



SL-MDTF

ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

Programme Title & Number

Programme Title: National Health Systems
Programme Number: Joint Vision Programme 20
MDTF Office Atlas Number:
00075588 Health Systems Strengthening WHO
00075591 Health Systems Strengthening UNICEF
00075590 HIV Integrated UNAIDS
00075589 Health Systems UNFPA

Country, Locality(s), Thematic Area(s)

- Sierra Leone, nation-wide
- Joint Vision Priority Area 4: Equitable and Affordable health Services
- JV priority Area 5: Accessible and Credible Public Services

Participating Organization(s)

WHO
UNICEF
UNAIDS
UNFPA

Implementing Partners

- Ministry of Health and Sanitation
- National AIDS Secretariat
- Health for All Coalition

Programme/Project Cost (US\$)

MDTF Fund Contribution:

WHO - \$941,500
UNICEF - \$547,668
UNAIDS - \$49,500
UNFPA - \$455,400
Subtotal: \$1 894,068.

Agency Contributions:

\$250,000 (to Joint Programme 18)

TOTAL: \$2 243,368

Programme Duration (months)

Overall Duration	31 December 2012
Start Date of Projects	1 January 2011
Revised End Date of Projects	31 December 2011
Operational Closure Date of Programme	31 December 2012
Expected Financial Closure Date	13 March 2013

Programme Assessments/Mid-Term Evaluation

Assessment Completed - if applicable *please attach*

Yes No Date: _____

Mid-Evaluation Report – if applicable *please attach*

Yes No Date: _____

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I. Purpose

Joint Vision Programme 20 sets out to address challenges of the Sierra Leone Health System that affect its ability to provide the desired quality health care at all levels, including:

- Fragmented and inefficient healthcare delivery to adequately fulfil its sector leadership mandate;
- Ineffective utilisation of existing skills and resources; inadequate national capability to test and respond to emerging and re-emerging diseases and disasters;
- Lack of comprehensive health standards to guide the required minimum investment for quality health care delivery; amongst others.

The sector is privileged to have several non-state health providers and development partners whose efforts, however, in many cases due to poor coordination, experience duplication of health interventions and inefficiencies. The UN family in Sierra Leone set out to contribute to strengthen the health system in key areas.

Five agency-based projects received funding from the Delivering as One fund through the SL-MDTF, namely Health System Strengthening (WHO), strengthening the Procurement and Supply Chain Management for Medical Supplies of the MOHS (UNICEF), HIV integrated into the HMIS UNAIDS, Health System Strengthening (UNFPA) and Health System Strengthening (WFP). Each project is detailed under the headings below.

Health System Strengthening (WHO)

Developmental Goal: Enhancing access to quality health care services through strengthened sector coordination, provision of safe blood supply and improving human resource for health development.

- Outcome 1: Joint sector planning and performance reviews for enhanced access to quality care
- Outcome 2: Improved blood supply for maternal and child health services.

The programme's aim is to strengthen that national health system to enable it to provide equitable and accessible health care across the country through:

- Provision of better qualified health workers that ensures quality health service delivery by increasing the number of staff and upgrading their skills
- Increasing the skills of health workers for supportive supervision and on the job training with emphasis on high impact intervention
- A national reference laboratory that offers referral and quality control services to the regional laboratory network that meets international standards including a blood transfusion service network.
- A viable system that ensures the capture and utilization of reliable and quality data for the purposes of planning and monitoring health interventions at all levels

Strengthen the Procurement and Supply Chain Management for Medical Supplies of the MOHS (UNICEF)

UNICEF priority was to support the government system to scale up maternal and child health interventions, particularly those that can be delivered at community level. One of the key constraints to scale up is the timely availability of supplies and communities at the service

delivery points. UNICEF will ensure systems are strengthened and monitoring systems in place to ensure these commodities reach the target groups.

Outcome: Harmonised procurement and distribution system that ensures uninterrupted equitable access to medicines and medical supplies

Indicators: Public supply chain management system in line with acceptable international standards is operational at all levels by 2012.

As a first step in developing the basic principles that will guide the process of developing the PSM, as well as to assess the type of expertise needed, a team from the UNICEF Supply Division, Copenhagen, UNICEF Regional Office and the country team met with a range of stakeholders during 21-24 April 2009. The team assessed the level of risk for UNICEF, the willingness of partners to participate in the program, the feasibility and capacity of both government and partners including UNICEF. The team also assesses the policy and the governance issues around the program. The team and the Country Office agreed on a two track approach to the PSM development.

The first track approach will cater for immediate need in drugs procurement and distribution to all district and all PHUs. With the launch of the Free Health Care Initiative in April 27th 2010, the UNICEF Country Office was tasked to meet the immediate needs of procuring and distributing the Essential Commodities to all the thirteen districts in Sierra Leone. The first track will also prepare the terrain for the second track by putting in place essential structures like district medical stores and PHUS storage capabilities. Training in LMIS of health personnel at all levels of the health system, specifically the ones in charge of drugs management is of paramount importance for the first track, but also will be the basis of putting in place an effective and sustainable system.

The second track will go through a phased approach. The first phase which covered the in-depth assessment of the current PSM was completed in September 2010, with recommendation of strategies and PSM model to put in place to ensure effective and sustainable PSM. In a high level stakeholders meeting, it was agreed to establish a National Autonomous Pharmaceutical Procurement and Supply Agency (NAPPSA). To implement this it was recommended to hire an international firm to support the instituting process of NAPPSA. The second phase (of the second track) consisted in recruiting the international consulting firm. The process is at its final stage. The firm, Crown Agent, has been selected, now the process is at contracting signing stage.

HIV integrated into the HMIS (UNAIDS)

The purpose of the project was to develop the Sierra Leone National M&E Plan on HIV (2011-2015) to track the HIV/AIDS response towards the goals and objectives as stated in the National Strategic Plan on HIV (2011-2015).

The new HIV M&E Plan includes a robust Monitoring and Evaluation Framework that guide the collection, collation analysis and dissemination of strategic information on the HIV/AIDS epidemic and the response to the epidemic, leading to enhanced informed decision-making at all levels.

The development of the National M&E Plan on HIV is also integrally linked to the broader goal: in strengthening national health systems through advancement of the Health

Management Information System (HMIS) to scale up the collection, collation, analysis and reporting on the various program activities implemented by the health sector.

In line with the UN Joint Vision for Sierra Leone (Strategic UN Framework for Sierra Leone) the project is guided by the UN Joint Vision benchmarks of:

- A viable system that ensures the capture and utilization of reliable and quality data for the purposes of planning and monitoring health interventions at all levels
- A national infectious disease control program that will help control the two of the most dangerous infectious diseases for SL, Malaria, HIV/AIDS

It is also important to note that in line with UNAIDS mandate to support the Three Ones Principles, the project works within existing national frameworks on HIV including: One Policy Framework, One Coordinating Mechanism and One Monitoring and Evaluation system, in particular guided by:

The National Strategic Plan on HIV 2006-2010 objective of: 2.1. Develop a National M&E Plan and Data Collection System. The project deliverables included:

- Development of the Sierra Leone National M&E Plan on HIV (2011-2015)
- HIV indicators (PMTCT, ART, VCCT, and STI) integrated into the HMIS (Health Management Information System)

Against both the programme deliverables and the overall guiding objectives the intended outcomes for the programme included:

Outcome 1: National Health Systems strengthened by development a National M&E Plan on HIV (2011-2015) advancing the Health Management Information System (HMIS)

Health System Strengthening (UNFPA)

The goal of UNFPA intervention is to improve the capacity of the procurement and supply chain management system to ensure availability and accountability for Reproductive Health Commodities. This will be achieved through two outcomes:

1. Improved availability, accountability and transparency in the use of Reproductive and Child Health commodities
2. Strengthening the capacity of Civil Society Health For All Coalition and Community Leaders to effectively monitor the implementation of the free Health Care policy.

Within the above framework, UNFPA strengthened the e-Logistics Management Information System and monitoring of Free Health Care. The inventory and control management software CHANNEL was modified to fit the need of Sierra Leone. 13 IT-CHANNEL Operators were recruited, trained and posted in each district medical store to address the quality of human resource able to touch a computer. Furthermore, 3 haulage trucks and 4 pick-ups were procured and handed over to the Minister of Health and Sanitation to move health commodities from CMS to districts and from districts to peripheral health units; 26 motorbikes were also procured and handed over to the Minister to facilitate the movement of the IT-CHANNEL Operators and Pharmacists between district medical stores and the hospital stores; Back-ups were procured and distributed to IT-CHANNEL Operators to secure CHANNEL data. Procurement of Internet modem for each of the 13 district IT-CHANNEL Operators and the 2 Operators at central medical store is in process; this will help

to regularly update the antivirus and facilitate electronic transmission of logistics data to central medical store.

An IT-CHANNEL Coordinator was recruited by UNFPA and posted at CMS to provide technical support for the functioning of CHANNEL at DMS and CMS. Ministry of Health and Sanitation designated Mr. Mohamed Kanu as the CMS officer responsible for compilation DMS CHANNEL reports, analysis and reporting to stakeholders. So far logistics data are being made available through CHANNEL.

13 District Medical Officers and 18 Hospital Superintended were also trained in CHANNEL to enhance their supervisory role.

Civil Society Organizations through Health for All Coalition was supported to continue its monitoring role to ensure accountability for the use of health commodities. They were trained on CHANNEL to facilitate their monitoring work. Through their daily work, they were able to identify and disclose health service providers who were stealing health commodities and appropriate actions were taken by court.

Additionally, renovation work was done for Mattru Jong hospital and water and electricity provided. Furthermore, 45 service providers were trained in the insertion/removal of Intra-Uterine-Device and Implant bringing to 75 the number of health service skilled for that practice. An obstetrician and gynecologist is supported by UNFPA to provide high quality emergency obstetric care services and management at PCMH; while in the district facilities 26 retired midwives are also being supported by UNFPA to respond the increase in demand for reproductive health services generated by the free health care initiative.

Reproductive health life-saving medicines were procured for the hospitals to address the stock-outs experienced by the facilities.

The institutional framework was strengthened with the development of the Reproductive Health Commodity Security strategic plan 2012-2016, the fistula strategic plan and the IEC/BCC strategic plan. These strategic documents pave the way for coordinated and results-based interventions and deliveries.

In the area of neonatal care, UNFPA renovated and equipped the neonatal unit at PCMH, providing a conducive environment for the reduction of neonatal mortality.

II. Resources

Financial Resources

All funding allocated to support this project was sourced from the Delivering as One fund through the SL-MDTF. The Joint Vision Programme 20 National Health System received a total of USD 1,963,368.

Health System Strengthening (WHO)

- UN Joint Programme funded by DFID and Irish Aid with four participating agencies (UNICEF, UNFPA, WFP & WHO) has been a major complementing source of funding including WHO regular budget and polio campaign funding. Through this support, a health systems specialist was recruited, and National Health Sector Strategic Plan developed which were a pre-requisite for attainment the UN Joint Vision outcomes. Funding from UN Joint program was also utilized to complement

the implementing of the work done by a Consultant to improve the quality of care for women and children

- Prompt acquisition of funds was critical to work plan implementation through intense follow up from approval to actual transfer to the country office. Country team-work facilitated expeditious implementation and resolution of key challenges.

Strengthen the Procurement and Supply Chain Management (UNICEF)

UNICEF has mobilized funds from DFID to support the procurement of drugs and medical supplies for 2010 and 2011 for the Free Health Care Initiative and for the establishment of an Autonomous Pharmaceutical Procurement and Supply Agency, to support the MOHS to strengthen the PSM system. These funds will complement the funds requested from MDTF, for which a budget revision was presented through the lead Agency for 2011 and 2012. The gap presented rose from US\$ 1 855,000 to US\$ 3 055,000

2010 MDTF funds were disbursed as scheduled, but the utilization of funds was delayed due to the protracted process of hiring the international firm Crown Agent to support the establishment of the National Pharmaceutical Procurement Unit (NPPU). A tripartite agreement between UNICEF, Crown Agent and the MOHS is currently being developed and will be signed by 31 March 2012. It is hoped that the firm will be on board by the second quarter of 2012.

In 2011, the UNICEF request to reprogram the balance of USD 447,668 was approved to implement the following activities: (i).Support 14 Districts logistic Officers and provide office and transport equipment, (ii). Train in LMIS health personnel at all levels, (iii). Support District Medical Stores (equipment, furniture, rehabilitation) and (iv). project monitoring .

HIV integrated into the HMIS (UNAIDS)

Of the US\$ 49,500 allocated to the project, a total of \$36,000 was allocated for personnel (staff, international consultants, travel and training), \$5,000 was allocated for the logistic support including printing, transport, etc, and \$4,000 allocated for the key consultative meetings and validation workshops. As the National M&E Plan on HIV is a country led process the principal recipient for the entire funds to support its successful implementation was the National AIDS Secretariat (NAS). The UNAIDS Country Office (UCO) signed the necessary MoU with the National AIDS Secretariat as the principal recipient of funds channelled through the SL-MDTF. NAS was responsible for administering and monitoring the funds to facilitate the process for development of the National M&E Plan on HIV 2011-2015. All contracts to facilitate the process (i.e. staff) were raised by NAS and facilitated through the UCO and the UNDP finance department who provide some administrative support to UNAIDS at country level.

Health System Strengthening (UNFPA)

In 2010, SL-MDTF allocated \$455,400 to implement the intervention described above. In 2011 no funding was received from SL-MDTF; UNFPA mobilized over \$8 million to support implementation of activities related to health system strengthening.

Human Resources

Health System Strengthening (WHO)

- National Staff: the staff working on this project in WHO office is eight inclusive of the administrative support staff.
- International Staff: A health systems specialist on day-to-day management and a paediatric international expert provided technical support during implementation of the plan under the guidance of the Country Representative.

Strengthen the Procurement and Supply Chain Management (UNICEF)

- An international consultant was hired for period of 2 years to support the implementation of the fast track PSM strengthening in the framework of the FHCI. In addition the consultant supported the whole process of situation assessment and hiring of an international firm to establish an autonomous pharmaceutical procurement and supply agency as a strategy to strengthen the whole PSM
- The process of hiring the international firm is at the stage of finalizing the legal documents and will be finalised within the coming weeks (see response above).
- In September 2011, UNICEF deployed 14 national logistics officers in each district and three international regional logistic consultants covering three regions and the Western Area to support the management of the drugs supplies to government health facilities. The support includes, increasing accountability and capacity building.

HIV integrated into the HMIS (UNAIDS)

The UCO and NAS worked together to ensure the National M&E Plan on HIV adopted a participatory process to ensure all thematic areas and emerging issues were addressed. This was done by expanding the capacity & influence of all partners from the public, private and civil society, and in particular People living with HIV. This resulted in a number of key multi-sector informant interviews and a collective contribution and validation of the proposed M&E plan. This participatory process required considerable human resource contribution that includes one international and three national consultants.

Health System Strengthening (UNFPA)

As described above, 45 service providers were trained in the insertion/removal of Intra-Uterine-Device and Implant bringing to 75 the number of health service skilled for that practice. An obstetrician and gynecologist was supported by UNFPA to provide high quality emergency obstetric care and management services at PCMH; while in the district facilities 26 retired midwives are also being supported by UNFPA to respond the increase in demand for reproductive health services generated by the free health care initiative. Also, 13 IT-CHANNEL Operators and 1 Coordinator were recruited, trained and posted in each district medical store and at CMS to address the quality of human resource able to touch a computer.

III. Implementation and Monitoring Arrangements

Health System Strengthening (WHO)

Technical and financial support was provided to the Ministry of Health and Sanitation (MoHS) to implement their planned activities. This support was for required equipment,

furnishings, and rehabilitation of regional blood transfusion centres. Equipment was procured using international bidding by WHO AFRO regional office were received first half 2011. Rehabilitation of 2 regional blood centres was conducted by the Ministry of Health and Sanitation using government rules and regulation from last quarter of 2010 and concluded first quarter 2011. The two rehabilitated regional facilities are now functional after installation of equipment/furnishings in 2011 second/third quarters. Planned rehabilitation of a third regional blood transfusion centre was delayed due to bidding documents variances. As such, the relevant local council is conducting rehabilitation for the remaining site as per to enable installation of equipment & furnishing in 2012.

Regular meetings were held with Ministry of Health and Sanitation officials to provide technical support, review progress and agree on next steps. Progress and required policy issues were reviewed at WHO-MoHS monthly technical meetings. Weekly reports were submitted and discussed at the WHO Country Support Team's meeting whilst quarterly reports were submitted to WHO Regional Director.

MoHS activities to develop key quality control tools including infection control guideline and job aids were supported. The process which was coordinated by the directorates of reproductive and child health and nursing services was further improved by provision of an international expert contracted through Joint UN Program to fast-track and ensure capacity building. Tools are ready for dissemination and scaling up of intervention to improve quality of service at service delivery points with emphasis on "doing it".

Strengthen the Procurement and Supply Chain Management (UNICEF)

The process of supporting the MOHS to improve the PSM system started in 2009 with two tracks running simultaneously, a long term track and a fast track for immediate results. The long term track was implemented in two phases: the first phase with an international firm (HERA) doing the assessment and proposing possible of options to strengthening the system. The option of APPSA (Autonomous Pharmaceutical Supply and Procurement Unit) was preferred during a high level workshop organized in June 2010. The second phase consists of hiring another international firm to come in country for a period of 3 years to provide comprehensive support to establish a sustainable NPPU.

The fast track was also implemented at the same time to ensure that increased volumes of medicines and other supplies provided with the Free Health Care are adequately managed and reach the beneficiaries. In this regard, medicines were procured and distributed to all PHUs, LMIS tools were developed and medical store managers at all level were trained.

The LMIS tools include inventory control cards, stock cards, Report, Request and Issue Vouchers (RRIVs), reporting forms for returns and claims, gate passes and daily health commodities dispensing registers. These were developed and adopted by the MOHS as the official supply chain management inventory control tools and their implementation was supported with the recruitment of 14 District Logistics Officers (DLOs) and 3 Regional Logistics Officers (RLOs).

A nationwide LMIS training for the In- Charge of Peripheral Health Units and some District Health Management team members involving 1140 staff was held. The training supported the implementation of these tools and included: data collection and analysis; stock assessments; calculation of orders; and effective storage practices. DLOs and RLOs also received training on Integrated Logistics Management of Health Commodities.

UNICEF, using other sources of funding, has also engaged external agencies to examine the mechanisms and capacities of the central medical Store and Peripheral Health Units do the stock take of the drugs and other commodities supplied for FHC. Beginning in October 2011, the contracted company did a round of stock take in 30 per cent of the facilities. Other quarterly audits will be continued in 2012 over the next 9 months.

HIV integrated into the HMIS (UNAIDS)

The programme was managed under the overall coordinating responsibility of the NAS in close collaboration with the UCO.

The development of the National M&E Plan on HIV (2011-2015) was conducted by a consultancy team led by an international consultant and three national counterparts, under the overall coordinating responsibility of the Director of the National AIDS Secretariat, the UNAIDS Country Coordinator and the UNAIDS International M&E Advisor.

The consultancy team conducted a comprehensive literature review as well as key informant interviews and expert consultations throughout the country, taking field trips to ensure the plan was supportive of scaling up the decentralized response to HIV. The process also involved a stakeholder consultative workshop with representatives from all sectors working in response to HIV. More specifically, development of the new M&E plan included a wide range of stakeholders who were central to the process.

The NAS in collaboration with UCO took overall responsibility for the monitoring and evaluation of the project. To begin with an 'inception report' outlining key actions, partners, timelines, disbursement of funds, site visits, was developed by the consultancy team and shared with the Director of NAS, UNAIDS Country Coordinator, Chair of the UN Theme Group on HIV/AIDS, Joint UN Team on AIDS, M&E Technical Working Group, Expanded Technical Working Group

Throughout the project the international consultant shared weekly updates on the status of development of the National M&E Plan on HIV to the Director of NAS, UNAIDS Country Coordinator, and the UNAIDS M&E Adviser.

Health System Strengthening (UNFPA)

Technical assistant through consultants was provided to the Ministry of Health and Sanitation to facilitate the adaptation of CHANNEL to suit national needs. In collaboration with CMS, DPI and the Office of the Minister of Health monthly supportive monitoring and supervision were conducted to ensure the proper use of CHANNEL at district level.

IV. Results

Health System Strengthening (WHO)

- 2 regional blood transfusion centres are now functional whilst a third is due to be functional by mid-2012.
- Country compact for the health sector that was developed in 2010 was approved in April and signed by all health sector partners in 2012.
- Draft health workforce policy and strategic plan were developed in 2011 in tandem with establishment of a HR information system (with EU support through WHO-AFRO).

- Laboratory services strategic plan was completed and draft laboratory services investment plan developed in 2011 to provide a framework for sector-wide investment from 2012. This support was provided through WHO co-funds.
- 2010 Sector Performance Report was jointly prepared, reviewed and endorsed in 2011 by partners through sector coordination mechanism. This support was provided through DFID/UNICEF funding to WHO Country Office.
- 2012-2013 Joint Programme of Work and Funding inclusive of 19 Local Council 2012 Health Plans were developed, reviewed and endorsed by sector partners using WHO Country Office funding.
- Joint UN Programme in health which includes UNICEF, UNFPA, WHO regular meetings and communications helped to harmonise support to the MoHS. Collaboration amongst all key health development partners through monthly meetings enabled exchange of information, harmonization of actions.
- Tools for supportive supervision available and SOP for infection control and Kangaroo Mother Care

Strengthen the Procurement and Supply Chain Management (UNICEF)

The situation analysis leading to development of strategic plan and budget for PSM restructuring process was completed. A decision was taken based on situation analysis to proceed with hiring an expert firm in PSM to lead the process.

A considerable quantity of drugs and other health commodities for FHC were procured and distributed effectively to around 1200 PHU and district hospitals, using other sources of funds. The total value was more than USD15 million in 2011.

The capacity of more than 2000 PHU staff was strengthened, through a two day training in Logistic Management Information System, organized in each chiefdom and wards in the entire country.

HIV integrated into the HMIS (UNAIDS)

Due to the delays concerning the completion of new National Strategic Plan on HIV 2011-2015 and Operational Plan 2011-2012 the development of National M&E Plan (which is guided by both documents) and its integration of indicators into the HMIS was behind expected schedule. The project was initiated in the fourth quarter of 2010 and completed at the end of the project cycle (March 2011). Final National M&E Work Plan 2011-2015 has been printed and disseminated at the various meetings; with most highlight of the official launch by H.E. the President at the fifth National AIDS Council meeting in August 2011.

Key process activities completed as follows:

- Briefing and planning meetings/consultations (Completed/Q4 2010)
- Literature review (Completed/Q4 2010)
- Key Informant Interviews (Completed/Q4 2010)
- Site/field visits in 7 districts (Completed/January 2011)
- Technical review by Technical Working Group and other stakeholders (Completed/January - February 2011)
- Stakeholder consultative validation workshops/meetings (Conducted/February 2011)

- Drafting & finalization of the M&E Plan in line with new NSP 2011-2015 (Completed/March 2011)
- National M&E Work plan officially launched by H.E the President of Sierra Leone at the 5th National AIDS Council meeting (Completed/August 2011)

In this end, against the intended project indicators;

- The Sierra Leone National M&E Plan on HIV (2011-2015) was completed and disseminated; and
- HIV indicators (PMTCT, ART, HCT, and STI) was integrated into the HMIS.

In conclusion, the intended outcome of the project has been achieved.

Outcome 1: National Health Systems strengthened by development a National M&E Plan on HIV (2011-2015) advancing the Health Management Information System (HMIS)

Health System Strengthening (UNFPA)

To date following results are achieved:

- CHANNEL has been adopted by the Ministry of Health and Sanitation as the nation inventory and control management of health commodities
- Logistics data (consumption, stock on hand, etc.) are being made available to CMS by the district medical stores
- 3 haulage trucks, 4 pickups and 26 motorbikes handed over to the Minister are strengthening distribution of health commodities
- Case fatality at PCMH is reducing
- The increase demand for health services is being addressed by the support of the 26 retired midwives
- The availability of a functional neonatal unit at PCMH is contributing to reduce neonatal mortality

V. Future Work Plan

Health System Strengthening (WHO)

- The following are the proposed activities for 2012/13, building on previous year's achievements. Considering the fact that there is a new window of funding for human resource development through WHO regional office, these activities are planned elsewhere.

Activity	Budget (US\$ 000)
	2012
Development of Annual sector operational plan (AOP) inclusive of local council health plans	200
Health Partnership Compact implementation & monitoring	300
Support the MoHS with technical support to facilitate effective implementation of the RCH Strategic Plan	100
Sub-total	500
HR strategic plan implementation & HR information system establishment	350
Laboratory services strengthening as per strategic plan including TA for laboratory & blood transfusion services	150
Sub-total	500
Grand Total	<u>1,000</u>

Strengthen the Procurement and Supply Chain Management (UNICEF)

UNICEF will continue to fundraise to support the strengthening of the PSM system, including the establishment of the National Pharmaceutical Procurement Unit, the training and supportive supervision of the health personnel and the update of the LMIS tools.

Health System Strengthening (UNFPA)

UNFPA will continue to mobilize external resources to support the strengthening of health system in Sierra Leone with a focus on the electronic LMIS and electricity and power for the hospitals and human resources for health.

VI. Abbreviations and Acronyms

APPSA	Autonomous Pharmaceutical Procurement and Supply Agency
CBO	Community Based Organisation
CDC	Centre for Disease Control
CSO	Civil Society Organization
DFID	Department for International Development, UK
DHMT	District Health Management Team
DSA	Daily Subsistence Allowance
FBO	Faith Based Organisation
HFAC	Health for All Coalition
HIV/AIDS Syndrome	Human Immunodeficiency Virus/Acquired Immune Deficiency
HMIS	Health Management Information System
JICA	Japanese International Cooperation Agency
LMIS	Logistic and Management Information System
M&E	Monitoring and Evaluation
MDTF	Multi- Donor Trust Fund
MoHS	Ministry of Health and Sanitation
MoU	Memorandum of Understanding
NAS	National AIDS Secretariat
NGOs	Non-governmental organisations
NPPU	National Pharmaceutical Procurement Unit
NSP	National Strategic Plan on HIV
PHU	Peripheral Health Unit
PHU	Peripheral Health Unit
PSM	Procurement and Supply Chain Management
RCH	Reproductive and Child Health
RST	Regional Support Team
TWG	Technical Working Group
UCO	UNAIDS Country Office
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation