Ministry of Health

Republic of Liberia

Consolidated Operational Plan

FY 2016/17

September 2016

Foreword

Acknowledgement

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Abbreviations

1.0 Introduction

1.1 Background

The 10-year strategic plan (2011-2021) in general and the post Ebola crisis National Investment Plan (2015-2021) in particular, provides 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 expected roadmap the process to redress major health issues identified after the phasing of the National Investment plan.

The OP provides priorities, major activities and establishes targets that are linked to budget, which is funded through a combination of known domestic and external resources. The OP is an annual road map to implement the Investment Plan (2015-2021). 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; 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 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 89 political districts. The country is however demarcated into 68 health districts for operational purposes. The superintendents are the heads of the counties. The superintendents and other 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.

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.

The Ministry of Health and Social Welfare exists at the central ministry level in Monrovia and at the operational level in all 15 administrative counties. The central Ministry is comprised of four departments: Health Services, Planning and Vital Statistics, Public Health Emergency, and Administration. Under the Minister for Health, four Deputy Ministers and seven Assistant Ministers manage the four departments and numerous bureaus/directors.

There are three levels of supervision: (i) at the central level including central level departments, (ii) county level, and (iii) hospitals and lower level health units. The county health services and community health services units of the ministry of health are placed to provide direct support to the counties and community based services, respectively. While systems for supervision and monitoring exist, there are enormous challenges.

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 inadequate and less integrated. Information use culture at the collection and at the intermediate aggregation levels has remained weak.

The fiscal year plan has to redress activities 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 goal of the health sector investment plan is to ensure a functional and resilient health system that guarantees it 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).

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 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 communities to health facilities including the districts that get 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 both at county and national levels.

The process follows a consultative and participatory process to ensure that all key stakeholders are involved in the process. 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, 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 planning exercises.

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

a. Set national indicative targets aligned with the national health investment plan;
b. Conduct activity and resource mapping (local and national levels) GoL and NGOs;
c. Adapt planning tools and guides inform planning of health facilities, districts and county levels);
d. Identify national and county teams and technical assistance to support the operational planning process and plan orientation sessions
e. Hold central level operational planning orientation sessions

f. Hold county level operational planning orientation sessions for County Health Teams (CHTs).

Step 3: 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 4: 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

4.0 FY 2016/2017 Operational Planning Methodology

For FY216/17, counties were required to develop their respective operational plans with minimum technical support from central level technicians. Considering that after four (4) of years of conducting the planning exercises with the counties, it became the expectations of central Ministry that counties' capacities would have been built to an extent that will not demand full support from central level Ministry of Health. With this approach, a core team of technicians was identified at central level Ministry of Health, orientated on the planning tools, templates, guides and references. Following these activities, a team of three technicians including other development partners were dispatched to each of the five health regions of country. (See annex 1 for health regions distribution).

For three (3) working days, the central level technicians assigned within the respective regions provided orientation to the 15 counties on the FY 2016/17 planning tools, templates, guides, reporting templates and references. The category of staffers selected to be trained at the level of the counties included: (1). County Health Officers (2). Community Health Department Directors (3). County Accountants (4). County Monitoring & Evaluators and (5) County Reproductive Health Supervisors. A total of 75 staffers received orientation with the rationale that these staffers would lead the FY

2016/17 bottom-up operational planning approach at the level of their respective counties.

The approach analyzed the prevailing situation at every facility and set targets based on each county's unique baselines and situations to inform district plans that ultimately culminated into the plans of the 15 counties. At the central Ministry of Health level, the Policy and Planning unit collaborated and completed the work plans with the four Departments of the Ministry of Health (Planning, Health Services, Administration and Public Health Emergency) to articulate major and measurable activities expected to be implemented for FY 2016/17. With the Ministry's goal to develop a national consolidated health plan, the 15 county level plans were integrated with the central level plans to produce the Ministry's FY 2016/17 National Health Operational Plan.

3.0 Situational Analysis and Performance FY 2015/16

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 derived of basic health services. Investment in this pillar is enormous and requires both domestic and external resources.

The overall objective of the infrastructure pillar is to increase access to the EPHS services. To accomplish this objective, ten major activities have been earmarked for the fiscal year 2016/17 with an indicative cost of US$ 5 million excluding the National Drug Service Warehouse and the health workers housing unit projects. Below is the list of the 2016/17 planned activities:

Activity 4.1.1	Construct 29 primary clinics
Activity 4.1.2	Construct 47 maternal waiting homes
Activity 4.1.3	Construct 41 incinerators
Activity 4.1.4	Construct 34 triages
Activity 4.1.5	Fence 52 health facilities including Phebe Hospital
Activity 4.1.6	Construct 26 clinics laboratory
Activity 4.1.7	Build 168 staff housing units
Activity 4.1.8	Build 17 district health teams' offices
Activity 4.1.9	Construct national drug depot (NDS Warehouse)
Activity 4.1.10	Assess and complete 17 abandoned clinics

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:	*Build a fit for purpose productive and motivated health workforce that equitably and optimally delivers quality services*

Target 1. To ensure the recruitment of needs-based health workforce

Key Activities: Central MoH Level

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.

Activity

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: Key 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.

Key Activities: Central MoH Level:

1. Increase the mobilization and predictability of adequate, sustainable financial resources for health
    a. Evaluate effectiveness of PBF in Liberia to date-full impact evaluation study depending on available resources and feasibility-SWOT analysis
    b. Finalize fiscal space analysis and disseminate by end of FY 2016/ 2017
2. Improve the planning, budgeting and accountability for equitable resource allocation
    a. Finalize resource allocation formula in consultation with stakeholders and apply to FY 2017/18 budget
    b. Train select staffers of 15 CHTS in planning, costing and budgeting (activity based costing)
3. Create an efficient and sustainable health financing system which guarantees equal access to quality health care and ensures financial protection for Liberians
    a. Finalize legal proceedings and legislate Liberia Health Equity Fund (LHEF) Act
    b. Conduct publicity and advocacy in 4 counties on Revolving Drug Fund (RDF) and LHEF

County Level:

Key Activities: County Level:

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 Emergency Preparedness and Response (EPR)

4.5 Health Service Delivery and Quality of Care

4.5.1 Improve Health of Mothers, and Newborns services

Specific 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 family planning with couple year of protection

Activities

Central MOH

- Conduct mapping of community based family planning distributors
- Trained/refreshed CBD to scale up distribution points
- Provide RH commodity storage boxes (wooden) for Community Based Distributors
- Post Partum Family Planning Training
- Conduct training/refresher to strengthen and scale up EPI/FP Integration in all fifteen counties
- Support provision of IUCD insertion kits to health care facilities
- Provide financial support for NDS for Quarterly supply of RH commodities
- Provide support for printing of revised family planning strategy
- Review, print and disseminate to operationalize the family planning road map
- Support development of messages, radio talk show, jingles/dramas to educate on the side-effects of family planning commodity to reduce myths
- Provide vehicle to support RMNCAH supportive
- Provide maintenance for vehicles
- Support 1 TA for RH commodities quantification
- Procure 1 Laptop for data management (PPMR) at FHD level
- Print and disseminate Mother and child health cards to the 15 counties
- Conduct quarterly mentoring in all counties

County level

- Provide motivational package for gCHVs providing CBD services
- Provide logistical support for mentors to implement FP activities at county level
- Establish/reactivate condom distribution points in 300 communities
- Implement providers initiated counseling on family planning in all routine health services at all levels
- Identify and train CBD to pilot community Depo/injectable administration in three counties

- 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)

Activities

Central

- Conduct refresher training and TOT in BLSS/EmONC quarterly
- Bring together 15 Counties RH supervisors and partners to review their work plans and consolidate RH annual work plan for 2016
- Ensure a sufficient and reliable supply of safe blood for CEMoNC
- Build new clinics and upgrade select clinics to health centers to improve access to care.
- Deploy community base certified midwives to underserved areas to care for women without access to facilities.

County level

- The FHD will review, revise and print the midwifery constitution and disseminate copies to all facilities and stakeholders.
- Validation, printing and dissemination of standards for midwifery practice will be done including monitoring of its use.
- 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.
- Conduct Emergency Obstetrics and Neonatal Care (EmONC) training - basic and comprehensive to nurses and midwives in 6 counties.

Target 6. National capacity to address gender-based violence strengthened

Using a multi-sectoral approach and the provision of high quality services to survivors, including in humanitarian settings

Activities

Central MOH

- Support to the 12 existing OSCs
- Procure and distribute Rape treatment (PEP/KIT3)
- Provide transportation incentive for OSC Personnel
- Refurbish two additional OSCs in two counties (Lofa and Nimba)?
- Training of clinical staff in the management of GBV/SGBV
- Production of medical reporting form-10000 copies
- Supervision and mentoring of staff at all One Stop Centers) OSCs

County level

- Implement, supervise and monitor performance

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

Activities

Central MOH

- Provide program management, strengthened coordination and collaboration
- HIV Counseling and Testing (HCT) services for pregnant women (provide on-site training in adherence counseling skills and ensure acceptance attitude for knowing your HIV status).
- Trainings of service providers (healthcare workers - Option B+, TTMs/TBA, mother peers) including exposed infants for PCR

Key Activities

County Level

- Provide HIV Care, Treatment and Support services (Antiretroviral Therapy - ART) for HIV positive pregnant women and children
- Strengthened and provide Mother to mother peer support services (preventing lost to follow-up) - father and adolescent
- Provide supportive supervision, on-site mentoring and ensure data accuracy
- 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,

Activities

Central MOH

- Produce 25 copies magazines of fistula survivors success stories ACT04GLR07
- Provide support for surgical outreach in hard-to-reach counties ACT13GLR07
- Maintenance of fistula facilities and services (including patients feeding, laundry services, cleaning) ACT13GLR07
- Provide salary payment for Project Staff STAFSALARY
- Provide support to operational activities ACT26GLR07 OPSUPPORTS
-

County activities

- Implement robust mobilization campaigns in 3 hard-to-reach counties (ACTO7GLRO7

Improve Child Health

Specific 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)
Activity
Central MOH

- Undertake comprehensive assessment of process actors and context
- Define goals and priorities
- 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%),
Activities
Central MOH

- Provide quarterly financial support to 534 HF for outreach Vaccination Teams for 12 months @ US$50.00
- Conduct refresher training on immunization in practice
- TOT for 45 counties participants, 15 national, 6 facilitators
- Conduct quarterly periodic intensification of routine immunization (PIRI) in all counties
- Conduct national micro-planning exercise
- Urban Strategy Implementation
- Support social mobilization and communication for urban immunization with Montserrado county
- Support the development/production of messages
- Procure 100 motorbikes for integrated outreach services
- Conduct quarterly cold chain and vaccine management monitoring & supervision visits
- Production, printing and distribution of EPI Monitoring tools (i.e. child health cards, ledgers, tally booklets, monitoring charts, summary forms and job-aids)
- Training of CCO and CSFP on equipment maintenance and vaccine management
- Procurement of bundle vaccines and other supplies.
- Distribution of bundle vaccines to county depots.
- Request should be forwarded to the counties as needed.

County activities

- Periodic Intensification of Routine Immunization (PIRI), Round 3
- Continue regular immunization with outreach services
- Training for HF personnel on immunization in practice (IIP)
- 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

Activities

Central MOH

- Provide regular logistics support and equipment for the conduct of active surveillance activities at counties and districts,
- Support outbreak investigation and response
- Procurement of data management and ICT equipment (e.g. Lap top, back-up, antivirus, etc) for County and National levels
- Provide financial support for NCC, NEC, and NPEC activities
- Conduct quarterly surveillance visits to rotavirus sentinnel site at Redemption Hospital
- Develop immunization supply chain (iSCM) SOPs
- Procure and install continuous temperature monitoring device at EPI Regional Cold Stores
- 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.
- Conduct cold chain inventory assessment and develop equipment replacement plan
- Procure fuel for County Generators
- Procure fuel for County Vehicles for vaccine distribution
- Provide financial support to procure immunization supplies and spare parts for motorcycles maintenance for district & HF 150 @ $20/month
- Support for running and maintenance of central and 2 regional cold room
- Procurement (international) of 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

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

Target 4. Immunization data quality improved from 85% to 95% completion, by the end 2015.

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,

Activities

- Retraining of health workers (CHDD, CSFP, Data Manager & CCO) on District Vaccination Data Monitoring Tool (DVD-MT) from all counties,
- Quarterly data harmonization and validation.
- Reinforce and recognize good practices publically

Key Activities at County Level

- Conduct independent integrated supportive supervision to districts, and health facilities
- Monthly meetings with CHDCC
- Improve documentation and timely reporting to the central level
- 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

Activities

Central MOH

- Forecasting and Procurement of bundle vaccines
- cold chain expansion 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

Activity

Central MOH

- Capacity building for county and health facility EPI Management Team
- Mid-term and end of period programme evaluation and planning

County level

- Train community and health facility managers on basics of health services planning and monitoring
- Undertake regular supportive supervision
- Facilitate and support stakeholder coordination at health facility and community levels
- Provide timely feedback

Community Engagement

Specific 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)

Activity

Central MOH

- Develop, define, standardize and validate minimum set of indicators (including community births and deaths) in collaboration with programs
- Develop, field test and finalize data collection and reporting tools for CHAs and CHSSs
- Develop CBIS database and modules in affiliated systems (iHRIS, LMIS, DHIS2, etc)
- Develop SOPs for CBIS data management (data reporting, analysis, use and feedback) and integration with other systems Including CEBS, LMIS, iHRIS, etc)
- Hold validation workshop for CBIS tools and SOPs
- Print and supply monitoring & evaluation materials (including CBIS SOPs, indicator guidelines/definitions, data collection and reporting forms to counties and health facilities)
- Conduct training and roll-out of CBIS at in all 15 counties
- 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,

Activities MOH

- Develop and validate training modules and guideline
- Facilitate and hire master trainers
- Train HSS from the 15 counties
- Train CHAs
- Deploy and manage work of CHAs
- Develop supervision checklist and train CHSS
- Print curriculum, training SOPs, job aids, tools, and training materials

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

Activity

Central MOH

- Launch Community Health Assistant program at National Level
- Develop a dissemination guide and fact sheet for dissemination at county and local level
- Print policy, strategic plan, implementation guide for dissemination,
- 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
- Establish and hold monthly coordination meeting for Community Health Partners, Chaired by Director of CHSD
- Organize & host annual review of the community health program

County level activities

- Establish county and health facility coordination mechanisms among implementing entities,
- Strengthen health facility boards
- Support CHAs and health facility health workers integrate advocacy and social mobilization,
- Supervise implementation at community and health facility
- Undertake bimonthly monitoring and review at health facility and community level
- Organize biannual review at county level

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.

The primary objective of the supply chain pillar is 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 with an estimated cost of US$ 6.6 million. Below is the list of the 2016/17 planned activities:

Activity 4.6.1	Develop and decentralize LMIS
Activity 4.6.2	Evaluate Interim Approach
Activity 4.6.3	Distribute drug and medical supplies from NDS
Activity 4.6.4	Assess drug national and counties drug depots
Activity 4.6.5	Conduct six counties drug depots (Lofa, Grand Kru, Sinoe, Bomi, Grand Bassa and Grand Cape Mt)
Activity 4.6.6	Build drug shelves in 350 health facilities and at Supply Chain Offices
Activity 4.6.7	De-junk and incinerate health facilities and depots expire drugs
Activity 4.6.8	Automate the LMIS into the general HMIS of the MoH
Activity 4.6.9	Procure ICT equipment (Laps, desktops, scanners, printers, etc)
Activity 4.6.10	Train supply chain officers and program managers on reporting, supervision, monitoring, quantification and supply chain management
Activity 4.6.11	Dispose expired pharmaceuticals and medical equipment without harming the environment and the community
Activity 4.6.12	Conduct last mile drug and medical supplies distribution
Activity 4.6.13	Procure drugs and medical supplies
Activity 4.6.14	Procure Lab reagent
Activity 4.6.15	Conduct quarterly monitoring and audit
Activity 4.6.16	Procure motorcycles a for supply chain officers
Activity 4.6.17	Procure vehicles for county pharmacists
Activity 4.6.18	Train dispenser on rational use of drugs and supply chain management

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 includes:

1. Strengthen coordination for M&E, Research and HIS to ensure one functional M&E system with harmonized data sources that meets meet all stakeholders' needs. Key activities involve
   - Hold Monthly HMER Technical working groups with all national programs and technical partners
   - Hold Quarterly HMER Coordination Committee Meting with senior MOH manager and representative of donor institutions.
   - Map key partners for research, local and international to identify opportunities for collaboration and support for research

2. Strengthen technical capacity (human resources) to enhance competence and effectiveness at all levels. Key activities include:
   - Train county M&E staff in monitoring and evaluation concept and practices for effective M&E at the lower levels
   - Train county and District Health Teams in Data Use in ongoing management decision making
   - 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
   - Train District Health Team in data validation in data validation, analysis and interpretation
   - Decentralize DHIS-2 to district levels on an incremental basis as District Health Teams developed.

3. Strengthen Institutional capacity for effective monitoring and evaluation at all levels. Key objectives include:
   - Produce and disseminate revised national M&E Policy and strategy
   - Validate, produce and disseminate MOH indicator reference book to all stakeholders including the CHTs and Districts offices.
   - Mobilize resources for logistics to facilitate core M&E activities to the decentralized levels
   - Develop unique code for ID for every health facilities in collaboration with key stakeholders including LISGIS and Liberia Medical and Dental Council.

- Produce master facility registry capturing all health facilities in the country indicating their facility types and GPS coordinates.
- Work towards the development of the seven sub-information systems on an incremental basic with standards and capabilities to interoperate and exchange data.
- Train 20 health managers on research methodologies, analysis and report writing.
- Train 15 health managers on the use of statistical packages and technical writing skills
- Establish health research repository

4. Effectively monitor and review the implementation of the National Health Policy and Plan, and county operational plan.
   - Produce quarterly dashboard and scorecards using selected core indicators to measure MOH's overall and key programs performance
   - 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.
   - 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.
   - County M&E Teams to conduct routine data verification, monitoring and M&E supervision to the districts and facilities levels
   - 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.
   - 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.
   - Conduct quarterly review at central to look at output and assess progress towards national annual target and key investment activities
   - 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

4.9 Leadership and Governance

5.0 Costing and Budgeting

The amount of US$ xxx million is require 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$ 297,498,384 as commitment from Government of Liberia (US$ 72, million) and partners (US$ 225 million) for the fiscal year.

5.1 National Budget

The financial resources

Table 1: 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**

Table 1: Resources committed by Government and Partners by Level

#	Levels	Donor resources	GOL resources
1	Central	54,665,799	47,182,283
2	Lofa	17,677,164.78	1,250,000
3	Sinoe	7,915,484.55	470,000
4	Grand Kru	3,923,430.09	583,058
5	Maryland	6,505,651.29	605,000
6	Nimba	22,817,250.20	1,595,000
7	Bong	16,735,452.01	570,000
8	Bomi	8,498,061.19	505,000
9	Grand Bassa	7,841,463.39	595,000
10	River Gee	6,265,783.13	485,000
11	Montserrado	44,783,090.18	3,530,000
12	Margibi	5,884,789.25	705,000
13	River Cess	6,092,693.70	625,000
14	Gbarpolu	6,567,162.71	505,000
15	Grand Gedeh	4,015,452.83	705,000
16	Grand Cape Mount	5,248,180.04	435,000
	Total	**225,436,908**	**60,345,341**

5.2 External Resources

External Resources Committed by Investment Pillar	**Amount**
Re-engineered Health Infrastructure	$10,989,981
Comprehensive Information & Research Management	$387,830
Fit for Purpose Productive & Motivated Health Workforce	$21,311,887
Leadership & Governance Capacity	$11,315,516
Medicine Management Capacity	$13,984,081
Efficient Health Financing Systems	$3,812,416
Sustained Community Engagement	$1,417,626
Quality Service Delivery Systems	$57,198,090
Epidemic Preparedness & Response	$29,681,370
Cross-cutting	$29,353,223
Total	**$179,452,019**

6.0 Monitoring and Review of Investment Plan

This operational health plan will be monitored using the performance framework below. The list of core output and short tern outcome indicators contain 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 keep eyes on all the indicator 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 to look at progress towards 2021 and realign the MOH priorities towards achievement the milestones set forth in the National Health Plan and the Investment Plan for Building a Resilient Health Plan

Performance framework

No.	Indicators	Frequency of reporting	Data Sources	Baseline 2015/2016	Target 2016/2017	
					#	%
1	Total Couple Years Protection (All methods)	Annually				N/A
2	Percentage of pregnant mothers attending 4 ANC visits	Quarterly				75.8
3	Percentage of pregnant mothers receiving IPT-2	Quarterly				60
4	Percentage of HIV positive pregnant women initiated on ARV prophylaxis or ART to reduce the risk of MTCT	Quarterly				60
5	Percentage of deliveries attended by skilled personnel	Quarterly				72
6	Percentage of infant born to HIV-infected mothers who are infected	Annually				
7	Percentage of infants fully immunized	Quarterly				75

8	Percentage of children zero to five months of age exclusively breast fed	2-3 yearly				
9	National acute flaccid paralysis (none polio AFP) rate / 100,000	Annual				
10	TB case detection rate (all forms)	Annually				
11	Percentage of Children under five years treated for severe malaria	Quarterly				
12	Proportion of children one year old immunized against measles	Quarterly				
13	Treatment Success rate among smear positive TB cases (Under Directly Observed Treatment Short Course)	Quarterly				
14	% of health facilities meeting minimum IPC standards	Semi-annually				
15	Percent of Clients expressing Satisfaction with health services					
16	Percentage of population living within 5 km from the nearest health facility	Annually				80
17	Number of counties with public health risks and resources mapped	Annually				
18	Percentage of new / re-emerging health events responded to within 48 hours as per IHR regulations	Annually				
19	Functional Health facilities per 10,000 population	Annually				2/ 10,000
20	Percentage of health facilities with all utilities, ready to provide services (water, electricity)	Annually				80
21	Number of counties with funded outbreak preparedness and response plans	Annually				
22	Number of counties reporting event based surveillance data	Quarterly				
23	Percentage of health facilities with no stock-outs of tracer drugs at any given time (amoxicillin, cotrimoxazole, paracetamol, ORS, iron folate, ACT, FP commodity)	Quarterly				
24	OPD consultations per inhabitant per year	Annually				
25	Percentage of facilities practicing IPC according to standards	Annually				
26	Skilled health workforce (physicians, nurses, midwives, physician assistants) per 1,000 persons	Annually				
27	Number of counties that held monthly County health coordination meeting with partners	Annually				
28	Proportion of health facilities with at least Two skilled health workers	Annually				
29	Proportion of health workers on government payroll	Annually				
30	Percentage of population living within 5 km from the nearest health facility	Annually				
31	Timeliness of HMIS reports	Quarterly				

32	Proportion of facilities with accurate HMIS reports	Quarterly				
33	Percentage of communities beyond 5 kms to the nearest facility with one community health volunteers	Annually				
34	Proportion of health facility with functional community health committees	Annually				
35	Proportion of district with fully established and functional district health team	Annually				
36	Number of counties that held at least one board meeting per quarter	Annually				
37	Per capita public health expenditure in USD	Annually				
38	Public expenditure in health as % of total public expenditure	Annually				

Annexes

Annex A: Health Infrastructure Needs 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