Executive Summary

The Expanded Program on Immunization (EPI) Joint Appraisal (JA) for the year 2025 took place at the New Brookfields Hotel in Freetown, spanning from October 7th to October 14th, 2025. This gathering represented a significant opportunity for stakeholders to come together and evaluate the progress made within Sierra Leone's immunization framework.

The event kicked off with a series of familiarization visits conducted by the Gavi team, which included key interactions with the leadership of the Ministry of Health. This initial phase set the stage for productive technical discussions, which involved not only EPI staff but also a diverse array of partners such as the World Health Organization (WHO), UNICEF, ICAP, and the Clinton Health Access Initiative (CHAI). Additionally, various Civil Society Organizations (CSOs) contributed to the dialogue, ensuring a comprehensive representation of voices and perspectives.

The primary objective of the JA was to conduct a thorough review of the immunization program's achievements to date. Participants engaged in sharing insights and experiences, which proved invaluable for identifying current challenges within the system. Importantly, discussions also centered around the introduction of the new Gavi 6.0 funding mechanism, set to launch in 2026, which aims to enhance resources and support for immunization efforts.

Throughout the event, fostering multi-stakeholder dialogue was emphasized as essential for strengthening immunization services. This collaborative approach aimed to address the existing gaps in Sierra Leone’s health system, ultimately working towards improving immunization coverage and health outcomes for the country's population. The JA underscored the collective commitment to enhancing health services and ensuring that all children receive the vaccinations necessary for a healthy start in life.

Introduction and Meeting Overview

The Joint Appraisal (JA) serves as a vital component of Gavi’s comprehensive monitoring and performance management framework, specifically under the Gavi 5.1 strategic plan. The 2025 JA was a country-led initiative which brought together multiple stakeholders from government ministries, departments and agencies, health development partners including United Nation agencies and Non-Governmental Organizations, and Civil Society Organizations (CSOs) to extensively review and dialogue immunization service delivery in Sierra Leone.

The primary purpose of the JA was to enable the Ministry of Health, through the Expanded Programme on Immunization (EPI) and in collaboration with immunization partners, thoroughly evaluate the progress made in routine immunization service delivery and further assess how Gavi's support has played a pivotal role in achieving national immunization objectives.

The JA encouraged active engagement and discussion among various entities, including government bodies, development partners, civil society organizations (CSOs), and a diverse

array of other stakeholders. The meeting was essential as it discussed program performance, evaluated efforts across all sectors, and identified the key challenges that have the potential to impede progress in immunisation service delivery.

Sierra Leone last hosted an in-person JA in 2019; however, due to the global COVID-19 pandemic, the subsequent JA in 2020 was conducted virtually, concentrating on immunisation activities from the year prior. Since that time, Sierra Leone has made considerable strides in enhancing its immunisation efforts. Noteworthy interventions have included the introduction of new vaccines, several supplementary immunisation activities (SIA), and effective outbreak response measures for polio, measles, and COVID-19. Additionally, the country has made significant improvements in cold chain capacity and conducted assessments of vaccine management.

The 2025 JA will present a crucial opportunity for Sierra Leone's immunization program to reflect on the remarkable achievements, suggest measures to address ongoing challenges, and outline a strategic way forward that aligns with both national goals and Gavi's objectives. Furthermore, the meeting will be instrumental in shaping the future direction of the country's immunisation landscape.

Justification

The immunisation landscape in Sierra Leone has made significant gains, driven by efforts to strengthen health systems and expand vaccine coverage. Amidst the outstanding gains made, Significant challenges remain that require a robust and objective review. It is against this background that the Gavi and Vaccine Alliance proposed an in-person frank discussion with the Ministry of Health officials and partners. The JA 2025 meeting ensured that Sierra Leone’s immunisation strategies are closely aligned with the priorities set by Gavi 5.1, particularly striving to reach communities and children that have little or no access to vaccinations and those that have been marginalized. The meeting provided valuable platforms to thoroughly assess how COVID-19 vaccination efforts were integrated with routine immunisation services, as well as the impact of the integration on public health in Sierra Leone. Furthermore, the meeting conducted a comprehensive evaluation of the financial management, supply chain logistics, human resources, and service delivery mechanisms which identified existing challenges and uncovered opportunities for improvement. Additionally, the discussions foster

informed decision-making by utilizing data-driven analyses and reflections gathered from on-the-ground observations during field visits and thematic group works.

Objectives

- To review Sierra Leone's immunisation programme performance from 2022 to 2025, including routine immunisation coverage, vaccine-preventable diseases (VPD) surveillance, and outbreak response.
- To evaluate the implementation, financial management, and absorption of Gavi cash grants and co-financing commitments.
- To jointly identify promising practices, address persistent challenges including gender and equity barriers, and share lessons learned from recent immunisation activities.
- To strengthen stakeholder engagement through participatory discussions, including government, partners, and CSOs.
- To develop a jointly owned action plan with clear targets, timelines, and responsibilities for improving immunisation performance and equity.

Methods

The JA 2025 was held in Freetown at the New Brookfields Hotel. The meeting commenced on October 17th through the 14th. It brought together government functionaries, health development partners, Civil Society Organizations (CSOs) and private entities involved in Immunization Service delivery in Sierra Leone. To ensure efficient outcome of the JA meeting, the following processes and materials were used:

- **Courtesy visit to the Ministry of Health, Partners and the EPI:** on the first day of the JA, the Gavi team paid a courtesy visit to the Ministry of Health leadership at the ministry's conference hall, Youyi building, Freetown. This was followed by meetings with the WHO and UNICEF, and finally, a planning meeting with the EPI and technical team. During the technical discussions, the following areas were addressed:
    - The Gavi team briefed the EPI team and technical partners on the objectives of their mission
    - They presented the new Gavi funding mechanism switching from 5.0 to 6.0, clearly identifying the key priority areas

- They also discussed the timeline for the remaining EAF funding allocated to Sierra Leone
- The technical partners, in turn discussed how they have managed the Gavi funds allocated to them
- We went further to review and finalize the JA agenda

- **Multi-Stakeholder Meetings and Presentations:** Three-day interactive multi-stakeholder discussion sessions were held at the New Brookfields Hotel in Freetown. The discussion sessions were held on October 8th, 9th and 13th, 2025. The first day of the in-person discussion focused on "understanding the country immunization context, performance, successes, limitations and way forward. The first part of the day witnessed extensive presentations from the program detailing the following areas:

  Program Overview: The Immunization Program overview was presented by the Program Manager who discussed the organogram of the EPI, the different units in the EPI, and key activities implemented over the past few years (2022-2025). He also discussed activities earmarked for the remaining months in 2025. He went further to highlight the success, limitations and recommended way forward.

  Immunization Performance Analysis: The Senior Immunization Officer presented the program performance data. He presented a comparative trend analysis for key antigens using the WUNIC data and admin data. The presentation also discussed admin coverage for 2024 and Jan. – Aug. He went further to identify districts with Zero-dose and under-immunized children.

  Vaccine Preventable Disease (VPD) Surveillance and Vaccine Safety Monitoring: The VPD surveillance status update was presented by the program manager for the National Surveillance Program. His presentation captured the number VPD outbreaks the country has recorded in recent years. Key among the diseases discussed were Poliomyelitis, Measles, Rubella and Neonatal Tetanus. Similarly, the Vaccine Safety presentation on Adverse Events Following Immunization was done by the National AEFI Focal person. She presented data on the number AEFI the country has recorded from the Mpox vaccination in Sierra Leone. She also discussed the revised reporting modalities for all AEFIs using the "Vigi Mobile" app.

Immunization Logistics and Supply Chain: The vaccine logistics and supply chain presentation was done by the logistics team lead in the EPI. She provided stock updates on all EPI routine vaccines. She went further to identify reasons for some of the stock out of vaccines recorded in 2024. In her presentation, the Team Lead informed Gavi and partners that the program is making deliberate efforts to switch its stock management tool from the electronic Stock Management Tool (eSMT) to the electronic Logistics Management Information System (eLMIS) supply. She clearly provided justification for the planned switch, highlighting the irregularities in the eSMT that made it inadequate to for immunization stock management and monitoring. She also provided the strengths and opportunities of the mSupply that will be beneficial to the program.

The second part of the logistics presentation discussed the overview and status update of the DRIVE initiative. The presentation principally focused on the success and challenges faced after one year of implementation. She analysed the deliveries done by delivery partners and the refund payments made over the same period.

Addressing Gender Barriers in Immunization: The presentation discussed the recent assessment that identified gender barriers, including the role of CSOs in tackling the barriers. The presentation also summarizes the key barriers identified from the Gender Equity and Human Rights Assessment done in 2023 and any other related assessments.

CHW involvement in Immunization: The national CHW hub highlighted the involvement of CHWs in immunization, especially in the areas of defaulter tracking and tracing, outreach sessions and delivery of vaccines to service delivery points.

Gavi update on the future funding landscape: The second day of the in-person discussion started with a presentation from Gavi. They discussed the Gavi 6.0 funding mechanism and changes to the Gavi 5.0. Next funding plan for Sierra Leone. They highlighted the activities that would be supported in the new funding mechanism and emphasized the need for adequate consumption of the current funding allocated to Sierra Leone, especially the Equity Accelerated Funding (EAF).

Update on the Financial implementation of Gavi cash grants and government co-financing obligation: The EPI finance unit provided a detailed review of financial results by grant based on the most recent available data, including variance analysis

highlighting key budget drivers, cash balances and commitments. They also presented the financial forecast for the remaining parts of the year to 31 December 2025 by grant. They further discussed the implementation bottlenecks associated with each grant and proposed solutions. Furthermore, the team also provided an update on the government's co-financing obligation, highlighting the years during which the government has fully complied with the co-financing obligation. The presentation further discussed the challenges faced in mobilizing the resources from the government.

Technical Country Assistance: The meeting witnessed presentations from both global (WHO and UNICEF) and extended partners (CHAI and ICAP), where they provided updates on the utilization of different funding grants allocated to their organizations. Similar presentations were done by the Civil Society Organizations.

Field Visits: on the fourth day, participants will be placed into four groups/teams for field visits. Teams will conduct visits to selected districts (Western Area Rural/Urban, Bombali, Moyamba, Port Loko) for on-ground assessment of immunisation service delivery and community engagement. Reflections from these visits will be shared in plenary sessions on day five.

Thematic Working Groups: thematic group leads and rapporteurs will be identified on day one of the JA. Issues arising from discussions will be categorized under four program themes: program management and finance, immunization performance monitoring and VPD surveillance, Vaccine stock management and vaccine pharmacovigilance, and Immunization Demand Generation and Service Delivery. Each thematic group will be provided with a note-taking template to capture action points from the discussions. On the final day of the in-person discussion, all the notes from previous days will be compiled to develop holistic and comprehensive action points from the JA.

Documentation and Action Planning: Systematic recording of promising practices, challenges, and agreed next steps with responsibility assignments and deadlines for follow-up will be developed and presented by group leaders.

Outcomes and Recommendations from Discussions

Presentation	Key Issue	Action Point
Overview of the Immunization Program		
Immunization performance analysis		
VPD Surveillance & Vaccine Safety Sierra Leone		
Immunization Logistics and Supply Chain		
Addressing Gender Barriers in Immunization		
Updates on the Drive initiative		
CHW involvement in Immunization		
Co-Financing Obligations		
Future Gavi funding landscape and changes		
Financial implementation of Gavi cash grants	Low/slow utilization of the EAF grant	
Update on external audit and Assurance Providers		
TCA Delivery in Sierra Leone		
Reflection from Field Visit: • WAU & WAR • Moyamba • Bombali • Port Loko		
Update on HPV MAC		
New Vaccine Introductions – HepB-BD and TCV-		

Conclusion

The Joint Appraisal 2025 demonstrated Sierra Leone's progress and commitment towards improving immunization services. The collaborative process strengthened partnerships and charted a clear path forward to optimize the use of resources, enhance program monitoring, and effectively reach missed communities.

Government of Sierra Leone
Ministry of Health
Expanded Program on Immunization (EPI)

Activity: Joint Appraisal 2025 **Date:** October 7th to 14th, 2025 **Venue:** New Brookfields Hotel, Freetown

Agenda

October 7th, 2025-Courtesy call with the Minister of Health and other ministers, followed by a meeting with immunization stakeholders, including partners and CSOs			
Time	**Topic**	**Methods and Venue**	**Facilitator**
8:00 AM – 9:00 AM	Breakfast at Lodge		
9:30 AM – 10:00 AM	Pick-up	Vehicle will be at the hotel/lodge by 9:00 AM. An EPI driver will be assigned to the team and stay with the team throughout the mission. The team must be at Youyi Building by 9:45 AM.	Michael Jones will assign EPI Driver
10:00 AM – 10:45 AM	Meeting with Hon. Minister of Health/MoH Leadership-	Meeting will be held at Youyi building in the office of the Hon. Minister or the ministry conference room.	Dr. Kangbai Michael Jones/Lawrenzo
11:00 AM – 1:00 PM	Meeting with Technical Teams, including: • EPI • ICAP, • CHAI, • WHO, • UNICEF • Rocque Advisory	The meeting will be held at the EPI conference room. The meeting will discuss the following: • Briefing from the Gavi team • Review and finalization of the Agenda • Preparation for the Joint Appraisal, including participation in sessions and field visits;	Dr. Kangbai and Andrew Kemoh

	• DT Global		
1:00 PM – 2:00 PM	**LUNCH**		
2:00 PM – 4:00 PM	Meeting with EPI and CSO: • Mannion Daniels Consultancy Firm • Focus 1000 • HFAC • Red Cross • Health Alert • NMDHR	The meeting will be held at the EPI Conference room. The CSOs lead (Mannion Daniels Consultancy Firm) will do a short on Gavi-supported grants, successes and challenges with respect to HPV MAC	Dr. Saffa Smart Dr. Kangbai Michael Jones and Edward Jarfoi
Closing courtesy and End of Session			
JA Day 1: October 8th, 2025-Understanding the country's immunization performance, successes, limitations, and way forward at the New Brookfields Hotel			
Time	**Topic**	**Methods and Venue**	**Facilitator**
8:00 AM – 9:00 AM	Registration	Ensure every participant sign the attendance list	Karifatu M. Kamara
9:00 AM – 9:20 AM	Introduction and Welcome remarks	Introduction will be done individually	Andrew Kemoh
9:20 AM – 10:20 AM	Statements: • GAVI • WHO • UNICEF • AfCDC • US-CDC • Health Development Partners • CSOs • CMO • Chairperson-Parliamentary Committee for Health • Minister of Finance • Minister of Health (Key	Personnel/organizations expected to make a statement would be introduced and invited to the high table. Statements would be delivered in English. The Hon. Minister of Health or Designate will deliver the Keynote address and declare the meeting open. Each organization will be allotted a maximum of 5 minutes to deliver its statement.	Dr. Francis Moses

	Note address)		
10:20 AM – 10:30 AM	Objectives and expected outputs from Joint Appraisal.	The objective will be delivered using PowerPoint slides by one of the Gavi staff.	Gavi
10:30 AM – 11:00 AM	**TEA BREAK**		
11:00 AM – 11:20 AM	Overview of the Immunization Program	The Immunization Program overview will discuss the organogram of the EPI, the different units in the EPI, key activities implemented over the past few years (2022-2025). It will also discuss activities earmarked for the remaining months in 2025. It will highlight the success, limitations and recommended way forward.	Dr. Desmond Kangbai
11:20 AM – 11:40 PM	Immunization performance analysis	Present the comparative trend analysis using the WUNIC data, current WUNIC data, Amin coverage for 2024 and Jan. – Aug. 2025, Zero-dose analysis, and under-immunized analysis.	EPI/MoH
11:40 AM – 12:20 PM	Discussion		Dr. Tom Sesay
12:20 PM – 12:40 PM	VPD Surveillance & Vaccine Safety Sierra Leone	Presents the number of VPD outbreaks in recent years, the impact of immunization on VPDs	National Surveillance Program
12:40 PM – 1:00 PM	Discussion		Dr. Thompson Igbu
1:00 PM – 2:00 PM	**LUNCH**		
2:00 PM – 2:30 PM	Immunization Logistics and Supply Chain	• Provide stock management indicators and trends for the last 1 year • Key causes of stockouts in the last 1 year. • How the country has been mitigating stockout and expiry risks • Support needed to ensure full stock availability • Analysis of vaccine allocation and consumption. • Update on the transition from SMT to e-LMIS – current status, additional needs and opportunities	EPI/MoH/UNICEF
2:30 PM – 3:00 PM	Discussion		Dr. Monson
3:00 PM – 3:20 PM	Addressing Gender Barriers in Immunization	• The presentation will discuss the recent assessment that identified barriers, including the	EPI/MoH/Ginger

		role of CSOs in tackling the barriers, a summary of key barriers identified from the Gender Equity and Human Rights Assessment 2023 and any other related assessments	
3:20 PM – 3:40 PM	Discussion		Dr. Lynda Farma
3:40 PM – 4:00 PM	Updates on the Drive initiative		EPI
4:00 PM – 4:20 PM	CHW involvement in Immunization		MoH/CHW Hub/
4:20 PM – 5:00 PM	Discussion		Snr. Commissioner Charles Mambu
Closing courtesy and End of Session			
Day 2: October 9th, 2025-Overview of Financial implementation of Gavi cash grants at the New Brookfields Hotel, Freetown			
9:00 AM – 9:30 AM	Reflection from Day 1		**Facilitator**
9:30 AM – 9:50 AM	Co-Financing Obligations	Country co-financing obligation, Budgeting and payment process, progress and challenges. Please see the following points for consideration.	EPI/MoH/MoF
9:50 AM – 10:20 AM	Discussion		Sr. Aminata Nunie
10:20 AM – 11:00 AM	**TEA BREAK**		
11:00 AM – 11:15 AM	Future Gavi funding landscape and changes	Discuss the Gavi 6.0 funding mechanism and changes to the Gavi 5.0. Next funding plan for Sierra Leone	Maria-Gavi
11:15 AM – 11:30 AM	Discussion		
11:30 AM – 11:50 AM	Financial implementation of Gavi cash grants	Detailed review of financial results by grant based on the most recent available data, including variance analysis highlighting key budget drivers, cash balances and commitments, and updated financial forecast to 31 December 2025 by grant. Discuss implementation bottlenecks associated with	EPI/MoH/PCU/Rocque Advisory presentation

		each grant and propose solutions. What mechanisms are in place to improve absorption in the future in general?	
11:50 AM – 12:10 PM	Update on external audit and Assurance Providers	The presentation will discuss the country's progress in resolving issues arising from previous assessments, including external audits, assurance providers	IHPAU, DT Global
12:10 PM – 1:00 PM	Discussion		Sr. Aminata Nunie
1:00 PM – 2:00 PM	**LUNCH**		
2:00 PM – 2:40 PM 10 mins. Per presenter	TCA Delivery in Sierra Leone	TCA delivery and how it supports HSS and other funding levers implementation, including availability and use of partner	Global and Extended Partners (WHO, UNICEF, ICAP, CHAI
2:40 PM – 3:10 PM	Discussion		Dr. Thomas T. Samba
3:10 PM – 4:00 PM	TCA Delivery in Sierra Leone	TCA delivery and how it supports HSS and other funding levers implementation, including availability and use of partner	CSOs-Focus 1000, HFAC, Red Cross, NMDHR
4:00 PM – 4:30 PM	Discussion		Dr. Mamud Kamara
Closing courtesy and End of Session			
Day 3: October 10th, 2025-Field Visit to 4 districts-Western Area Rural & Urban, Bombali, Moyamba and Port Loko			
8:00 AM – 6:00 PM	Group 1: WAU/WAR	Gavi/EPI/WHO/UNICEF/CSO/CHAI/ICAP/Af-CDC/Ginger	
8:00 AM – 6:00 PM	Group 2: Port Loko	Gavi/EPI/WHO/UNICEF/CSO/CHAI/ICAP/Af-CDC/Ginger	
8:00 AM – 6:00 PM	Group 3: Bombali	Gavi/EPI/WHO/UNICEF/CSO/CHAI/ICAP/Af-CDC/Ginger	
8:00 AM – 6:00 PM	Group 4: Moyamba	Gavi/EPI/WHO/UNICEF/CSO/CHAI/ICAP/Af-CDC/Ginger	

Day 4: October 13th, 2025-Reflection from the Field visit and discussion on HPV MAC at the New Brookfields Hotel, Freetown			
8:00 AM – 9:00 AM	Registration		
9:00 AM – 9:20 AM	Reflection/Recap from Day 2		
9:20 AM – 10:00 AM	Group Discussion	Consolidate reports from the field visit on key issues observed, including what went well, what did not go well, and what needs to be improved, along with the responsible person and the time frame.	Group Leaders and Notetakers
10:00 AM – 10:30 PM 10 mins. Per group	Reflection from the field by groups: • Group 1 • Group 2	Presentation of findings	Group Leaders and Notetakers
10:30 AM – 11:00 AM	**TEA BREAK**		
11:00 AM – 11:20 PM 10 mins. Per group	Reflection from the field by groups: • Group 3 • Group 4	Presentation of findings	Group Leaders and Notetakers
11:20 AM – 11:40 AM	Discussion		DMO Kambia
11:40 AM – 12:00 PM	Update on: HPV MAC	Status update on the HPV MAC	EPI/MoH
12:00 PM – 12:20 PM	Country update on upcoming New Vaccine Introductions – HepB-BD and TCV-	Status on plans for the vaccine introductions	EPI/MoH
12:20 PM – 1:00 PM	Discussion		
1:00 PM – 2:00 PM	**LUNCH**		
2:00 PM – 3:30 PM	Group Work • Group 1: Program Management and Finance	Reflection on key discussion points, priorities, and follow-up actions	Group Leaders and Notetakers

	• Group 2: Program Performance (M&E) and VPD Surveillance • Group 3: Vaccine Stock Management and Vaccine Pharmacovigilance • Group 4: Service Delivery, Human Resources, Communication		
3:30 PM – 4:00 PM	Plenary: Group Work • Group 1: Program Management and Finance • Group 2: Program Performance (M&E) and VPD Surveillance • Group 3: Vaccine Stock Management and Vaccine Pharmacovigilance • Group 4: Service Delivery, Human Resources, Communication		Mr. Mohamed Jalloh-FOCUS 1000
4:00 PM – 4:30 PM	Closing Remarks		
Closing courtesy and End of Session			
Day 5: October 14th, 2025-Meeting with MDAs			
9:00 AM – 10:30 AM	Gavi meeting with WHO and UNICEF Country Representatives and team	The meeting will take place at the same time as the group work and shall be held at the UNICEF/WHO Conference Hall	Dr. Igbu & Dr. Monson

Group Work

A. Service Delivery and Human Resource for Health

ISSUES	ROOT CAUSES OF THE ISSUES	RECOMMENDATIONS TO ADDRESS THE ROOT CAUSES	RESPONSIBLE INSTITUTION	TIMELINE FOR IMPLEMENTATION
Inadequate supportive supervision	Funding gaps/logistics	i. Intensification of advocacy and resource mobilization efforts ii. Prioritization and alignment of available resources	EPI, DHMT Leadership, Local Council	Q4 of 2025
	Weak integration	Harmonization of interventions with other primary healthcare programs	All MoH programs & DHMT units	Ongoing
	Competing activities			

	Hard-to-reach/remote communities (rainy season)	Plan more supportive supervisions in the dry season in hard-to-reach PHUs	National and DHMT	Q1 of 2026
	Pre and In-service training not standardized	Update the immunization curricula of health institutions	MoH and MTHE	Q1 of 2026
Knowledge gap on immunization service delivery	Irregular refresher training	There should be detail calendar for trainings, in-charges meetings and supportive supervisions	EPI and other PHC programs	
	Irregular in-charges meeting support			
	Inadequate on-the-job training, mentoring and coaching			
	Newly posted staff	Orientation/continuous coaching to staff before releasing staff to the EPI unit	DHMT/DOO	Q1 of 2026
Staff attrition/regular postings	The career pathways are usually not followed before posting staff a new position	Posting should be done based on replacement		
	Non compliance of posting committee to the rules/guidelines during posting	The posting committee should follow the rules/guidelines for postings	DHMT Leadership/Posting Committee	Q4 and Beyond
	No Comprehensive micro plan	EPI should conduct a comprehensive and detailed integrated microplan for RI	EPI national and other MoH Programs	Q4 of 2025
	Limited staff/usually overwhelmed with work	Start/continue MCHA trainings across all 16 districts		
Inadequate identification of zero-dose children	Limited CHW commitment to search for ZD	Develop a tool to capture ZD data for the CHWs for accountability (reached vs not yet reached)	EPI M&E , CHW Hub, and DPPI	Q4 of 2025
	Ineffective outreach services	Weekly monitoring of outreach services by Chiefdom supervisors for effectiveness	DHMT Leadership/ Chiefdom Supervisiors	Q1 of 2026

Inadequate outreach services	Low defaulter tracking (line-listing) and follow-up mechanisms	i. Increase outreach sessions in underserved or hard-to-reach communities to capture missed children ii. Regularly review defaulter lists and intensify tracking to identify and prioritize children who missed vaccinations	PHU Staff/EPI Focal Point	Q4 of 2025
	Unavailability of outreach plans and catchment maps	All health facilities should develop, update, and display outreach plans and maps	PHU In-charge & EPI Focal	Q4 of 2025
	Outreach activities/data not properly monitored (inadequate monitoring mechanisms)			
Irregular incentives/remuneration for CHWs	Disintegrated payment systems for outreach services	EPI through GoSL and partners (Gavi & GF) should consolidate CHW payment for effective and integrated service delivery	EPI, CHW Hub, and Partners	Q1-Q2 0f 2026
	Low motivation when incentives are not paid	Harmonization and monitoring of CHW payments across MoH programs	EPI and other PHC programs	Q1 of 2026
	Vertical program implementation for CHWs			
Ineffective integration system for vaccine delivery and other health commodities	Vertical supply of health commodities at all levels	Integration of delivery for vaccines and other health commodities to health facilities	MoH Programs, Delivery Partners, DHMTs and PHU staff	Q4 of 2025
Staff commitment	Most staff are not pin-coded	HRMO to prioritize EPI focals for pin-code	HRH, HRMO	Q1 of 2026
	Most EPI activities are prefinanced	Timely payment of incentives during activities	EPI national and DHMTs	Q4 of 2025
Inactivation/non-functioning of FMCs in some PHUs	Disputes among selected FMCs and communities		DSMCs and PHU In-charges	Q4 of 2025

Political interference	Regular orientation on their roles, responsibilities and conflict resolution		
Knowledge gaps on the roles and responsibilities			
Uneven selection of FMC members	Correctly map out and select the composition of FMC members based on national FMC policy		

B. Monitoring and Evaluation

ISSUES	ROOT CAUSES OF THE ISSUES	RECOMMENDATIONS TO ADDRESS THE ROOT CAUSES	RESPONSIBLE INSTITUTION	TIMELINE FOR IMPLEMENTATION
Low immunisation coverage in some districts	No updated microplan	Annual update of microplan	EPI & DPPI	Quarter 4, 2025
	Inadequate immunisation sessions at both static and outreach sites	Review, update, print and distribute immunisation SOP	EPI and Partners	Quarter 4, 2025

	Inadequate supportive supervision	Conduct quarterly joint EPI/ surveillance supportive supervision	Chiefdom, District and national	Quarter 4, 2025
	Population Denominator issues	Conduct annual population harmonisation	MoH and SLL	January, 2026
	Stockout of reporting tools/under reporting	Binnial review and update of reporting tools, print and distribute	MoH	January, 2026
	Inadequate training on vaccination data capture and reporting	Conduct annual trainings and refresher trainings on immunisation data management	EPI & DPPI	January, 2026
	Inadequate coaching and mentorship	Conduct quarterly coaching and mentorship at service delivery points	Chiefdom/DHMT/EPI	Quarter 1, 2026
Poor Data quality and utilisation	Inadequate Data Quality Audit/Assessment (DQA)	Conduct quarterly Data Quality Audit/Assessment (DQA)	EPI & DPPI	Quarter 1, 2026
	Irregular data review meetings	Conduct quarterly data review meetings	EPI & DPPI	Quarter 1, 2026
	Low capacity of some HF staff	Conduct annual trainings and refresher trainings on immunisation data management	EPI & DPPI	January, 2026
	Population Denominator	Annual harmonisation of Population Denominator	EPI & DPPI	Quarter 1, 2026
	Irregular feedback mechnism following DQA and supportive supervision findings	Develop Quality Improvement Plan for the implementation of DQIP	EPI & DHMT	Quarter 1, 2026
	No funding	Resource mobilisation/integration	MoH	Quarter 1, 2026

Irregular joint EPI/Surveillance data review	Parallel planning	Integrated planning and implementation of EPI and VPD surveillance activities	EPI & NPHA	Quarter 1, 2026

C. Leadership Coordination and Finance

ISSUES	ROOT CAUSES OF THE ISSUES	RECOMMENDATIONS TO ADDRESS THE ROOT CAUSES	RESPONSIBLE INSTITUTION	TIMELINE FOR IMPLEMENTATION
Inadequate Coordination amongst relevant sectors	Lack of alignment and synergy of programs activities	Quarterly update of Integrated EPI Plan to align with other programs at district and national level in order to align key priorities	EPI and CMO office, MoH	Q2- Q3 of 2026
	Poor Inter-sectoral linkage of activities at the operational level	Bi-annual review of program activities in order to understand key objective and progress	MoH/ CSOs/Local Councils	Q2 - 3 of 2026

	Late information sharing, and feedback at all level	Improve inter sectoral coordination among line ministries	HEP	Q1 -2026
	Inadequate participation of strategic leadership	Adequate notice time for meetings in order to ensure effective partnership contribution	MoH, CSOs, Loacl Councils, UN agencies	Q 1-2 of 2026 -
	Absence of well designed plan that speak to the timeline	Develop and disseminate comprehensive operational plan that is SMART for implementation	EPI/DPPI	Q1 -2 2026 -
	Late data inputting, report generation and submission all level	To train and deployed dedicated data officer in all district to enhance timely quality dat to support decision and outcome.	DPPI/MoH	Q1-2 2026
	Delay in the disbursment of funds from all level	To estabish a quarterly fund release calender with clear timeliness and accountability framework	DFR, MoF	Q1 2026
	Competing activities by all programs	Develop and enforce a national activity harmonisation plan across all programs to ensure effective coordnation o by implementing entities including districts	DPPI/EPI/MoH	Q1-2 2026
Low absortion rate of funds	Over reliance on donor partners	Advocate for domestic immunisation fund through GoSL	MoF/MoH/CSOs	Q2-3 2026
	Delay in the payment process	Digitisation of the payment system for activities implementation	IHPAU/MoH/Rocque Advicery	Q1 -2026
	Delayed in reguest for activities funds	Introduce a standard operating procedure for activity fund request to ensure timely implement of activties to enhance efficiency	MoF/MoH/DFR	Q1 -2 2026
	Knowledge gaps in financial guidelines and protocols	Enhance the capacity of finance staff by Conducting Bi-annual training on financial guidelines and protocols for programs and districts staff	MoH/DFR/ Rocque Advisory	Q1 2026

	Lack of supportive supervision	To estabish a quarterly integrated supportive supervision plan across all district	EPI/MoH	Q1-2026
Inadequate domestic financing for immunization	Lack of immunization sustainability plan	Implementation of domestic mobilization strategy	Parliament of S/L, MoH, CSOs, MoF, and District Council	Q1 2026 - Q4 2027
	Insufficient budget allocation for immunization at national levels	Engage and advocate with MoF to increase immunisation budget lines at both national and district level dyuring budget panning	CSO MoH Partners	Q3 2026/2027
	Insufficient budget allocation for immunization at local levels	To bring Private companies on board to make contribution to watrd health immunization budget		

D. Vaccine Logistics and Supply Chain

ISSUES	**ROOT CAUSES OF THE ISSUES**	**RECOMMENDATIONS TO ADDRESS THE ROOT CAUSES**	**RESPONSIBLE INSTI**	**Focal person**	**TIMELINE FOR IMPLEMENTATION**

			TUTION		
Challenge with digtal tool for stock managemnt (eSMT)	Lack of restrictions amongst diffrenet administrative leevels national, districts and facility levels	Switch to eLIMS For stock magement Strenghten the use of paper base tools (Stock ledgers, requisition books etc.)	MOH/ EPI, Project Last Mile, Gavi, Partners	Pharm Joyce M Kallon	Q4 2025 to Q1 2026
	Missing arrival and issues transactions				
	Several false alarm reports				
	Limited visibility across all levels				
	Internet challenges				
	Unreliable report generations (stock summary, physical count, stock adequacy etc				
Frequent CCEs breakdown	Irregular PPM and corrective maintenance	Update and disseminate SOPs for PPM Procure spare parts Provide incentive for Technicians Regularized the training and recuritment of biomedica technicians Institutionalized monthly and quarterly PPM Regular maintenance of faulty equipment	MOH/ EPI, DHMTs	Pharm Joyce M Kallon/ DOOs	Q1 2026
	Spare parts not locally available				
	Techniciancs are volunteers and mostly not on salary				
Inadequate use of the paper base tools	Knowledge gaps on the use of these tools (stock ledgers, requisition book & temperature books)	Mentoring and coaching of HCW on vaccine supply chain management (Integrated supervision)	MOH/ EPI, DHMTs	Pharm Joyce M Kallon/ DOOs	Q1 - Q2 2026
	Inadequate supportive supervision				
	Inadequating healthcare workers allocated to HF	Deploy trained HCWs			

	High level of volunteeers in health facilities				
	High rate of staff attrition on pin coded staff				
	New vaccines introduction with old infrascture	Construction/expansion and rehabilitation of vaccine stores	MOH/ EPI, DHMTs, Gavi, Partners	EPI Program Manager	Q3 - Q4 2026
Inadequate storage facility for both dry and wet space					
	Population increament				
	Lack of electricity for electrical CCEs				
		Timely payment of Cofinancing obligations	MoH/EPI	EPI Program Manager	Q4 2025 - Q1 2026
Vaccine stock out (Nat, Dist and HF)	Co-financing				
	Denorminator				
Inadquate waste management (immunization waste)	Inadquate incinerators	Construct new standard incinerators in all districts and health facilities	MoH/EPI/DHMTs	EPI Program Manager, Madam Comfort Williams	Q1 -Q 4 2026
	Faulty incinerators				
	Lack of training personel for maintenance	Train health workers on maintenenace of incinerators			
	Weak oversight at nat and dist	Develop and institute an M&E framework for the DRIVE Initiative			
	Challenge with the use of ODK				
Inadequate deliveries and refund payment done under the DRIVE intiative		Provide support for Oversight Committee to conduct meetings at district level	MoH/EPI, Patners	EPI Program manager, Madam Edna Samuels	Q4 2025 - Q4 2026
		Provide access to national programme for backend analysis of data			
	Lack of disctrits ownership	Mentorship and coaching of delivery partners on the use of ODK			

		Consider integration of last mile delivery with othe PHC commodities			
Low reporting rate for routine AEFI	Knowledge gap	Trained HCW on case based AEFI tool (Integrated training)	MoH/EPI, Partners	EPI Program manager, Madam Edna Samuels	Q4 2025 - Q4 2027
	Fair of Litigation				
Inadequate functionality of the AEFI committees	Unavailabilty of case base tool at facility levels	Deploy case base tool			
	Limited support to hold AEFI committtee meetings	Provide support for AEFI commiittte meetings at Nat and Dist			
Implementation of the AEFI SOPs/guidelines	Limitted District ownership				
	Unavailabilty of SOPs/guidelines at facility level	Print and distribute			