



Partnering with The Vaccine Fund

June 2003

# Progress Report

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund  
by the Government of

**COUNTRY: LIBERIA**

Date of submission: December 11/ 2003

Reporting period: 2002..... ( *Information provided in this report **MUST** refer to the previous calendar year* )

( Tick only one ) :

- Inception report
- First annual progress report
- Second annual progress report**
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

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

***\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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## 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

### 1.1 Immunization Services Support (ISS)

#### 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.*

The first trench of the second year GAVI came in May 2003. Because the postponement of the second year DQA due to security concerns, GAVI Secretariat proposed to MOHSW that half of the second year allocated budget should be sent during the year, and the other balance be sent after the DQA is being carried out.

GAVI funds are only used to support activities endorsed by the ICC. Technical sub-committee of the ICC develops POA and identifies area of activities that will be supported by GAVI fund and present it for ICC for approval. Based on the framework the Technical committee prepares a list of priority activities to be funded by GAVI each quarter. List of activities, together the estimated budget for out reach activities are presented at the regular ICC meeting for approval. At the same time, a financial and technical report of the prior to the quarters activities are presented. Only activities approved at the ICC meeting will be funded. The minutes of the ICC are attached to all requests for funding and these are cross- checked by the principal signatories i.e.

Minister of Health and WHO Representative. Major activities funded with GAVI support:

- Micro-planning for the strengthening of routine immunization services at Regional level;
- Refresher training of county health teams and EPI service providers, including the updating of EPI training and operational manual;
- Strengthening supportive supervision from national to county level as well as from county to health facility level;
- Strengthening social mobilization e.g. training of mass media practitioners, chiefs, traditional birth attendants...etc
- Supporting the implementation of outreach vaccination and vaccination campaigns in hard to reach areas.
- Operational support to county health teams: This includes incentives for health workers involved in planning, supervising and delivering immunization services, maintenance of county vehicles, fuel for supervision etc
- Operational support to National EPI Programme: This includes incentive for national EPI programme staff, fuel and vehicle maintenance costs, office running costs (stationery, office equipment maintenance...etc), computer training of national EPI staff.
- Purchase of kerosene for cold chain equipment at health facility level.
- Conducting Multi-Antigens Catch-up campaigns in selected Counties

## 1.1.2 Use of Immunization Services Support

*In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.*

**Funds received during the reporting year US\$ 305,338.00**

**Remaining funds (carry over) from the previous year: US\$ 216,163.71**

**Table 1 : Use of funds during reported calendar year August 2002 to December 2003**

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	56,365.00	25,165.00	2,300.00	28,900.00	
Transportation	17,537.30	4,290.80		13,246.50	
Maintenance and overheads					
Training					
IEC / social mobilization	2,800.00			2,800.00	
Outreach (MACUC)	19,243.00			19,243.00	
Supervision	11,719.00		5,160.00	6,119.00	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other programme Support	21,000.00	21,000.00			
<b>Total:</b>	128,664.30	50,455.80	7,900.00	70,308.50	
<b>Remaining funds for next year:</b>	392,837.41				

*\*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 of funds was discussed.*

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

- Micro-planning to strengthen routine EPI was conducted at Regional level was carried out in three regions.
- Refresher training of county health teams and EPI service providers were given,
- Updating EPI training and operational manual (on progress).
- Strengthening supportive supervision from national to county level as well as from county to health facility level.
- Strengthening social mobilization e.g. training of mass media practitioners, chiefs, traditional birth attendants...etc
- Supporting the implementation of outreach vaccination and vaccination campaigns in hard to reach areas.
- Operational support to county health teams: This includes incentives for health workers involved in planning, supervising and delivering immunization services, maintenance of county vehicles, fuel for supervision etc
- Operational support to National EPI Programme: This includes incentive for national EPI programme staff, fuel and vehicle maintenance costs, office running costs (stationery, office equipment maintenance...etc), computer training of national EPI staff.
- Purchase of kerosene for cold chain equipment at health facility level.
- Conducting Multi-Antigens Catch-up campaigns in selected Counties

Problems

- Inaccessibility to the counties due to insecurity in the first and second quarter of 2002
- State of Emergency declared during the first six months of the year
- Displacement of many people in the camps in Montserrado County

**1.1.3 Immunization Data Quality Audit (DQA)** *(If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?  
If yes, please attach the plan.*

YES

NO

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

Due to security problems, the second year DQA was not conducted in Liberia

**Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.**

→ *Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

*No Survey was conducted in 2002*

## **1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support**

### **1.2.1 Receipt of new and under-used vaccines during the previous calendar year**

→ *Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

Liberia received Yellow Fever Vaccine:  
January 18/ 200: 81,600 Doses  
March 20/2002: 67,000 Doses  
December 11/2002: 103,600 Doses

## 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.

- Yellow Fever vaccine has been introduced in all accessible counties since June 2002
- Despite the security problems in Liberia achieved DPT3 coverage 51%;
  - Three counties were above 80%,
  - Four counties were between 50 to 79% and
  - Seven counties were below 50% and routine EPI was not carried out in Lofa County
- Out of the seven counties that were below 50% DPT 3 coverage, most facilities in three counties did not provide services on regular basis because of the insecurity in 2002.
- Multi antigen catch up campaigns were conducted in three counties in 2002
- Micro-planning and training was also conducted at regional levels in South and South western Regions

## 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Liberia has received the fund in July 2002. However, it was not used because it was planned for training for the introduction of YF vaccine and injection safety in North-western Region in 2002/2003. The training could not be conducted due to security problems

## 1.3 Injection Safety

### 1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Liberia did not receive injection materials along with the YF vaccine in 2002.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.  
Liberia did not submit proposal for vaccine fund for support for injection safety.

Indicators	Targets	Achievements	Constraints	Updated targets
Proportion of EPI service delivery points using AD syringes for all injectable immunizations.	To use AD syringes in injectable immunizations in all health facilities	Approximately 80-90% of all health facilities providing immunization services used AD needles and syringes	<ul style="list-style-type: none"> <li>➤ Short supply of AD Syringes</li> <li>➤ Inadequate usage of safety boxes</li> <li>➤ Lack of incinerators or proper disposing facilities</li> </ul>	Second Quarter of 2004
Finalize Injection safety policy	To develop the policy by end of 2002	Not achieved	Because of the Emergency period	Beginning of 2004
Develop Injection safety proposal to GAVI Secretariat	2002	Not achieved	The same reasons	Beginning of 2004

### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

No injection safety activities are supported by GAVI

## 2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability <u>Submit</u> completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <a href="http://www.gaviff.org">http://www.gaviff.org</a> under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

Liberia was one of the countries eligible to develop FSP in 2003. Liberia has participated in the FSP workshop that was organized in Kampala, Uganda in May 2003. Furthermore, detail activity plan with time frame was developed. The team briefed ICC and established a Task force, and developed a proposal. The proposal was accepted and funded by WHO. However, because of the conflict in June to August 2003, plan could not be materialized. Liberia will develop FSP in 2004.

### 3. Request for new and under-used vaccines for year ..... ( indicate forthcoming year )

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

#### 3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported 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 (page 10) . Targets for future years **MUST** be provided.

**Table 2 : Baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>	165,096	187,609	159,105	160,155	164,159	168,253	172,470	176,781
Births	165,096	187,609	180,426	184,937	189,560	194,299	199,157	204,135
Infants' deaths	17,689	21101	21,320	24,782	25,401	26,036	26,687	27,354
Surviving infants	147,407	167,508	159,105	160,155	164,159	168,263	172,470	176,781
<b>Infants vaccinated with DTP3 *</b>								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	86,391	103,200	81,306 (51%)					
<b>NEW VACCINES</b>								
Infants vaccinated with Yellow Fever (use one row per new vaccine)		59,334	28,313(18%)					
Wastage rate of ** ..... ( new vaccine)	ND	ND	ND					
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT			86,804 (41%)					
Infants vaccinated with BCG			106,544 (67.4%)					
Infants vaccinated with Measles			79,870 (57%)					

\* Indicate actual number of children vaccinated in past years and updated targets

\*\* Indicate actual wastage rate obtained in past years

→ 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.

It is the same with WHO/UNICEF Joint Reporting Format.

**3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year** ..... (indicate forthcoming year)**

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

It is the same with the original YF proposal

**Table 3: Estimated number of doses of Yellow Fever vaccine (specify for one presentation only) :** (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year .....
A	Number of children to receive new vaccine	164,159	*2004
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	100%	
C	Number of doses per child	1	
D	Number of doses	$A \times B/100 \times C$	164,159
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	205,199
G	Vaccines buffer stock	$F \times 0.25$	51300
H	Anticipated vaccines in stock at start of year ....		20,000
I	Total vaccine doses requested	$F + G - H$	236498
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	221102 <sup>+</sup>
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	245423 <sup>+</sup>
M	Total of safety boxes (+ 10% of extra need)	$(K + L)/100 \times 1.11$	5178 <sup>+</sup>

- **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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** 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. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [ F – number of doses (incl. wastage) received in previous year ] \* 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **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

**NB:** *Since Liberia did not receive AD syringes, mixing needles and safety boxes for the earlier consignments; estimation of the need included the anticipated vaccines in stock at start of the year.*

**Table 3 : 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

*\*Please report the same figure as in table 1.*

3.3 Confirmed/revised request for injection safety support for the year ..... (indicate forthcoming year)

**Table 4: 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 4 to 8)**

		Formula	For year .....	For year .....
<b>A</b>	<b>Target of children for ..... vaccination (for TT : target of pregnant women)<sup>1</sup></b>	#		
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#		
<b>C</b>	<b>Number of ..... doses</b>	A x B		
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11		
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25		
<b>F</b>	<b>Total AD syringes</b>	D + E		
<b>G</b>	<b>Number of doses per vial</b>	#		
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	Either 2 or 1.6		
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$		
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$		

**Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	For BCG			
	For other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

*Liberia has yet to submit injection safety support*

<sup>1</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>2</sup> 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. Write zero for other years.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support**

Indicators	Targets	Achievements	Constraints	Updated targets
<p>Number of children aged 0-11 months receiving</p> <ul style="list-style-type: none"> <li>➤ 3 doses of DPT,</li> <li>➤ 1 dose of BCG, Measles and Yellow fever</li> </ul>	<p>Coverage</p> <ul style="list-style-type: none"> <li>▪ DPT 3= 60%</li> <li>▪ BCG 70%</li> <li>▪ Measles 60%</li> <li>▪ YF= 40%</li> </ul>	<ul style="list-style-type: none"> <li>➤ 106,544 children aged 0-11 months vaccinated with BCG</li> <li>➤ 81,306 (51%) children aged 0-11 months received 3 doses of DPT.</li> <li>➤ 90,690 (57%) children aged 0-11 months received 1 doses of Measles vaccine</li> <li>➤ 28,313 (18%) children aged 0-11 months received 1 doses of Yellow Fever vaccine</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inaccessibility due to security</li> <li>➤ Declaration of state of emergency</li> <li>➤ Irregular supply of vaccine</li> <li>➤ Cold chain equipment were looted in some counties</li> </ul>	<ul style="list-style-type: none"> <li>➤ DPT 3, coverage to 60% in 50% of district by end of 2004</li> </ul>
<p>Non-Polio AFP Rate Completeness of routine surveillance reports</p>		<ul style="list-style-type: none"> <li>➤ Non-Polio AFP rate of 2.1 per 100,000 under 15 year olds attained;</li> <li>➤ 60% completeness of routine surveillance reports.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inaccessibility due to security</li> <li>➤ Declaration of state of emergency</li> </ul>	<p>To achieve certification standard AFP surveillance indicators in all counties by end of 2004</p>

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

## 6. Comments

→ *ICC comments:*

## 7. Signatures

For the Government of .....

Signature: .....

Title: .....

Date: .....

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. 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/The Vaccine Fund 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 have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~