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# ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: LIBERIA

**July 2015**

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## **The Health Finance and Governance Project**

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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*Photo: A woman holds her one-week old infant in Liberia.  
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# ACRONYMS

<b>EPHS</b>	Essential Package of Health Services
<b>NGO</b>	Nongovernmental organization
<b>RMNCH</b>	Reproductive, maternal, newborn and child health



# ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



# THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN LIBERIA

The government of the Republic of Liberia published its EPHS in the *National Health and Social Welfare Policy and Plan 2011–2021* and the accompanying policy document *Essential Package of Health Services, Phase One (2011)*. The EPHS is clearly defined by specific health interventions and by service delivery level.

According to the *National Health and Social Welfare Policy and Plan 2011–2021*, Phase One builds upon the country’s prior Basic Package of Health Services (developed in 2007), and places an increased emphasis on maternal and child health services, adolescent health services, emergency services, and communicable diseases control. Phase One originally was intended to cover 2011–2013, after which Phase Two would expand the EPHS to include chronic disease care such as for reproductive cancers, noncommunicable diseases, and tropical diseases. At the time of drafting this report, an updated document for Phase Two has not been published. For the complete list of services included in Phase One, see Annex A.

## Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Liberia’s EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	39
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	3
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	17

The following four priority RMNCH services are excluded from Liberia’s EPHS:

### Implicitly excluded:

- ▶ Safe abortion
- ▶ Social support during childbirth
- ▶ Women's groups

### Explicitly excluded:

- ▶ Routine immunization plus *H. influenzae*, meningococcal, pneumococcal and rotavirus vaccines

## Use of Selected Priority Services

The table below presents the country's data on common indicators.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)				
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2007		78.7	32.2
BCG immunization coverage among one-year-olds (%)	2013	87		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	89		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

## How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

The EPHS in Liberia is delivered through four sub-systems: the community health system, the district health system, the county health system, and the national health system. County Health & Social Welfare Teams (under the Ministry of Health and Social Welfare) manage all Ministry-owned facilities, Ministry-employed human resources, and Ministry-provided material resources in their respective counties. Implementing NGO partners are responsible for staffing facilities based on each facility's workload. The *National Health and Social Welfare Policy and Plan 2011–2021* does not distinguish between the public sector and the implementing partner NGO facilities, and consider all of them to be part of the public sector health system.

The community health system delivers primary care through community-level services and primary health care clinics (levels 1 and 2). Community-level services are delivered by household health promoters, trained traditional midwives, and general community health volunteers. According to the *National Health and Social Welfare Policy and Plan 2011–2021*, these community health workers do not receive a health worker salary from the government, and provide only limited components of the primary level of services. Primary health clinics are variable in terms of features and size, but they must offer, on a permanent basis, the level-appropriate EPHS, including curative care, maternal and child care with immunization, and delivery attendance.

The district health system is intended to provide secondary care, and includes health centers and district hospitals. The latter are available in some densely populated areas with poor access to a county hospital.

The county health system includes county hospitals, which should provide expanded services within secondary care 24 hours a day, including general surgery, pediatrics, general medicine, obstetrics and gynecologic services (including emergency), intensive care, laboratory services, and basic radiology services.

Finally, the national health system level includes the tertiary care hospitals. Regional hospitals (covering 3–5 counties) and the John F. Kennedy Medical Center operate at this level. The latter is privately owned.

## Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Liberia based on data from a 2007 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Coverage of reproductive health, maternal health, and immunization services appears to be associated with wealth, education level of the mother, and rural versus urban place of residence, suggesting inequity in service coverage.
- ▶ Only 34 percent of births among people with rural residence are attended by a skilled health professional, compared to 82 percent among people with urban residence.
- ▶ Coverage of family planning needs satisfied ranges from approximately 10 percent to 40 percent, with coverage increasing with wealth.
- ▶ BCG immunization coverage is around 70 percent among one-year olds when the mother has no education, compared to around 90 percent among one-year-olds when the mother has secondary schooling or higher.

The new EPHS developed for the *National Health and Social Welfare Policy and Plan 2011- 2021* includes activities and objectives related to delivering the EPHS to different population groups. It emphasizes improving physical access to health facilities for rural and underserved populations. It emphasizes services for adolescents, pregnant women, mothers, children, and people with mental health needs. Additionally, it includes policies and activities that aim to address challenges facing indigent people and vulnerable populations.



## Providing Financial Protection for the EPHS

- ✓ All services included in the EPHS are legally exempt from user fees on a national scale.

Services in the EPHS are currently legally exempt of user fees at all public sector hospitals. The *National Health and Social Welfare Policy and Plan 2011–2021* states that the Ministry of Health and Social Welfare shall put in place an administrative system for the collection of affordable user fees for certain services. Additionally, the government will explore a range of payment schemes, such as community-based financing and social health insurance, to identify a long-term health financing strategy. When drafted, the Plan stated that legally exemption of user fees for the EPHS will continue at least through 2013, at which point the intention was to move to different systems of user fees, with some sort of financial protection mechanisms available to those who need it. To date, the government has not published a policy document signaling a shift in health financing.



# SOURCES

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# ANNEX A. LIBERIA'S EPHS



# ESSENTIAL PACKAGE OF HEALTH SERVICES

Primary Care: The Community Health System

## Phase One



Ministry of Health & Social Welfare  
Republic of Liberia

Monrovia  
June 2011

# Abbreviations

ACT	Artemisinin-based Combination Therapy
AFASS	Acceptability, Feasibility, Affordability, Sustainability, Safety
AFB	Acid-Fast Bacillus
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BCG	Bacille Calmette-Guérin
BEmONC	Basic Emergency Obstetric and Neonatal Care
BPHS	Basic Package of Health Services
CDDs	Community Directed Distributors
CDTI	Community Directed Treatment with Ivermectin
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CEO	County Education Officer
CHSWT	County Health and Social Welfare Team
CHV	Community Health Volunteer
DHO	District Health Officer
DOTS	Directly Observed Treatment Short Course
DHS	Demographic Health Survey
DMPA	Depot Medroxy-Progesterone Acetate (Depo-Provera)
EHT	Environmental Health Technician
EmONC	Emergency Obstetric and Neonatal Care
ENAA	Essential Nutrition Actions Approach
EPHS	Essential Package of Health Services
EPI	Expanded Program on Immunization
GBV	Gender-Based Violence
gCHV	General Community Health Volunteer
GOL	Government of Liberia
HCT	HIV Counseling and Testing
HFS	Health Facility Survey
HHP	Household Health Promoters
HIPC	Heavily Indebted Poor Countries
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IHR	International Health Regulation
IMF	International Monetary Fund
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITNs	Insecticide Treated Nets
IRS	Indoor Residual Spraying



IVM	Integrated Vector Management
JFKMC	John F. Kennedy Medical Center
LDHS	Liberia Demographic and Health Survey
LMIS	Liberia Malaria Indicator Survey
MAM	Management of Acute Malnutrition
MCH	Maternal and Child Health
MDA	Mass Drug Administration
MDG	Millennium Development Goal
MOE	Ministry of Education
MOHSW	Ministry of Health and Social Welfare
MPHP	Multi-Purpose Health Professional
MUAC	Middle Upper Arm Circumference
MVA	Manual Vacuum Aspiration
NACP	National AIDS Control Program
NCDs	Non-Communicable Diseases
NIDs	National Immunization Days
NGOs	Non-Governmental Organizations
NLTCP	National Leprosy and Tuberculosis Control Program
NMCP	National Malaria Control Program
NTDs	Neglected Tropical Diseases
OIC	Officer in Charge
OPD	Outpatient Department
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
OTP	Outpatient Therapeutic Program
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission
RDT	Rapid Diagnostic Testing
RED	Reach Every District
RPR	Rapid plasma reagin
SARS	Severe Acute Respiratory Syndrome
SBA	Skilled Birth Attendants
SGBV	Sexual and Gender-Based Violence
SIA	Supplemental Immunization Activities
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STH	Soil-Transmitted Helminthes
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TTM	Trained Traditional Midwife
VCT	Voluntary Counseling and Testing
VVF	Vesico-Vaginal Fistula
WASH	Water Quality, Sanitation, Hygiene
WHO	World Health Organization

# 5.0 Essential Primary Care Services: Detailed Listings

## 5.1 EPHS Required Health Interventions and Services

Maternal & Newborn Care	
Antenatal Care	
Interventions and Services Provided	PHC Clinics
<b>Routine Care</b>	
Diagnose pregnancy	Yes
Screen for high risk, including short height	Yes
Monitor growth of fetus (height of fundus)	Yes
Monitor mother’s weight gain	Yes
Give tetanus toxoid	Yes
Give prophylactic iron, folic acid and multivitamins	Yes
Give intermittent preventative treatment for falciparum malaria	Yes
Give mebendazole for deworming	Yes
Screen for and manage pre-eclampsia or hypertension	Yes/Refer for delivery
Screen for and manage severe pre-eclampsia or hypertension	Refer immediately
Screen for and treat anemia	Yes
Manage severe anemia (<7gm/dl) with symptoms or in last trimester	Refer
Screen (RPR) and manage syphilis and partner	Yes
VCT for HIV	Yes
Feel for malpresentation or twins	Refer
IEC/BCC on the importance of antenatal care	Yes
IEC/BCC on diet and rest during pregnancy and lactation	Yes
IEC/BCC on birth preparedness and danger signs; safe home delivery; family planning	Yes
Promote and provide ITNs for pregnant women	Yes
Conduct nutrition assessments: hemoglobin and BMI	Yes
Provide supplementary feeding program for maternal nutrition	Yes
<b>Manage complications of pregnancy</b>	
Manage threatened or complete abortion	Yes
Manage incomplete abortion (Manual Vacuum Aspiration)	Yes
Manage complicated abortion	Refer

Table continues →

<b>Interventions and Services Provided</b>	<b>PHC Clinics</b>
Manage ectopic pregnancy	Refer
Manage urinary tract infection	Yes
Manage fever/malaria (rapid diagnostic test)	Yes
Manage vaginal discharge (syndromic method) and partner	Yes
No fetal movements	Refer
Ruptured membranes, not in labor	Refer
<b>Labor and Delivery Care</b>	
Assess and monitor progress in labor/recognize delay	Partograph/Refer
Conduct a clean delivery of the baby	Yes
Active management of third stage of labor (oxytocin and controlled cord traction)	Yes
Episiotomy and repair of tears	Yes
Breech delivery	Yes
Transverse lie	Refer
Antepartum hemorrhage	Resuscitate/Refer
Treat shock	Initiate/Refer
Bimanual compression of uterus	Yes
Manual removal of retained placenta	Yes
Manage convulsions or unconsciousness: eclampsia	Initiate/Refer
Manage convulsions or unconsciousness with fever: malaria/sepsis	Initiate/Refer
PMTCT	Yes/Refer
<b>Postpartum Care</b>	
<b>Immediate postpartum care</b>	
Monitor general conditions, vital signs, uterine contraction, bleeding	Yes
<b>At end of the first week and during puerperium</b>	
Give postpartum vitamin A	Yes
Give prophylactic iron and folic acid	Yes
Detect and manage puerperal sepsis	Initiate/Refer
Detect and manage anemia	Yes/Refer with symptoms
Detect and manage urinary tract infection	Yes
Manage nipple or breast pain	Yes
Manage constipation, hemorrhoids and other symptomatic problems	Yes
Counsel on birth spacing	Yes

Table continues →

Interventions and Services Provided	PHC Clinics
<b>Newborn Care</b>	
<b>Immediate care</b>	
Keep dry and warm, clear airway if necessary, cord care, put to breast	Yes
Resuscitate baby if not breathing well	Yes
Tetracycline eye ointment to prevent ophthalmia neonatorum	Yes
Initiate breast feeding within the first hour of life	Yes
<b>During the first month</b>	
Manage low birth weight baby (1500gms–2500gms)	Yes/Feeding difficulty: Refer
Manage very low birth weight baby (<1500gms or <32 weeks gestation)	Refer immediately
Manage neonatal jaundice	Yes
Counsel and support mother on breastfeeding	Yes
Give newborn immunizations	Yes
Treat skin pustules or cord infection	Yes
Treat neonatal sepsis/severe skin or cord infection	Initiate/Refer
Neonatal tetanus	Refer
<b>Reproductive and Adolescent Health</b>	
IEC/BCC on birth spacing and family planning	Yes
Counsel on informed choice	Yes
Distribute male and female condoms; explain their use	Yes
Distribute oral contraceptive pills; explain their use	Yes
Administer DMPA; explain its use	Yes
Insert and remove IUD; explain its use	Yes
Permanent surgical methods	Refer
Syndromic management of STIs for women	Yes
Syndromic management of STIs for men	Yes
VCT for HIV	Refer
Infertility counseling	Yes
<b>Child Health</b>	
<b>Expanded Program on Immunization (EPI)</b>	
IEC/BCC	Yes
Storage of vaccines	Yes
Routine and outreach immunization	Yes
Supplemental immunization (and EPI plus)	Yes
Surveillance and case reporting of immunizable diseases	Yes
Reporting immunization activities	Yes

Table continues →

<b>Interventions and Services Provided</b>	<b>PHC Clinics</b>
<b>Integrated Management of Childhood Illnesses (IMCI)</b>	
IEC/BCC on home care for the sick child; danger signs, completing treatment	Yes
Management of severely ill child	Initiate/Refer
Emergency triage assessment and treatment	Yes/Refer
IEC/BCC on cough or cold home care and danger signs	Yes
Pneumonia	Yes
Severe pneumonia	Initiate/Refer
Ear infection	Yes
Diarrhea with no dehydration	Yes
Diarrhea with some dehydration	Yes
Diarrhea with severe dehydration	Initiate/Refer
Persistent diarrhea or dysentery	Yes
Measles	Yes
Complicated measles	Initiate/Refer
Case management of child with fever/malaria	Yes
Management of malnutrition	Yes/Refer
<b>Infant and Young Child Nutrition</b>	
For pregnant women, intermittent preventative treatment of malaria	Yes
Promotion of breast feeding and exclusive breast feeding for first 6 months	Yes
Promotion of appropriate complementary feeding	Yes
Growth monitoring and nutrition counseling	Yes
Vitamin supplementation to children 6–59 months	Yes
Iron supplementation to children 6–59 months	Yes
Deworming of children	Yes
Identification of malnutrition	Yes
Investigation and management of malnutrition	Yes/Refer
<b>Communicable Disease Control</b>	
<b>HIV/AIDS and Sexually Transmitted Infections</b>	
Awareness and sensitization activities promoting “ABC”	Yes
Promotion and distribution of condoms	Yes
Awareness and sensitization about VCT	Yes
VCT services	Yes
Treatment of opportunistic infections	Yes
Awareness and sensitization of pregnant mothers to VCT for PMTCT	Yes
VCT for PMTCT services	Yes
PMTCT services and follow up	Yes/Refer

Table continues →

<b>Interventions and Services Provided</b>	<b>PHC Clinics</b>
Post-exposure prophylaxis (PEP)	No
Syndromic management of STIs without microscope	Yes
Syndromic management of STIs with microscope	Yes
RPR test for syphilis	Yes
<b>Tuberculosis</b>	
IEC/BCC on spread of TB; recognition of symptoms; case management	Yes
BCG immunization of all newborns	Yes
Identification of suspect cases	Yes
Collection of sputums and microscopy for AFBs	Diagnostic Clinic
Diagnosis of TB in sputum-negative cases	Diagnostic Clinic
Diagnosis of TB in children	Diagnostic Clinic
Registration and assignment to treatment regimen	Diagnostic Clinic
Supervision of intensive phase of DOTS	Diagnostic Clinic
Supervision of continuation phase of DOTS	Diagnostic Clinic
Sputum examination/treatment review at end of intensive and continuation phase	Diagnostic Clinic
Management of complications and suspected drug-resistant cases	Refer
Screening of household members	Yes
<b>Leprosy</b>	
IEC/BCC on spread of leprosy, symptoms and case management	Yes
Diagnosis of leprosy	Yes
Treatment for leprosy with multi-drug therapy	Yes
Referral of complicated cases	Yes
<b>Malaria</b>	
<b>Case management of malaria</b>	
IEC/BCC on case recognition and management	Yes
Treat history of fever + RDT positive or laboratory positive	Yes
Treat history of fever + RDT or laboratory negative with high index of suspicion	Yes
Laboratory confirmation in adults and children over five years	Yes
Give first line treatment (artesunate and amodiaquine)	Yes
Case management and treatment of pregnant women	Yes
Recognize treatment failure and give second line (quinine)	Yes
Manage severe complicated malaria in under five years	First dose/Refer
Manage complicated malaria in over five years	First dose/Refer
<b>Prevention of malaria</b>	
IEC/BCC on preventing malaria transmission	Yes
Intermittent preventive treatment (IPT) for pregnant women	Yes

Table continues →

<b>Interventions and Services Provided</b>	<b>PHC Clinics</b>
Promote and distribute ITNs for under 5 years	Yes
Promote and distribute ITNs for pregnant women	Yes
<b>Control and Management of Other Diseases with Epidemic Potential</b>	
<b>Epidemic Control</b>	
Monthly reporting of reportable diseases	Yes
<b>Clinical management of infectious diseases</b>	
Typhoid	Refer
Meningitis	Refer
Jaundice and yellow fever	Refer
Acute rheumatic fever	Refer
Hemorrhagic fever	Refer
Measles	Refer
Pertussis	Refer
Acute watery diarrhea and bloody diarrhea	Yes
Neonatal tetanus	Refer
Acute flaccid paralysis	Refer
<b>Mental Health</b>	
Awareness and Sensitization	Yes
Screening and assessment for suicide	Yes/Refer
Screening for major mental health conditions	Yes/Refer
Screening and assessment for trauma	Yes/Refer
Assessment and diagnosis of epilepsy	Yes/Refer
Assessment and diagnosis of major mental health conditions	Yes/Refer
Treatment and management of major mental health conditions	Yes/Refer
Treatment and management of epilepsy	Yes/Refer
Prescribe/manage medication and provide psychotherapy for anxiety disorders	Yes/Refer
Prescribe/manage medication and provide psychotherapy for mood disorders	Yes/Refer
Prescribe/manage medication and provide psychotherapy for psychotic disorders	Yes/Refer
Prescribe/manage medication and provide psychotherapy for psychosomatic symptoms	Yes/Refer
Screening and assessment for substance abuse	Yes/Refer
Counsel and refer for substance abuse	Yes/Refer
Prescribe/manage medication for epilepsy	Yes/Refer
Prescribe/manage medication and provide psychotherapy for substance abuse	Yes/Refer
Provide psychotherapy, individual and group counseling for substance abuse	Yes/Refer
Medication management	Yes/Refer

Table continues →

<b>Interventions and Services Provided</b>	<b>PHC Clinics</b>
Case management for individuals with mental health conditions	Yes/Refer
Provide therapy for major mental health conditions and substance abuse	Yes/Refer
Care and counseling for domestic and interpersonal violence	Yes/Refer to SW
Provide rape exam	Yes/Refer to SW
Maintain register of persons on long-term medication for mental health	Yes/Refer
Supervise and supply long-term medications	Yes/Refer
Psychosocial and trauma counseling	Yes/Refer
<b>Emergency Care</b>	
Manage shock	Initiate/Refer
Blocked airway or respiratory failure	Initiate/Refer
Anaphylaxis	Initiate/Refer
Seizures/convulsions	Initiate/Refer
Bites and rabies	Initiate/Refer
Poisoning by mouth	Initiate/Refer
Snake bite	Initiate/Refer
Cardiac arrest	Initiate/Refer
Head injury	Initiate/Refer
Status asthmaticus	Initiate/Refer
Epistaxis	Yes
Foreign body in ear or nose	Refer
Eye injury	Initiate/Refer
Eye infection	Yes
Burns	Initiate/Refer
Sexual assault	Yes
Wound and soft tissue injuries	Yes
Pneumothorax and hemothorax	Refer
Abdominal trauma or acute abdomen	Initiate/Refer
Close fractures and dislocations of upper limb	Initiate/Refer
Closed fractures of lower limb	Initiate/Refer
Open fractures	Initiate/Refer
Spinal injuries or pelvic fractures	Initiate/Refer
Multiple injuries	Initiate/Refer
<b>Diagnostic Services</b>	
<b>Hematology</b>	
Hemoglobin	Yes

Table continues →



Interventions and Services Provided	PHC Clinics
<b>Microscopy</b>	
Malaria parasites	Yes
AFB smear	Yes
Wet mounts—stool microscopy	Yes
<b>Clinical Chemistry</b>	
Proteinuria and glucosuria	Yes
RDT for malaria	Yes
Rapid pregnancy test	Yes
Blood glucose	Yes
RPR test for syphilis	Yes
HIV rapid test	Yes
Specimen collection procedure for dried blood spot (DBS)	Yes
<b>Eye Health</b>	
Basic eye IEC/BCC on face washing and injuries prevention	Yes
Screening and identification of common visual impairment and infections	Yes
First aid management of eye injury	Yes
Referral of eye cases	Yes
Treatment of simple eye conditions	Yes
Ivermectin distribution	Yes

## Prison Health Services

### Preventative Care

A good entry examination conducted by a clinician at intake (or as soon thereafter as clinical visitation allows), combined with health education and good hygiene will improve the health of inmates and greatly reduce the need for referrals to health facilities and thereby the burden on correctional staff. Prison clinicians are expected to provide thorough medical examinations at intake, provide weekly health talks and conduct inspections as well as regular active case finding to prevent unnecessary inmate and staff health problems.

Interventions and Services Provided	On-Site Clinic	Sick-Bay	Outreach
<b>Entry Examinations</b>	<b>Daily</b>	<b>Weekly</b>	<b>Weekly</b>
Opening of a confidential, unique ID patient file	Yes	Yes	Yes
Describe the medical system and request for care process at the prison	Yes	Yes	Yes
Administration of Mebendazole for deworming	Yes	Yes	Yes
Administration of Praziquantel for Shistosomiasis in epidemic counties	Yes	Yes	Yes
Inspection for skin disease including groinal area	Yes	Yes	Yes

Table continues →

<b>Interventions and Services Provided</b>	<b>On-Site Clinic</b>	<b>Sick-Bay</b>	<b>Outreach</b>
Mental health evaluation	Yes	Yes	Yes
Mobility aid evaluation	Yes	Yes	Yes
Chronic disease and medication assessment and plan	Yes	Yes	Yes
Pregnancy test for female inmates (voluntary)	Yes	Yes	Yes
Malaria rapid test	Yes	Yes	Yes
Assessment of communicable disease risk including STIs	Yes	Yes	Yes
Health education on common diseases in prison and psychological impact of imprisonment	Yes	Yes	Yes
<b>Health Education</b>			
Regular health promotion IEC/BCC including:	Weekly	Weekly	Weekly
Family planning and management	Yes	Yes	Yes
Management of common illnesses and diseases	Yes	Yes	Yes
Communicable disease prevention and awareness	Yes	Yes	Yes
Substance abuse prevention, risks, resources	Yes	Yes	Yes
<b>Routine Care</b>			
Health inspection of premises (cells, kitchen, etc.)	Monthly	Monthly	Monthly
Active case finding at all cells	Daily	Weekly	Weekly
Distribution of ITNs	Yes	Yes	Yes
Fumigation and white-washing every six months	Yes	Yes	Yes
Ensure availability of necessary hygiene items	Yes	Yes	Yes
<b>Communicable Disease Control</b>			
Malaria			
Rapid diagnostic testing (RDT) for all symptomatic complaints	Yes	Yes	Yes
Tuberculosis			
Active case finding	Yes	Yes	Yes
Isolate suspected cases (refer to hospital for isolation if necessary)	Yes	Yes	Yes
Refer suspected cases to hospital	Yes	Yes	Yes
Skin infections/disease			
Active case finding	Yes	Yes	Yes
Pest control and disinfection of case area	Yes	Yes	Yes
HIV/Sexually transmitted infections			
Voluntary Confidential Testing	Yes	Yes	Refer

Table continues →

Interventions and Services Provided	On-Site Clinic	Sick-Bay	Outreach
<b>Curative Care</b>			
On-site routine case finding and care as well as timely referrals for emergencies will improve the health of inmates as well as prison staff. Prison clinicians are expected to provide routine medical consultations, first-line control and management of common illnesses/diseases and timely referrals for cases (routine and emergency) that cannot be addressed on site. Clinicians are responsible for the distribution and supervision of needed drugs, including distribution by correctional officers.			
<b>Routine Care</b>			
Routine medical consultation including active case finding, physical examination, treatment	8 am–4 pm M–F	1 day/ weekly	1 day/ weekly
All consultations and referrals recorded in confidential, unique ID patient file	Yes	Yes	Yes
Control and manage acute watery and/or bloody diarrhea	Yes	Refer	Refer
Recognition of severe hernia and referral according to needs	Yes	Yes	Yes
Recognition of severe hemorrhoids and referral according to needs	Yes	Yes	Yes
Recognition of mental illness and referral to specialist/hospital	Yes	Yes	Yes
Recognition of respiratory illness and referral	Yes	Yes	Yes
<b>Communicable Disease Control</b>			
Malaria			
Give first-line treatment	Yes	Yes	Yes
Identify and treat first-line failure	Yes	Refer	Refer
Tuberculosis			
Treatment according to NLTCP Protocols	Yes	Yes	Yes
Skin Infections/Disease			
Mass treatment in case of communicated skin disease ( e.g., scabies)	Yes	Yes	Yes
HIV/Sexually transmitted infections			
Supervision of ARV therapy/CO administration of ARV therapy	Yes	Yes	Yes
Syndromic management of STIs	Yes	Yes	Yes
<b>Emergency Care</b>			
24-hour emergency first aid available (at least one first-aid-trained CO per shift)	Yes	Yes	Yes
Published emergency referral plan with transportation and facility contacts	Yes	Yes	Yes
Manage shock	Yes/Refer	First Aid/ Refer	First Aid/ Refer
Manage seizures/convulsions including epilepsy	Yes/Refer	First Aid/ Refer	First Aid/ Refer

Table continues →

Interventions and Services Provided	On-Site Clinic	Sick-Bay	Outreach
Manage closed and open fractures	First Aid/ Refer	First Aid/ Refer	First Aid/ Refer
Manage anaphylaxis	Yes	Refer	Refer
Manage wound and soft tissue injuries	Yes	First Aid/ Refer	First Aid/ Refer
<b>Specialist Care</b>			
Recognition of mental illness and referral to specialist/hospital	Yes	Yes	Yes
Visiting specialist consultations/referrals for eye care every 4 months	Yes	Yes	Yes
Visiting specialist consultations/referrals for dental care every 4 months	Yes	Yes	Yes

### Health Care for Women

Prison clinicians are expected to distribute sanitary materials, be able to diagnose pregnancy, screen and refer for high-risk pregnancies; provide or refer for antenatal care as needed (MOHSW mandates a minimum of four antenatal care health facility visits between the end of the first trimester and full term); safely refer a prisoner for labor and delivery in a health facility and ensure appropriate postpartum and newborn care.

Routine distribution of sanitary materials	Yes	Yes	Yes
Test for pregnancy (voluntary)	Yes	Yes	Yes
RPR syphilis testing and treatment	Yes	Yes	Yes
Identify high-risk pregnancies	Yes	Yes	Yes
Regular ANC case management of pregnant women	Yes	Yes	Yes
Refer any complications of pregnancy	Yes	Yes	Yes
Referral Plan for Labor/Delivery	Yes	Yes	Yes
Screen for and manage pre-eclampsia or hypertension	Yes	Yes	Refer
Regular malaria screening and prevention	Yes	Yes	Yes
Treatment of malaria in pregnant women	Refer	Refer	Refer

## 5.2 Required Drugs

Drug	PHC Clinics	Drug	PHC Clinics
<b>Anesthetics</b>		Magnesium sulphate 50%	Yes
Diazepam 5mg/ml	Yes	Phenytoin 100mg	Yes
Lidocaine injection (plain) 2%	Yes	<b>Anti-infectives</b>	
Lidocaine injection (plain) 1%	Yes	<b>Intestinal infestations</b>	
<b>Analgesics, antipyretics, non-steroidal anti-inflammatories</b>		Mebendazole 500mg	Yes
<b>Non-opioids and non-steroidal anti-inflammatory analgesics</b>		Mebendazole 100mg	Yes
Acetylsalicylic acid 300mg	Yes	<b>Anti-filariasis</b>	
Diclofenac sodium, 25mg/ml; 3ml	Yes	Ivermectin 6mg	Yes
Diclofenac tablets 50mg	Yes	<b>Anti-schistosomiasis medicines</b>	
Ibuprofen 200mg	Yes	Praziquantel 600mg	Yes
Indomethacin 25mg	Yes	<b>Antibacterials</b>	
Paracetamol 100mg	Yes	Amoxicillin 125mg/ml	Yes
Paracetamol 125mg/5ml	Yes	Amoxicillin 250mg	Yes
Paracetamol 500mg	Yes	Benzyl penicillin, 1mu (600mg)	Yes
<b>Antiallergics and medicines used in anaphylaxis</b>		Chloramphenicol 250mg	Yes
Chlorpheniramine 4mg	Yes	Ciprofloxacin 500mg	Yes
Chlorpheniramine 10mg/ml	Yes	Cloxacillin 250mg	Yes
Dexamethasone 0.5Mg	Yes	Cloxacillin 500mg	Yes
Epinephrine 1mg/ml	Yes	Co-trimoxazole 100 +20mg	Yes
Hydrocortisone 100mg	Yes	Co-trimoxazole 200 +40mg/5ml	Yes
Prednisolone 5mg	Yes	Co-trimoxazole 400+80mg	Yes
Promethazine 25mg	Yes	Doxycycline 100mg	Yes
<b>Antidotes and other substances used in poisoning</b>		Erythromycin 250mg	Yes
Atropine 1mg/ml	Yes	Metronidazole 125mg/5ml	Yes
Charcoal activated 250mg	Yes	Metronidazole 200mg	Yes
Calcium folinate (folinic acid) 15mg	Yes	Nalidixic acid 500mg	Yes
Calcium folinate (folinic acid) 3mg/ml	Yes	Nitrofurantoin 100mg	Yes
Calcium gluconate	Yes	Phenoxyethyl penicillin 250mg	Yes
<b>Anticonvulsants and antiepileptics</b>		Procaine benzyl penicillin fortified 4mu	Yes
Diazepam 5mg/ml	Yes	<b>Antileprosy medicines</b>	
Diazepam 5mg	Yes	Clofazimine 100mg	Yes
		Dapsone 100mg	Yes
		Rifampicin 150mg	Yes

Table continues →

Drug	PHC Clinics
<b>Antituberculosis medicines</b>	
Ethambutol 400mg	Yes
Ethambutol 100mg	Yes
Isoniazid 300mg	Yes
Isoniazid 100mg	Yes
Pyrazinamide 500mg	Yes
Pyridoxine 50mg	Yes
Rifampicin/isoniazid/pyrizinamide/ethambutol 150mg/75mg/400mg/275mg	Yes
Rifampicin/isoniazid 150mg/75mg	Yes
Rifampicin/isoniazid/ethambutol 150mg/75mg/275mg	Yes
Rifampicin/isoniazid/pyrizinamide 60mg/30mg/150mg	Yes
Rifampicin/isoniazid 60mg/30mg	Yes
Rifampicin/isoniazid 60mg/60mg	Yes
<b>Antifungals</b>	
Clotrimazole 400mg pessary	Yes
Griseofulvin 500mg	Yes
Griseofulvin 125mg	Yes
Miconazole 100mg	Yes
Nystain 100,000 IU	Yes
Nystain 100,000 IU/ml	Yes
Nystain 500,000 IU oral use	Yes
<b>Anti-retrovirals, subject to current National AIDS Control Program Protocols</b>	
Lamivudine + zidovudine 150+300	Yes
Lamivudine 150mg	Yes
Nevirapine 200mg	Yes
Nevirapine syrup, 10mg/ml	Yes
Zidovudine 300mg	Yes
Zidovudine oral solution, 10mg/ml, 100ml	Yes
<b>Antiamoebic and anti giardiasis medicines</b>	
Metronidazole 125mg/5ml	Yes
Metronidazole 250mg	Yes

Drug	PHC Clinics
<b>Antimalarials</b>	
Artemether 20mg + lumefantrine 120mg	Yes
Artemether 20mg/ml	Yes
Artemether 80mg/ml	Yes
Artesunate 100mg + amodiaquine 270mg	Yes
Artesunate 50mg + amodiaquine 135mg	Yes
Doxycycline 100mg	Yes
Quinine dihydrochloride 300mg/ml	Yes
Quinine sulphate 300mg	Yes
Sulphadoxine/pyrimethamine 500 +25mg	Yes
<b>Antineoplastic and Immunosuppressives</b>	
Hydrocortisone 100mg	No
Prednisolone 5mg	No
<b>Medicines Affecting the Blood</b>	
<b>Antianaemia Medicines</b>	
Ferrous salt 200mg + folic acid 0.25mg	Yes
Ferrous sulphate 200mg coated (65mg iron)	Yes
Folic acid 5mg	Yes
<b>Cardiovascular Medicines</b>	
<b>Antihypertensive medicines</b>	
Hydrochlorothiazide 25mg	Yes
<b>Dermatological Medicines</b>	
Benzoic acid + salicylic acid	Yes
Benzyl Benzoate 25%	Yes
Calamine 15%	Yes
Clotrimazole 1% 20g cream	Yes
<b>Disinfectants and Antispetics</b>	
Calcium or Sodium hypochlorite 5% solution	Yes
Chlorhexidine + Cetrimide 1.5% +15%	Yes
Chlorhexidine gluconate 5%	Yes
Surgical Spirit	Yes

Table continues →

Drug	PHC Clinics
<b>Diuretics</b>	
Hydrochlorothiazide 50mg	Yes
<b>Gastrointestinal Medicines</b>	
Aluminium hydrox.+ Magnesium trisil, 400mg	Yes
Bisacodyl 5mg (paediatric)	Yes
Bisacodyl 5mg	Yes
Magnesium trisilicate 500mg	Yes
Metoclopramide 10mg	Yes
Metoclopramide 5mg/ml	Yes
Oral rehydration salt	Yes
Zinc sulphate 20mg	Yes
<b>Contraceptives</b>	
Ethinylestradiol 30 µg + norethisterone 1mg	Yes
Ethinylestradiol 30 µg+ levonorgesterel 150 µg	Yes
Ethinylestradiol 30 µg+ levonorgesterel 300 µg	Yes
Ethinylestradiol 50 µg+ levonorgesterel 250 µg	Yes
Female condom	Yes
Intrauterine device	Yes
Levonorgesterol	Yes
Male condom	Yes
Medroxyprogesterone acetate 150mg depot	Yes
Norethisterone	Yes
Norgestrel 75 µg	Yes
<b>Immunologicals</b>	
Anti-snake venom (polyvalent)	Yes
BCG vaccine dried	Yes
DPT vaccine	Yes
DPT-HepB+Hib	Yes
Measles vaccine	Yes
Polio vaccine oral soln.	Yes
Rabies vaccine	Yes

Drug	PHC Clinics
Tetanus anti-toxin, human 1,500u	Yes
Tetanus toxoid	Yes
Yellow Fever vaccine	Yes
<b>Ophthalmological Preparations</b>	
Chloramphenicol 0.5% eye drops	Yes
Gentamicin eye drops 0.3%	Yes
Tetracycline 1% eye ointment	Yes
<b>Solutions Correcting Water, Electrolyte and Acid-Based Disturbances</b>	
Dextrose 50%	Yes
Dextrose 5%	Yes
Dextrose 5% in normal saline	Yes
Normal saline 0.9% NaCl	Yes
Ringer's lactate 500ml	Yes
Half-strength Ringer's lactate 500ml	Yes
Water for injection	Yes
<b>Vitamins and Minerals</b>	
Ascorbic acid 250mg	Yes
Calcium gluconate 10mg/ml, 10ml	Yes
Calcium lactate 300mg	Yes
Multivitamin	Yes
Pyridoxine (B6) 25mg	Yes
Retinol (Vitamin A) 200,000 IU	Yes
Retinol (Vitamin A) 500,000 IU	Yes
Vitamin B-compound	Yes
Vitamin B-compound 2ml	Yes
<b>Oxytocics and Antioxytocics</b>	
Ergometrine maleate, 0.5mg	Yes
Ergometrine 0.5mg/ml	Yes
Oxytocin 10 IU/ml	Yes
<b>Medicines Acting on the Respiratory Tract</b>	
Hydrocortisone 100mg/ml	Yes
Prednisolone 5mg	Yes
Salbutamol 0.5mg/ml	Yes
Salbutamol 4mg	Yes
Salbutamol aerosol inhaler	Yes

## 5.3 Required Equipment

Non-Medical	Medical
<b>Administration</b>	Family planning cards
Office equipment	Fetal stethoscope
Office furniture	Height measure
<b>Electricity</b>	Home-based mother's cards
Emergency lights	IEC/BCC flip charts, posters, models
<b>Water Supply</b>	Immunization cards
Hand-washing sinks/taps/bowls on stands in all areas	IUD insertion set
Storage tank	MVA syringe and canulas
Water purification chemicals or filter	Register
Water source for drinking water	Speculum and vaginal examination kit
<b>Waste Disposal</b>	Syringes and needles
Buckets for contaminated waste in all treatment areas	Tape measure
Incinerator or burial pit	Thermometer
Protective boots and utility gloves	Weighing scale
Rubbish bins in all rooms	<b>Child Health</b>
Sanitation facilities for patients	Baby scales
Sharps containers in all treatment areas	Hanging scales
<b>Safety</b>	MUAC tape
Fire extinguisher	Register
<b>Medical Storage</b>	Road to Health cards
Cool boxes and vaccine carriers	Tape line
Refrigerator	Thermometer
Shelves and stock cards	<b>Expanded Program on Immunization</b>
<b>Housekeeping</b>	Cold box
Brooms, brushes and mops	Refrigerator
Buckets	Safety box
Soap and disinfectant	Syringes, needles and swabs
<b>Women's Reproductive Health</b>	Temperature monitoring charts
BP machine and stethoscope	<b>Labor and Delivery</b>
Contraceptive supplies	Baby scales
Examination gloves	BP machine and stethoscope
Examination table	Clean delivery kits and cord ties
	Delivery bed and bed linen
	Fetal stethoscope

Table continues →



Medical
Instrument trolley
IV giving sets, canulas, infusion bottles
IV stand
Latex gloves and protective clothing
Mucus extractor
Oral airways, various sizes
Oxygen tank and concentrator
Partograph charts
Self-inflating bag and mask, adult and neonatal size
Suction machine
Suturing set
Thermometer
Towel and blankets for newborn
Tray with routine and emergency drugs, syringes, and needles
Urinary catheter and collection bag
Work surface near bed for newborn resuscitation
Short Stay
Basic examination equipment
Beds, washable mattresses and linen
Dressing trolley/medicine trolley
IV stands
Patient trolley on wheels
Urinals and bedpans
Treatment
Ambu resuscitation set with adult and child masks
Container for sharps disposal
Dressings
Examination table
Hand washing facilities
Instrument sterilizer
Instrument tray
Instrument/dressing trolley

Medical
IV stand
Light source
Oral airways, various sizes
PPE kits
Receptacle for soiled pads, dressings, etc
Safety box
Splints and slings
Sterile gloves
Stool, adjustable height
Storage cabinet for drugs
Suturing set
Syringes and needles
Wall clock with second hand
Wound dressing set
Diagnostics
Hemoglobinometer
Laboratory scale and weights
Measuring jars, beakers, test tubes
Micropipet and tips
Microscope and lens oil
Microscope slides and cover slips
Pipettes and stand
Reagents, stains and test kits as appropriate
Safety equipment (eyewash, fire extinguisher, etc.)
Slide rack
Specimen collection cups, tubes and capillary tubes
Spirit lamp
Stain jars
Timer
Eye Health care
Ophthalmoscope
Visual acuity charts: Snellen and E-Charts



# ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
<b>Adolescence and pre-pregnancy</b>	<b>Level: Community Primary Referral</b>		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: <i>EPHS Phase One 2011</i> ; mentioned “family planning” and “condoms;” however <i>National Therapeutic Guidelines for Liberia and Essential Medicines List 2013</i> includes hormonal family planning methods
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: <i>EPHS Phase One 2011</i>
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	This service was not specified in reviewed documents
	<b>Level: Primary and Referral</b>		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Referral</b>		
	Family planning (surgical methods)	Yes	Source: <i>EPHS Phase One 2011</i>
<b>Pregnancy (antenatal)</b>	<b>Level: Community Primary Referral</b>		
	Iron and folic acid supplementation	Yes	Source: <i>EPHS Phase One 2011</i>
	Tetanus vaccination	Yes	Source: <i>EPHS Phase One 2011</i>
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: <i>EPHS Phase One 2011</i>
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: <i>EPHS Phase One 2011</i>
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Interventions for cessation of smoking	Unspecified	Source: <i>EPHS Phase One 2011</i> ; only mentions counseling on “healthy lifestyle”
	<b>Level: Primary and Referral</b>		
	Screening for and treatment of syphilis	Yes	Source: <i>EPHS Phase One 2011</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: <i>EPHS Phase One 2011</i>
	Magnesium sulphate for eclampsia	Yes	Source: <i>National Therapeutic Guidelines for Liberia and Essential Medicines List 2013</i>
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	Prednisone included in <i>National Therapeutic Guidelines for Liberia and Essential Medicines List 2013</i> but not listed for this intervention
	Safe abortion	No	This service was not specified in reviewed documents and is implicitly excluded from the EPHS
	Post abortion care	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Referral</b>		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
<b>Childbirth</b>	<b>Level: Community Primary Referral</b>		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: <i>EPHS Phase One 2011</i>
	Manage postpartum haemorrhage using uterine massage and uterotonics	Yes	Source: <i>EPHS Phase One 2011</i>
	Social support during childbirth	No	This service was not specified in reviewed documents and is not related to included services. It is implicitly excluded from the EPHS
	<b>Level: Primary and Referral</b>		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (as above plus controlled cord traction)	Yes	Source: <i>EPHS Phase One 2011</i>
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Yes	Source: <i>EPHS Phase One 2011</i>
	Screen and manage HIV (if not already tested)	Yes	Source: <i>EPHS Phase One 2011</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	<b>Level: Referral</b>		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: <i>EPHS Phase One 2011</i>
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus surgical procedures)	Unspecified	This service was not specified in reviewed documents
<b>Postnatal (Mother)</b>	<b>Level: Community Primary Referral</b>		
	Family planning advice and contraceptives	Yes	Source: <i>EPHS Phase One 2011</i>
	Nutrition counselling	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Primary and Referral</b>		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: <i>EPHS Phase One 2011</i>
	Treat maternal anaemia	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Referral</b>		
	Detect and manage postpartum sepsis (serious infections after birth)	Yes	Source: <i>EPHS Phase One 2011</i>
<b>Postnatal (Newborn)</b>	<b>Level: Community Primary Referral</b>		
	Immediate thermal care (to keep the baby warm)	Yes	Source: <i>EPHS Phase One 2011</i>
	Initiation of early breastfeeding (within the first hour)	Yes	Source: <i>EPHS Phase One 2011</i>
	Hygienic cord and skin care	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Primary and Referral</b>		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: <i>EPHS Phase One 2011</i>
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Unspecified	This service was not specified in reviewed documents
	Extra support for feeding small and preterm babies	Yes	Source: <i>EPHS Phase One 2011</i>
	Management of newborns with jaundice ("yellow" newborns)	Yes	Source: <i>EPHS Phase One 2011</i>

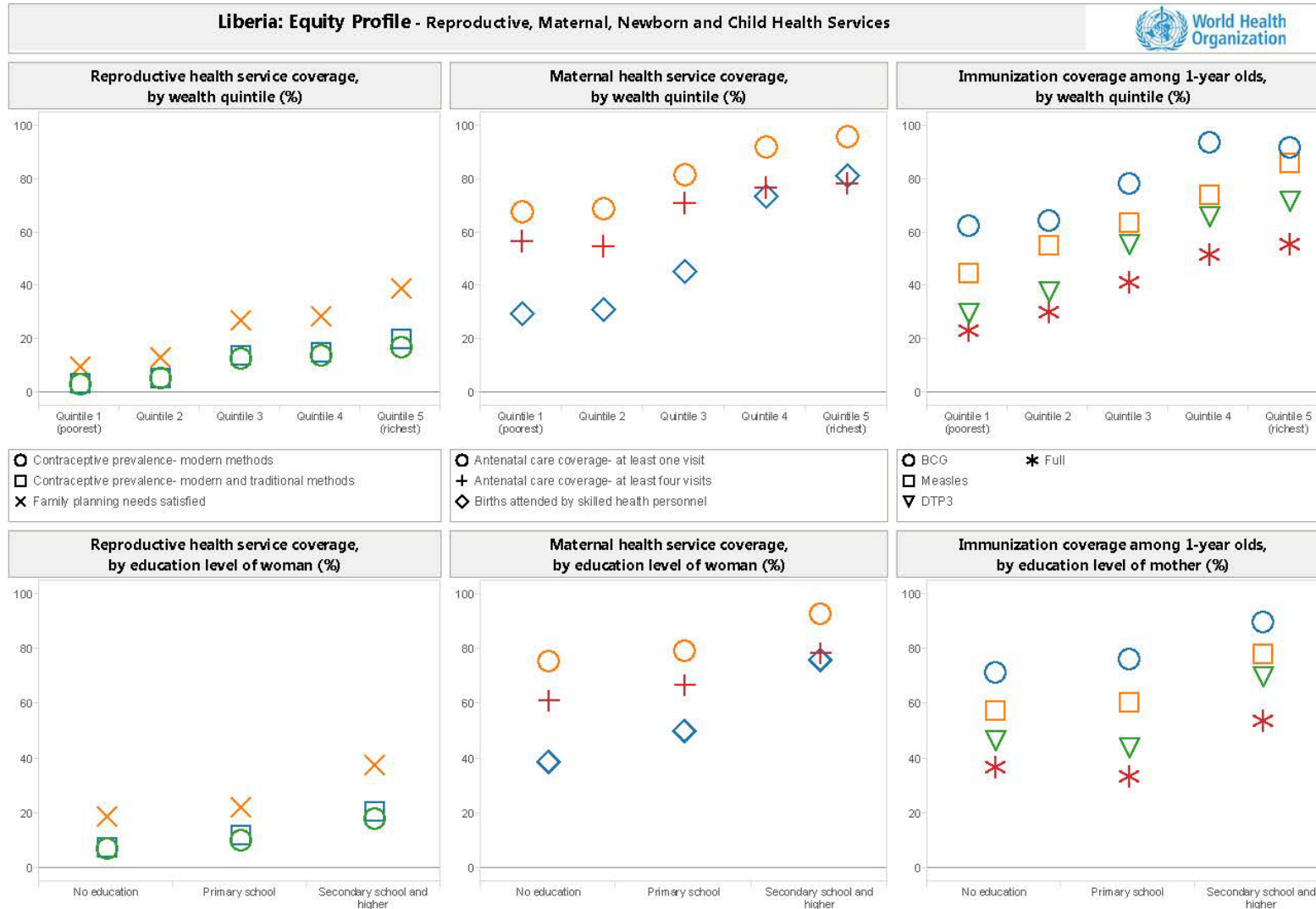
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Referral</b>		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	This service was not specified in reviewed documents
Infancy and Childhood	<b>Level: Community Primary Referral</b>		
	Exclusive breastfeeding for 6 months	Yes	Source: <i>EPHS Phase One 2011</i>
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: <i>EPHS Phase One 2011</i>
	Prevention and case management of childhood malaria	Yes	Source: <i>EPHS Phase One 2011</i>
	Vitamin A supplementation from 6 months of age	Yes	Source: <i>EPHS Phase One 2011</i>
	Routine immunization plus <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	No	Meningococcal, pneumococcal and rotavirus vaccines excluded from vaccine schedule and <i>National Therapeutic Guidelines for Liberia and Essential Medicines List 2013</i>
	Management of severe acute malnutrition	Yes	Source: <i>EPHS Phase One 2011</i>
	Case management of childhood pneumonia	Yes	Source: <i>EPHS Phase One 2011</i>
	Case management of diarrhoea	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Primary and Referral</b>		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: <i>EPHS Phase One 2011</i>
	<b>Level: Referral</b>		
	Case management of meningitis	Yes	Source: <i>EPHS Phase One 2011</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Across the continuum of care	<b>Level: Community Strategies</b>		
	Home visits for women and children across the continuum of care	Unspecified	This service was not specified in reviewed documents but <i>EPHS Phase One 2011</i> mentions efforts to increase home-based care services
	Women's groups	No	This service was not specified in reviewed documents and is implicitly excluded from the EPHS

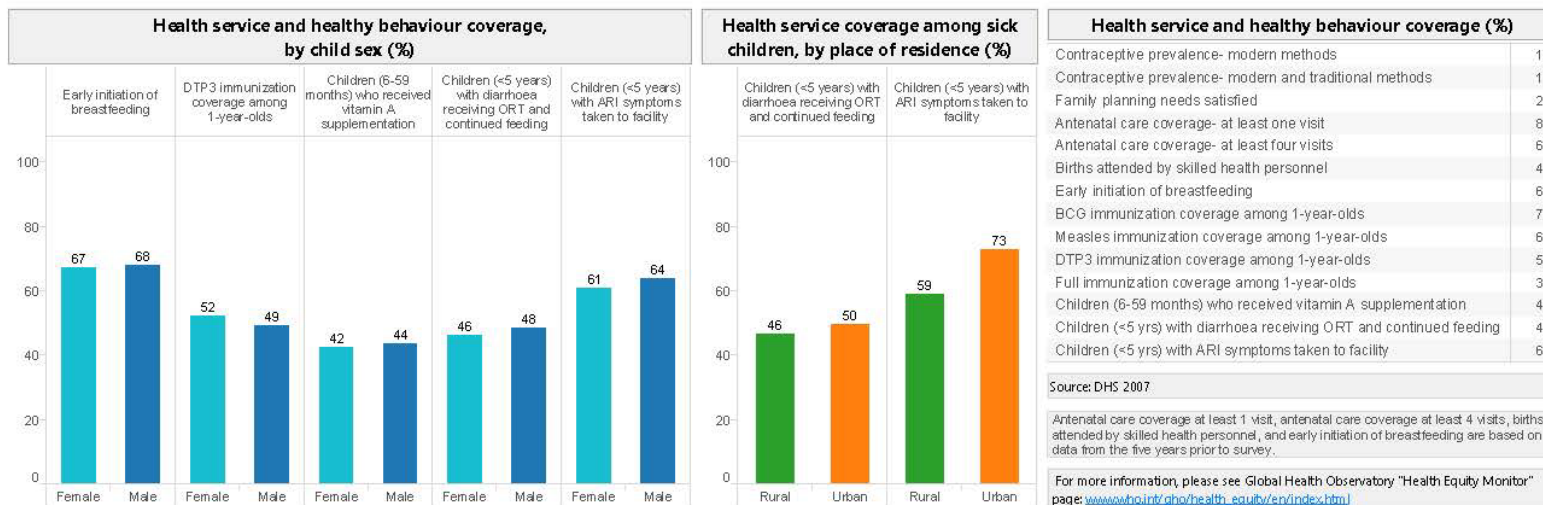
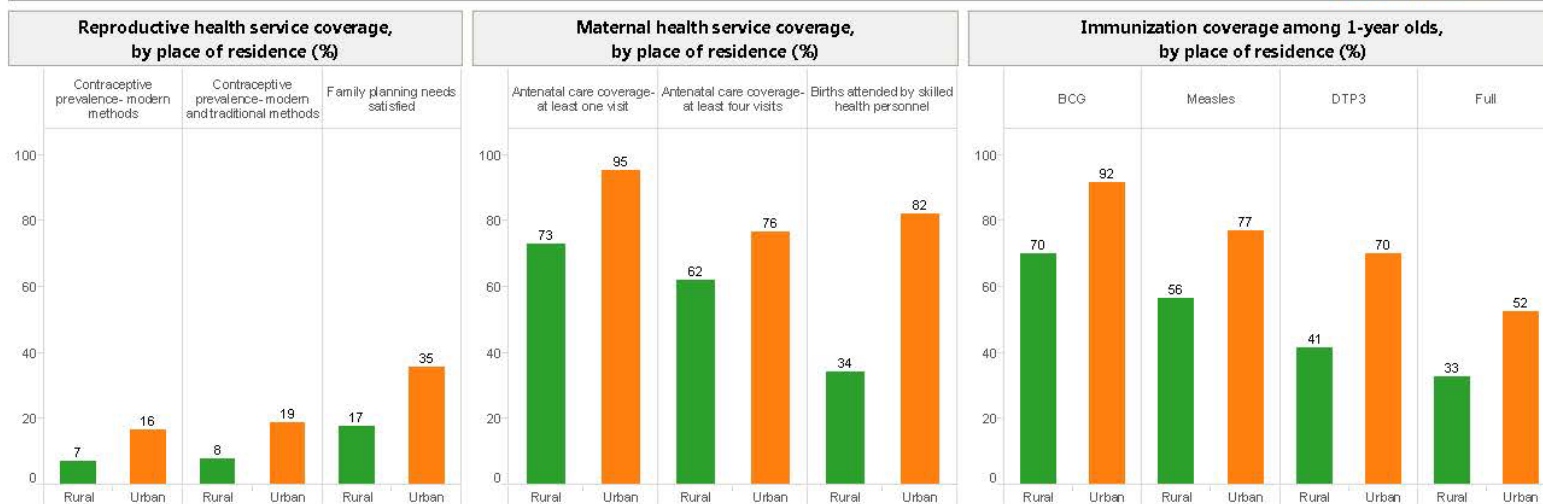




# ANNEX C: LIBERIA HEALTH EQUITY PROFILE



Liberia: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services







BOLD THINKERS DRIVING  
REAL-WORLD IMPACT