Annual Progress Report 2007

Submitted by

The Government of

Liberia

Date of submission 10, May 2008

Deadline for submission 15 May 2008

(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, rajkumar@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of **LIBERIA**……

Ministry of Health:
Dr. Walter T. Gwenigale
Title: *Minister of Health and Social Welfare*

Signature: ……

Date: *11 May 2008*

Ministry of Finance:
Ms. Antoinette Sayeh
Title: *Minister of Finance*

Signature: ……

Date: *11 May 2008*

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health and Social Welfare	*Ministry of Health and Social Welfare*		*11 May 2008*
Ms. Antoinette Sayeh, Minister of Finance	*Ministry of Finance*		*11 May 2008*
Mr. Togar G. Mcntosh, Minister of Planning and Economic Affairs	*Ministry of Planning and Economic Affairs*		*11 May 2008*
Mr. Ambulai Johnson, Minister of Internal Affairs	*Ministry of Internal Affairs*		*11 May 2008*
Dr. Eugene Nyarko, WHO Representative	*World Health Organization*		*11 May 2008*
Ms. Rozanne Chorlton, UNICEF Representative	*United Nations Children's Fund*		*11 May 2008*
Dr. Wilbur Thomas, USAID Country Director	*United States Agency for International Development*		*11 May 2008*
Mr. David Vinton, Rotary International Coordinator	*Rotary International*		*11 May 2008*

Signatures Page for HSS

For the Government of LIBERIA

Ministry of Health:
Dr. Walter T. Gwenigale
Title: *Minister of Health and Social Welfare*

Signature: ……

Date: *11 May 2008*

Ministry of Finance:
Ms. Antoinette Sayeh
Title: *Minister of Finance*

Signature: ……

Date: *11 May 2008*

We, the undersigned members of the National Health Sector Coordinating Committee, (HSCC) endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health and Social Welfare	*Ministry of Health and Social Welfare*		*11 May 2008*
Ms. Antoinette Sayeh, Minister of Finance	*Ministry of Finance*		*11 May 2008*
Mr. Togar G. Mcntosh, Minister of Planning and Economic Affairs	*Ministry of Planning and Economic Affairs*		*11 May 2008*
Mr. Ambulai Johnson, Minister of Internal Affairs	*Ministry of Internal Affairs*		*11 May 2008*
Dr. Eugene Nyarko, WHO Representative	*World Health Organization*		*11 May 2008*
Ms. Rozanne Chorlton, UNICEF Representative	*United Nations Children's Fund*		*11 May 2008*
Dr. Wilbur Thomas, USAID Country Director	*United States Agency for International Development*		*11 May 2008*
Mr. David Vinton, Rotary International Coordinator	*Rotary International*		*11 May 2008*

Progress Report Form: Table of Contents

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes
If yes, please explain in detail how it is reflected as MoH budget in the box below.
If not, explain why not and whether there is an intention to get them on-budget in the near future?

GAVI ISS funds has been part of the MOHSW budget and in fact the funds were part of the sources of motivation for the continuation of the functionality of the health system during the civil war and post conflict Liberia. However, due to the prevailing situation it was not systematically included in the MOHSW budget before 2005. The new MOHSW has put GAVI support as part of the Ministry's budget and the support was reflected in MOHSW action plan for 2006. In order to avoid mismanagement of the GAVI funds, MOHSW has a separate EPI account and the WHO or UNICEF representative in Liberia is signatory to the account together with the Minister of Health and Social Welfare in line with the ICC provisions. In 2007, the GAVI ISS, NVS and HSS estimated support funds were put as part of resources expected from partners as a contribution to the recently developed National Health and Social Welfare Plan 2007-2011.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

GAVI ISS funds received is deposited in the EPI/MoH accounts and monitored by the Ministry's Office of Financial Management (OFM). The Inter-Agency Coordination Committee reviews and endorses draft allocation presented at an ICC meeting after the Technical Coordinating Committee (TCC) decision. Upon approval, funds are requested/released by the MOH&SW based on time line of activities. Funds are disposed for implementation through the signatures of the Hon. Minister who is the Chairman of ICC and the Representative of either WHO or UNICEF.

There was no problem in the release of approved funds

NB: Please see ICC comments for release of ISS reward funds to Liberia for the increased child immunization in 2006.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *contribution.*

Funds received during 2007 US $581,500

Remaining funds (carry over) from 2006 US $246,355.21

Balance to be carried over to 2008 US $303,335.61

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	141,265	42,905		98,360	
Transportation	45,000	0.00		45,000	
Maintenance and overheads	17,540.62	17540.62		0.00	
Training	158,058.90	61,017.90		97,041	
IEC / social mobilization	24,916.60	9,476.00		15,440.60	
Outreach	39,678.34	13,350		26,328.34	
Supervision	0.00	0.00		0.00	
Monitoring and evaluation	55,671.90	8,580.70		47,091.20	
Epidemiological surveillance	0.00	0.00		0.00	
Vehicles (Fuel)	11,693.74	5,693.74		6000.00	
Cold chain equipment	0.00	0.00		0.00	
Other: Pentavalent lunching	21,613.00	4400.00		17,213.00	
Bank service charge	9,082.50	9,082.50		0.00	
	0.00	0.00		0.00	
Total:	524,520.60	178,046.46		346,474.14	
Remaining funds for next year:					

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

The minutes of the three ICC meetings held in 2006 are attached

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

- *Reactivation of routine immunization and surveillance in rehabilitated primary health facilities continued in 2007. By the end of 2007 there were 355 health facilities offering immunization activities as compared to 329 at the end of 2006.*
- *Operational support using GAVI funds provided to national EPI programme: including incentives to staff, fuel, vehicle maintenance and office running costs*
- *Operational support using GAVI funds provided to district EPI staff and health facilities for operationalization of EPI activities.*
- *Training of 1,151 service providers in preparation for the introduction of Pentavalent vaccines*
- *KAP studies conducted in 5 Counties (Districts) result is being used to strengthen social mobilization for routine immunization*
- *Second EPI MLM training course conducted for 68 officers from all 15 Counties including the County Health Officers, County EPI Supervisors, Community Health Directors of each County, Tutors from medical and Para-medical training institutions amongst others,*
- *Two nationwide multi-antigen immunization outreach activities conducted aimed at reaching the underserved communities and poor performing Counties.*
- *Refresher training conducted for County, district and peripheral health service Officers for the supplemental immunization activities for MNT elimination campaigns*
- *Refresher training conducted for 600 service providers on Basic EPI services in the 15 Counties*
- *Two rounds of MNT campaigns conducted in five districts for women of child bearing age, . Vitamin A and de-worming for children under 5yrs.*
- *Media (radio) announcement on routine immunization and the benefits of immunization is ongoing .*
- *Routine Immunization, EPI surveillance and IDSR activities integratedly reviewed on quarterly basis with all district health officers, district EPI supervisors, district surveillance officers, national EPI staff and partners.*

Problems:

- *Many immunization staff are still not included in the Government payroll. However, the ministry is working in collaboration with partners on incentive package for all categories of health staff under the Basic Health Package strategy (BPHS).*
- *The continuing withdrawal of some International Health NGOs resulting in fluctuation of the number of health facilities offering immunization services is a major and growing challenge.*

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for 2010

**If no DQA has been passed, when will the DQA be conducted?*
**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*
**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

The EPI programme should brief all county officers and partners on the outcome of DQA and recommendation and action points
The programme needs to improve the recording system and strengthen the storing and reporting systems
The programme data monitoring and evaluation system should be strengthened;
To data management and planning process as well as systems design should be improved.

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES [√] *NO* [ ]

If yes, please report on the degree of its implementation and attach the plan.

Implementation of the recommendations was reported in the 2006 APR. Efforts continue to be directed towards sustaining the gains achieved from the implementation of the recommendations. In this regard, data quality review meetings are to be instituted.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

The plan of action for the DQA was discussed and endorsed during the ICC meeting of August 2005

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

Post Campaign Survey:

The MOHSW, through the Department of Public Health & Community Medicine of the A.M. Dogliotti College of Medicine, conducted a Post Integrated Measles Campaign Survey from the 7-17 April 2007. The survey was conducted using the standard World Health Organization (WHO) cluster survey methodology in all fifteen counties of Liberia. Forty (40) clusters were randomly selected from each of the fifteen (15) counties of Liberia. A minimum of ten (10) children under five years was selected from each cluster. A total of 7,222 children were included in the survey from all fifteen (15) counties. A total of 6,421 (92%) of the 6,984 children 9-59 months of age included in the survey were vaccinated against measles during the integrated measles follow-up campaign conducted in January 2007 and 801 (8%) were not vaccinated.

The survey revealed also that of the 7,222 persons interviewed, 3,910 (54%) had bed nets in their households. 3,447 bed nets were received in past 12 months prior to the survey date of which 3,139 (91%) were received during the integrated measles campaign, though the bed nets were distributed in 6 counties only. However, the encouraging result is that 3,256 (45%) of children slept under the bed nets a night before the survey and that all bed nets were impregnated Long Lasting(LLINs)

Knowledge, Attitude and Practice (KAP) Study on Immunization:

In July and August 2007, the EPI programme in collaboration with the Health Promotion Division conducted a qualitative knowledge, Attitude and Practice (KAP) study in five counties (Gbarpolu, River Cess, River Gee, Lofa and Montserrado) specifically to establish knowledge on immunization amongst parents and caregivers of children under one year; assess attitude of parents and caregivers towards immunization; examine immunization practices amongst parents and caregivers; identify obstacles and motivation for the uptake of immunization amongst parents and caregivers; assess community perception towards immunization; determine source of information on immunization amongst parents and caregivers; and establish the role of gender in the uptake of immunization.

- *Findings from the research indicate that majority of the mothers with children < 1 year old were illiterate, predominantly Christians and farmers. Although, about 60% of these mothers and key informants did not have formal education, they attach great importance to their children and knew that vaccines could protect them from diseases.*
- *The study result also showed that respondents were quite knowledgeable about vaccination prevention, benefits, importance and could name some of the vaccine preventable diseases. The focus group discussions and key informant interviews clearly articulated that vaccines were good for their children; it reduces spending on child's health and protect children from childhood illnesses.*
- *The qualitative study reaffirms the results of the comprehensive EPI review conducted in 2005. This review indicated high rate of knowledge but low attitude and practices towards vaccination.*

This report also confirms that attitude and practices are low because of restraining factors, such as inadequate access to routine vaccination services. It was clearly mentioned that vaccine related messages are heard only during SIAs especially during polio campaigns.

- *Vaccination service utilization in these counties are hindered by limited health facilities, shortage of vaccines and lack of appropriate and timely communication of awareness and sensitization.*

Recommendations:

- *Community links with health facility should be strengthen to improve vaccination services;*
- *The County Health teams should ensure that clinics and health centers conduct daily immunization sessions*
- *Regular publicity on vaccination including radio messages, talk shows and drama programs should be intensified*

.

1.1.4. ICC meetings

How many times did the ICC meet in 2007? ***Please attach all minutes.***

Are any Civil Society Organizations members of the ICC and if yes, which ones?

The ICC met two times in 2007: on 10January, and 10 August 2007. The Civil Society organizations are represented by Save the Children UK. The Ministry of Health and Social Welfare also holds monthly Health NGO's Coordination meeting, which is chaired by the Chief Medical officer/ Deputy Minister for Preventive and Curative Services for Liberia.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Yellow Fever	*20*	*26,400*	*2002*	*26 October 2001*
Yellow Fever	*20*	*67,000*	*Continued support*	*20 March 2002*
Yellow Fever	*20*	*103,600*	*Continued support*	*11 December 2002*
Yellow Fever	*10*	*51,000*	*Continued support*	*December 2005*
Yellow Fever	*10*	*115,500*	*Continued support*	*May 2006*
Yellow Fever	*10*	*129,330*	*Continued support*	*14 February 2007*
Yellow Fever	*10*	*15,400*	*Continued support*	*17 October 2007*

Please report on any problems encountered.

No Problem

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

In January 2007, Liberia submitted an application to GAVI for the introduction of Pentavalent Vaccine (DTP-HepB-Hib) in January 2008. The application was approved and training for the introduction of the Pentavalent vaccine was conducted in December 2007in all 15 Counties. Please see for activities undertaken in 2007 to strengthen immunization service delivery (under ISS), which are considered as part of the attainment and sustenance of immunization activities Initial preparatory activities for introduction of pentavalent vaccine in January 2008, a plan of action was developed which was harmonized with the training plan of action for injections safety & immunization waste disposal plan of action for 2007.
The plan of action was implemented in 2007. Some major activities that were undertaken were as follows:

- ***Capacity building:*** *Review and update EPI training manuals and reference materials; Training of Trainers and training of lower level staff*
- ***Logistics, Injections Safety, Waste and Procurement Management****: Installation and maintenance of cold chain equipments. Installation of 160 solar fridges in 2007 in addition to the 96 installed in 2006; Vaccine management assessment and development and implementation of comprehensive logistics and vaccine management information system; Training on cold chain, logistics and vaccine management;*
- ***Increase access to EPI services****: Conducted out outreach immunization activities in poorly performing districts and underserved communities; Support districts in micro-planning and implementation of RED approach; Conduct integrated planning and integrate EPI with other maternal and child survival programmes (e.g. Child Health, RH, malaria*
- ***Monitoring and Supervision:*** *Conducted quarterly EPI reviews at national level; quarterly supportive supervision from national to districts and monthly from districts to health facilities;*
- ***Communication and Advocacy:*** *Conducted KAP study; Develop IEC materials; Training health workers on IPC; Sensitized community mobilizers; Improved collaboration and coordination*
- ***Surveillance:*** *Strengthened active surveillance with laboratory support. for EPI priority diseases*
- *Strengthen and introduce early warning system for epidemics of YF and Meningitis in conjunction with the EPR unit at the MOH&SW*

- *Conducted surveillance sensitization for all priority diseases.*

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

- *Funds was received on 8/8/2007 for the introduction of the pentavalent vaccine and was used to facilitate the development and production of training and to conduct training 1,151 service providers in preparation for the introduction of Pentavalent vaccines*

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

Please summarize the major recommendations from the EVSM/VMA

Vaccine Management Assessment and Training on Computerized Vaccine Management Tool:

Liberia conducted the first ever vaccine management assessment and training on the computerized vaccine management tool from 28 April-9 May 2007, with technical support from WHO. The assessment was conducted using the WHO standard methodology using eleven indicators and covered all levels of the health system, with representation of all 5 geopolitical zones. The critical issues identified at the national vaccine store were the inadequate management of diluents for lyophilized vaccine, inadequate management of stocks, insufficient monitoring of wastage rate

At the county vaccine depots, the issues were insufficient measures to ensure good delivery of vaccines, insufficient management of stocks & insufficient monitoring of wastage rate, whereas at the service delivery level the critical issues were the insufficient management of stocks, use of non-standard equipments in many health centres and lack of maintenance plan, insufficient storage capacity, insufficient knowledge of adequate range of temperatures for vaccine storage and monitoring, and insufficient wastage monitoring

Was an action plan prepared following the EVSM/VMA: Yes

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

Following the EVSM assessment findings, clear recommendations were made to the MOHSW as well as for WHO and UNICEF and a three day training session on the computerized vaccine management tool was conducted by the IST West Africa WHO logistics technical Officer for all national, WHO and UNICEF immunization officers. The first day session was on theoretical orientation and updating of knowledge on vaccine management and followed by a two day practical session on the utilization of the computerized tool, focusing particularly on estimation of needs, ordering and reception, stock control & recording, and wastage monitoring. As a result, Liberia started implementing the new tool by the end of July 2007 and is officially communicating to WHO country office and IST West Africa on monthly basis.
A logistics officer has also been recruited to improve EVSM

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
In cash	*US$ 94,000*	*09/09/2007*

Please report on any problems encountered.

No problems encountered.

1.3.2. Progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

Liberia introduced the recommended safe injection equipments years back and all immunization activities are offered with auto disable syringes and needles. UNICEF has committed itself for safe injection support until the end of GAVI injection safety support by end of 2008 for all antigens with the exception of Yellow Fever vaccine.

Please report how sharps waste is being disposed of.

Sharps waste is being disposed off using incinerators and burning and burring. With the help of UNICEF 17 Waste Disposal Units (WDU) were purchased in 2006 and 30 in 2007. The training and installation of the WDU has been conducted with external technical support from UNICEF in April-May 2007. WHO provided external consultant to advice on the quality of installation. Efforts under way to secure funding for installation

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

Problems are anticipated in filling the funding gaps for safe inject support after GAVI support has ended. The purchase of waste disposal units and other action points in line with the EPI injection safety and waste disposal plan of action 2006-2010. According to the plan at least 90 WDU should be purchased and installed at strategic locations in the country. However, 47 have been purchased but only one has been installed due to inadequate funding.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Injection safety funds were used to build capacity for the installation of WDU and for operational support to enable district health workers to dispose injection equipments safely to avoid risk to the providers, recipients and the communities

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

Table 2: Total Immunization Expenditures and Financing Trends in US $

Total Immunization Expenditures and Financing	**2007**	**2008**	**2009**	**2010**	
Immunization Expenditures					
Vaccines	*1,121.673.91*	*2,235,601*	*1,817,161*	*1,738,145*	
Injection supplies	*231,367.63*	*143,718*	*152,100*	*156,148*	
Personnel	*141,265*	*632,179*	*665,605*	*700,115*	
Other operational expenditures	*688,786.60*	*2,130,312*	*2,248,415*	*1,406,793*	
Cold Chain equipment	*461,355.97*	*91,158*	*18,293*	*94,841*	
Vehicles	*8,500*	*84,897*	*32,473*	*0*	
Other	*0.0*	*121,655*	*128,148*	*134,741*	
Total Immunization Expenditures	*2,777,679.11*	*5,439,520*	*4,403,246*	*4,230,783*	
Total Government Health Expenditures (Note: The Gov. budgeting cycle is July to June)	*11,128.584*	*65,000.000*	*80,000.000*	*91,000.000*	
Immunization Financing: ***Please note that the immunization financing is based for both secured and probable financing and the total future resource requirement is for routine (fixed and outreach) and campaigns.***					
Government (incl. WB loans)	*157,831.00*	*331,676*	*331,519*	*353,972*	
GAVI*	*524,520.00*	*2,370,591*	*2,721,859*	*2,596,177*	
UNICEF	*2,240,345.49*	*1,326,324*	*654,471*	*549,251*	
WHO	*1,331,000.00*	*416,084*	*530,572*	*481,514*	
USAID	*157,780*	*572,633*	*72,411*	*0,0*	
ECHO	*262,838.62*	*287,174*	*0,0*	*0,0*	
World Bank (grant)	*None*	*Not known*	*Not known*	*Not known*	
UNMIL, UN Agencies and NGO's	*Indirect cost only*	*Indirect cost only*	*Indirect cost only*	*Indirect cost only*	
Other (please specify)					
Total financing **	*4,674,315.11*	5,304,482	4,310,832	3,980,914	
Total resource requirement	*5,323,544*	5,439,520	4,403,246	4,230,783	
Funding gap*	*649,228.89*	135,038	92,414	249,869	

**GAVI Immunization financing 2007-2010 has been modified as a result of anticipated estimated ISS, INS and YF support as well as increased requirement of the Pentavalent vaccine in 2008-2010. This narrowed artificially the funding gap which uses the secured and probable funds. As it could be derived from the 2006 actual high expenditure (US$ 894,136 more than the planned requirement for 2006 in the cMYP), the costing of the cMYP is expected to be reviewed at the end of 2007 for more accurate estimates.*
*** Total secured and probable financing *** Total funding gap with secured and probable financing*

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category		*506,364*		
Vaccines	1,253,041.54		*2,235,601*	
Injection supplies	231,367.63		*143,718*	
Cold Chain equipment	461,355.97		*91,158*	
Operational costs	688,786.60	*3,296,268*	*2,130,312*	
Other (personnel)	141,265		*632,179*	
Vehicles	8,500.0			
Financing by Source				
Government (incl. WB loans)	157,831.00	$465 698	$331 676	$331 519
GAVI Fund	524,520.00	$464 075	$2 015 499	$1 624 100
UNICEF	4,902665.55	$2 479 213	$1 326 324	$329 505
WHO	1,331.000	$986 336	$315 227	
Other (please specify)	0.00			
Total Expenditure	6,910,016.51			
Total Financing	5,323,544			
Total Funding Gaps	1,586,472.5			

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps — growing expenditures in certain budget lines, loss of sources of funding, a combination…

The immunization expenditure is showing an upward trend especially with the introduction of the pentavalent vaccine; *the continuing withdrawal of some International Health NGOs resulting in fluctuation of the number of health facilities offering immunization services is a major and growing challenge; the* yellow fever vaccine support from GAVI and the injection safety support from UNICEF are expected to end by the close of 2008.
Increase advocacy with political leaders to increase budgetary allocation for immunization; possible inclusion of immunization for support under the pool fund established by the MoH&SW;

Table 2.2: Country Co-Financing (in US$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

Table 3a: Country Vaccine Co-Financing in US $					
For 1st GAVI awarded vaccine. *Yellow Fever Vaccine*					
Actual and Expected Country Co-Financing	**2006**	**2007**	**2008**	**2009**	**2010**
Total number of doses co-financed by country	*None*	*6,763*	*22,836*	*28,793*	*28,888*
Total co-financing by country	*None*	*6,026*	*21,312*	*25,801*	*26,575*
Of which by					
Government			*21,312*	*25,801*	*26,575*
Basket/Pooled Funding					
Other (UNICEF)		*6,026*			
Total Co-Financing	*None*	*6,026*	*21,312*	*25,801*	*26,575*

For 1st GAVI awarded vaccine. Please specify which vaccine Yellow Fever	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	*6,026*	*6,026*		
Other sources (please specify)	0.00	0.00		
Total Co-Financing (US$ per dose)	6,026	*6,026*		

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

The Government committement is an annual incremental contribution of 5% beginning 2007 with the expectation that Government will take full responsibilities by 2016.

Table 3b: Country Vaccine Co-Financing in US $					
For 2nd GAVI awarded vaccine. *Pentavalent (DTP-HepB-Hib) Vaccine*					
Actual and Expected Country Co-Financing	**2006**	**2007**	**2008**	**2009**	**2010**
Total number of doses co-financed by country			*26.707*	*23,898*	*27,008*
Total co-financing by country			*90,252*	*80,547*	*82,963*
Of which by					
Government			*90,252*	*80,547*	*82,963*

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Formatted: Indent: First line: 1 ch

Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Total Co-Financing			*90,252*	*80,547*	*82,963*

For 2nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)	0.00	0.00		
Government				
Other sources (please specify)				
Total Co-Financing (US$ per dose)	0.00	0.00		

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

The Government committement is an annual incremental contribution of 5% beginning 2007 and 10% 2008 with the expectation that Government will take full responsibilities by 2016. A multi-year Memorandum of Understanding have been signed with UNICEF to procure and transport government of Liberia portion of the vaccine.

Table 2.3: Country Co-Financing (in US$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Table 4: Questions on Vaccine Co-Financing Implementation

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	√	*All vaccines*	*GOL, UNICEF & GAVI*
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in Reporting Year	Delay in Co-Financing Payments
	(month/year)	(day/month)	(days)
1st Awarded Vaccine (specify)	*July 2007*	*2008*	*Yes*
2nd Awarded Vaccine (specify)	*NA*	*NA*	*NA*
3rd Awarded Vaccine (specify)	*NA*	*NA*	*NA*

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems ?		
	Tick for Yes	List Relevant Vaccines
Budget line item for vaccine purchasing	Yes	*Yellow Fever*
National health sector plan	Yes	*Yellow Fever*
National health budget	•	*YF*
Medium-term expenditure framework		
SWAp		
cMYP Cost & Financing Analysis	•	*All vaccines*
Annual immunization plan	•	*All vaccines*
Other		

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	√	All vaccines	GOL, UNICEF & GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)	July, 2007	May, 2008
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes

Medium-term expenditure framework	N/A
SWAp	N/A
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing ?
The establishment of the Office of Financial Management (OFM) and the new regulation on the release of funds led to the delay in the mobilization of the co-financing. Including the country fiscal year which begins in July and ends in June.

Q. 5: Do you foresee future challenges with vaccine co-financing in the future? What are these?
The new Government is committed for child survival and as such it is expected that Liberia will meet its contribution as per the proposals for vaccine co-financing so long as the economic outlook remain stable. However, the delay or not meeting the financial commitments entered by development donors/partners might force the Government to prioritize its activities and as such it could cause a challenge for vaccine co-financing.

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. The establishment of the Office of Financial Management (OFM) and the new regulation on the release of funds led to the delay in the mobilization of the co-financing.
2. *The country fiscal year begins in July and ends in June.*

3. Request for new and under-used vaccines for year 2009

*Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

The baseline, targets, wastage rate, vaccine presentation etc are consistent with the WHO/UNICEF Joint Reporting Form for 2007 submitted to the WHO and UNICEF in April 2008. The truth picture concerning target and denominator will be seen this year because Liberia just completed her population census in Mach 2008 and results from this census will settle the population or target problem.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS										
Births	184,823	189,998	195,698	201,569	207,616	213,844	220,260	226,676	233,286	239,895
Infants' deaths	36,964	37,999	39,139	40,314	41,523	42,769	44,052	45,335	46,657	47,979
Surviving infants	147,859	151,999	156,559	161,255	166,093	171,075	176,208	181,341	186,628	191,916
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	147,780	159,617								
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	129,971	133,842								
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of Pentavalent Vaccine			153,000	158,000	163,000	168,000	173,000	177,714	182,896	188,078
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of Pentavalent Vaccine			140,903	148,355	152,805	162,522	167,398	174,087	179,163	184,240
Wastage rate till 2007 and plan for 2008 beyond*** …….. *(new vaccine)*			5%	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	142,728	155,161	152,644	167,302	172,321	181,767	187,221	194,941	202,958	208,709
Infants vaccinated / to be vaccinated with BCG	164,694	162,909	183,956	197,538	207,616	213,844	220,260	226,676	233,286	239,895
Infants vaccinated / to be vaccinated with Measles (1st dose)	139,141	143,748	148,731	156,418	161,110	165,943	170,923	175,901	181,030	186,159

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

The request for YF vaccine and related supplies for 2008 has been increased (quantity) following the YF sustained coverage in 2008 (88%) and increased baseline population as elaborated in the report. The availability of Yellow Fever vaccine and the planned introduction of pentavalent (DTP-HepB-Hib) has been communicated by UNICEF Country Office to UNICEF supply division and UNICEF supply division is awaiting response for pentavalent vaccine.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with …… *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)*

8a

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	201,569	207,616
B	Number of doses per child (for TT: target of pregnant women)	#	2	2
C	Number of ….doses	A x B	403,138	415,232
D	AD syringes (+10% wastage)	C x 1.11	447,483	460,908
E	AD syringes buffer stock *(2)*	D x 0.25	111,871	115,227
F	Total AD syringes	D + E	559,354	576,134
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	71,597	73,745
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	7,004	7,214

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

It is anticipated that the new population census figure will be released soon and this may lead to a revision of the target population figures. When the figures are released, they will be communicated to GAVI.

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: **2007**

Current Health Systems Support will end in: **2010**

Funds received in 2007: Yes
If yes, date received: (27/07/2007)
If Yes, total amount: US$ 1,022.500_____
Funds disbursed to date: US$ 27,171_____
Balance of installment left: US$ 995,209_____

Requested amount to be disbursed for 2009 US$ _1,022.500_____

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): ***Yes***
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.

Committed HSS funds are on the Ministry of Heath and Social Welfare budget as part of the indirect budget commitments of donors to line ministries as in the table below.

Organization	Totals for 2007	Totals for 2008
GoL Health Budget	$ 15.40	$ -
Dept. for Intl. Dev. (DFID)- OFM	$ 0.45	$ 0.60
DFID	$ 4.15	$ 6.20
Dutch Government	$ 0.81	$ -
ECHO	$ 6.30	$ -
European Comm. - County Dev.	$ 0.51	$ 2.04
European Commission – TA	$ 0.60	$ 0.89
France	$ 0.10	$ 0.13
GAVI - HSS	$ 1.02	$ 1.02
GAVI – INS	$ 0.11	$ 0.09
GAVI – ISS	$ 0.35	$ 0.15
GAVI – (New) Vaccine Support	$ 0.21	$ 2.12
Global Fund (HiV)	$ 3.90	$ 6.70
IrishAid	$ 7.75	$ -
LERHIS Foundation	$ 0.50	$ -
McBaine	$ 1.00	$ 1.00
OFDA	$ 1.60	$ -
Presidents Malaria Initiative	$ 2.00	$ 8.50

Swiss	$ 0.75	$ 2.25
UNICEF	$ 8.60	$ -
CERF	$ 1.00	$ -
USAID	$ 9.78	$ 14.30
William J. Clinton Foundation	$ 0.32	$ 0.16
World Bank	$ 2.50	$ 3.00
Total	**$ 69.710**	**$49.150**

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

The GAVI funds were only released by GAVI at the end of July 2007 and thus a delay in implementing of the specific activities of the proposal in line with the time line. However, some activities have taken place and many are in the process of being implemented as part of the overall national health plan as the GAVI HSS activities are part of the plan. The funds were disbursed according to the implementation plan and the major accomplishments are as follows, though expected impact on health services, problems and solutions is yet to be reported in 2008 if any, as this narrative covers a five month HSS activities only.

As soon as the GAVI HSS funds were received the Minister of Health mandated the Deputy Minister for planning to convene a meeting of the technical team to initiate the activities and report to the planned ICC meeting on 15 August 2007. During its quarterly meeting on 15 August 2007, the ICC after having briefed on the GAVI HSS Support, recommended the Minister that the technical team that worked on the GAVI HSS proposal to work on the operationalization of the proposal and report to the HSCC through its chair person. The technical team met twice and agreed on priority action points for implementation in August to December 2007.

As part of the National Health Plan, all components of essential health package has been revised, defined and an Integrated Basic Package of Health Services (BPHS) that include maternal and new born health, child and immunization, nutrition, communicable diseases, health promotion and behavioral change communications has been developed and a BPHS document produced. 2000 copies of the BPHS document have been printed and officially launched and disseminated. The counties have completed their micro-planning and are now in operations. At the same time the establishment of a Technical Training, Human Resources, and Health Management and Information System as well as the procurement process of vehicles for smooth coordination and monitoring of these units has been initiated.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

The International Health NGO's, Local Health NGO's and Faith Based Organizations together with UN and Donors health partners are coordinated in the health coordination meeting, which is chaired by the Deputy Minister/Chief medical Officer. This coordination meeting feeds to the Health Sector Coordination Committee (HSCC), which is chaired by the Minister of Health and Social Welfare of Liberia. One member of the international NGO's, one of the local NGO's and one of the faith based Organizations represent the NGO's and Faith Based Organizations as members in the HSCC meetings. The Deputy Minister for Planning, Research and Development of the Ministry of Health is a member of both coordination bodies. All developments of the National Health and Social Welfare Plan, in which the GAVI HSS is part of, is discussed and action points are jointly agreed by the HSCC.

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Liberia received the GAVI HSS funds on 27 July 2007 only. This means that the specific HSS activities would have been expected to shift in implementation timeline. However, as the HSS implementation of activities is integral part of the national health plan, there is no expectation of change in implementation plan and disbursement schedule, but rather in the priority action points. As the HSS implementation is synchronized with the national planning and budgeting cycle and the cycle in Liberia is July to June each year, the HSS disbursement are expected at least in April each year to enable the continuity of activities.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (*In case there is a change in the 2009 request, please justify in the narrative above)*			
Area for support	**2007 (Expenditure)**	**2007 (Balance)**	**2009 (Request)**
Activity costs			
Objective 1			
Activity 1. Develop and disseminate an Integrated BPHS, which include maternal and newborn health; child health and immunizations; Nutrition; Communicable Diseases; and Health promotion and Behavioural Change Communications = U$35,000	15,000*[1]	20,000	
Activity 2. Define the role of the community in the delivery of nutrition, integrated management of childhood illnesses, treatments for diarrhoea diseases, malaria, pneumonias and home based care for HIV/AIDS and other basic health services. = U$ 17,000	0,00		
Activity 3. Develop roles and responsibilities of identified community health workers, develop training materials and train community health workers based on integrated BPHS for community health workers. = U$ 75,000	0,00		75,000
Activity 4. Establish a training unit and define roles and responsibilities of the unit which should be composed of representatives from each health unit of the MOHSW and relevant technical partners. = U$ 15,000	0,00		
Activity 5. Develop or revise treatment protocols and guidelines, including those for health promotion and behavioural change. = U$ 10,000	0,0		
Activity 6. Develop training manuals for the integrated BPHS, including training materials for training health institutions. = U$ 25,000	0,00		

[1] 15,000 has being committed for printing of BPHS

Activity 7. Plan and implement outreach sessions using the defined integrated BPHS for outreach activity, while ensuring quality of services and impact. = U$ 75,000	0,00		112,000
Activity 8. Conduct annual meetings will all relevant line ministries and health partners to assure that various policy elements within the integrated BPHS are addressed. = U$ 15,000	0,00		15,000
Activity 9. Purchase two vehicles for smooth coordination and mobility of training unit and plan for maintenance system. = U$ 50,000	0,00		
Activity 10. Develop HR plan and initiate the establishment of an HR database with periodic HR assessments and use of data for decision making. = U$ 30,000			
	0,00		15,000
Activity 11. Provision of local technical Assistance (TA) to assist with developing an HR plan (and potentially organizing an HR unit) and strengthening of MOHSW HR management; = U$ 30,000	0,00		20,000
Activity 12. Identification and selection of 800 community health workers, two for each health facility, by the communities using given criteria and provision of operational support funds to the CHWs. = U$ 200,000	0,00		250,000
Activity 13. Standardize curricula of CHW, develop skill-competency testing train new CHWs and increase the skills of existing community health workers in implementing specific interventions within the BPHS. = U$ 50,000	0,00		50,000
Activity 14. Purchase one vehicle for smooth coordination of HR activities. = U$ 25,000	0,00		

Activity 15. Establish linkages between communities and formal health by defining and putting in place community based surveillance and information systems. = U$ 30,000	0,00		30,000
Activity 16. Conduct district and county micro-plans of the integrated BPHS at the county level with all stakeholders and review plans regularly to enhance programme ownership at the local level. = U$ 30,000	12,171	17,829	30,000
Activity 17. Plan and conduct operational research for community based services and BCC/IEC to enhance linkages of health facilities with the community for improved community participation and involvement. = U$ 30,000	0,00		30,000
Activity 18. Develop and implement quality HMIS and database for smooth management of health information and human and financial resources of the integrated BPHS. = U$ 120,000	0,00		180,000
Activity 19. Provide data management tools and conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources. = U$ 20,000	0,00		50,000
Activity 20. Plan and establish a computerized stock management and logistics system to support the forecasting and distribution of drugs and supplies and rehabilitation of equipments. = U$ 20,000	0,00		30,000
Activity 21. Establish an M & E system to monitor and evaluate the regular and appropriate use of the National Health Information and management system. = U$ 20,000	0,00		40,000
Activity 22 Purchase one vehicle to ensure smooth coordination and monitoring of the health information and management system. = U$ 25,000	0,00		
Support costs			

Management costs = U$ 50,000	0,00		70,000
M&E support costs			
Technical support = U$ 25,380	0,00		25,380
TOTAL COSTS **= U$ 1,022.380**	**27,171**	**995,209**	1,022.380

Table 10. HSS Activities in 2007	
Major Activities	**2007**
Objective 1:	
Major Activities	**2007**
Activity 1. Develop and disseminate an Integrated BPHS, which include maternal and newborn health; child health and immunizations; Nutrition; Communicable Diseases; and Health promotion and Behavioural Change Communications	All components of essential health package revised, defined and an Integrated Basic Package of Health Services (BPHS) that include maternal and new born health, child and immunization, nutrition, communicable diseases, health promotion and behavioral change communications has been developed and a BPHS document produced. 2000 copies of the BPHS document are being printed and officially launched and disseminated.
Activity 2. Define the role of the community in the delivery of nutrition, integrated management of childhood illnesses, treatments for diarrhoea diseases, malaria, pneumonias and home based care for HIV/AIDS and other basic health services.	
Activity 3. Develop roles and responsibilities of identified community health workers, develop training materials and train community health workers based on integrated BPHS for community health workers.	
Activity 4. Establish a training unit and define roles and responsibilities of the unit which should be composed of representatives from each health unit of the MOHSW and relevant technical partners.	A technical training unit is being established. Terms of reference for recruiting training unit officers have been developed and the roles and responsibilities of each health programme/unit and relevant partners are being defined and necessary equipments for the training unit has being purchased.
Activity 5. Develop or revise treatment protocols and guidelines, including those for health promotion and behavioural change.	
Activity 6. Develop training manuals for the integrated BPHS, including training materials for training health institutions.	

Activity 7. Plan and implement outreach sessions using the defined integrated BPHS for outreach activity, while ensuring quality of services and impact.	
Activity 8. Conduct annual meetings will all relevant line ministries and health partners to assure that various policy elements within the integrated BPHS are addressed.	
Activity 9. Purchase two vehicles for smooth coordination and mobility of training unit and plan for maintenance system.	The process of purchasing vehicles according to the Public Procurement Concession and Commission Policy (PPC) for smooth coordination and mobility of the Training Unit has being initiated
Activity 10. Develop HR plan and initiate the establishment of an HR database with periodic HR assessments and use of data for decision making.	A human resources unit is being strengthened to improve HR management and review and finalized the human resources plan. Terms of reference for recruiting human resources officers and for HR technical assistance have been developed, necessary equipments for the Human resources unit has being purchased, and HR plan review process initiated.
Activity 11. Provision of local technical Assistance (TA) to assist with developing an HR plan (and potentially organizing an HR unit) and strengthening of MOHSW HR management;	A human resources unit is being strengthened to improve HR management and review and finalized the human resources plan. Terms of reference for recruiting human resources officers and for HR technical assistance have been developed, necessary equipments for the Human resources unit has being purchased, and HR plan review process initiated.
Activity 12. Identification and selection of 800 community health workers, two for each health facility, by the communities using given criteria and provision of operational support funds to the CHWs.	Multi-purpose community health workers assement conducted and curriculum reviewed
Activity 13. Standardize curricula of CHW, develop skill-competency testing train new CHWs and increase the skills of existing community health workers in implementing specific interventions within the BPHS.	
Activity 14. Purchase one vehicle for smooth coordination of HR activities.	The process of purchasing a vehicle according to the Public Procurement Concession and Commission Policy (PPC) for smooth coordination of Human resources activities has being initiated

Activity 15. Establish linkages between communities and formal health by defining and putting in place community based surveillance and information systems.	
Activity 16. Conduct district and county micro-plans of the integrated BPHS at the county level with all stakeholders and review plans regularly to enhance programme ownership at the local level.	The district/county level micro-planning process of the integrated BPHS with all stakeholders has been initiated and so far three counties have completed the planning.
Activity 17. Plan and conduct operational research for community based services and BCC/IEC to enhance linkages of health facilities with the community for improved community participation and involvement.	
Activity 18. Develop and implement quality HMIS and database for smooth management of health information and human and financial resources of the integrated BPHS.	The development of a quality Health Management and Information System (HMIS) aimed at evidence based decision making for policy makers and the establishment of Monitoring and evaluation (M & E) has been initiated. Terms of reference for recruiting HMIS/M&E officers and technical support for HMIS assessment has been finalized, necessary equipments for the HMIS/M&E unit has being purchased and the process of HMIS assessment initiated?.
Activity 19. Provide data management tools and conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources.	
Activity 20. Plan and establish a computerized stock management and logistics system to support the forecasting and distribution of drugs and supplies and rehabilitation of equipments.	
Activity 21. Establish an M & E system to monitor and evaluate the regular and appropriate use of the National Health Information and management system.	The development of a quality Health Management and Information System (HMIS) aimed at evidence based decision making for policy makers and the establishment of Monitoring and evaluation (M & E) has been initiated. Terms of reference for recruiting HMIS/M&E officers and technical support for HMIS assessment has been finalized, necessary equipments for the HMIS/M&E unit has being purchased and the process of HMIS assessment initiated?.
Activity 22 Purchase one vehicle to ensure smooth coordination and	The process of purchasing a vehicle according to the Public

monitoring of the health information and management system.	Procurement Concession and Commission Policy (PPC) for smooth coordination and monitoring of the HMIS has being initiated

Table 11. Baseline indicators *(Add other indicators according to the HSS proposal)*

Indicator	Data Source	Baseline Value[2]	Source[3]	Date of Baseline	Target	Date for Target
1. Impact on Immunization (National DTP3 coverage (%))	**Routine Administrative coverage**	87	MOHSW	2005	90	2008
2. Impact on Immunization (National Measles coverage (%))	**Routine Administrative coverage**	94	MOHSW	2005	95	2008
3. Impact on under five mortality rate (per 1000)	Routine and Active surveillance and/or surveys	235	UNICEF/WHO	1999	225	2008
4. HSS inputs:						
% of health facilities implementing BPHS at the community level by community health workers.	Routine quarterly reports of County health teams and quarterly review and planning by the national planning department of the MOHSW	0	MOHSW	2005	70	2008
% of counties implementing HMIS and database for smooth management of BPHS.		0			70	
% of health facilities submitting a HMIS report to the County health teams on BPHS for previous month		0			100	
5. HSS Activities						
% of health facilities implementing BPHS at the community level by community health workers.	Routine quarterly reports of County	0	MOHSW	2005	70	2008

[2] If baseline data is not available indicate whether baseline data collection is planned and when
[3] Important for easy accessing and cross referencing

	health teams and quarterly review and planning by the national planning department of the MOHSW					
% of counties implementing HMIS and database for smooth management of BPHS.		0			100	
% of health facilities submitting a HMIS report to the County health teams on BPHS for previous month		0			80	
6. Outputs (Impact on the capacity of the system)						
- % of health facilities with delivery of improved quality of integrated BPHS at the lower level.	**Annual review and planning meetings**	20	MOHSW	2005	50	2008

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

The implementation of GAVI HSS has only commenced recently in Liberia and as such the issue of indicators, targets, problems, monitoring processes as specified in the proposal will be only be elaborated at the next reporting period.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	June 15,2008	
Reporting Period (consistent with previous calendar year)	2007	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	Yes	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Yes	
HSS reported on	Yes	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	Yes	Only HSCC minutes

6. Comments

ICC/HSCC comments:

The HSCC/ICC is grateful for the continuous support provided by GAVI to Liberia for routine immunization service delivery in line with the GAVI phase II support 2006-2015 for countries to improve their immunization programmes.

The HSCC/ICC wishes to inform GAVI that the GAVI Health Systems Strengthening support which has been approved recently has been already included in the list of donor's commitments.

The Government of Liberia, through the Ministry of Health and Social Welfare wishes to inform GAVI its commitment to child survival programmes and will continuously link it with the highest political authorities to translate the commitment in concrete actions to meet the GAVI conditions for support of health systems strengthening support and the health sector in general.

~ End ~