

Ministry of Health



Republic of Liberia

Consolidated Operational Plan

FY 2016/17



September 2016

Foreword

Liberia emerged out of 14 years (1989-2003) of brutal conflict that ravaged gains made in every sector of the society. With one decade of relative peace and stability, Liberia restored health services and started making enormous strides in childhood mortality reduction, decline in AIDS related deaths and expansion of health services. Unfortunately, in 2014, the country was hit with an incomparable Ebola outbreak that shattered gains in health status, social values and the economy.

The impact of the EVD outbreak was very grave, affecting households' income, health status and food security. The crisis depleted the health workforce, led to low utilization of health services and desertion of health facilities by service providers. The economic forecast shows that the outbreak is draining the finances of governments—increasing national deficits due to additional expenditures incurred during the EVD crisis amidst drastic shortfalls in domestic revenue.

The Ministry of Health in 2007 developed a post conflict policy and strategic plan that guided the health sector into restoration and recovery for five years (2007-2011). The five years Plan were revised to ten years with new strategies to maintain gains and further improve health outcomes. The 2011-2021 national health plan was launched in 2011 and implemented until 2014 when Ebola exposed the health systems vulnerabilities. In order to address the health systems fragilities, the health sector investment plan was formulated to drive responsiveness and resiliency in the sector. The investment plan has nine vital areas for improving the sector effectiveness, efficiency, and resilience.

It is my conviction that despite the colossal challenges we have to surmount in the health sector to attain the health related Sustainable Development Goals (SDGs) and resiliency, I am confident that the FY 2016/17 operational will be instrumental in translating the strategic priorities of the health sector recovery and development as stipulated in the investment plan (2015-2021) into concrete actions. I trust that partnership will take us to alignment and harmonization, and make the operational plan a reality.

I am pleased to express my deep appreciation and sincere gratitude to all stakeholders, partners, and MOH staff that contributed technical and financial support in the development of the Operational Plan 2016/17.

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Minister of Health

Acknowledgement

The annual operational plan is the road map for the implementation of the post EVD recovery plan and the health sector investment plan for building a resilient health system. The overall objective of the plan is to ensure a functional and resilient health system that guarantees its population an effective and equitable health. The plan is a consolidation of both central and county levels work plans.

The Ministry of Health is pleased to recognize the effort of all of those who contributed to the development of the FY 2016/17 annual operational plan. Special thanks are extended to members of the county health teams, MOH departments, programs and divisions for their contributions towards the formulation of the annual operational plan. Without their involvement, the consolidated operational plan would not have been finalized.

The MOH is grateful to the World Health Organization for providing financial and technical support for the orientation and training workshops for county health teams and partner and the elaboration of the annual consolidated operational plan together with EPOS EU TA.

Special gratitude is extended to USAID (FARA project) for providing funds for the county level planning process.

We want to express our appreciation to all NGOs, UN agencies for technical support and county officials that participated in the planning exercise. Your participation and contributions have made this document useful and inclusive.

It is our hope and aspiration that the annual operational plan will be used as the health sector development agenda for FY 2016/17 at all levels to build a system that is responsive, effective and resilient. Let us solicit the financial and technical resources to implement this operational plan together.

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Abbreviations

CHA	Community Health Assistant
CHW	Community Health Worker
CSA	Civil Service Agency
EVD	Ebola Virus Disease
EPR	Emergency Preparedness Response
EPI	Expanded Program on Immunization
FARA	Fixed Amount Reimbursement Arrangement
FHD	Family Health Division
FY	Fiscal Year
HR	Human Resources
HF	Health Facility
HIS	Health Information System
HMER	Health Information System, Monitoring and Evaluation and Research
HMIS	Health Management Information System
M&E	Monitoring and Evaluation
MFDP	Ministry of Finance and Development Planning
MOH	Ministry of Health
NACP	National AIDs & STDs Control Program
NDS	National Drug
OSC	One Stop Center
OP	Operational Plan
SOP	Standard Operating Procedure
TTMs	Trained Traditional Midwives

1.0 Introduction

1.1 Background

The 10-year strategic plan (2011–2021) and the post Ebola crisis National Investment Plan (2015–2021), provide an overall guide and orientation, while the instrument that is required to ensure that the strategy is implemented is the operational plan (OP).

The health sector recognizes its inherent health system challenges and weaknesses that were further amplified by the impact of the Ebola crisis. The operational plan is the annual roadmap to implement the National Investment Plan (2015-2021).

The OP provides priorities activities and establishes targets that are linked to budget, which is funded through a combination of known domestic and external resources. It was formulated based on county and central levels consultations with various stakeholders.

In view of the National Investment plan, the current operational plan, while focusing on safe and quality health services, recognizes the need to invest on key support components of the health system that enable service provision and fosters donor coordination and alignment at decentralized and central levels of the health system. The process of planning has also taken account of existing capacity and resources through integrating the contributions of most development partners into a consistent framework, both in terms of financial and of technical assistance. The plan intends to address issues related to recovery through phased or incremental changes but in an equitable and sustainable manner. Furthermore, the recovery phase of the operational plan goes beyond the hardware required to include the regulatory and implementation capacity building components. Moreover, products of the Annual Plan consist of aligning available funding with planned activities, resources, and service delivery targets.

1.2 Health Sector Governance and Management

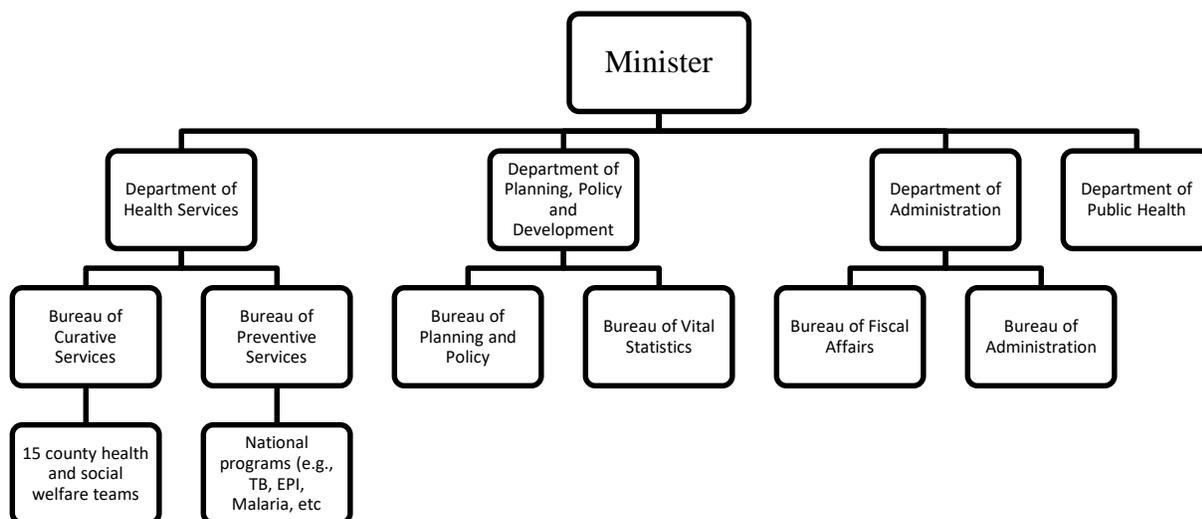
The Liberian government comprises three separate branches, the Executive, Judiciary, and House of Representatives and the Senate. Administratively, the country is divided into 15 counties and 73 political districts. The country is however demarcated into 89 health districts for operational purposes. The superintendents are the heads of the counties. The superintendents and other county functionaries (district commissioners, paramount chiefs, clan chiefs, city majors and town chiefs) are appointed by the President. With the wave of reforms in governance, the superintendents and other government functionaries in the future are likely to be elected by the people if the Local Government Act - now before the

House - is passed into law. In the draft act, the county structure consists of 9 departments. The county health team becomes a department of health.

1.2.1 Structure of Ministry of Health

The Minister of Health is appointed by the President and is not a member of the House of Representatives or of the Senate. The minister is assisted by four deputies manning the following departments: Health Services; Planning, Policy and Development; Administration, and Public Health - recently included out of the aches of the Ebola crisis. There are several assistant ministers heading bureaus and managers heading divisions and vertical programs such as the National TB & Leprosy Control Program (NTLCP), the National AIDs & STDs Control Program (NACP), etc.

There are four levels of supervision: (i) central level, which includes departments, programs, divisions and units, (ii) county level, hospitals and lower level health units, (iii) district level, and (iv) community based health services. The county health services and community health services units of the ministry of health have been established to provide direct support to the counties and community based services, respectively. While systems for supervision and monitoring exist, there are enormous challenges. The fiscal year plan is to redress issues of the essential services and other components of the Investment Plan. Strong involvement and engagement of communities and their representatives are expected to play a critical role in the management and monitoring of the operational plan at all levels of the health system.



2.0 Planning Cycle and Processes

2.1 Planning Objectives

The overall objectives of the operational plan are to ensure a functional and resilient health system that guarantees its population an effective and equitable health. The Operational Plan however, is to enhance implementation of the investment plan for recovery and resilience through coherent planning and budgeting at different levels of the health care delivery and management systems.

The specific objectives are as follows:

1. Identify and measure needs,
2. Map available resources (HR, Infrastructure and financial);
3. Establish baselines and set targets for the priority activities of the recovery of the investment plan;
4. Prioritize activities for implementation of programs and delivery of services during the fiscal year; and
5. Develop a harmonized and integrated Annual Plan in line with the investment plan (2015-2021).
- 6.

The expected results of the annual operational plan, 2016/2017

1. Annual health sector Plans for 15 counties,
2. A consolidated national integrated Annual Plan FY 2016/217

2.2 Planning Process

In 2014, the Ministry of Health with support from its development partners reviewed the implementation of its 10-year national health plan and strategy (2011-2021) and developed a post EVD response National Health Investment Plan and Strategy (2015-2021) aimed at restoring health care services and to incrementally enhance resilience and health security in the health services delivery system. One fiscal year of implementing this resilience strategy elapsed at the close of the FY 2015/16.

To operationalize the National Health Investment Plan (2015-2021) the Department of Planning, Research & Human Development is mandated to specify the investment plan into core and comprehensive operational plans at community, health facility, county, and national levels. The process involves the provision of technical support for the development of each county's operational plan from the levels of the community to health facility including the districts that culminated into the counties' operational plans for the ensuing fiscal year. The central level support by extension is also aimed at building the capacities of counties in planning, budgeting, data analyses and service delivery target setting.

Additionally, the county planning process is comprehensive and entails the review of counties performance over the preceding fiscal year with an assessment of the previous plan to inform the development of the ensuing fiscal year. Coupled with this, the process also includes the customization of the planning tools, templates and developing national targets while at the same time aligning activities and resources at the county level with all implementing partners providing services at all levels within the counties (community, facility district, and county).

The process of producing the Ministry of Health's consolidated operational plan follows its planning cycle aligned with that of the Government of Liberia. It begins with the situational analysis, followed by the priority settings, options appraisal, programming and monitoring and evaluation. Moreover, it focuses on possible health system diagnosis, including bottleneck analysis, the enabling environment at operational levels that follows the select of appropriate target setting and integration of resources and activities mappings to ensure the harmonization and alignment at county and national levels.

The process follows a consultative and participatory process to ensure that all key stakeholders are involved. The activities and steps that follow are conducted both at county and national levels to facilitate the development of the consolidated national health operational plan.

Step 1: Compile and share operational planning tools, guides, and reference documents:

- a. All key documents to be used in the process are collected, compiled and distributed to all relevant stakeholders at county and national levels;
- b. Existing MoH operational planning guides and revised tools are adapted to respond to the needs of the planning exercises.

Step 2: Prepare and orientate technical working groups consisting of MoH health managers and partners for the operational planning exercise:

- a. Set national targets that aligned with the national health investment plan;
- b. Conduct activity and resource mapping (local, Government, donors and partners);
- c. Adapt planning tools and guides to inform planning at all levels;
- d. Identify national and county teams and technical assistance to support the operational planning process and plan orientation sessions
- e. Hold central and county levels operational planning orientation sessions

Step 3: Assess and mobilize resources, both on and off budget at all levels of the health system

Step 4: Develop operational plans at various levels (facility, district, county and central levels)

- a. Update county situational analyses with improved data/information;
- b. Establish targets for main service delivery components aligned with the national indicative targets;
- c. Identify priority strategies/actions to achieve targets;
- d. Analyze health service delivery systemic components (human resources for health, financing, infrastructure, supply chain) and set objectives;
- e. Estimate resource requirements to implement planned priority interventions
- f. Establish objectives, activities and funding

Step 5: Finalize, consolidate, and implement national health operational plan

(The consolidated plan guides the sector for the ensuing fiscal year)

- a. Policy and Planning Unit collaborates with Central MoH Departments, Divisions, Units and Programs to develop central level plans;
- a. Operational plans get reviewed and feed backs provided until plans meet the standards and deliverables;
- b. The Policy and Planning Unit coordinates with technical team to consolidate national health operational plan for dissemination and consequent implementation

3.0 Situational Analysis and Performance FY 2015/16

3.1 Situational Analysis

In 2015, the health sector led by the MOH developed a post EVD recovery plan and an investment plan to restore basic health service and build a health care delivery system that is resilient. The investment plan identified nine (9) critical health system areas for investment that will drive the system to be more responsive, efficient and resilient.

There are currently, 727 health facilities in Liberia of which 64% are public. These facilities provide 71% of Liberians geographical access within 1 hour of walking distance or within 5KM of walking distance. Though nationally, 29% of the population lacks physical access to health care, 20% (3 out of 15) of the counties have over 50% of their population living beyond 5KM or 1hour walking distance within reach of a health facility. The 2013 Liberia Demographic and Health Survey results revealed that 65% of households do not drive by cars but walk to health facilities in case of need. The 2016 Health Workforce Census results show that 35% of health facilities lack electricity while 32% do not have water supplies.

The health workforce census documented 16,064 health workers of which 10,672 are within the employed of the MOH. One-third of the public health workers are clinical and their distribution is skewed towards urban areas. There acute shortage of critical health workers such as physicians, midwives, lab technicians and specialist doctors (ie: surgeons, pediatricians, psychiatrics, etc).

Drugs and medical supplies is an essential component of the health system. However, this area is characterized by irregular supply of drugs and medical supplies, limited number of personnel, (pharmacists), to prescribe, quantify and dispense medicines to patients. Due to inadequate budgetary allocation to procure and distribute drugs and medical supplies, patients are often given prescription to buy unavailable essential medicines.

Monitoring, supervision and mentoring has been weak and irregular. Furthermore, the capacity of the HMIS is still inadequate for example data collection and timely reporting from the service delivery sites have remained incomplete and less integrated. Information use culture at the collection and intermediate aggregation levels has remained weak.

The utilization of health services in Liberia is poor due to limited access and/or poor quality of health services and patients and providers' relationship. In 2015/16, utilization rate was 1.06, which is only 21% of the optimal utilization rate (5.0). Antenatal care (4 visits) was 57.5% and only one-third of postnatal mothers received care. Half (51%) of the pregnant women delivered in health facilities and 60% of children under age one were fully immunized with all basic vaccines.

3.2 Performance FY 2015/16

The health sector performance was appalling in 2014 due to the devastation caused by EVD in the country. However, during the restoration and recovery stages of the investment plan (2015), basic health services were restored and utilization increased. The sector has made progress since the cessation of the EVD crisis, although few of the health service delivery targets were not achieved. Table 3.1 presents service delivery summary accomplishments. On the other hand, HMIS report submission increased from 70% in 2014 to 78% in 2015/16 and timeliness improved from 41% to 57% over the same period. The proportion of health facilities with basic utilities (ie: water and electricity) increased from 55% in 2014 to 66% (HR census 2016).

Table 3.1: Health Service Delivery indicators, targets and achievement in FY 2015/16

#	Health Service Delivery Indicators	Baseline	Targets FY 2015/16	Achievement
1	% of children under 1yr fully immunized	46%	64%	60%
2	Penta -3	63%	75%	65%
3	Measles	58%	64%	64%
4	ANC 1 st Visits	61%	75%	75%

5	ANC 4 th visits and more	46%	51%	58%
6	Institutional Delivery	40%	45%	52%
7	% of deliveries by Skilled birth attendants	39%	42%	51%
8	% of Pregnant women receiving second dose IPTp	39%	44%	41%
9	% of postnatal mothers that received PNC	29%	34%	33%

The number of health facilities providing health services increased by 71 from 2014 – 2015 (656 in 2014 to 727 in 2015). Additionally, the public health workforce increased from 10,052 in 2014 to 10,673 in 2016. The number of health workers placed on Government of Liberia payroll increased from 5,920 in 2014 to 7,214 in 2016.

4.0 Operational Plan 2016/17

4.1 Health Infrastructure

Health infrastructure is the second priority pillar of the health sector investment plan that allows access to health care. Expanding access to quality health care through the construction, renovation and improvement of health facilities is critical for reaching the 1.2 million Liberians that are deprived of basic health services. Investment in this pillar is enormous and requires both domestic and external resources.

Objective: To increase physical access to the EPHS services.

To accomplish this objective, ten major activities have been earmarked for the fiscal year 2016/17 excluding the National Drug Service Warehouse and the health workers housing unit projects. Below is the list of the 2016/17 planned activities:

Central Level Activities

1. Construct national drug depot (NDS Warehouse)
2. Assess and complete 16 abandoned clinics
3. Build 168 staff housing units

County Level Activities

1. Construct 29 primary clinics
2. Construct 47 maternal waiting homes
3. Construct 41 incinerators
4. Construct 34 triages

5. Fence 52 health facilities including Phebe Hospital
6. Construct 26 clinics laboratory
7. Build 17 district health teams' offices
8. Renovate 20 health facilities

Annex A provides a table depicting major infrastructure activities by county as recorded in their operational plan. The table precludes national level activities.

4.2 Human Resources for Health

Objective:	<i>Build a fit for purpose productive and motivated health workforce that equitably and optimally delivers quality services</i>
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Target 1: To ensure the recruitment of needs-based health workforce

Central Level Activities

1. Conduct health workforce hiring plan to address priority gaps in the health workforce model required for the restoration of essential health services.
2. Create 5,000 payroll slots (2015-2016/Phase
3. expand payroll slots in relation to needs-based workforce (2016 and beyond)

Target 2: Eliminate fragmentation and inefficiencies in the remuneration payment process and establish platforms for timely, efficient and transparent bank and mobile money transfer systems.

Central Level Activities

1. Hold Consultative meeting with Civil Service Agency and Ministry of Finance and Development Planning to establish a singular payroll system.
2. MOH and MOFDP establish and validate mobile money accounts for salary disbursement of salaries and manage queries and complaints.
3. MOH, CSA and technical assistance costs to develop remuneration packages options analysis and proposal.
4. Explore remuneration package CHWs

County Level Activities

Target: Ensure the availability of adequate health workforce with inclusive capacity building, supervision and performance appraisal systems at county level.

1. Recruit clinical and non-clinical staffers at facility, district and county levels
2. Conduct in-service infection prevention and control at county levels
3. Ensure county, district and facility levels staffers supervision, appraisal monitoring and performance

4. Conduct evidence-based capacity building sessions for staffers at county, district and facility levels

4.3 Health Care Financing

Objective: Establish sustainable health financing systems that will ensure sufficient and predictable resource generation, risk pooling mechanisms and strategic purchasing of services.

Implementation of the below noted activities will require collaboration between all health financing functions within the Ministry of Health and partners, specifically the Health Financing Unit (Planning department), Office of Financial Management (Administration department), the Performance-based Financing Unit (Health Services department), FARA Management office and Pool Fund Management Office.

Central Level Activities

1. Evaluate effectiveness of PBF in Liberia to date-full impact evaluation study depending on available resources and feasibility-SWOT analysis
2. Finalize fiscal space analysis and disseminate by end of FY 2016/ 2017
3. Finalize resource allocation formula in consultation with stakeholders and apply to FY 2017/18 budget
4. Train selected staffers of 15 CHTS in planning, costing and budgeting (activity based costing)
5. Finalize legal proceedings and legislate Liberia Health Equity Fund (LHEF) Act
6. Conduct publicity and advocacy in 4 counties on Revolving Drug Fund (RDF) and LHEF

County Level Activities

1. Support county level capacity building in financial management and auditing
2. Develop strategy to mobilize domestic resources and ensure financial sustainability to support county level operational plan
3. Establish fixed assets management systems at county level
4. Provide short term financial management training for financial officers at county level

4.4 Disease Prevention and Control

Objective: Strengthen national core capacities in compliance with International Health Regulation (2005) requirements capable to timely detect, investigate and response to epidemic prone diseases and other health related events.

Central Level Activities

1. Train and deploy 2000 Community Health Assistants to implement CEBS
2. Finalize IDSR technical guidelines and other relevant operational tool (Reporting forms, CEBS manual, health facility SOP on IDSR, Maternal death SOP, etc)
3. Reproduce and distribute training modules and simulation tools for PoE
4. Develop and disseminate monthly IDSR dash board
5. Produce and disseminate weekly and quarterly epidemiological bulletin
6. Establish functional IDSR Situational Awareness rooms in 16 EOCs (National and 15 Counties)
7. Conduct annual IDSR/IHR program implementation review meetings
8. Develop national risk communication plan for public health events
9. Conduct external assessment of IHR core capacities
10. Conduct health risk and vulnerability assessment /mapping
11. Develop risk communication operational plan
12. Produce and air prevention messages using local radio (IDSR jingles, drama, etc)
13. Print and disseminate surveillance reporting forms to all levels
14. Print and disseminate Patient Care report form for 100 Ambulances
15. Print and disseminate IDSR Technical Guidelines to 1,000 health facilities
16. Print and disseminate CEBS manual to all 1,000 facilities and PoEs
17. Print and disseminate IDSR strategic Plan to all counties and district offices
18. Print and disseminate 100 Ambulance Guidelines
19. Print and disseminate National and County EPR Plans
20. Print and disseminate relevant SOPs, EMS Protocol and Guidelines
21. Print and disseminate Job Aides: CEBS, Clinical
22. Develop, reproduce, and disseminate IDSR priority disease media kits to media houses.

Specific Objective 1: Improve IDSR data and specimen management, biosafety regulations, ensure interoperability with DSIS Activities

1. Provide logistical support to 3 laboratories
2. Validate, reproduce and disseminate national public health lab strategic plan (2017-2022)
3. Procure IDSR lab. Sample collection kits for peripheral health facilities
4. Train and mentor IDSR focal persons at National, County, District and Health facilities
5. Scale up IDSR Surveillance (eDEWS) implementation in 11 counties
6. Improve rapid sharing of public health and scientific information and data
7. Purchase and distribute reagents, lab supplies, and equipment Cholera, lassa Fever, Yellow Fever, EVD, Measles, Shigella, Rabies, AFP (support transportation and sample referral)

Specific Objective 2: Strengthen emergency preparedness and response and enhance cross-sector coordination and collaboration

1. Establish, train and deploy Rapid Response Teams (RRT) at National, County and District Levels.
2. Support RRT simulation activities across target levels
3. Support internal functionality of PH emergency operation centers to coordinate the epidemic preparedness and response at national and county levels (Stationeries, fuel, internet connectivity)
4. Develop national and county specific EPR and disease specific contingency plans
5. Work with partners to provide counties emergency contingency fund
6. Procure and deploy preparedness stocks in all counties for all priority public health events: Cholera, EVD, Rabies, Bloody Diarrhea, Lassa Fever, Yellow Fever, Meningitis
7. Conduct midterm review and update of national and county specific epidemic preparedness and response plans

Specific Objective 3: Institutional support, capacity building, advocacy, and communication. Project coordination, fiduciary management, monitoring and evaluation, data generation, and knowledge management

Central Level Activities

1. Provide credentialing and capacity building in surveillance staff, including Field Epidemiology Laboratory Training Programs (FELTP-Frontline: 3 months; intermediate- 9 months; and Advance-masters)), and PhD programs targeting Hospital, CHOs, National staff, CSO, MOA,
2. Work with the pre-service institutions (Medical and para-medical) to build HR instructional capacity and strengthen curriculum
3. Train DSOs in Dead Body Swabbing and safe Specimen collection, packaging and transport
4. Support Short Course (International) in Emergency Management/IMS for All Incident Command Managers at national and county levels
5. Train 3 national, 15 Counties and 92 District RRTs
6. Train 15 county health promotion focal persons in Risk/outbreak communication
7. Cross border coordination meeting at all levels
8. Provide incentives for DSO

County Level Activities

1. Train traditional healers in community case definition of priority diseases
2. Provide refresher training on IDSR for health facility staff
3. Conduct weekly surveillance coordination meeting
4. Conduct RRT refresher training for surveillance Team
5. Refresher training to all HCW on IPC standard precautions

6. Conduct quarterly mentorship on IPC standard precautions
7. Supply facilities with IEC/BCC Materials
8. To conduct health talk using available IEC/BCC materials
9. Conduct epidemiological investigation of rumors/suspected disease of epidemic potential
10. Conduct EDEWs Supervision
11. Establish data storage for surveillance
12. Continue Community Events Based Surveillance
13. Ensure the supply of PPE for EPR purpose
14. Establish facilities EPR team and conduct in-service training
15. Liaise with County Health Team to provide the updated EPR plan to the district and health facilities.
16. Work with county pharmacist to supply and maintain the minimum stock of EPR supply at all levels
17. Work with partner to provide logistic supports (fuel & stationaries) for district EPR activities.
18. Provide communication equipment (phones, VHF Radio etc) for surveillance activities
19. Review IDSR plan every 6 months to evaluate and improve the performance of surveillance and response systems and provide feedback within and across levels of the health system

4.5 Health Service Delivery and Quality of Care

4.5.1 Improve Health of Mothers, and Newborns services

Objective: *To improve availability and readiness of quality of and demand for maternal, newborn, adolescent and reproductive health services to improve access and coverage.*

Target 1: Improve coverage of family planning with couple year of protection in all the 15 counties.

Central Level Activities

1. Conduct mapping of community based family planning distributors
2. Train/refresh CBD to scale up distribution points
3. Provide RH commodity storage boxes (wooden) for Community Based Distributors
4. Conduct Post Partum Family Planning Training
5. Conduct training/refresher to strengthen and scale up EPI/FP Integration in all fifteen counties
6. Support provision of IUCD insertion kits to health care facilities
7. Provide financial support for NDS for Quarterly supply of RH commodities

8. Provide support for printing of revised family planning strategy
9. Review, print and disseminate to operationalize the family planning road map
10. Support development of messages, radio talk show, jingles/dramas to educate on the side-effects of family planning commodity to reduce myths
11. Provide vehicle to support RMNCAH supportive
12. Provide maintenance for vehicles
13. Support 1 TA for RH commodities quantification
14. Procure 1 Laptop for data management (PPMR) at FHD level
15. Print and disseminate Mother and child health cards to the 15 counties
16. Conduct quarterly mentoring in all counties

County level Activities

1. Provide motivational package for gCHVs providing CBD services
2. Provide logistical support for mentors to implement FP activities at health facility and community levels
3. Establish/reactivate condom distribution points in 300 communities
4. Implement providers initiated counseling on family planning in all routine health services at all levels
5. Identify and train CBD to pilot community Depo/injectable administration in three counties
6. Integrated family planning, EPI, and MCH outreach

Target 2: Coverage to basic and comprehensive Emergency Obstetric and Neonatal Care (EmONC) and essential Maternal and Newborn care increased in nine counties (health centers and hospitals)

Central Level Activities

1. Conduct refresher training and TOT in BLSS/EmONC quarterly
2. Review and consolidate 15 County RH supervisors and partners work plans and consolidate FY 2016/17
3. Ensure a sufficient and reliable supply of safe blood for CEMoNC
4. Build new clinics and upgrade select clinics to health centers to improve access to care.
5. Deploy community base certified midwives to underserved areas to care for women without access to facilities.

County level Activities

1. The FHD will review, revise and print the midwifery constitution and disseminate copies to all facilities and stakeholders.
2. Validation, printing and dissemination of standards for midwifery practice will be done including monitoring of its use.

3. FHD will provide support for strengthening implementation of safe delivery services under the National Health Policy & Plan related to maternal, newborn and child health through promotion of delivery kits to facilities.
4. Conduct Emergency Obstetrics and Neonatal Care (EmONC) training - basic and comprehensive to nurses and midwives in 6 counties.

Target 6: Strengthen national capacity to address gender-based violence using a multi-sectoral approach and the provision of high quality services to survivors.

Central Level Activities

1. Support to the 12 existing One Stop Centers (OSC)
2. Procure and distribute Rape treatment (PEP/KIT3)
3. Provide transportation incentive for OSC Personnel
4. Refurbish two additional OSCs in two counties (Lofa and Nimba)
5. Train clinical staff in the management of GBV/SGBV
6. Produce medical reporting form-10000 copies
7. Supervise and mentor staff at all OSCs

County level Activity

1. Implement, supervise and monitor performance

Target 7: Prevention, management and control of PMTCT strengthened at national and county level

Central Level Activities

1. Provide program management, strengthened coordination and collaboration
2. Provide on-site training in adherence counseling skills and ensure acceptance attitude for knowing your HIV status for pregnant women.
3. Train service providers on Option B+, TTMs/TBA, mother peers, and exposed infants for PCR

County Level Activities

1. Provide HIV Care, Treatment and Support services (Antiretroviral Therapy - ART) for HIV positive pregnant women and children
2. Strengthen and provide Mother to mother peer support services (preventing lost to follow-up) - father and adolescent
3. Provide supportive supervision, on-site mentoring and ensure data accuracy
4. Strengthen community based organizations and structures to provide community awareness, sensitization and mobilization on eMTCT/pediatric and adolescent HIV

Target 8: Improving health and education with emphasis on reduced maternal and child mortality and education achievement services and as well enhanced

national capacity for treatment and social reintegration of obstetric fistula.

Central Level Activities

1. Produce 25 copies magazines of fistula survivors success stories
2. Provide support for surgical outreach in hard-to-reach counties
3. Maintain fistula facilities and services (including patients feeding, laundry services, cleaning)
4. Provide salary payment for project staff
5. Provide support to operational activities

County Level Activity

1. Implement robust mobilization campaigns in 3 hard-to-reach counties

4.5.2 Improve Child Health

Objective: *To improve availability and readiness of child health services to improve access and coverage*

Target 1: Reviewed and revised the national Child Survival Strategy (2008-2011)

Central Level Activities

1. Undertake comprehensive assessment of process actors and context
2. Define goals and priorities
3. Validate a national policy

Target 2: Minimum 75% of the monthly target of children under 1 year in all counties vaccinated by August 2015 (for all antigens to achieve 85%),

Central Level Activities

1. Provide quarterly financial support to 534 HF for outreach Vaccination Teams for 12 months @ US50.00
2. Conduct refresher training on immunization in practice
3. TOT for 45 counties participants, 15 national, 6 facilitators
4. Conduct quarterly periodic intensification of routine immunization (PIRI) in all counties
5. Conduct national micro-planning exercise
6. Implement Urban Immunization Strategy
7. Support social mobilization and communication for urban immunization with Montserrado county
8. Support the development/production of messages
9. Procure 100 motorbikes for integrated outreach services

10. Conduct quarterly cold chain and vaccine management monitoring & supervision visits
11. Produce, printing and distribution of EPI Monitoring tools (i.e. child health cards, ledgers, tally booklets, monitoring charts, summary forms and job-aids)
12. Train CCO and CSFP on equipment maintenance and vaccine management
13. Procure bundle vaccines and other supplies.
14. Distribute bundle vaccines to county depots.

County Level activities

1. Periodic Intensification of Routine Immunization (PIRI), Round 3
2. Continue regular immunization with outreach services
3. Training for HF personnel on immunization in practice (IIP)
4. Conduct quarterly monitoring and supportive supervision to district and HFs (provide US\$150/month for 12 months),

Target 3: At least 85% of all 15 counties will attain all EPI surveillance indicators by December 2016

Central Level Activities

1. Provide regular logistics support and equipment for the conduct of active surveillance activities at counties and districts,
2. Support outbreak investigation and response
3. Procure data management and ICT equipment (e.g. Lap top, back-up, antivirus, etc) for County and National levels
4. Provide financial support for NCC, NEC, and NPEC activities
5. Conduct quarterly surveillance visits to rotavirus sentinel site at Redemption Hospital
6. Develop immunization supply chain (iSCM) SOPs
7. Procure and install continuous temperature monitoring device at EPI Regional Cold Stores
8. Conduct temperature mapping study of cold/freezer rooms at national and regional stores; and temperature monitoring study in vaccine supply chain in accordance with WHO protocol.
9. Conduct cold chain inventory assessment and develop equipment replacement plan
10. Procure fuel for County Generators
11. Procure fuel for County Vehicles for vaccine distribution
12. Provide financial support to procure immunization supplies and spare parts for motorcycles maintenance for district & HF 150 @ \$20/month
13. Support running and maintenance of central and 2 regional cold room
14. Procure one 4 X 4 utility truck for delivery of assorted immunization supplies and one refrigerated truck for vaccine transportation; three Toyota 4x4 pick-up and one 4x4 Nissan Jeep

County level Activities

1. Intensify and strengthen AFP surveillance nationwide
2. Conduct EPI biannual surveillance supervisory visits to priority sites
3. Conduct regular quarterly cross border meeting on immunization activities

Objective:	To ensure that at least 90% of all EPI data (i.e. Absolute numbers & Coverage rates) from health facilities are verified by the end of the year.
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Target 4: Immunization data quality improved from 85% to 95% completion, by the end 2015.

Central Level Activities

1. Train health workers (CHDD, CSFP, Data Manager & CCO) on District Vaccination Data Monitoring Tool (DVD-MT) from all counties,
2. Conduct quarterly data harmonization and validation.
3. Reinforce and recognize good practices publically

County Level Activities

1. Conduct independent integrated supportive supervision to districts, and health facilities
2. Monthly meetings with CHDCC
3. Improve documentation and timely reporting to the central level
4. Enhance stakeholder coordination at county and below, on monthly and quarterly bases

Target 5: At least 95% of all 554 HFs have bundle vaccines and supplies available with functional cold chain equipment at all times

Central Level Activities

1. Forecast and Procure bundle vaccines
2. Expand cold chain thru the procurement and installation of additional solar direct drive (SDD), WICR, refrigerators, cold boxes, etc.

Target 6: Central and 15 county program management improved

Central Level Activities

1. Build Capacity of county and health facility EPI Management Team
2. Conduct mid-term and end of period programme evaluation and planning

County level Activities

1. Train community and health facility managers on basics of health services planning and monitoring

2. Undertake regular supportive supervision
3. Facilitate and support stakeholder coordination at health facility and community levels
4. Provide timely feedback

4.5.3 Community Health Services

Objective: *Strengthen community based health services to improve access and coverage of essential services for communities and families that reside beyond 5 KM.*

Target 1: Establish support systems to strengthen implementation of quality services (HR, M&E, supply chain and operations, supervision, performance and quality improvement)

Central Level Activities

1. Develop, define, standardize and validate minimum set of indicators (including community births and deaths) in collaboration with programs
2. Develop, field test and finalize data collection and reporting tools for CHAs and CHSSs
3. Develop CBIS database and modules in affiliated systems (iHRIS, LMIS, DHIS2, etc)
4. Develop SOPs for CBIS data management (data reporting, analysis, use and feedback) and integration with other systems Including CEBS, LMIS, iHRIS, etc)
5. Hold validation workshop for CBIS tools and SOPs
6. Print and supply monitoring & evaluation materials (including CBIS SOPs, indicator guidelines/definitions, data collection and reporting forms to counties and health facilities)
7. Conduct training and roll-out of CBIS at in all 15 counties
8. Carry out bi-annual joint coaching & mentoring visits to CHA implementation sites

Target 2: Recruitment & Training of 2000 CHAs, 300 CHSSs and 100 Master Trainers

Central Level Activities

1. Develop and validate training modules and guideline
2. Facilitate and hire master trainers
3. Train HSS from the 15 counties
4. Train CHAs
5. Deploy and manage work of CHAs
6. Develop supervision checklist and train CHSS
7. Print curriculum, training SOPs, job aids, tools, and training materials

Target 3: Strengthen national advocacy, coordination, partnerships, and leadership at all levels

Central Level Activities

1. Launch Community Health Assistant program at National Level
2. Develop a dissemination guide and fact sheet for dissemination at county and local level
3. Print policy, strategic plan, implementation guide for dissemination,
4. Conduct Dissemination Workshops & Tool kit orientation (implementation guide, TORs, recruitment guidelines, etc.) for Revised Community Health Services Policy & Strategic Plan AND Launch CHA Program in all counties
5. Establish and hold monthly coordination meeting for Community Health Partners, Chaired by Director of CHSD
6. Organize & host annual review of the community health program

County level Activities

1. Establish county and health facility coordination mechanisms among implementing entities,
2. Strengthen health facility boards
3. Support CHAs and health facility health workers integrate advocacy and social mobilization,
4. Supervise implementation at community and health facility
5. Undertake bimonthly monitoring and review at health facility and community level
6. Organize biannual review at county level

4.5.4 Improve Coverage of Health Related Nutrition Services

Objective: Strengthen integration and analysis of nutrition program information and surveillance system.

Central Level Activities

1. Collect and collate monthly nutrition information not included in the current HMIS using MoH endorsed nutrition reporting tools
2. Organize monthly forums to discuss and address bottlenecks identified in the nutrition program
3. Support development and dissemination of quarterly nutrition dashboard

County Level Activity

1. Organize monthly forums to discuss and address bottlenecks identified in the nutrition program

4.5.5 Improve Mental Health Services

Objective 1: Enhance the capacity of the National Health Coordination unit, thereby improving mechanisms for coordination, collaboration and monitoring all mental health related activities by June 2017.

Target 1: Capacity of the National Health Coordination Unit built

Thereby improving mechanisms for coordination, collaboration and monitoring all mental health related activities.

County Level Activities

1. Print the updated National Mental Health policy & Strategic Plan to include implementation framework and county specific plan.
2. Ensure the provision of additional one 4X4 vehicle to capacitate mental health unit to conduct supervision and other mental health activities
3. Conduct quarterly National Mental Health & Psychosocial Coordination Meeting
4. Support to EVD survivors to be able to communicate the challenges and tell their stories through individual advocacy, and participatory research through photo voice programs
5. To conduct rapid situation analysis & strengthen Mental health data reporting/recording systems integrated with existing HMIS and other information management systems as well as, designing software/ database for Mental Health Information system

Objective 2: Increase the clinical capacity of Mental Health Professional

Target 2: Additional 1500 PHC workers trained

Central Level Activities

1. Revise the National Mental Health Policy and update the strategic plan with cost, specification of county level structure and an overall timeframe
2. Ensure that all county referral hospitals are well prepared with trained PHC workers with mhGAP-IG materials to host mentally ill patients
3. Print and distribute 500 copies of the validated mhGAP Materials and launch
4. Institute supervision mechanisms to follow up on mhGAP trainees
5. Increase in the # of Mental Health Clinicians

County level Activities

1. Conduct in service training at the primary care level for additional 1500 PHC workers using mhGAP materials by Dec. 15, 2016
2. Conduct training for new cadre of the mental Health Clinicians (Child & Adolescent)

Objective 3: Advocacy and awareness of mental Health issues through celebration of Mental Health illness reduced misconceptions, common fears to reduce stigma and discrimination for people living with mental illnesses, substance use disorders and epilepsy.

Target 3: Five Key Mental Health days celebrated and advocacy meetings held (both among health workers and populous)

County Level Activities

1. Celebrate key mental health days such as World Mental Health Day, World Epilepsy Day, World Drug Day, World Children Mental Health Day and work with resources in the community (e.g. CHWs, religious leaders & traditional healers) to raise awareness on mental, neurological and substance abuse disorders and to identify and refer clients
2. Mental Health Unit (MHU) to undertake mental health promotion activities
3. MHU to celebrate International Children MH Day
4. MHU and DEA to celebrate World Drug Day
5. Celebrate International Mental Health Day and work with structures in community (eg CHWs, religious leaders & traditional healers) to raise awareness on mental, neurological and substance abuse disorders and to identify and refer clients
6. Conduct additional community healing dialogue for 1,500 EVD affected survivors, family and community Members
7. Raise awareness on mental illnesses, substance use disorders and epilepsy (Radio Advent, UNMIL & ELBS)

Objective 4: To improve the accessibility and availability of quality mental health treatment and services including epilepsy and substance abuse disorders management of all persons at all levels of the health care provision. Ensure the Improvement, accessibility, availability, distribution and utilization of cost effective psychotropic medications.

Target 4: Accessibility and availability of quality mental health treatment and services improved

This should include improvement of epilepsy and substance abuse disorders management of all persons at all levels of the health care provision.

County Level Activities

1. Advocate for uninterrupted drug supply chain of essential medicines for mental and neurological disorders to be captured on the National Essential Medicines List
2. Conduct regular supportive supervision and monitor available stocks of psychotropic medication and mental health services at each level of service provision

3. MHU to work with Supply Chain Management Unit (SCMU) with forecasting and quantification tools for mental and neurological health care products at national and county levels.
4. MHU to work with SCMU in strengthening procurement and the distribution based on needs and request
5. Provide MHPSS to children affected by EVD in 15 counties
6. Mental Health Unit to work with LMHRA to regulate, evaluate and register of essential medicines for mental and neurological disorders
7. Establish mechanisms to support to EVD survivors to be able to communicate the challenges and tell their stories through individual advocacy, and participatory research through photo voice programs remain available
8. Conduct Psychotropic drugs monthly inventory from 15 counties

County Level Activities

1. Conduct independent integrated supportive supervision to districts, and health facilities
2. Monthly meetings with CHDCC
3. Improve documentation and timely reporting to the central level
4. Enhance stakeholder coordination at county and below, on monthly and quarterly bases

4.5.6 Improve Hygiene & Environmental Services

Objective: To improve accessibility to, quality of hygiene and environmental determinants of health and related services.

Target 1: Increase hygiene awareness and ensure access to acceptable Sanitation with 200 households trigger CLTS, 50% access to sanitation and 35% practice improved hygiene

Central Level Activities

1. Develop/produce and disseminate National Hygiene promotion guidelines
2. Revise CLTS guidelines Strengthen National capacity to manage CLTS
3. Increase access to CLTS triggering and ODF monitoring, capacity building of NTCU staff, Re-activation of CSC, 12 routines monitoring of CLTS

4.5.7 County Health Services

Objective: To strengthen structures for partnership & coordination at CHT and Central levels.

Target: Structures for coordination and partnership revitalized and monitored

Central Level Activities

1. Attend monthly prison health coordination meetings to strengthen collaboration
2. Develop County Health Team Partners data base and update to ensure proper coordination and partnership

County Level Activities

1. Review and harmonize program work plans for implementation at county levels
2. Coordinate with QMU, CHTs and Secondary PBF hospitals to establish QI Committees
3. Attend monthly prison health coordination meetings to strengthen collaboration
4. Develop County Health Team Partners data base and update to ensure proper coordination and partnership

Specific Objective 2: To ensure implementation of the EPHS

Target 1: Routine use of the EPHS for Health Service implemented

Central Level Activities

1. Support the implementation of EPHS package
2. Receive all requests including liquidation from CHTs, pass requests to appropriate unit and ensure prompt action is taken

County Level Activities

1. Monitor and evaluate primary health care activities in the county

Specific Objective 3: To strengthen systems through capacity building activities at Central MOHSW and county levels

Target 1: Systems for capacity building activities are strengthened at Central MOSHW and county levels

Central Level Activities

1. Work closely with Contracting-in Coordinator to finalize Capacity Building
2. Provide supportive guidance on the design and implementation of CB activities within the counties

County Level Activities

1. Provide supportive guidance on the design and implementation of CB activities within the counties
2. Monitor the implementation of CB plan

Specific Objective 4: To improve prison health activities and ensure that prisons are provided with quality health care within the 15 counties

Target 1: Prison Health activities are improved

Central Level Activities

1. Conduct quarterly monitoring visits for Protection Officers & Health workers in 15 counties
2. Provide essential hygienic materials for inmates

County level Activity

1. Provide essential hygienic materials for inmates

Specific Objective 5: To strengthen contracting mechanisms for the delivery of the EPHS

Target 1: Harmonization of contracting mechanisms

Central Level Activities

1. Organize meeting with all donors'/fund holders for the implementation of various contract schemes
2. Standardize all contracting mechanisms approach
3. Develop zero draft of the contracting guidelines and tool
4. Pretesting of the zero draft of the contracting guidelines and tool
5. Validation of revised contracting-in guidelines and tool
6. Conduct end of contracts Performance appraisal for all contracts

County level Activities

1. Conduct readiness assessment for county to be contracted in
2. Conduct training for CHTs on the guidelines and tool
3. Capacity building mentoring and coaching for contracting-in
4. Quarterly monitoring of county readiness for contracting
5. Conduct end of contracts Performance appraisal for all contracts

4.5.8 National Health Promotion

Specific Objective 1: Improved coordination among major stakeholders in promoting healthy practices by the end of 2016

Target 1: Health Promotion Policy, Strategic plan and Communication Strategy Finalized, Validated, printed and disseminated

Central Level Activities

1. Complete and Validate Health Promotion Policy, Strategic plan and Communication Strategy,
2. Develop and disseminate Health Promotion Policy Briefs and conduct policy dissemination events at the county level.
3. Develop National Emergency risk Communication Strategy
4. Initiate Partner Mapping in all Counties
5. Establish Health promotion technical working groups at county and District levels
6. Conduct joint assessment on risk communication capacity
7. Training of ECAP2 NGO network on health messaging using LLA training methodology
8. Initiate Bio-safety and Traffic Health hazard awareness and sensitization
9. Assessment on knowledge on Cervical Cancer and ROTA Vaccine (Diarrhea Vaccine)
10. Development of messages and materials to create awareness and sensitize the general public for all Vaccine Preventable Diseases
11. Under the leadership of the HPTWG/Messages and Materials Development (MMD) working group, draft and disseminate RMNCH message guide.
12. Development of messages and materials to create awareness and sensitize the general public to prevent stigmatization of Ebola survivors
13. Review and revise pretest questionnaire for message and materials development
14. Identify, recruit and train volunteers for pretesting of messages and materials
15. Introduction of HPV Vaccine and Rota Vaccine Launching Nation wide campaign on Healthy life brand and airing of radio spots to increase demand of and utilization of health services

County Level Activities

1. Initiate Partner Mapping in all Counties
2. Awareness campaign on Non communication disease in all 15 counties
3. Development of messages and materials to create awareness and sensitize the general public to prevent stigmatization of Ebola survivors
4. Introduction of HPV Vaccine and Rota Vaccine

Specific Objective 2: Strengthen and sustain Community engagement, to identify health needs and take actions

Target 1: Community Stakeholders will be aware and sensitized to disseminate information to community members

Central Level Activities

1. Dialogue with Community stakeholders (Chiefs, Religious, Traditional, Youths leaders and women groups)
2. Radio Distance Learning Program to enable CHVs to implement more effective health promotion and social mobilization activities leading to improved health practices and return to RMNCH services

3. Continue the orientation of select CHVs and their supervisors on the community engagement tool, Bridges of Hope
4. Training of 1,500 CHCs on health messaging and community health risk reduction plan

County level Activity

1. Dialogue with Community stakeholders (Chiefs, Religious, Traditional, Youths leaders and women groups)

Specific Objective 3: Empower Media to Inform and educate the public to promote healthy life style by the end of 2016

Central level Activities

1. Strengthen partnership with Media in health promotion Activities
2. Conduct Radio/TV shows, print news letter and provide information to the public
3. Continue and maintain the Dey Say rumor tracker system, expand network of users, conduct roundtables with local media, orient CHWs and CHVs to Dey Say use, mentor journalists on the use of Dey Say
4. Establish Resource Center/ Documentation

4.6 Drugs and Supply Chain Management

Drugs and medical supplies is an essential component of the investment plan for building a resilient health care in Liberia. This pillar is under-funded, with insufficient capacity to effectively deliver and maintain commodities and supplies at the service delivery levels. These factors result in frequent stock out, distribution of prescriptions to patients and low utilization of health services.

Objective: To put in place a cost-effective and efficient supply chain management systems for essential medicines and supplies, including PPEs.

To achieve this objective, 18 major activities have been earmarked for the fiscal year 2016/17. Below is the list of the 2016/17 planned activities:

Central Level Activities

1. Develop and decentralize LMIS
2. Evaluate Interim Approach
3. Distribute drug and medical supplies from NDS
4. Assess drug national and counties drug depots
5. Conduct six counties drug depots (Lofa, Grand Kru, Sinoe, Bomi, Grand Bassa and Grand Cape Mt)
6. Build drug shelves in 350 health facilities and at Supply Chain Offices

7. De-junk and incinerate health facilities and depots expire drugs
8. Automate the LMIS into the general HMIS of the MoH
9. Procure ICT equipment (Laps, desktops, scanners, printers, etc)
10. Train supply chain officers and program managers on reporting, supervision, monitoring, quantification and supply chain management
11. Dispose of expired pharmaceuticals and medical equipment without harming the environment and the community
12. Procure drugs and medical supplies
13. Procure motorcycles a for supply chain officers
14. Procure vehicles for county pharmacists
15. Train dispenser on rational use of drugs and supply chain management
16. Conduct quarterly monitoring and audit

County Level Activities

1. Conduct last mile drug and medical supplies distribution
2. Procure Lab reagent
3. Conduct quarterly monitoring and supervision
4. Procure essential drugs and medical supplies

4.7 Health Information Systems, M&E and Research

Health Information System, Research and M&E are the fulcrum for the evidence-based management that the Ministry of Health subscribes to. The HIS, M&E and Research Units have set objectives and earmarked key activities that are geared towards strengthening data collection, information generation and inquiry to support management decision making, implementation tracking and performance monitoring. The objectives and key activities include:

Objective: Strengthen M&E, Research and HIS capacity and coordination to ensure a functional M&E system with harmonized data sources that meets all stakeholders' needs.

Central Level Activities

1. Hold Monthly HMER Technical working groups with all national programs and technical partners
2. Hold Quarterly HMER Coordination Committee Meeting with senior MOH manager and representative of donor institutions.
3. Map key partners for research, local and international to identify opportunities for collaboration and support for research
4. Train county M&E staff in monitoring and evaluation concept and practices for effective M&E at the lower levels

5. Train county and District Health Teams on Data Use in ongoing management decision making
6. Mentor County Health M&E team to master core M&E skills and execute their functions with efficiency and effectiveness, and transfer skills down to the district levels
7. Train District Health Team on data validation, analysis and interpretation
8. Decentralize DHIS-2 to district levels on an incremental basis as District Health Teams developed.
9. Produce and disseminate revised national M&E Policy and strategy
10. Validate, produce and disseminate MOH indicator reference book to all stakeholders including the CHTs and Districts offices.
11. Mobilize resources for logistics to facilitate core M&E activities to the decentralized levels
12. Develop unique code for ID for every health facility in collaboration with key stakeholders including LISGIS and Liberia Medical and Dental Council.
13. Produce master facility registry capturing all health facilities in the country indicating their facility types and GPS coordinates.
14. Work towards the development of the seven sub-information systems on an incremental basic with standards and capabilities to interoperate and exchange data
15. Train 20 health managers on research methodologies, analysis and report writing.
16. Train 15 health managers on the use of statistical packages and technical writing skills
17. Establish health research repository
18. Produce quarterly dashboard and scorecards using selected core indicators to measure MOH's overall and key programs performance
19. Produce quality of performance report to inform management on some of the factors influencing and or impeding progress on service delivery, quality of care, and health system strengthening; and to document those enablers, challenges, lessons, and good practices to inform remedial management actions.
20. Conduct quarterly verification of implementation and monitoring visits to counties monitor counties' implementation of the NHPP as expressed in their annual operational plan, looking at CHTs, Facilities and communities as well a NGO partners' activities.
21. County M&E Teams to conduct routine data verification, monitoring and M&E supervision to the districts and facilities levels
22. County M&E to produce quarterly reports to inform CHTs of their performances as well as central MOH on where each county stand on progress towards their annual targets and activities plan.
23. Conduct annual nation review of the health system to take stock of performance for the year in review and fine-tune operation plan for the following year.
24. Conduct quarterly review at central to look at output and assess progress towards national annual target and key investment activities

25. County conduct quarterly data and performance review meetings involving facilities, districts and local authorities to discuss success and failures and look at assess strategies against challenges

4.8 Community Engagement

Objective: Strengthen community awareness on health risks and their engagement and linkages with the health system.

Central Level Activities

1. Develop community engagement Policy and Strategy
2. Conduct stakeholders' orientation on community engagement policy and strategy

County level Activities

1. Engage TTMs to refer pregnant women from communities to health facilities
2. Conduct awareness and public education on ENA by TTMs and gCHVs
3. Support gCHVs/CHA to deliver integrated community health services
4. Conduct monthly meeting with CHDC to take ownership of health facilities
5. Conduct IDSR refresher training for gCHVs, TTMs and community leaders in community event based surveillance

4.9 Leadership and Governance

Objective: Strengthen governance, leadership and management capacities at all levels to implement the national and county plans.

Central Level Activities

1. Finalize and validate the Ministry of Health organizational structure
2. Finalize the organizational structure of the CHTs
3. Develop, review and validate County Health Boards Mandate, Membership and TORs (operational manual)
4. Establish, finalize and validate organizational structures of DHTs
5. Reactivate /establish district health boards
6. Review and align the Ministry of Health Decentralization Policy and Strategy to the National Health Investment Plan (2016-2021)
7. Print and disseminate the revised National Health Sector Decentralization Policy & Plan (2016-2021)

Target 1: 15 County Annual plans and the consolidated national Plan 2016/17 with an effective feedback Mechanism from the central to counties, districts, and communities are developed.

1. Develop standardized guides and tools for formulating the annual operational plan.
2. Apply a bottom up approach to develop annual operation plans for the district and counties with the participation of all stakeholders
3. Facilitate and conduct horizontal plan for the central MOH and a consolidated annual plan for the whole health sector for the fiscal year

County Level Activities

1. Conduct quarterly county health board meetings
2. Orientate County Health Board members on their roles and responsibilities (CSH)
3. Conduct quarterly district health coordination meetings
4. Conduct Bi-annual County Review Meeting with (CSH) in collaboration with partners
5. Conduct quarterly Health Board Meeting
6. Organize CHC meetings and disseminate revised community health policy
7. Training of Communities Leaders and OICs on the EPHS Components
8. Conduct monthly meeting with gCHVs and TTMs in the communities
9. Train DHT on supervision and reporting
10. Refresher training for OIC, CM, Registrar, and Dispenser on data management
11. Work through the District Superintendent/Commissioner to establish district health committees
12. Conduct bi-annual operational plan review meeting to review the county work plan, identify progress, gaps and address the gaps
13. Work with DHTs to engage community leadership on taking ownership of health facilities

5.0 Costing and Budgeting

The amount of US\$ 149.89 million is required to fully implement the FY 2016/17 operational plan of the national investment plan for building a resilient health system. The MOH financing unit conducted a resource mapping within the sector and has identified US\$ 251,513,495 as commitment from the Government of Liberia (US\$ 72, million) and partners (US\$ 179.45 million) for the fiscal year.

Table 5.1: Estimated Budget and Committed Resources by Investment Areas			
#	Investment Pillars	Estimated Cost	Committed Partners & Donors Resources
1	Fit for Purpose motivated workforce		21.3 million
2	Re-engineer health infrastructure		10.9 million
	Emergency Preparedness and		

3	Response		29.7 million
4	Health care financing		3.8 million
5	Quality of Health Services		57.2 million
6	Drugs and Medical Supplies		13.9 million
7	Comprehensive Information System and Research		0.387 million
8	Leadership and Governance		11.3 million
9	Community Engagement		1.4 million
	Total	US\$	US\$ 149.89 million

5.1 National Budget

The approved FY 2016/17 National Health sector budget is US\$ 72 million of which the Ministry of Health has US\$ 57 million. The budget will be used to fund activities in the operational plan at the national, county, district and health facility levels. Below is a description of the draft health sector FY 2016/17 budget.

Table 5.2 : Health Sector Government draft Budget FY 2016/17	
Health Sector Expending Entities	FY 2016/17 Budget
Ministry of Health	57,126,248
John F. Kennedy Medical Center	6,295,156
Phebe Hospital and School of Nursing	2,130,956
Liberia Institute of Bio-Medical Research	487,778
Liberia Board for Nursing and Midwifery	188,628
Liberia Pharmacy Board	189,938
Liberia Medical and Dental Council	387,358
Liberia College of Physician and Surgeons	1,117,500
Liberia Medical and Health Products Regulation	458,079
National Aids Commission	844,367
Jackson F. Doe Hospital	2,835,468
Total Budget	72,061,476

6.0 Monitoring and Review of Investment Plan

This operational health plan will be monitored using the performance framework available in Annex C. The list of core output and short term outcome indicators contained in the framework will be used to track performance at every level of the health system. The performance framework will guide all stakeholders including partners to monitor and review the health system for the fiscal year. District and facility teams will focus on service delivery and community engagement indicators, while county and central levels will focus on indicators in their monitoring and reviews.

Reviews will take place quarterly and annually. At the decentralized level, review will be done quarterly involving service providers, health managers and local authorities. This quarterly review will look back at performance over the previous three months at the end of the quarters. It will focus on successes and failures, weakness and strengths, good practices and learn lessons to improve results in the subsequent quarters. At the central level, quarterly review will be done looking at performance on the core list of indicators and the implementation of central level planned activities and achievement of key deliverables in the Investment Plan. At the end on the fiscal year, a comprehensive review will be done using a mixed of methodologies and gauge the sector's performance for the fiscal year ended. Outcomes of the review will form the agenda for the annual health review conference of all stakeholders in the sector. This annual meeting will take place preferably in October will document progress towards 2021 and re-align the MOH priorities towards achievements of the milestones set forth in the National Health Plan and the Investment Plan for Building a Resilient Health Plan. Annex C presents national and county levels performance framework.

Annex A: Health Infrastructure Needs FY 2016/17

#	County	Clinic	Maternal Home	Staff Quarter	DHT /CHT Office	Lab	Incinerators	Fence HF	Triage	Cost
1	Bomi		2					22	22	
2	Bong			5						127,200
3	Gbarpolu	2	3	7	3	4	6	5	8	
4	Grand Bassa	4	21	20	8	22	10			775,150
5	Grand Cape Mt			2	1				2	192,950
6	Grand Gedeh				4		4	3		149,400
7	Grand Kru	10		1				2		
8	Lofa		10							
9	Margibi									
10	Maryland									
11	Montserrado	5		7	1		8	2		
12	Nimba	2	10	7			8	18		
13	Rivercess	3		6						
14	River Gee	6	1	12						
15	Sinoe	7		2			5		2	775,600
	Total	39	47	69	17	26	41	52	34	2,020,300

Annex B: Supply Chain FY 2016/17 Activities

#	Activity	Cost
1	Develop and decentralize LMIS	100,000
2	Evaluate Interim Approach	27,700
3	Distribute drug and medical supplies from NDS	200,000
4	Assess drug national and counties drug depots	20,000
5	Conduct six counties drug depots (Lofa, Grand Kru, Sinoe, Bomi, Grand Bassa and Grand Cape Mt)	900,000
6	Build drug shelves in 350 health facilities and at Supply Chain Offices	245,000
7	De-junk and incinerate health facilities and depots expire drugs	200,000
8	Automate the LMIS into the general HMIS of the MoH	350,000
9	Procure ICT equipment (Laps, desktops, scanners, printers, etc)	100,000
10	Train supply chain officers and program managers on reporting, supervision, monitoring, quantification and supply chain management	100,000
11	Dispose expired pharmaceuticals and medical equipment without harming the environment and the community	150,000
12	Conduct last mile drug distribution	250,000
13	Procure drugs and medical supplies	3,000,000
14	Procure Lab reagent	100,000
15	Conduct quarterly monitoring and audit	200,000
16	Procure motorcycles a for supply chain officers	70,000
17	Procure vehicles for county pharmacists	525,000
18	Train dispenser on rational use of drugs and supply chain management	100,000
	Total	6,637,700

Annex C: Health Sector Performance Framework

No.	Indicators	Baseline 2015/2016	Baseline Year	Data Sources	Target FY 2016/17
1	Percentage of pregnant mothers attending 4 ANC visits	50%	2015/16	HMIS	76%
2	Percentage of pregnant mothers receiving IPT-2	37%	2015/16	HMIS	60%
3	Percentage of HIV positive pregnant women initiated on ARV prophylaxis or ART to reduce the risk of MTCT	TBD		HMIS	60%

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4	Percentage of deliveries attended by skilled personnel	50%	2015/16	HMIS	72%
5	Percentage of infants fully immunized	52%	2015/16	HMIS	75%
6	Percentage of children zero to five months of age exclusively breast fed	TBD			TBD
7	TB case detection rate (all forms)	56%	2015/16	HMIS	75%
8	Proportion of children one year old immunized against measles	63%	2015/16	HMIS	70
9	Treatment Success rate among smear positive TB cases (Under Directly Observed Treatment Short Course)	72%	2015/16	HMIS	85
10	% of health facilities meeting minimum IPC standards	TBD		QU	100%
11	Percentage of population living within 5 km from the nearest health facility	71%	2013	DHS	80%
12	Functional Health facilities per 10,000 population	1.8	2016	HR Census	2
13	Percentage of health facilities with all utilities, ready to provide services (water, electricity)	64%	2016	SARA	80%
14	Number of counties with funded outbreak preparedness and response plans	Non Funded			90%
15	Number of counties reporting event based surveillance data	100%	2016	DCP weekly EPI Report	100%
16	Percentage of health facilities with no stock-outs of tracer drugs at any given time (amoxicillin, cotrimoxazole, paracetamol, ORS, iron folate, ACT, FP commodity)	TBD		SATA	85%
17	OPD consultations per inhabitant per year	1.08	2016	HMIS	2.0
18	Skilled health workforce (physicians, nurses, midwives, physician assistants) per 1,000 persons	4,756	2016	HR Census	11.0
19	Proportion of health facilities with at least Two skilled health workers	NA			N/A
20	Proportion of health workers on government payroll	6,272	2015/16	GOL payroll	N/A
21	Timeliness of HMIS reports	Quarterly	2016	HMIS	75%
22	Proportion of facilities that submitted HMIS reports		2016	HMIS	75%
23	Per capita public health expenditure in USD	US\$ 11.23	2015	MOH AR	US\$70
24	Public expenditure in health as % of total public expenditure	US\$ 12.4	2015	MOH AR	15%

Annex D: County Level Performance Framework

#	County	ANC 4 Visits		IPTp2		Institutional Delivery	
		Baselines	Targets	Baselines	Targets	Baselines	Targets
1	Bomi	77%	85%	47%	55%	57%	62%
2	Bong	77%	79%	73%	79%	78%	80%
3	Gbarpolu	33%	48%	23%	53%	29%	41%
4	Grand Bassa	67%	70%	41%	55%	52%	60%
5	Grand Cape Mt	47%	52%	35%	46%	46%	50%
6	Grand Gedeh	67%	70%	41%	55%	52%	60%
7	Grand Kru						
8	Lofa						
9	Margibi	49%	0%	37%	0%	42%	0%
10	Maryland						
11	Montserrado	44%	45%	22%	25%	24%	30%
12	Nimba	44%	85%	40%	70%	46%	80%
13	Rivercess						
14	River Gee						
15	Sinoe	73%	78%	53%	62%	61%	66%
	National	50%	76%	37%	60%	50%	72%

#	County	Delivery by SBA		Fully Immunized		Penta-3	
		Baselines	Targets	Baselines	Targets	Baselines	Targets
1	Bomi	57	62	71	91	76	82
2	Bong	57	62	71	91	76	82
3	Gbarpolu	29	41	0	0	82	94
4	Grand Bassa	44	50	43	50	57	60
5	Grand Cape Mt	46	50	55	60	74	78
6	Grand Gedeh	44%	50%	43%	50%	57%	60%
7	Grand Kru						
8	Lofa						
9	Margibi	42%	0%	71%	0%	82%	0%
10	Maryland						
11	Montserrado	24%	30%	53%	60%	62%	68%
12	Nimba	46%	80%	40%			
13	Rivercess						
14	River Gee						
15	Sinoe	61%	66%	68%	76%	92%	94%
	National	50%	72%	52%	75%		

#	County	Measles		HMIS Reporting Rate		HMIS Reporting Timeliness	
		Baselines	Targets	Baselines	Targets	Baselines	Targets
1	Bomi	66%	70%	100%	100%	100%	100%
2	Bong	95%	96%	100%	100%	100%	100%
3	Gbarpolu	63%	79%	100%	100%	100%	100%
4	Grand Bassa	69%	75%	93%	100%	97%	100%
5	Grand Cape Mt	60%	60%	94%	100%	97%	100%
6	Grand Gedeh	48%	54%	93%	100%	93%	100%
7	Grand Kru						
8	Lofa						
9	Margibi	73%	-	-	-	-	-
10	Maryland						
11	Montserrado	60%	68%	-	-	-	-
12	Nimba	68%	70%	80%	90%	80%	90%
13	Rivercess	63%	65%	100%	100%	100%	100%
14	River Gee						
15	Sinoe	85%	90%	100%	100%	100%	100%
	National	63%	70%		75%		75%

#	County	PNC within 2 wks		Utilization Rate		ANC 1 st Visits	
		Baselines	Targets	Baselines	Targets	Baselines	Targets
1	Bomi	56%	60%	-	-	86%	90%
2	Bong	46%	50%	-	-	86%	90%
3	Gbarpolu	20%	40%	-	-	41%	59%
4	Grand Bassa	33%	40%	-	-	80%	89%
5	Grand Cape Mt	56%	60%	-	-	71%	75%
6	Grand Gedeh	37%	40%	-	-	70%	75%
7	Grand Kru						
8	Lofa						
9	Margibi						
10	Maryland						
11	Montserrado	28%	30%			90%	90%
12	Nimba	78%	80%			94%	96%
13	Rivercess	34%	40%			73%	75%
14	River Gee						
15	Sinoe	45%	49%			79%	85%
	National	-	-	-	-	-	-