Joint Appraisal report 2017

The italic text in this document serves as guidance, it can be deleted when preparing the Joint Appraisal report.

Country	Liberia
Full Joint Appraisal or Joint Appraisal update	Joint Appraisal Update
Date and location of Joint Appraisal meeting	August 7-9, 2017 Boulevard Palace Hotel, Sinkor, Tubman Boulevard, Monrovia – Liberia
Participants / affiliation[1]	WHO, UNICEF, LIP, MoH, GAVI, JSI, CRS
Reporting period	January, 2015 – June, 2017
Fiscal period[2]	July 1 – June 30
Comprehensive Multi Year Plan (cMYP) duration	2016 – 2020

1. SUMMARY OF RENEWAL AND EXTENSION REQUESTS

As part of the ongoing grant cycle, Gavi reviews and renews its support to the country annually (referred to as "renewal"). If a country's new and underused vaccine support (NVS) is coming to an end and the country is still eligible for Gavi support, it may submit a request to extend the support (referred to as "extension").

Below tables 1.1 to 1.4 will be pre-populated by the Gavi Secretariat based on the country information submitted through the Country Portal on 15 May and four weeks before the Joint Appraisal meeting. If there are any changes to be made, these changes should be discussed during the Joint Appraisal and flagged in the Joint Appraisal report.

1.1. New and Underused Vaccines Support (NVS) renewal request(s)

Type of support (routine or campaign)	Vaccine	End year of support	Year of requested support	Target (population to be vaccinated)	Indicative amount to be paid by country	Indicative amount to be paid by Gavi
Routine	Inactivated Poliomyelitis Vaccine	2018	2018	145510	US$	US$
Routine	Yellow Fever Vaccine	2020	2018	139272	US$ 38,000	US$ 188,500
Routine	Rotavirus Vaccine	2020	2018	155375	US$ 58,500	US$ 549,500
Routine	Pneumococcal Conjugate Vaccine (PCV-13)	2020	2018	147977	US$ 113,500	US$ 1,802,500
Routine	Pentavalent (DTP-HepB-Hib)	2020	2018	153707	US$ 128,000	US$ 394,500

1.2. New and Underused Vaccines Support (NVS) extension request(s)

If 2017 is the last year of an approved multiyear support for a certain vaccine and the country wishes to extend Gavi support, please do so by requesting an extension of the vaccine support. The extension can be requested maximum for the duration of the Comprehensive Multi-Year Plan (cMYP), which must be submitted to Gavi.

[1] If taking too much space, the list of participants may also be provided as an annex.
[2] If the country reporting period deviates from the fiscal period, please provide a short explanation.

Type of Support	Vaccine	Starting year	Ending year

1.3. Health System Strengthening (HSS) renewal request

Gavi commits to Health System Strengthening grants up to a five-year period, with the first tranche approved with the approval of the proposal. In subsequent years, the country should submit a renewal request for the approval of the following HSS funding tranche.

*Below table summarises key information concerning the amount requested for the next year. Please note that funds previously requested and approved may be pending disbursement and do **not** require further approval.*

Total amount of HSS grant	US$ 11,840,000
Duration of HSS grant (from…to…)	From 2017 to 2021
Year / period for which the HSS renewal (next tranche) is requested	Q4 2017
Amount of HSS renewal request (next tranche)	US$ 4,131,033

1.4. Cold Chain Equipment Optimisation Platform (CCEOP) renewal request

Similar to the Gavi HSS support, the Cold Chain Equipment Optimisation Platform provides phased support for a maximum duration of five years, which is subject to an annual renewal decision.

Below table summarises key information concerning the amount requested for the next year.

Total amount of CCEOP grant	US$ 1,500,151	
Duration of CCEOP grant (from…to…)	From 2017 to 2018	
Year / period for which the CCEOP renewal (next tranche) is requested	2017	
Amount of Gavi CCEOP renewal request	US$ 951,345	
Country joint investment	**Country resources**	US$
	Partner resources	US$
	Gavi HSS resources[3]	US$ 237,836

1.5. Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[4]

	Programme	Expected application year	Expected introduction year
Indicative interest to introduce new vaccines or request HSS support from Gavi	Measles Second Dose	2017	2018
	Human Papillomavirus Vaccine National introduction	2017	2019
	Health System Strengthening Support	2021	2022

Background

[3] This amount must be included either in an earlier HSS approval or else in the current HSS renewal request in section 1.4 above.
[4] Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

*Gavi's support to a country's immunisation programme(s) is subject to an **annual performance assessment**. The Joint Appraisal is a key element of this performance review. It is an annual, country-led, multi-stakeholder review of the implementation progress and performance of Gavi's support to the country, and its contribution to improved immunisation outcomes.*

*To inform the Joint Appraisal discussion, the country is expected to post all reporting documents on the Gavi Country portal not later than **four weeks ahead of the Joint Appraisal meeting**.*

*This includes reporting against **key requirements**:*

- *Update of the grant performance framework (GPF) for indicators which are due*
- *Periodic financial reports, annual financial statements and audit reports (for all types of direct financial support received, with specific submission deadlines depending on a country's fiscal year)*
- *End of year stock reporting (which is compulsory to be submitted by 15 May of each year to calculate future vaccine requirements)*

Other critical information to be posted on the Country Portal four weeks prior to the Joint Appraisal include:

- *Immunisation financing and expenditure information*
- *Data quality information (including annual desk review and progress report on the implementation of immunisation data quality improvement plans)*
- *Annual progress update on the Effective Vaccine Management (EVM) improvement plan*
- *Campaign reports (if applicable)*
- *HPV specific reporting (if applicable)*
- *HSS end of grant evaluation (if applicable)*
- *Post Introduction Evaluation (PIE) reports (if applicable) – in progress, to be finalised by Quarter 1 2018*
- *Expanded Programme on Immunization (EPI) reviews (if applicable)*
- *Gavi and/or polio transition plans or asset mapping information (if applicable)*

Other information that will inform the Joint Appraisal discussion include:

- *Report by WHO and UNICEF on their technical assistance milestones funded through the Partners' Engagement Framework that should be updated four weeks in advance of the Joint Appraisal*
- *Analysis on coverage and equity and other relevant programme aspects, as informed by the Joint Appraisal Analysis Guidance (if available) – Equity assessment to happen in Q4 2017 with support from UNICEF RO.*
- *Full Country Evaluation report (if applicable)*
- *Other evaluation of Gavi programmes*

***Note: Failure to submit the relevant information described above on the country portal four weeks ahead of the Joint Appraisal meeting (except for the vaccine renewal request, which is to be submitted by 15 May) may impact the decision by Gavi to conduct the Joint Appraisal meeting and renew its support**.*

2. CHANGES IN COUNTRY CONTEXT SINCE LAST JOINT APPRAISAL

Comment on changes which occurred since the previous Joint Appraisal, if any, to key contextual factors that directly affect the performance of the immunisation system and Gavi grants (such as natural disaster, political instability, displaced populations, inaccessible regions, etc., or macroeconomic trends or disease outbreaks).

Please indicate if the country has been formally identified by Gavi as fragile and specify if flexibilities in grant management are being requested.[5]

Liberia is located in West Africa with a population estimated around 4.1 million which increases at an annual growth rate of 2.1%[6]. In 2016, the Ministry of Health conducted Health Workforce Census and Service Availability and Readiness Assessment (SARA). The SARA covered 96% of available health facilities (701/727) in 2016. Findings show that 80.3% (both public and private health facilities) are providing immunization services. The health sector has approximately 16,081 health workers of which 59% are on the government payroll. The government health workforce comprised of 234 public service physicians, 518 physician assistants, 3,377 nurses and 927 certified midwives and the remaining composed of other health service cadre. In addition, there are approximately 3,727 community health volunteers who provide basic services in the community. Annex with details attached.

I. The Health system

Policies, planning and resource allocations are guided by two strategic documents: The *National Health and Social Welfare Policy and Plan 2011-2021 (NHSP)* which adapts WHO's six health sector building blocks to the local context, setting out norms, standards, and major policies for strengthening the following areas of the overall health system, including private providers. These are: i) Human Resources for Health; ii) Health infrastructures; iii) Coordinated Health Information Systems; iv) Commodities management; v) Financing; and vi) Governance and Leadership.

The new health *Investment Plan (IP) for Building a resilient health system in Liberia 2015-2021* incorporated lessons learnt from the Ebola Virus Disease (EVD) crisis, adding 3 major areas (*****) to the 6 blocks of the NHSP totaling 9 investment areas:

1. Fit for purpose productive & motivated health workforce to reverse the severe HR shortages and inadequate skills mix; such as 1 MD/17,913 person, create a needs-based workforce; and regularize staff to improve pay and job –security.
2. Re-engineered health infrastructure: to address issues of 29% population living > 5KM from a facility; new health facilities have been constructed to address the issue of geographic access. In addition, emergency operation centers were also built in all counties to support county health teams to address health emergencies. Construction and installation of additional incinerators for proper disposal of wastes (medical). Construction of triage points for proper screening of patients entering and / or seeking health services.
3. ***Epidemic preparedness surveillance and response system**: to proactively plan and coordinate readiness for Ebola and disease outbreak responses at national, local and community levels.
4. Management capacity for medical supplies and diagnostics: rationalizing and improving their management, including vaccines and related supplies.
5. ***Enhancement of quality service delivery systems:** specific investments to meet the needs for Comprehensive Essential Package of Health Services (EPHS) & community based services; improving efficiency; ensuring the Continuum of care & effective referrals; and reorienting towards Performance-Based management
6. Comprehensive information, research, and communication management: Coordinating and integrating Health Information System (HIS), including surveillance and coverage data from national to service delivery levels, to meet International Health Regulations (IHR) benchmarks, as part of the Emergency Response Framework for prevention, preparedness and response to the Ebola and other disease outbreaks.
7. ***Sustainable community engagement:** to ensure a continuum of communication, and increase community oversight of access, quality and other aspects of service provision. A 5-year revised Health Promotion Policy and Plan and a Communication Strategy, will address low level of

[5] For further information refer to http://www.gavi.org/about/governance/gavi-board/minutes/2016/7-dec/minutes/08a---fragile-settings,-emergencies-and-displaced-people/

[6] 4.1 million is the estimated projected population number from 2008 National Census with the annual growth rate of 2.1%.

knowledge among caregivers and lack of confidence by communities in the health system. This will be achieved through the institution of a continuum of communication services at all levels.

8. Leadership and governance capacity: to improve governance, stewardship and move towards performance-based systems.
9. Efficient health financing systems: to achieve sufficient, more predictable funding of service provision, especially to under-served groups.

II. Immunization Context

The immunization program has made significant progress towards achieving coverage targets, improving performance, expanding the immunization schedule and improving access and sustainability of services through 2016. With the support of Gavi, the EPI programme has expanded since 2007 with the introduction of YF (2007), Penta (2008), PCV (2014), Rotavirus Vaccine (2016), HPV Demonstration (2016) and a completion of preparation of the IPV introduction planned for July 2017. In addition to new vaccine support the country has also received Gavi funds for health systems strengthening. The Ministry of Health in consultation with the HSCC and the ICC manages the HSS grant.

To date, the Government provides co-financing for vaccines procurement, monthly salaries and incentives for public health service providers and infrastructure for immunization services including distribution and management of vaccines. WHO, UNICEF and USAID support capacity development, supply chain management, social mobilization and health promotion. The Government is committed to supporting the national immunization program as evidenced by increasing budgetary allocation (from US$50,000 in 2010 to US$650,000 in 2016) and co-financing contributions as well as relative increase in staff salaries.

III. Post EVD Recovery Efforts

Following the devastating effects of the EVD outbreak on the health care system of Liberia (i.e. HRH, infrastructure and commodities, referral systems; and quality of care including infection control), tremendous strides have been made to improve key health indicators such as institutional delivery, immunization coverage, antenatal care, infant mortality, and diagnostics services. In order to achieve this, the below areas were identified as top priorities. These areas include but are not limited to the following:

A. Routine Immunization services

Programme management: Planning and implementation, coordination, supervision, monitoring, quarterly reviews and evaluation were strengthened and intensified, as plans and regular supportive supervision were conducted at all levels.

Human Resource for Health (HRH): As part of the post EVD recovery efforts, 1100 health workers have been trained on Immunization In Practice (IIP) and on Infection Prevention and Control (IPC) practices (2 per facility for the 550 existing health facilities at the time of the training). In addition, community engagement strategies were intensified and regular supportive supervision conducted. These activities increased the confidence level of health workers and vaccinators and enabled them to provide quality routine immunization services.

Infrastructure: As part of the post EVD recovery efforts, health facilities were refurbished and built consistent with the Ministry of Health Infrastructure specification to uphold IPC measures. During this, all health facilities providing immunization services were provided basic IPC materials (i.e. Gloves, Hand Sanitizers, Infrared Thermometers, Soap, Aprons, etc.) as a means of boosting safety while rendering health services. The number of health facilities providing immunization services increased from 449 during the EVD outbreak to 563 as of 30 June 2017.

Impact on vaccine stock management: As a consequence of the EVD outbreak that resulted into the breakdown of some aspects of the immunization Supply Chain (iSC), practical measures were instituted as a post EVD recovery effort to avert reoccurrence and any foreseeable stock out at all levels. Some of these measures include but are not limited to:

- The Last mile delivery of bundled vaccines
- Regular supportive supervision

- Monthly feedback on vaccines utilization and stock management
- Repairs and maintenance of broken cold chain equipment
- Financial support to repair broken vehicles and motorcycles at county and health facility levels

Impact on coverage: Penta-3 coverage increased by 27% from 52% (2015) to 79% (2016); While Measles and all other antigens coverage increased as well for the reporting period. This is attributed to increase in outreach activities, the conduct of PIRI, strengthening of supportive supervision, increase in demand generation and implementation of the 'Urban Immunization Strategy' in Montserrado County.

Antenatal care (4 or more) visits increased by 10% while delivery by skilled birth attendants increased by 5% (MOH Annual Report 2015 & 2016). Table 2.0 below presents selected health sector performance indicators in 2015 & 2016.

Indicators (*Source: Ministry of Health)*	2015	2016
HMIS completeness	80.3%	91.6%
Fully immunized children	57%	70%
4 ANC visits completed	52%	62%
Delivery by skilled birth attendants	50%	55%
Intermittent preventive treatment of Malaria in pregnancy	37%	47.5%

Impact on demand for services: In order to regain public trust and confidence, several community engagement activities were conducted over the period. These include, a) Holding of community meetings with key stakeholders on the importance of immunization services; b) The conduct of Focus Group Discussions (FGDs); c) Holding advocacy meetings at all levels; d) Production and dissemination of messages and IEC materials; e) Strengthening coordination and collaboration and f) Strengthening of media promotion through airing of routine immunization and supplemental immunization activities (SIA) messages on 7 national FM and 30 local community radio stations.

B. New and Underused Vaccine Introduction (NUVI) impact and surveillance

In 2016, the country introduced Rotavirus vaccine into its national immunization schedule and also launched the Human Papillomavirus (HPV) Vaccine demonstration in Bong and Nimba Counties targeting 10 year-old girls in and out of school. Vaccine Preventable Diseases surveillance has been strengthened through capacity development, logistical support and regular monitoring and supervision.

3. PERFORMANCE OF THE IMMUNISATION SYSTEM IN THE REPORTING PERIOD

This section should provide a succinct analysis of the performance of the immunisation system, including a thorough analysis of immunisation coverage and equity, as well as a review of key drivers of poor coverage. It should focus on the evolution/trends observed over the past two to three years and particularly changes since the last Joint Appraisal took place.

Information in this section will substantially draw from the recommended analysis on coverage and equity and other relevant programme aspects which can be found in the Joint Appraisal Analysis Guidance (http://www.gavi.org/library/gavi-documents/guidelines-and-forms/joint-appraisal-analysis-guidance/).

3.1. Coverage and equity of immunisation

Please provide an analysis of the situation related to coverage and equity of immunisation in the country.

*Provide a summary of the difference in **coverage across various geographical areas, populations and communities** and the evolution over the past years. Relevant information includes: overview of districts/communities which have the lowest coverage rates and/ or the highest number of under-vaccinated children, number of vaccine preventable diseases (VPD) cases observed in various regions/ districts etc.*

Countries are strongly encouraged to include heat maps or similar to show immunisation coverage trends over time. Examples of such analysis are available in the Joint Appraisal Analysis Guidance (available via http://www.gavi.org/library/gavi-documents/guidelines-and-forms/joint-appraisal-analysis-guidance/)

Immunization is considered the most cost effective public health intervention as it provides protection against infectious vaccines preventable diseases such yellow fever, measles, pneumonia, meningitis, diphtheria, pertussis (whooping cough) among others.

Between the period 2015 - 2016, the country implemented pioneering child survival strategic activities in an effort to improve the quality of immunization services and coverage. These activities include but not limited to:

- Commemoration of the African Vaccination Week (AVW) to create demand for routine immunization
- Regularization of outreach activities
- Periodic Intensification of Routine Immunization (PIRI) targeting children 0-23 months
- Regular supportive supervision at all levels
- Implementation of Urban & Non-Urban Immunization Strategy
- Community Engagement Activities
- Implementation of EVM Improvement Plan

Analysis of 2016 immunization data revealed that tremendous progress has been made in the attainment of immunization coverage rates at all levels. Immunization coverage trend over the past five years show that all antigens made significant progress especially the third dose of Pentavalent vaccine (Penta 3) from 52% to 79% (WUENIC, 2016).

Fig. 1.0 below presents the trend in Penta 3 Coverage from 2012-2016.

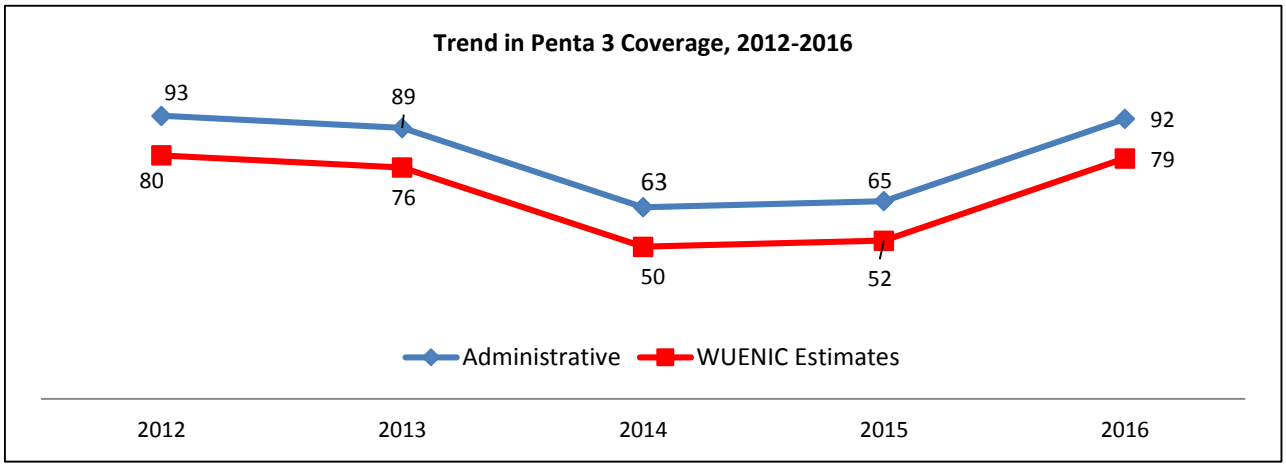


Fig. 1.1 below presents the trend in MCV 1 coverage by county for 2015 and 2016. The below figure shows tremendous improvement by all counties for the first dose of MCV 1.

Trend in MCV 1 Coverage 2015 & 2016 by County

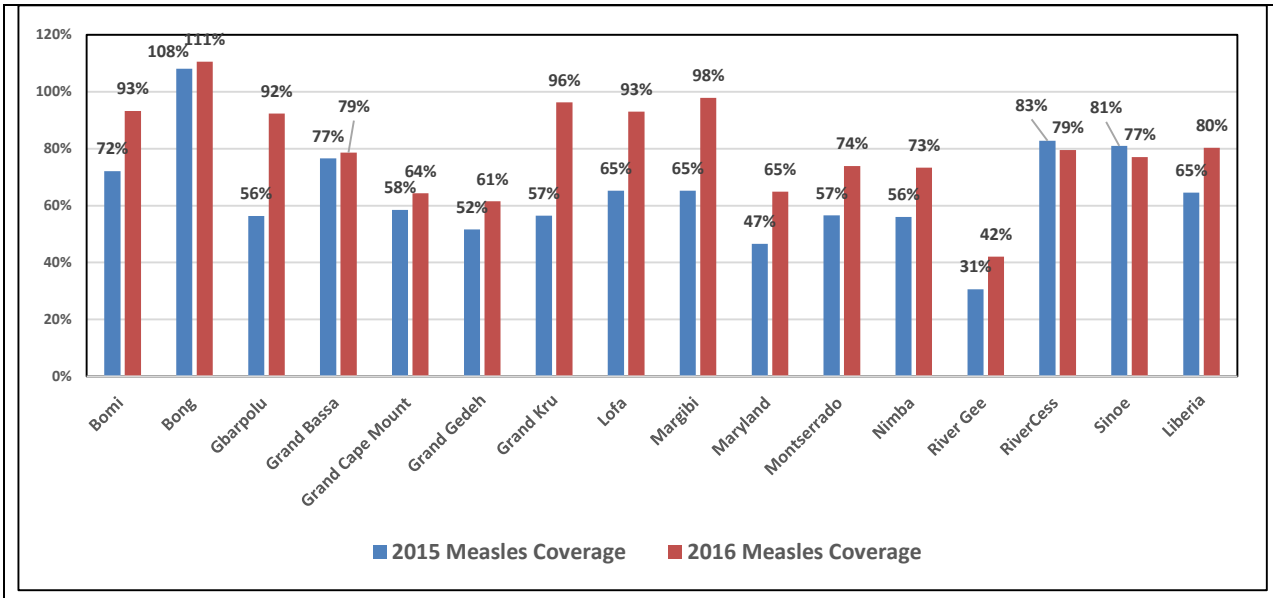
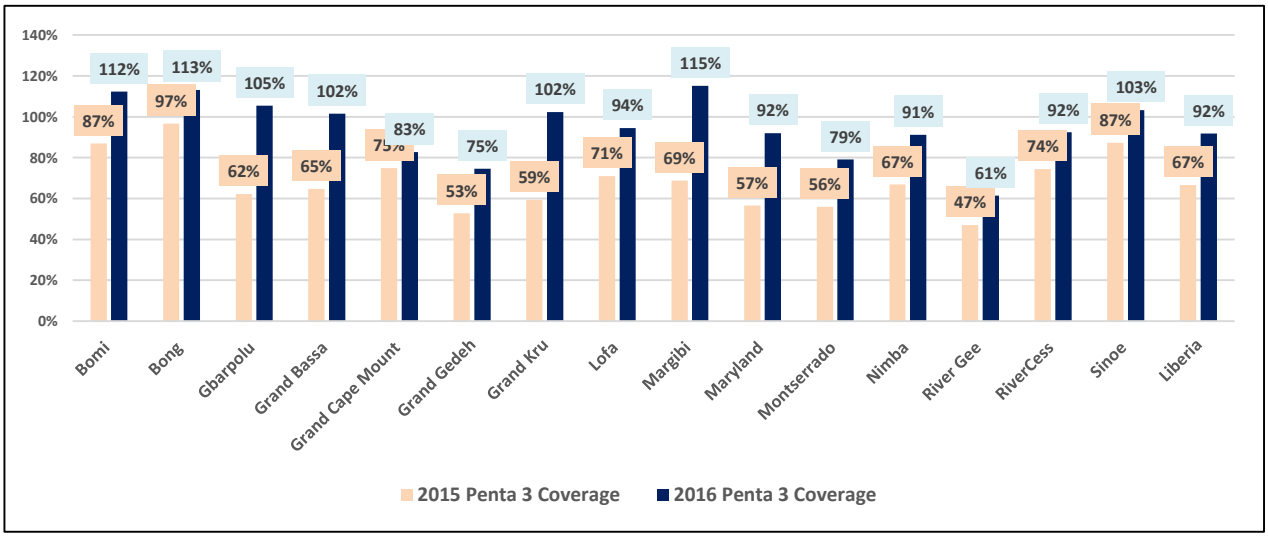


Fig. 1.2 presents the trend in both Penta 3 coverage by county for 2015 and 2016. The below figure shows tremendous improvement by all counties for the third dose of (Penta 3)

Trend in Penta 3 Coverage 2015 & 2016 by County



Coverage and Equity

In order to address issues of immunization inequities, the Ministry of Health along with its partners introduced the 'Urban Immunization Strategy' in 2013 that is currently implemented in five districts within Urban Montserrado. In addition, five counties (Margibi, Maryland, Grand Kru, River Gee and Grand Bassa) were identified after thorough review of all relevant data to receive coverage and equity support.

3.2. Key drivers of low coverage/ equity

*Please highlight key drivers of the low levels of coverage and equity highlighted in the section above. For those districts/communities identified as lower performing, explain the **key barriers** to improving coverage.*

- ***Health Work Force**: availability and distribution of health work force.*
- ***Supply chain**: key insights from latest EVMs and implementation of the EVM improvement plan.*
- ***Demand generation / demand for vaccination**: key insights related to demand for immunisation services, immunisation schedules, etc.*
- ***Gender-related barriers**[7]: any specific issues related to access by women to the health system.*
- ***Leadership, management and coordination**: leveraging the outcomes of the Programme Capacity Assessment and/or other assessment, please describe the key bottlenecks associated with management of the immunisation programme; this includes the performance of the national/ regional EPI teams (e.g. challenges related to structure, staffing and capabilities), management and supervision of immunisation services, or broader sectoral governance issues.*
- ***Public financial management:** the extent to which funds requested are made available in a timely fashion at all levels, highlighting particular bottlenecks in the disbursement process.*
- ***Other critical aspects**: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports[8].*

Health Work Force Distribution by County

In 2016, the Ministry of Health conducted Health Workforce Census and Service Availability and Readiness Assessment (SARA). Findings identified that the are 701 health facilities (both public and private) of which 80.3% are providing immunization services. The health sector has approximately 16,081 health workers of which 59% are on the government payroll. This government workforce is comprised of 234 public service physicians, 518 physician assistants, 3,377 nurses and 927 certified midwives and the remaining composed of other health service cadre. Please see table 3 for distribution by county.

Professional Details	Grand Total	Bomi	Bong	Gbarpolu	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Montserrado	Nimba	River Gee	Rivercess	Sinoe
Administrators	1,404	33	93	21	47	48	36	22	108	78	53	638	137	15	30	45
Administrative Support	4,311	129	320	73	184	130	217	103	384	228	131	1,564	525	114	85	124
Clinical Support	3,601	128	220	49	111	99	177	71	269	163	128	1,502	416	83	48	137
EHT	285	9	14	6	15	7	20	2	15	16	7	117	40	4	5	8
Dentist	14	0	0	0	0	0	0	0	2	0	0	11	1	0	0	0
Lab Technician	300	6	35	2	8	6	7	4	12	22	11	139	31	6	3	8
Midwife	927	32	110	25	33	34	35	24	97	40	35	316	79	17	20	30
Registered Nurse	3,077	111	286	55	143	77	77	36	245	162	81	1,270	328	59	51	96
Pharmacist	109	4	5	0	4	3	2	2	5	13	2	54	9	2	3	1
Pharmacy Workers	962	31	78	17	38	38	42	17	75	48	38	377	84	15	23	41
Physician	234	3	20	3	7	4	3	2	9	13	6	128	30	3	1	2
Physician Assistant	518	13	19	9	18	33	23	15	38	24	14	209	49	15	20	19
Public Health Specialist	68	0	1	0	4	2	0	0	0	1	1	56	2	0	0	1
Social Workers	254	5	14	2	3	3	11	2	12	32	6	135	21	2	1	5
Total	16,064	504	1,215	262	615	484	650	300	1,271	840	513	6,516	1,752	335	290	517

Challenges

Liberia as a country has an average of 62% of her health workforce on payroll. Only about 25% of the total 795 vaccinators are included on the government payroll.

Action taken

[7] Gender-related barriers are obstacles (for access and use of health services) that are related to social and cultural norms about men's and women's roles. Women tend to be the primary caretakers of children, but sometimes lack the decision-making power and resources to access or use available health services.

[8] If applicable, such as Full Country Evaluations (relevant for Bangladesh, Mozambique, Uganda and Zambia) and Technical Assistance evaluations (conducted for Gavi Partners' Engagement Framework tier 1 and tier 2 priority countries).

- Payroll cleaning to ensure replacement of retired or inactive personnel

Conducted IIP training in 2016 for all EPI Service Providers

Recommendations

- Ensure that all vaccinators are included on government payroll
- Ensure vaccinators have a clear curriculum for training, job description and career path for improvement

Recruit, train and deploy additional vaccinators at facilities with huge catchment**Supply chain**

- Liberia has made tremendous progress in the implementation of the EVM improvement plan as well as cold chain expansion at all levels. Amidst progress been made, there are still some challenges. Some of these challenges include the following:Frequent breakdown of aged old cold chain (CC) equipment
- Current CC equipment policy does not allow installation of SDDs in private facilities that are not owned by the proprietors

Actions taken

- Procurement and installation of 140 SDD to 140 priority health facilities in all 15 counties
- Deployed cold van for vaccine distribution in the counties
- Trained existing 17 cold chain officers in 15 counties and 2 regional stores

Recommendations

- Recruit and train cold chain technicians for on-site maintenance of CC equipment
- Procure and install additional 260 solar fridges (SDDs) to outstanding priority health facilities
- Provide and install solar system in all 15 county depot
- Revision of CC equipment policy to accommodate private facilities that are not owned by proprietors e.g include private facilities with buildings on long term lease

TA needs
Recruitment of international TA to support vaccine stock management capacity and CCEOP for 1 to 2 years

Demand Generation / Demand for Vaccination:

To increase demand generation for immunization service delivery especially routine services, key communication for immunization activities are being implemented. However, the below challenges were identified:Challenges

- Poor access (eg communication network, bad road condition) for hard to reach areas and communities more than 5 km from nearest HF
- Inadequate service provision and utilization in urban areas

Actions taken

To increase demand generation for immunization service delivery especially routine services, key communication for immunization activities are being implemented. These activities include but not limited to:

- Community Engagement:

  1). Holding of community meetings with key stakeholders of the community and providing update on routine immunization through their catchment health facility.

  2). Focus Group Discussions and

  3). Inter-personal Communication (IPC) activity through community volunteers

- Urban and non-urban immunization strategy ongoing in Montserrado County
- Commemoration of Regional African Vaccination Week (AVW) in Ganta, Nimba County
- Production & dissemination of IEC/BCC materials
- Mass Media Promotion: Airing of RI & Campaign messages on 7 FM & 30 Local Radio Stations
- Communication strategy for Rotavirus vaccine, Inactivated Poliomyelitis Vaccine and HPV developed and implemented
- Conducted Knowledge Attitude & Practice (KAP) studied

Recommendations

- Use of CHAs program in the counties (use as vaccinators for outreach)
- Use of gCHVs (use for community mobilization and defaulter tracking)
- Enhance and sustain Outreach:
- Provide and maintain logistical support for outreach services eg motor bikes, gasoline, motivational package (allowances)
- Regularity of supplies such as bundle vaccines
- Enhance integration with other programs during outreach and supervision activities
- Continue to expand UIS services into newly establish public and private health facilities

Gender-related barriers[9]

EPI routine data is not disaggregated by sex and there are no gender-related barriers to immunization services. However, Liberia Demographic and Health Survey of 2013 revealed that higher proportion of girls (74%) were vaccinated with DTP3/Penta-3 then boys (69%). ***Leadership, management and coordination***

[9] Gender-related barriers are obstacles (for access and use of health services) that are related to social and cultural norms about men's and women's roles. Women tend to be the primary caretakers of children, but sometimes lack the decision-making power and resources to access or use available health services.

Challenge

- Inadequate EPI staff and capacity to coordinate EPI service delivery in the county and district levels

Actions taken

Routine TWG coordination meetings

Regular EPI Quarterly review meeting

Routine Joint supportive supervision to county and district teams

Recommendations

- Conduct program evaluation and capacity assessment, and use the information to inform tailored recommendations to address identified leadership and management gaps
- Recruit assistant child survival focal persons (CSFP) to highly populated counties (Nimba, Lofa, Bong, Grand Bassa, Margibi)
- Strengthen capacity of District CSFPs eg. Refresher trainings, Provision of motorbikes for transportation, Provision of computers for data management
- Strengthen DHTs through enhanced integration and coordination among the teams eg.
- Regular coordination meetings and joint supportive supervision

Public financial management

Challenges

- Over the period the issue of liquidation has become a concern to the full implementation of EPI services. Most counties had problem with submitting financial report in time.
- The last EPI revealed that 80% of the counties had outstanding financial report to be submitted to the Office of Financial Management
- Bureaucratic bottlenecks for fund approval and disbursements

Actions taken

- OFM has put in measure to remind counties concerning outstanding liquidations

Recommendations

- Recruit a dedicated personnel to manage GAVI funds
- Periodic financial management review as part of EPI quarterly reviews to monitor expenditure rates
- Provide quarterly and ad-hoc financial management supervision support/ fund to provide field oversight and monitoring to the county levels
- Consider setting thresholds for fund approval and disbursement to minimize bottlenecks for smaller amount of funds needed for critical activities

Low Coverage in 4 counties

For the reporting periods, it was observed that for the third dose of pentavalent vaccine (Penta 3) and the first dose of measles containing vaccine (MCV 1), four counties (i.e. Grand Cape Mount, Grand Gedeh, Maryland and River Gee) consistently under performed. However, in-depths review conducted to identify drivers responsible for low performance revealed the following:

- Geographic access: Bad road condition
- Logistics: Limited logistical support and frequent breakdown of aged vehicles and motorcycles
- Attrition of staff: It has been observed that due to difficult terrains / hard to reach/difficult areas, most health workers assigned in the South-eastern region do not spend long time in the area(s) of assignment.

3.3. Data

*Provide a succinct review of key challenges related to the availability, quality and use **of immunisation data**. This section should at least cover insights on coverage data (target populations, number of children vaccinated) and could also cover topics such as vaccine supply chain data, VPD surveillance data, AEFI data.*

Please take the following aspects into account:

- ***Compliance** with Gavi's data quality and survey requirements (the requirements are detailed in the general application guidelines available on www.gavi.org/support/process/apply/). If you are not compliant, explain why.*
- *Highlight key **challenges** pertaining to data availability, quality and use, referring to results from most recent annual desk review, any recent assessments and implementation of immunisation data quality improvement plan. For example, are you aware of key limitations / weaknesses related to the quality of the data and data analyses you have used to inform this Joint Appraisal.*
- *Main **efforts / innovations / good practices** focused on improving data system strengthening and addressing key issues.*

Data Quality

There is a well-established system for reporting and monitoring of immunization performance at health facility, county and national levels in Liberia. Amidst this, there are still data quality issues. The most pronounced data quality concerns are:

- Data timeliness and completeness; and
- Weak data collection system as a result of limited logistics and Internet connectivity. An assessment of the ICT infrastructure at the county level revealed that majority of the data management staff computers are old (more than 3 years) and their motorcycles have lived out their usefulness (more than 3 years).

Main Efforts

In an effort to address the supra-mentioned challenges and improve immunization outcomes, the following key activities are being implemented:

- Establishment of Data Review Team: Holding of monthly data review meeting health facility and county levels to discuss the quality of the data generated from the health facility.
- Conduct quarterly data harmonization and verification exercise at all levels
- Provide monthly feedback on the quality of data submitted for the reporting period with immediate action(s)
- Revision of immunization data tools to capture key data parameters (i.e. inclusion of sex, age, etc.)
- Procurement and distribution of motorcycles to M&E officers and health facilities
- Enhance data analysis and use for action at HF, district and county levels through development and use of information products such as EPI monthly bulletin and feedback mechanisms
-

3.4. Role and engagement of different stakeholders in the immunisation system

Please provide relevant information on the role and engagement of the various stakeholders:

- ***National Coordination Forum*** *(ICC, HSCC or equivalent): the extent the forum meets the Gavi requirements (please refer to http://www.gavi.org/support/coordination/ for the requirements).*
- ***Civil society****: the role and engagement of civil society in the immunisation system in the past year (service delivery, demand generation etc.).*
- ***Other donors****: the role and investments of other bilateral and multilateral donor in the immunisation system. Please include information on possible reductions in non-Gavi donor support that influence the overall system capacity (e.g. reductions in Global Polio Eradication Initiative funding).*
- ***Private sector****: public-private sector collaboration, indicating possible vaccine supply between Government and private sector and the percentage of children receiving immunisation through the private sector.*
- ***Cross-sectoral collaboration****: e.g. collaboration between health and education programmes.*

National Coordination Forum

At the National level, stakeholders' engagement is through the Immunization Coordination Committee (ICC), that meets regularly to plan for national activities such as campaigns, policies and proposals development and strategy formulation related to vaccine related disease outbreaks and response. The ICC consists of GAVI alliance members (WHO, UNICEF & USAID), CSOs and MOH.

The Health Sector Coordination Committee (HSCC) which is the highest decision making body in the health sector is responsible to approve immunization related grants, proposals and annual progress or Joint appraisal reports and key activities in the health sector including the immunization program. The Minister of Health chaired the HSCC. It comprised of UN organizations (WHO, UNICEF, UNFPA & UNAID), Donors (USAID, EU/EC, World Bank, Irish AID, DFID, JICA, etc), Government agencies (Ministry of Finance and Development Planning, Civil Service Agency, Ministry of Internal Affairs), NGOs representative (Christian Health Association of Liberia/CHAL), the private health providers (The Catholic Health Secretariat) and Civil Society Organizations representative (Save the Children) and MOH.

Civil society (CSOs)

The engagement CSOs in the delivery of immunization services has been valuable. CSOs are involved in demand creation of immunization services and social mobilization of communities' especially resistant communities during national campaigns and the

introduction of new vaccines. They are part of the immunization program and health sector decision-making bodies (e.g.; ICC, HSCC and HCC).

Other donors

The role of other donors in the support of immunization services and capacity development is invaluable. The USAID support through UNICEF and WHO play a pivotal role in immunization coverage. Also, the World Bank support for immunization in practice has contributed to service providers' capacity enhancement in vaccine administration, safety and cold chain management.

Private Sector

The urban immunization strategy is a classical example of the public – private sector collaboration. Over 100 private health facilities in Montserrado are part of the urban strategy arrangement. They receive training, cold chain capacity, regular supplies of vaccines and financial resources to provide immunization services within their facility and at various market places. Apart from the urban strategy approximately 80% of private health facilities provide immunization service in Liberia and their contribution is about one-third of the immunization coverage.

Cross sectoral collaboration

The Ministry of Health usually collaborate with the Ministry of Internal Affairs to strengthen community engagement and resolve community resistance of vaccines during campaigns. The local authorities under the Ministry of Internal Affairs are part of social mobilization initiatives and are involve with surveillance.

The Ministry of Finance and Development Planning is a key member of the HSCC and is part of grants, proposals and reports approval process. Also, the Ministry of Education is a core member of the school health technical committee where immunization is a essential component of primary school children's health.

4. PERFORMANCE OF GAVI GRANTS IN THE REPORTING PERIOD

4.1. Programmatic performance

*Provide a succinct analysis of the performance of Gavi grants for the reporting period. Describe **how Gavi support is contributing to advancing the performance of the overall immunisation programme** and health sector strategies (with a particular focus on those districts/communities with lower coverage), and how the barriers identified in section 3 above are being addressed, stating -as relevant- **good practices and innovations.***

This analysis should cover all Gavi support received, including NVS, HSS and CCEOP. This section must address the following:

- ***Achievements against agreed targets**, as specified in the grant performance framework (GPF), and other grant-related activity plans. If applicable, reasons why targets as specified in the GPF have not been achieved, identifying areas of underperformance, bottlenecks and risks.*
- ***Overall implementation progress** of Gavi grants including **NVS**, **HSS** (incl. performance based funding **PBF**) and **CCEOP**.*
- *Past performance for measles and rubella (immunisation coverage analysis and rubella surveillance, performance[10]) and progress against the country's **measles-rubella 5 year plan**.*

[10] Please include analysis of MCV1 and MCV2 routine immunisation and MCV campaign coverage at national and sub-national levels (admin and survey data), information on case distribution by age, geography, vaccination history, etc. for measles and rubella (including CRS), including outbreaks, at national and sub-national level.

*Please mention any other **relevant initiative not supported by Gavi** that addresses the key drivers of low coverage (described in section 3).*

Achievements against agreed targets

Overall, the performance of the immunization program was encouraging in 2016. A summary of the performance against planned targets for vaccination coverage show overwhelming progress. For instance, Penta 3 coverage increased by 25% from baseline, while PCV-3 coverage swelled by 29% and Measles coverage by 15%. The proportion of children fully immunized with all basic vaccines increased by 14% in 2016 from 54% in 2015. These progresses were achieved as a result of the meaningful contributions made by all stakeholders (MOH, GAVI, UNICEF, WHO, USAID, CDC etc.) Among these, GAVI is making the biggest donor contribution towards cold chain improvement, motivational support for monthly outreach sessions, training in vaccines administration, reporting and effective cold chain management, enhancement of the urban immunization strategy, providers and management capacity development and quality supportive supervision.

Summary of Immunization Coverage Performance in 2016

#	Indicators	Baselines 2015	Targets 2016	Achievements
1	Penta-3	67%	75%	92%
2	PCV-3	62%	75%	91%
3	MCV1	65%	70%	80%
4	Rota-2	N/A	75%	48%
5	Yellow Fever	57%	75%	73%
6	Fully Immunized	55%	74%	68%
7	Penta drop-out rate (Penta1 - Penta3)	15%	5%	10%
8	PCV drop -out rate (PCV1 - PCV3)	15%	5%	9%
9	Rota drop -out rate (Rota1 - Rota2)	NA	5%	35%
10	% of counties with Penta 3 coverage ≥ 95%	7%	13%	47%
11	% of counties with Penta 3 coverage ≥ 80%	13%	27%	33%
12	% of counties with Penta 3 between ≥ 50% & <80%	73%	60%	20%
13	% of counties with Penta 3 between <50%	7%	0%	0%

Overall implementation Progress

1) The GAVI support Contributed to the conduct of the 2016 Service Availability and Readiness Assessment (SARA) across 701 (96%) health facilities in the country. The SARA provided useful information on the availability and readiness (59%) of health services in Liberia. Findings also show the following: a) Immunization services are available in 82% (534/701) of the total health facilities in Liberia b) South eastern region of the country has the lowest percentage (53%) of health workers on Government of Liberia payroll and the lowest percentage (42%) of health facilities with GSM coverage C) Highest proportion of stock out of all vaccines is also noticeable in the South east It was also used as a source document for the fiscal year 2017/18 planning cycle.
2) Periodic outreach sessions and supportive supervision were held at county, district and health facility levels. The contribution of outreach sessions to increased immunization coverage in 2015 and 2016 is noticeable. Outreach sessions continue to bridge the equity gaps in the provision of immunization services. The 2016 SARA report also showed that

the south eastern region has the lowest percentage (61%) of health facilities that provide weekly outreach services. Nationally, outreach services account for about 34% and 32% of the overall measles & Penta 3 performances respectively in 2016. Also, supportive supervision provided the opportunity to further mentor service providers and assesse key parameters (Service delivery, cold chain & logistics, surveillance, advocacy & communication, data quality, etc.) on immunization. South eastern region & low performing counties are being targeted for quarterly supportive supervisions & monitoring.

3) Quarterly immunization review meetings – Four EPI quarterly review meetings were conducted to review immunization performance and institute appropriate actions to improve immunization planning, management and performance at all levels.
4) The successful conduct of four rounds of integrated polio and vitamin A campaigns targeting under-fives. Over 98% of targeted children were vaccinated and provided vitamin A supplements and deworming tablets.

5) HPV demonstration in two counties in 2016. The administrative coverage achieved for dose one in both counties was about 93.5% in year one. The project targeted girls age 10 years in and out of school. Intensive community engagement & advocacy were among the key strategies that contributed to the success of the program.
6) Conducted immunization in practice trainings for vaccinators across Liberia. The training focused on vaccines administration, management of vaccine cold chain and data analysis.
7) Conducted vaccine & cold chain management training for 15 county child survival focal persons & 15 county cold chain officers for proper stock management, maintenance of cold chain equipment & vaccine potency.
8) Completed the National Drugs Service Warehouse (Central Medical Store)
9) As a way of improving the cold chain system, the following were done: installation of 140 solar direct drive, procurement of two cold vans and one truck, construction of two (2) regional cold stores, etc.
10)

4.2. Financial management performance (for all cash grants, such as HSS, vaccine introduction grants, campaign operational cost grants, transition grants, etc.)

Provide a succinct review of the performance in terms of financial management of Gavi's cash grants. This should take the following aspects into account:

- *Financial **absorption** and utilisation rates[11];*
- ***Compliance** with financial reporting and audit requirements;*
- *Major issues arising from cash programme **audits** or programme capacity assessments;*
- *Financial management **systems**[12].*

The utilization of GAVI grant is progressing well following management challenges over the years. From an opening balance of 1.3 million in 2015 to 600,000 in July 2017. However, only 46% of the available funds have been utilized since the last JA Report. Major reasons for under-utilization include:

[11] If in your country substantial amounts of Gavi funds are managed by partners (i.e. UNICEF and WHO), it is recommended to also review the fund utilisation by these agencies.
[12] In case any modifications have been made or are planned to the financial management arrangements please indicate them in this section.

1. The key partner (the Global Fund) who was to jointly construct the multi-purpose building along with EPI later pulled out of the process due to donor policy restricting the use of their funds for construction purposes. Therefore, the EPI program could not proceed with the construction because the allocated GAVI support (301,000) which is 50% of the HSS 2 balance (600,000) is not sufficient to complete the project.

2. Inability of the EPI program to access additional funding for planned activities due to delay by the counties to liquidate funding sent for previous activities. It is a policy of the Ministry of Health that full liquidation is made by implementers of for completed activities before subsequent funding is disbursed.

Some of the measures instituted to address the above-mentioned challenges include but not limited to:

1. Renegotiate with GAVI to augment the funding support for the construction of the multi-purpose building and ensure that the Global Funds commit funding support for the office furnitures upon completion.

2. Ministry of Health's Office for financial management (OFM) to form part of the supervision team to provide support (technical, monitoring, etc.) to counties' financial officers for the enhancement of timely liquidation

3. Recruit & employ an accountant to specifically manage GAVI funding

The grants are managed by the Ministry of Health financial management arrangements system. The EPI program executes funds with approval for expenditures provided by the Deputy Minister of Health Services or Chief Medical Officer on the basis of requests from the EPI Manager and the Deputy Minister for Administration. The Office of Financial Management (OFM) records and posts financial transactions through an accounting software, Netsuite and prepares financial reports. The 2016 annual financial report will be submitted after completion of the 2015/2016 on-going audit

Annual financial audit is an integral part of the grant condition precedent for disbursement and annual audits have been conducted including the ongoing 2015/2016. The final 2015 audits among others things revealed that internal control structure is adequate to support the project's operations and that the financial statements provided by the Ministry gives a true and fair view of the performance of the GAVI HSS grant. .

In 2017, GAVI commissioned a financial assessment of the system including the health pool fund. The assessment document various financing mechanisms in the health sector and concluded that the financial system is adequate and will be used for GAVI grant management.

4.3. Sustainability and (if applicable) transition planning

Provide a brief overview of key aspects and actions concerning the sustainability of Gavi support to your country. Please specify the following:

- ***Financing of the immunisation programme**: key challenges related to the financing of the immunisation programme, including co-financing requirements.*

- ***Gavi transition planning****: if your country is transitioning out of Gavi support, specify whether the country has a transition plan in place. If no transition plan exists, please describe plans to develop one and other actions to prepare for transition.*
- *If a transition plan is in place, please provide information on the following:*
    - *Implementation progress of planned activities;*
    - *Implementation bottlenecks and corrective actions;*
    - *Adherence to deadlines: are activities on time or delayed and, if delayed, the revised expected timeline for completion;*
    - *Transition grant: specify and explain any significant changes proposed to activities funded by Gavi through the transition grant (e.g., dropping an activity, adding a new activity or changing the content/budget of an activity);*
    - *Submit a consolidated revised version of the transition plan.*
- ***Polio transition planning****: If your country is transitioning out of immunisation programme support from other major sources, such as the Global Polio Eradication Initiative, specify whether the country has a transition plan in place. If such a transition plan exists, please briefly describe it. If no transition plan exists, please describe plans to develop one and other actions to prepare for polio transition.*

Financing of the Immunization Program

The Liberia immunization program is financed by multiple donors of which GAVI is the biggest contributor. The Government of Liberia is contributing her share through public service providers and consistently meeting her co-financing obligation. The Government's co-financing commitments have swelled from US$ 50,000 annually to US$ 600,000 in the past two budget years.

GAVI Transitional Planning

Liberia is categorized in the initial face of GAVI, therefore transitional planning does not apply.

Polio Transitional Planning
The country not receiving fund from any donor for polio transitional planning

4.4. Technical Assistance (TA)

Briefly summarise key insights generated during the appraisal of Gavi supported Targeted Country Assistance (TCA) activities and milestones.[13] Specify whether amendments to the currently planned and ongoing Technical Assistance activities and milestones are envisaged (short term). If changes are envisaged please provide a justification.

Note: New Technical Assistance requirements for the next calendar year should be indicated in section 6 rather than this section.

The technical assistance needs of the program are categorized into two areas. Namely, short and long term. However, UNICEF, WHO and USAID continue to provide both technical and financial support to the program.

Technical support Needs:

Short term: EVMA and development of EVM improvement plan, National EPI Policy & Strategic Plan, and evaluation of the urban strategy and equity approaches, planning for new vaccine(s) introduction.

[13] A summary of Technical Assistance approved under Gavi's Partner Engagement Framework (PEF) for the year under review and reporting status can be accessed via the PEF portal by registered users, or by contacting the Gavi Secretariat.

1. CCL Strengthening Platform for EVM IP implementation
    a. Cold Chain Inventory and rehabilitation and expansion plan,
    b. Cold Chain Equipment Maintenance Plan,
    c. National, County-level capacitation exercises in cold chain and logistics management
2. Planning for NUVI, Measles SIAs and PIE e.g. IPV, HPV & MR
3. Evaluation of Urban EPI Strategy
4. Advocacy, social mobilization and community engagement for new vaccine introduction
5. Coverage survey, external EPI review and EPI policy review
6. Capacity building for Mid-Level Managers (MLM)

Long term: logistics and cold chain management, social mobilization and communication, program performance management.

7. Immunization Supply Chain Management (iSCM) Strengthening
8. Evidence-based equity approach for coverage improvement
9. Strengthening involvement of community engagement and civil society in immunization service delivery at national and subnational levels

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal[14] and any additional significant IRC or HLRP recommendations (if applicable).

Prioritised actions from previous Joint Appraisal	Current status
1. Ensure that annual HSS and NVS audits are submitted in a timely manner	Fiscal year 2014/15 HSS audit completed and submitted to GAVI. Fiscal years 2015/16 and 2016/17 audits have been commissioned by the MOH and expected to commence August 2017.
2. Strengthen HSS grant oversight and funds management	. An assessment of the Health Sector Pool Fund was commissioned and completed. It was recommended that the MOH continue with the current management arrangement emphasizing visible HSCC engagements and oversight.
3. Increase the number of health workers (including vaccinators and community mobilizers) as per the national Investment Plan.	The number of health workers has increased from over 10,000 in 2015 to 16,081 in 2017. Additionally, 120 vaccinators were hired for 120 private

[14] Refer to the section “Prioritised Country Needs” in last year’s Joint Appraisal report

	health facilities involved in the urban strategy in Montserrado. Approximately 3,727 community health volunteers currently trained and available across the country)
4. Motivate and incentivize health workers to achieve increased access, quality, and performance of immunization service delivery	With support from National government, the National Health Workforce salary and incentive scheme is been review for possible increase renumeration, provision of housing facilities and scholarship scheme as critical motivating factors
5. Enhance the capacity of service providers	1,100 Service providers (vaccinators and CMs) were trained on IIP across the country. This training exercise strengthened the skills and knowledge of service providers in vaccine cold chain management and administration of vaccines.
6. Strengthen surveillance of priority diseases including VPD, AEFI	In collaboration and cooperation with the newly established National Public Health Institute of Liberia (NPHIL) that has the mandate to improve surveillance with the support of partners (e.g.; WHO, CDC, USAID, etc) Surveillance has been strengthened through the Field Epidemiological Training Program (FETP) for Mid-Level surveillance managers. (ie. National, County and District)
7. Support for new vaccines (ie: Rota, IPV) and HPV demonstration (second year)	Rota vaccine was introduced on (date) throughout the country and HPV demonstration was inaugurated in two counties (Nimba and Bong) for in and out of schoolgirls in 2016.
8. Strengthen outreach services, including health promotion/community engagement	The MOH provides quarterly motivational package to county health teams for outreach services. This has increased immunization coverage by 19% for Measles and 13% for Penta 3 in 2015. In 2016 outreach services contributed 27% to measles coverage and 29% to Penta 3. as evidence by the WHO/UNICEF best estimate (2016) and the Liberia Malaria Indicator Survey of 2016.
9. Establish National Immunization Technical Advisory Group (NITAG)	Not established. Planned for the last quarter (October-December) of 2017.
10. Improve data quality including disaggregated data to address vulnerable populations and inequity (geography, gender)	The MOH has revised and distributed health facility based ledgers to gather data that are gender sensitive for certain

	programs and indicators. (Training of facility based data collectors and county level data managers is ongoing as a key measure to improve data quality and timely reporting.
11). Support to the CSO platform	There is yet no budgetary allocation within the current grant for CSOs partnership or collaboration. However, the MOH plans to collaborate with during the implementation of HSS 3.
Additional significant IRC / HLRP recommendations (if applicable)	**Current status**

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being priorities in the new action plan (section 6 below).

1) Establishment of National Immunization Technical Advisory Group (NITAG)

The establishment of the National Technical Advisory Group has been planned for last quarter (October-December). The list of members and minutes from the NITAG introductory meeting will be shared with GAVI and other partners.

2). Support to Civil Society Organization

The MOH and GAVI has planned to finalize the modalities of support to CSOs and their involvement in the implementation of the HSS 3 grant during the JA mission.

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND TECHNICAL ASSISTANCE NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

*Briefly outline the **key activities to be implemented next year** with Gavi grant support.*

*In the context of these planned activities and based on the analysis provided in the above sections, describe the five **highest priority findings and actions to be undertaken to enhance the impact of Gavi support**, indicating timelines and Technical Assistance needs.*

Please indicate if any modifications to Gavi support are being requested, such as:

- *Changes to country targets as established earlier, either from the agreed Grant Performance Framework (GPF) or as part of the NVS renewal request submitted by 15 May;*
- *Plans to change any vaccine presentation or type;*
- *Plans to use available flexibilities to reallocate budgeted funds to focus on identified priority areas.*

Note: When specifying Technical Assistance needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning, which will be informed by the needs indicated here.

Overview of key activities planned for the next year:

In close collaboration with partners (Local & International), the goal of the project is to strengthen the health system to sustainably deliver effective, efficient, equitable, quality

and accessible EPI services along with other integrated services (Reproductive, Maternal, Newborn and Child health) etc. nationwide.

Key activities earmarked for 2017 are listed and discussed below:

1) Immunization outreach services

The program intend to continue support to facility based monthly outreach activities to under-served communities and to set up a robust defaulter tracking mechanism. Support to Outreach activities will include the provision of technical support for facility level micro planning, motivational package, provision of motorcycles, bicycle, and profiling of catchment communities (e.g.; documentation of under fives, pregnant women, and women of reproductive age).

2) Periodic Intensification of Routine Immunization (PIRI)

As a strategy to reduce the number of un-vaccinated children across the country and to increase immunization coverage, the program intends to conduct four rounds of PIRI in all counties.

3) Supportive supervision

Central level quarterly supportive supervision to counties and county level monthly supervision will continue as planned. However, financial and logistical support to county health teams is been actively reviewed for possible increase and to ensure sustained and efficient management of vaccine stock and distribution. The supportive supervision will also provide mentoring and capacity building of service providers.

4) Parenting of Poorly Performing Counties

To ensure comparable performance across the country and to ensure that the last child is vaccinated, county (ies) that are lagging behind will received national technical assistant(s) to support them in all aspects of immunization activities until an appreciable level of capacity and performance is observed. However routine follow up and supportive supervision will continue to ensure sustained ability of gains.

5) Communication for immunization

Strengthening and intensification of communication for immunization is very critical in increasing coverage and reducing the number of un-vaccinated children. To do this, EPI in collaboration with National Health Promotion Division will endeavour to provide technical, logistical and financial support to the below listed activities:

- Communication Engagement & Ownership
- Media promotion: Airing of routine immunization and campaign messages on 7 FMs & 30 community radio stations
- Interpersonal Communication Strategy through the use of Community Health Assistants
- Production and dissemination of IEC/BCC materials

6) Health information systems and evaluation of immunization services

Data are needed for evidence based immunization interventions and planning. Routine health information system is critical to EPI success and better health outcomes. Therefore, MOH plans to conduct quarterly data verification and validation exercises, train service providers and managers in the use of data for action and quality immunization service delivery, review of EPI performance, post vaccine (IPV & Measles 2nd Dose) introduction evaluation, training of health workers in community based information system and external evaluation of EPI.

7) Immunization cold chain management

Cold chain management is at the center of the EPI program. Without effective and adequate cold chain facilities and management, the potency and timely distribution of vaccines will be compromised thus, the number of vaccine preventable disease outbreak will surge. The planned activities include:

- The conduct of Effective Vaccine Management (EVM) assessment
- Procure two 40m3 cold room and three 20m3 freezer room, training in cold chain management,
- Establish temperature monitoring system
- Conduct of cold chain assessment
- Procure 260 pieces of 6 volts deep cycle batteries to replace faulty batteries
- Under take regular maintenance of cold chain equipment.

8) Capacity development

Reports from several assessments done have revealed several critical capacity gaps ranging from human resource, logistical and infrastructure at all levels of the program. The program has finalized plans to bridge these gaps through the following intervention:

- Insurance of vehicles, motorcycles and EPI vaccine warehouse
- Rehabilitation/Refurbishments of EPI warehouses
- Routine maintenance of of EPI and
- Procure additional EPI equipment including 12 sets of Eurobond monoblock refrigeration unit and rain gears
- Provide leadership and management training to EPI managers at all levels to include, M&E, financial management, etc.

Key finding 1:Immunization Supply Chain	• Frequent breakdown of aged old cold chain (CC) equipment • Current CC equipment policy does not allow installation of SDDs in private facilities that are not owned by the proprietors
Agreed country actions	• Recruitment of International TA to support vaccine stock management capacity and CCEOP
Associated timeline	• Short Term (1 - 2 years)
Technical assistance needs	1. CCL Strengthening Platform for EVM IP implementation a. Cold Chain Inventory and rehabilitation and expansion plan, b. Cold Chain Equipment Maintenance Plan,

	c. National, County-level capacitation exercises in cold chain and logistics management
Key finding 2: Communication for Immunization	• Delay in the implementation of Communication Strategy Plan
Agreed country actions	Recruit International TA for Communication
Associated timeline	3-6 months
Technical assistance needs	• Implementation of the Communication Strategy plan • Advocacy, social mobilization and community engagement for new vaccine introduction
Key finding 3:New vaccines introduction & SIAs	
Agreed country actions	Recruit International TA for the introduction of New vaccines Measles SIAs and PIE
Associated timeline	6 months
Technical assistance needs	Planning for NUVI, Measles SIAs and PIE e.g. IPV, HPV & MR
Key finding 4: EPI Survey & In-depth Review	
Agreed country actions	Recruit International TA to support National EPI conduct EPI survey and EPI reviews
Associated timeline	6 Months
Technical assistance needs	Coverage survey, external EPI review and EPI policy review
Key finding 5: Urban Strategy Evaluation	
Agreed country actions	Recruit International TA to evaluation the implementation of the Urban EPI strategy
Associated timeline	3 months
Technical assistance needs	Evaluation of Urban EPI Strategy

7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

Briefly describe how the Joint Appraisal was reviewed, discussed and endorsed by the relevant national Coordination Forum (ICC, HSCC or equivalent), including key discussion points, attendees, key recommendations and decisions, and whether the quorum was met. Alternatively, share the meeting minutes outlining these points.

If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners, or other stakeholders.

The Joint Appraisal (JA) process started with a discussion on the JA Review Meeting dates with key stakeholders. The August 7-9, 2017 dates were agreed and communicated with the relevant MOH programs, partners and GAVI secretariat through an invitation letter signed by the Minister of Health. The team requested the revised JA template from GAVI and established a core team, comprising of MOH, WHO, and UNICEF to draft the JA report and circulate same before the scheduled workshop. The core team worked for two weeks and developed the draft JA report that formed the basis for the Joint Appraisal Review Meeting that ran for three consecutive days (August 7-9, 2017) in Monrovia. The Review Meeting brought together 40 participants from in country, particularly GAVI Alliance partners, MOH staff and other stakeholders. Members of the GAVI secretariat graced the Review Meeting and provided technical support. The Report was reviewed by stakeholders in groups and plenary and was refined during the process. At the end of the three days JA Review Meeting, the ICC members endorsed the JA Report. The report was later shared with the HSCC members and discussed at the September 2017 HSCC meeting. The HSCC made inputs and endorsed the JA Report.

Information contained in the JA Report was gathered from multiple sources including, Liberia Demographic and Health Survey (2013), Liberia recent Malaria Indicator Survey (2016), the Ministry of Health 2016 Annual Report, and the WHO/UNICEF best estimates of 2016.

8. ANNEX

Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal.

It is important to note that delayed reporting may impact the decision by Gavi to renew its support.

	Yes	No	Not applicable
Grant Performance Framework (GPF) reporting against all due indicators	Yes		
Financial Reports			
Periodic financial reports	Yes		
Annual financial statement	Yes		
Annual financial audit report		No	
End of year stock level report	Yes		
Campaign reports	Yes		
Immunisation financing and expenditure information	Yes		
Data quality and survey reporting		No	
Annual desk review			N/A
Data quality improvement plan (DQIP)		No	
If yes to DQIP, reporting on progress against it			N/A
In-depth data assessment (conducted in the last five years)			N/A
Nationally representative coverage survey (conducted in the last five years)			N/A
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	Yes		
Post Introduction Evaluation (PIE)	Yes		
Measles-rubella 5 year plan	Yes		
Operational plan for the immunisation program	Yes		
HSS end of grant evaluation report		No	
HPV specific reports	Yes		
Transition Plan	Yes		

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

1) Annual Financial Audit Report

The financial audit is expected to start before August 15, 2017. Procurement process is complete and the contractual agreement is been finalized. The audit report is expected to be available in less than three months.

2) Data quality improvement plan (DQIP)

The Ministry is working with GAVI, Global Fund and WHO to conduct a nationwide Data Quality Review (DQR) in September 2017. The result of the DQR including concrete recommendations shall be made public at the National Health Review Conference slated for November 2017. The findings of the DQR will facilitate the formulation of an evidence based Data Quality Improvement Plan (DQIP) for the health sector. The first quarter of 2018 has been earmarked for the development of the DQIP.

3) HSS end of grant evaluation Report

The grant evaluation report will be made available following the closure of the grant by end of 2017 and an evaluation commission by GAVI during the first quarter of 2018 (January – March).