by gCHVs and TTMs.</p>
43	<p>When was the last time the community health policy was updated? (months/years?)</p>	<p>The plan was revised in December 2011.</p>
44	<p>What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)</p>	<p>The program is to be implemented nationwide.</p>
45	<p>Does the policy specify which services can be provided by CHWs, and which cannot?</p>	<p>The policy outlines a set of services that may be offered by health workers at the community level, but does not stipulate which services can and cannot be offered.</p>
46	<p>Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?</p>	<p>The <i>National Health and Social Welfare Policy and Plan</i> states that both gCHVs and TTMs can distribute family planning commodities in their communities. Additionally, the <i>National Guidelines for Initiating and Managing Community Based Family Planning Distribution Services</i> provides specific requirements for who is able to inject contraceptives. The <i>National Community Health Services Policy</i> specifies that distribution of injectable contraception is part of the services included in the role of gCHVs and TTMs.</p>

## VI. INFORMATION SOURCES

- Community Health Services Division, Ministry of Health and Social Welfare, Republic of Liberia. 2013. *Report: Comprehensive Mapping of Community Health Volunteers (CHVS) and Community Health Structures in All Health Districts of Liberia*. Monrovia: Ministry of Health and Social Welfare, Republic of Liberia.
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# VII. AT-A-GLANCE GUIDE TO LIBERIA COMMUNITY HEALTH SERVICE PROVISION

Intervention		General Community Health Volunteer				Trained Traditional Midwife			
		Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral
<b>Family Planning</b>	Services/Products								
	SDM/FAM	X	X		X	X	X		X
	Condoms	X	X	X	X	X	X	X	X
	Oral pills	X	X	X	X	X	X	X	X
	DMPA (IM)	X	X	X	X	X	X	X	X
	Implants	X	X		X	X	X		X
	IUDs	X	X		X	X	X		X
	Permanent methods	X	X		X				
	Emergency contraception	X	X		X	X	X	X	X
<b>HIV/AIDS</b>	Voluntary counselling and testing (VCT)	X							
	Prevention of mother-to-child transmission (PMTCT)	X							

<b>Maternal and child health (MCH)</b>	Misoprostol (for prevention of postpartum hemorrhage - PPH)					X		X	X
	Zinc	X	X	X	X				
	ORS	X	X	X	X				
	Immunizations	X	X		X				
	Cotrimoxazole	X	X	X	X				
	Vitamin A	X	X	X	X				
	De-worming	X	X	X	X				
	Iron							X	
<b>Malaria</b>	Bed nets	X	X		X	X	X	X	
	Indoor residual spraying (IRS)	X			X				
	Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP)	X	X	X	X				
	Intermittent preventive treatment					X	X	X	





**ADVANCING PARTNERS & COMMUNITIES**  
**JSI RESEARCH & TRAINING INSTITUTE**

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Web: [advancingpartners.org](http://advancingpartners.org)

