

REPUBLIC OF LIBERIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

**National Guidelines for Initiating and Managing Community -Based Family Planning
Distribution (CBD) Services**

Community Health Services Division and Family Health Division

Monrovia

Liberia.



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Best Wishes,

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I. BACKGROUND

The Ministry of Health and Social Welfare, in line with the sector reform process, has restructured the Community Health Services Division: Appointed a director for the division, developed National Strategy and Policy for Community Health Services and is providing support for scaling up of community health volunteers training.

The Ministry of Health and Social Welfare considers the Community Health Volunteer as an important component of health care delivery system of Liberia. This is reflected in the National Health Policy and the Basic Package for Health Services. The Essential Package for Health Services (EPHS) identifies specific activities that can be implemented at the community levels and by the community.

As part of the health sector reform, the MOHSW has developed a National Strategy and Policy for Community Health Services. The Ministry has also re-organized the Community Health Volunteer's program to reflect some standards according to the National Strategy and Policy for Community Health Services. The National Strategy and Policy for Community Health Services primarily addresses service delivery requirements in rural and urban areas of Liberia.

1.1 What is a CBD Program

Community-based family planning (CBFP), commonly known as Community-Based Distribution (CBD), program refers to programs that use community organizations, structures, resources and institutions to promote and distribute the use of safe contraceptive technologies. In Liberia, community-based family planning programs focus on counseling, condom distribution, provision of oral contraceptives (pills), depo-provera injection. Community based distributors provide services to individuals in childbearing age. The community health services strategy recommends that Community Health Volunteers (CBD) operate in the community where they live or conduct visits to residents in their homes.

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Moreover, to be eligible for training to provide injectable contraceptives, a CBD must have demonstrated good counseling and distribution of condoms and oral contraceptive pills. More importantly, all CBDs graduation to the level of injectable administration will have done a clinical practice to complete the training.

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1.2 Why CBD Approach in Liberia

Experience from other African countries such as Ghana, Uganda, Ethiopia, Tanzania and Malawi, have shown that that when services are brought closer to clients at the community level, utilization of family planning services increases CBD (WHO, USAID, FHI 2009). In Liberia, contraceptive days have proven that the practice of taking contraceptive to the people tremendously increases family planning up take. Contraceptive days have increase FP utilization to high levels. For example, on September 26 2012, the MOH&SW and partners provided FP to over three thousand women and men of childbearing age. However, contraceptive days cannot be conducted every day, but CBDs can work most days of the year. Therefore enabling CBDs to administer quality FP services at the community level will drastically reduce maternal and neonatal mortality.

1.3 Goal

The goal of the National Guidelines for initiating and Management of CBD program is to serve as a tool for implementing sustainable Community-Based Family Planning program through services characterized by high impact, strong coordination and meaningful participation by community members in positive actions for health.

1.4 Objectives

The objectives of the National CBD Guidelines are to:

- Equip program managers with process for effective and efficient implementation procedures for CBD programming
- Ensure standardization in initiating and implementing CBD activities

1.5 Rationale for initiating CBD activities in Liberia

Since the guidelines aim at maximizing the impact of CBD programs, avoiding duplication and wastage of limited resources, **geographical areas with the following indicators should be given priority:**

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- High infant mortality and maternal morbidity and mortality rates.
- Poor access to health facilities due to geographical, social, cultural, economic and functional conditions.
- High teenage pregnancy and abortion
- High occurrence of unintended and unwanted pregnancy
- High demand by the community for FP and other client management services.
- Low family planning prevalence and high fertility rates.
- Existence of referral health facility to support the program

1.6 Geographic Coverage and Population Ratios

CBD program will be **initiated in urban and rural areas**. The established ratios for the CBD should be **one CHV to 250-500 population** and follower regulations stipulated in the National Community Health Guidelines.

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II. INITIATING AND MANAGING CBD SERVICES

Ministry of Health and Social Welfare (MOH&SW) partners wishing to initiate CBD activities in Liberia should develop a comprehensive proposal based on identified needs. The proposal should be developed in collaboration with the County Health and social welfare Team (CHT&SW), in particular with the Community Health Development Director and the Reproductive Health Supervisor at the county level.

The CHT&SW will be responsible for informing the MOH&SW. All CBD Programs should have a clear sustainability plan that fits into the County FP activities.

2.1 Planning

Before starting activities in the field, a plan must be developed with active community involvement/participation. The plan will aim at responding to the identified CBD approaches and priorities. It will include the objectives, indicators, activities, and budget necessary to meet the needs.

The initial planning process of CBD programs should involve sectors at different levels of the county thus avoiding the top down approach. This stage is crucial for the future sustainability of the program as it is here where the question of ownership, accountability and responsibility is determined and defined. A CBD program belongs to the community and the community should be empowered through information, education and advocacy activities that lead to sensitization, motivation, mobilization, active support and participation.

County Health and Social Welfare Team should ensure that the community has functional community health committees (CHC) and community health development committees (CHDC). The role of the CHC and CHDC is to serve as a link between facilities and communities on all health related activities. Time should be invested to make sure that the community and potential CBD understand the task ahead of them. It may take weeks or even months before the idea is internalized by the respective community. **DO NOT RUSH; INVEST TIME TO CLEAR THEIR DOUBTS.**

Before implementation, the planned activities need to be prioritized, and resources need to be mobilized and put in place.

2.2 Selection criteria of CBD and CHV supervisors

The selection criteria of CBD are the same as the selection criteria in the national strategy and policy for community health services document (Please refer to Section 9 in the National Community Services Plan and Strategy 2011-2015).

Selection Criteria (Please also refer to the Revised National Community Health Services Policy February 2012):

- 1) 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
- 6) Available and committed to voluntary work

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In addition to this, CBD for CBD programs must be a person with behavior which is consistent with the CBD objectives. CHV supervisors should be appointed from the nearest health facility, while peer supervisors will be selected from among the CBD.

2.3 Training

2.3.1 Master Trainers

National and County Master trainers selected and trained under the Community Health Services Program will be updated in family planning and CBD training materials for trainers. These master trainers will then train county level CBD trainers. **The training for master trainers should be 3 days.**

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The following standardized materials and documents in their most current edition must be used:

- Trainer's curriculum and manual
- CHV training curriculum and manual

2.3.2 Training of Trainers

CBD trainers for CBFP will be experienced FP providers and community based health worker. **The training for CBD trainers will last a maximum o of five days.**

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Each training of trainers should be limited to 15 - 20 person's per class and three facilitators.

Training curriculum includes:

- Guide for Trainers of CBD of Family Planning and Adolescent Reproductive Health.
- CBD supervisors' guide
- Supervisory Checklist

2.3.3 Community Health Committee (CHC)

To enable the CHC lead advocacy for FP at the community, an initial one day orientation should be provided for them. Moreover, this team should be involved with planning and implementation of events such as contraceptive days and or county/community visits of the Ambassador for Reducing Maternal and Neonatal Mortality. Selection criteria for CHC are based on the National Community Health Policy. **2.3.4 Training of community Based Distributors**

The following elements should be considered before and when training CBD:

- Trainings should be limited to 15-20 participants per training and a minimum of 3 trainers
- Duration of initial training should be 5 days followed by monthly meetings which include refresher trainings and quarterly three day refresher trainings

The following standardized materials and documents in their most current edition must be used:

- Trainer's curriculum and manual
- CHV training curriculum and manual

2.4 Initial Supplies Requirement for CBD

After training, the CBD for family planning should be provided with **a CBD kit** containing the following:

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- Metal or wooden box to store commodities
- Backpack
- BCC materials and job aids
- Samples of FP methods to be provided with increased skills and competency (15 Microlut, Microgynon, 10 cycles Emergency Contraception pills, 10 vials of Depo Provera, 2ml syringes and needles) and sharp disposable boxes. In some cases syringes may not need to be provided for administration injectable contraception because it may be prepackaged.
- Register book, HMIS Forms, referral form, feedback form, patient cards, and ledger for stocks, pen, pencils, erasers and sharpeners, ruler, umbrella.
- Torch light and batteries

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Restocking of supplies:

Community based FP distributors will be supplied by their supervisor.

2.5 Motivation / Incentive

CBD are not entitled to monthly salary and there is no simple formula for effective CHV motivation scheme. However, motivation is very important. Therefore, a mix of motivation scheme by MOHSW, CHTs, partners and communities make CBD to remain active, effective and motivated since they are *volunteers*.

MOHSW, with support from partners and the community will ensure provision of a variety of types of material support for CBD. e.g. provision of transportation allowances during meetings and provision of responsibility allowance for good report on time.

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2.6 Monitoring and Supervision

At the county or district level, the environmental health technician will have overall responsibility for all community health volunteers as stipulated in the National Community Health Strategy and Plan

At the health facility level a professional staff, the Community Health Services Supervisor (CHSS), will supervise the CBD monthly. At the community level, the most competent CHV will be selected as a peer supervisor and conduct monthly supervision as directed in the Revised National Community Health Services Strategy and Plan (1 peer supervisor per 5-10 CBD). The Health Facility skilled or Community Health Services Supervisor is subsequently responsible for supervising the CHV peer supervisor. The CHC is responsible for providing general supervision of the CBD program in their respective program.

2.7 Evaluation

Evaluation helps to assess whether the program is reaching its objectives (effectiveness) with optimum use of resources (efficiency) and is covering the needs of the community (adequacy). It provides information for decision making. An evaluation component should be built into the program design at the onset; a baseline, mid-term and end of project assessment done and documented.

Ensuring proper documentation of program activities, using of standardized available data collection tools like the HMIS forms should be essential components of any CBD program. On a monthly basis CBD reports from the community should be compiled by the CBD peer supervisor and submitted to the catchment health facility. This report and all other reports will be compiled by the CHT for onward submission to the central level as per the HMIS and LMIS reporting system.

2.8 Reporting

Reports should be completed on a monthly basis. Each level has a responsibility to report activities in the following scheme:

CBDs directly attached to health facilities will report through the facility

CBDs working with the EHT will provide reports through the EHT to the CHSWT

III. Roles and Responsibilities of CBD Stakeholders

3.1 The Role of Ministry Of Health

- To develop and revise strategies, curriculum and manuals for training.
- To develop/review guidelines and standards for the implementation of CBD program
- To monitor and supervise the program at all levels
- Support decentralization
- Solicit support for the CHTs
- Ensure adequate and regular supply of commodities and other supplies in country.
- Ensure the distribution of Commodities to the county

3.2 The Role of the CHTs:

- Coordinate all CBD programs in the county.
- Provide and disseminate standardized CBD guidelines to the all stakeholders in the county.
- Ensure CBD activities fit into the National Reproductive Health Strategy, National Family Planning Strategy, and other strategies.
- Solicit resources for initiating and supporting CBD programs.
- Appoint a Family Planning/CBD focal person for the county.
- Monitor and supervise program activities at the county level
- Ensure the availability of commodities to the health facility
- Provide training and refresher CBD Team

3.3 The Role of the catchment health facility

- To attend to FP clients referred by CBD
- Fill and send feed- back form to CBD
- Compile and submit report to CHT,
- Conduct supportive supervision (at least monthly)
- Manage commodities and supplies,
- Provide regular supply of commodities to CBD through the CHV supervisors
- Coordinate and document monthly meetings with CBD and CHDC.
- Assist with training and refresher

- Coordinate all CBFP activities within catchment population

3.4 Roles of the peer supervisor

- Conduct supportive/formative supervision using a checklist.
- Ensure the regular supply of commodities to CBD
- Prepare supervision meetings for CBD and other relevant people in the catchment areas.
- Manage implementation problems and re-solving conflicts.
- Help CBD write reports and compile reports and submit to the clinic.

3.5 The Role of Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs) is to:

- Ensure adherence to the National MOH&SW strategy and guidelines in all. CBD programs
- Document and share experiences/reports with the Counties and other stakeholders at meetings.
- Solicit resources for initiating and supporting CBD activities.
- Collaborate activities with MOH&SW and CHT&SW and other stakeholders in CHFPD planning and implementation

3.6 The Role of Private Sector and Other Ministries (Gender, Education Internal Affairs, Agriculture, etc.)

- Support CBD initiatives in their area (e.g. sharing of resources where applicable)
- Provide Technical Assistance (TA) in their specialized fields.

3.7 The Role of the Community/CHC

The community is the backbone of the CBD programs and it is responsible for the project ownership and sustainability. This should be made clear and accepted by the community before the project starts. The community should be empowered and supported to make decisions on their family plantings needs, available resources and to oversee the CBD activities.

Implementers of CBD program should support/empower the committees (CHC & CHDC) to provide sustainable incentives package for CBD e.g. the provision of tools for agricultural activities.

- Initiate and support sustainable income generating activities to support CBD activities
- Participate in decision making, planning, implementation, regular monitoring and evaluation of the project through appropriate facilitation by counties/districts and other stake holders.
- Set and promote community norms, behavior, decision making system, and arrange village health events and activities responding to their FP/RH felt need
- Link the community and clinic
- Advocate for the reproductive right of all clients.

3.8 The Roles and Responsibility of Community Family Planning Distributor (CBD)

- Manage the CBD activities within their catchment area.
- Provide FP services and make referral for other FP/RH and Health services
- Provide IEC material to communities
- Advocate for FP/RH rights and services at the community, including adolescent right to services, and communicate with other health institutions and individuals dealing with similar issues.
- Collaborate with other actors and stakeholders including village/town leaders and other formal and informal groups.
- Integrate FP services into other areas of services provision (Nutrition, EPI)
- Keep daily records of activities including counseling, referral, and service provision
- Keep records of commodity provision
- Provide monthly report on developed standardized format and submit to authorized channels

Services to be provided at the community level by CBD:

- Awareness – behavior change communication (BCC)
- Provide balance counseling
- Initiate FP and follow-up
- Provide post partum FP counseling
- Provision of commodities:
 - Cycle beads
 - Male and female condoms

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- Emergency contraception
- Oral contraception
- Latational and amenorrhea method
-
- Scale-up for Injectables
- Participate in contraceptive day events
- Participate in integration of FP and other MCH activities such as EPI
- Conduct referrals for long acting methods and for complications

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