Document up-dated in May 2009

Country: Liberia

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget Approved by the Board: USD	Approval Track	Total Amt Disb-ed up to last date	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
LBR	2	2007-2010	2007-2011	4,090,000	**First Submitted**: *02.03.07* **App. W conditions**: *n.a.* **Not approved**: *n.a.* **Resubmitted**: n.a. **First Approval**: *12.05.07*	2,023,000	02.08.08

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

Given the conflict devastated health infrastructure, the challenges are immense. Immediate attention is being given to:

- Expanding access to a basic package of health care by investments in infrastructures, human resources and decentralized management;
- Establishing the building blocks of an equitable, effective, lean, responsive and sustainable decentralized health care delivery system.

Proposal Goals

To promote the health of children and women by implementing plans to significantly reduce infant, childhood and maternal mortality and morbidity aimed at reaching the MDGs.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• To implement Basic Package of Health Services [BPHS] with child survival as an entry point; • The development of clear guidelines and training plans and implementation of plans, for increased population access to community-based health services;	• To link health services with the community by expanding community-based workforce; and • Strengthen evidence based management (support systems) of primary health care service provision with emphasis on community-based health services.

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Lack of resources to support health services → poor access to quality health services; • Weak and disorganised health financing system; • Lack of an operationalised national health policy; • Poor coordination within government, & between govt., partners & stakeholders; • General lack of transparency.	• Develop and disseminate an Integrated BPHS; • Define the role of the community in the delivery of nutrition, integrated management of childhood illnesses, & home based care for HIV/AIDS and other basic health services; • Develop or revise protocols and guidelines for treatment, health promotion and behavioural change; • Plan and implement outreach sessions using the integrated BPHS; • Conduct annual meetings will all relevant line ministries and health partners; • Conduct and regularly review district and county micro-plans of the integrated BPHS ; • Plan and conduct Op.Res. for community based services for BCC/IEC; • Plan and establish a computerized stock management and logistics.	1,013,000	24.8
Human Resource Development/Performance Management. • Serious gaps in human resources; deficiencies at all skill levels; • Irregular payment of salaries and incentives; • Low morale of personnel.	• Develop roles and responsibilities of identified CHWs, & develop training materials; • Train community health workers based on integrated BPHS for CHWs; • Establish a training unit and define roles and responsibilities of the unit; • Develop training manuals for the integrated BPHS, & for the training health institutions; • Develop HR plan, & establish an HR database with periodic HR assessments; • Identify and select 800 community health workers, two for each health facility; • Standardize curricula of CHW, develop skill-competency testing, & train new CHWs.	1,595,000	39.0
Drugs, Equipment, Supplies, Facilities • Destroyed, dilapidated and sub-standard health infrastructures.	• Purchase 4 vehicles for coordination and mobility of training unit, the HR activities, & the monitoring of the health information and management system.	100,000	2.4
Monitoring and Evaluation • Poor quality of existing Health management and Information system	• Establish community based surveillance and information systems; Develop and implement HMIS and database for management of the integrated BPHS; • Provide data management tools and conduct regular and refresher training of key health workers on data collection, analysis, &management of information; • Establish an M & E system	980,000	24.0
Overheads	Management of HSS/Some TA	401520	9.8
TOTALS		**4,089.520**	**100.00**

***** *These figures are based on the Budgets provided by the countries.*

Health financing Gap: For the Immunisation programme - taking into account secured and probable funding:= US$3.01m (2006-2010, cumulative); or 25% and 29% of total needs in 2009 and 2010, respectively. Government anticipates a shortfall of approx US$2.5m for the planned budget.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2007	Final Targets 2010	Expected Source of Data/Information
Outcomes/Outputs:			Data sources:
• DPT coverage	90%	92%	• Routine quarterly reports of County health teams, & the national planning department of the MOHSW • Annual review and planning meetings; • Routine and Active surveillance and/or surveys
• OPV3 coverage	90%	92%	
• Measles coverage	95%	96%	
• U5MR	230/	170/	
• % of identified and recruited community HWs -2 per health facility;	50%	100%	
• % of community health workers trained on BPHS	50%	100%	
• % of counties with functional health information and management system of BPHS	50%	100%	
• % of health facilities implementing BPHS at the community level by community health workers.	50%	90%	
• % of counties implementing HMIS;	50%	100%	
• % of health facilities submitting a HMIS report to the County health teams on BPHS for previous month	50%	90%	
• % of health facilities with delivery of improved quality of integrated BPHS at the lower level.	40%	70%	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: HSCC & ICC; Project Management Unit within MOH.

Channelling/Management of funds: Ministry of Health and Social Welfare Bank account; funds released on approval of sector plans. Audited by General auditing Office.

Strategies proposed for sustainability of activities: Not stated – although govt. intends to increase its health expenditure by 20% per annum.

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: WHO, UNICEF, EU, World Bank, USAID, Rotary International, Save the Children-UK

ii) *Proposal Management*: European Commission, USAID

iii) *Proposal Implementation:*

Other Financial Support for HSS: Not Clear; US$240.7m received from bilaterals/multilaterals (2007-201) for the health sector.