**SL-MDTF**

**ANNUAL programme NARRATIVE progress report**

**REPORTING PERIOD: 1 january – 31 December 2010**

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| Programme Title & Number |  | Country, Locality(s), Thematic Area(s) |
| **Programme Title:** National Health Systems**Programme Number:** Joint Vision Programme 20**MDTF Office Atlas Number:**00075588 Health Systems Strengthening WHO00075591 Health Systems Strengthening UNICEF00075590 HIV Integrated UNAIDS00075589 Health Systems UNFPA 00075587 Health Systems Strengthening WFP | * Sierra Leone, nation-wide
* Joint Vision Priority Area 4: Equitable and Affordable health Services
* JV priority Area 5: Accessible and Credible Public Services
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| Participating Organization(s) |  | Implementing Partners |
| WHOUNICEFUNAIDSUNFPAWFP | * Ministry of Health and Sanitation
* National AIDS Secretariat
* Health for All Coalition
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| Programme/Project Cost (US$) |  | Programme Duration (months) |
| MDTF Fund Contribution: WHO - $841,500UNICEF - $547,668UNAIDS - $49,500UNFPA - $455,400WFP - $69,300Subtotal: $1 963,368. |  |  | Overall DurationStart Date of Projects | 31 December 201224 June 2010 |
| Agency Contributions |  |  | Revised End Date of Projects | 31 March 2011 |
| $250,000 (to Joint Programme 18)$30,000 (Polo Eradication Funds) |  |  | Operational Closure Date of Programme | 31 December 2012 |
| TOTAL: $2 243,368 |  |  | Expected Financial Closure Date | 13 March 2013 |

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| Programme Assessments/Mid-Term Evaluation |  | Submitted By |
| Assessment Completed - if applicable *please attach* Yes No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mid-Evaluation Report *– if applicable please attach* Yes No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: Dr. Teniin GakuruhTitle: Health Systems SpecialistParticipating Organization (Lead): WHOEmail address: gakuruht@sl.afro.who.int |

# 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 fulfill its sector leadership mandate;
* Ineffective utilisation of existing skills and resources; inadequate national capability to test and respond to emerging and reemerging 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
* 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.

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 will 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 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)

*Outcomes*

* Improved availability, accountability and transparency in the use of Reproductive and Child Health commodities
* Improved monitoring of the implementation of the free health care policy through strengthened capacity of Civil Society organization (Health for All Coalition) and Community Leaders.

*Deliverables (outputs)*

* RHCS Commodity Security Strategic Plans reviewed by 2011
* Logistic Management Information System (CHANNEL) integrated into the Procurement and supply chain management system in collaboration with UNICEF by 2012.
* Increase Civil Society and Community participation to promote Social accountability and judicious use of drugs, logistics for the Free Health Care

Health System Strengthening (WFP)

The main purpose of the project is to enhance ability of national health services at district level to respond to, manage, and supervise ongoing nutrition interventions.

*Outputs*

* Districts and national nutritionists trained on the implementation of the supplementary feeding programme
* Two vehicles provided for the National Nutrition Programme for monitoring and supervision of nutrition activities in Kambia and Bo Districts where acute malnutrition rates surpass national level.

*Outcome*

The intended outcome of WFP’s contribution to programme 20 is to strengthen monitoring and supervisory capacity of the district health management teams in Bo and Kambia districts.

# 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 of the UN Joint Vision outcomes. The planned establishment of a national reference laboratory was achieved through polio funding working jointly with National Aids Secretariat, CDC Atlanta and UNICEF.

Prompt acquisition of funds was critical to work plan implementation and 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 medicines for the FHC 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 utilisation of funds was delayed due to the long process of hiring the international firm. The process is now advanced and hopefully the firm will be on board in month or two. Another major next step is the passing of the law on NPPU (National Pharmaceutical Procurement Unit) by the Parliament.

HIV integrated into the HMIS (UNAIDS)

Of the USD 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 signed the necessary MoU with the National AIDS Secretariat as the principal recipient of funds channeled through the SL-MDTF. NAS has been 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 UNAIDS Country Office (UCO) and the UNDP finance department who provide some administrative support to UNAIDS at country level.

Health System Strengthening (UNFPA)

Funding was received from the MDTF was a total of USD 455,400.

Health System Strengthening (WFP)

WFP received a total of USD 69,300 from the Delivering as One fund through the SL-MDTF. Moreover, bilateral funding from Irish Aid and DFID through the UN Joint Programming on RCH is the major source of funding for the procurement of food commodities and other complementary activities in implementing the supplementary feeding programme in the country.

***Human Resources***

Health System Strengthening (WHO)

* National Staff: the staff working on this project in WHO office is seven inclusive of the administrative support staff.
* International Staff: A health systems specialist on day-to-day management, Medical Officer- Immunisation and 2 short-term recruited consultants: an international expert on laboratory and blood transfusion services and a national planning 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 also advanced, now at the stage of analysing the bids and selecting the firm

HIV integrated into the HMIS (UNAIDS)

The UCO and NAS worked hard 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 include one international and three national consultants.

Health System Strengthening (UNFPA)

The programme was supported by the Programme Manager of RH and the programme Assistance. The international Staffs involved were The Country Representative, the RHCS Adviser and the RH Adviser*.*

Health System Strengthening (WFP)

The project was supported by existing WFP staff in the field (field monitors – 4) as well as country office (National Programme staff - 2).

International staffs directly associated with the project include the Head of Programmes (1), Head of Logistics (1) Programme Officer - Health/Nutrition and School Feeding (1), the Admin and Finance Officer (1) and WFP Officer in Charge of the Sub-office – 2.

# 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 included technical support to coordinate and jointly conduct MoHS and Local Government/Ministry of Finance & Economic Development 2011 plan development with regular stakeholder’s consultative meetings including participation of NGOs based in different districts. This included financial support by UNICEF for district based planning activities. An international blood transfusion and laboratory service expert was recruited to support the Ministry to review existing strategic plan and provide technical advice and support for required equipment, furnishings, and rehabilitation of regional blood transfusion centres and Laka National Reference Laboratory as well as development of blood transfusion guidelines to improve the quality of care provided. Consultants were also recruited to support MoHS to review and develop policy documents for establishment of a post-graduate college.

Equipment was procured using international bidding by WHO AFRO regional office. Rehabilitation of regional blood centres bidding was conducted by the Ministry of Health and Sanitation using government rules and regulation.

Weekly meetings were held with Ministry of Health and Sanitation officials of Departments of Planning and Information and Post-graduate studies and Laboratory and Blood Trasfusion Programme Managers 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 monthly reports were submitted to WHO Regional Director.

Blood transfusion strategic plan implementation was reviewed; nationwide assessment of the status of laboratory services conducted and a needs assessment for establishment of a post-graduate college were conducted.

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 and eis now advanced a

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.

HIV integrated into the HMIS (UNAIDS)

The programme was managed under the overall coordinating responsibility of the National AIDS Secretariat in close collaboration with the UNAIDS Country Office (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 National AIDS Secretariat in collaboration with UNAIDS Country Office 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 (as per the TOR) 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. UNAIDS and the NETHIPS Executive. A Final project report has yet to be completed by the coordinator and NETHIPS, to be validated by UNAIDS and shared with key partners including the Joint UN Team on AIDS, National AIDS Secretariat and the Expanded Technical Working Group on AIDS

Health System Strengthening (UNFPA)

The implementation mechanisms utilized to strengthen the procurement and supply chain system were:

* Logistic Management Information System (CHANNEL) integrated into the procurement and supply chain management system in collaboration with UNICEF
* Health personnel including Store keepers and Pharmacists trained on the use of CHANNEL software.
* Procurement of two haulage trucks to facilitate distribution of commodities
* Increase Civil Society and Community participation to promote social accountability and judicious use of drugs, logistics for the Free Health Care
* Monitoring of the free health care drugs by civil society organization and the communities and CHANNEL software generates electronic reports on the stock
* UNFPA procurement procedures were utilized through Headquarters

Health System Strengthening (WFP)

Direct implementation of the supplementary feeding programme is undertaken by the peripheral health units (PHUs) of the Ministry of Health and Sanitation at the district level. During the reporting period, WFP provided supplementary feeding support for targeted beneficiaries to 77 PHUs in both Kambia and Bo districts. Regular monitoring and supervision of supplementary feeding activities are undertaken by districts nutritionists, nutrition focal points and WFP field monitors.

At the national level WFP worked directly with the National Nutrition Programme Manager in the Ministry and Health and Sanitation to design, plan and conduct trainings. Joint quarterly monitoring visits was undertaken with a team comprising MOHS and WFP staff.

# Results

Health System Strengthening (WHO)

* 19 Local Council 2011 health plans and a draft sector annual 2011 plan were developed; 2010 sector preliminary performance review report was developed and validated by key stakeholders; a draft country compact was developed in preparation for consensus and signature in 2011. The planned activities were all attained and have laid a foundation to improve sector coordination for aid effectiveness and efficiency of service delivery:
* The blood transfusion strategic plan was reviewed and revised; two regional blood transfusion centres (Kenema and Bo) were rehabilitated and required equipment and furnishing ordered. A third regional blood transfusion centre rehabilitation work has not commenced due to discrepancy between architectural costs and bidding prices which are currently under review by the MoHS. The planned activities were attained laying a good foundation for strengthening blood transfusion services in 2011;
* An act of parliament, 12 curricula and strategic plan to establish a Sierra Leone post-graduate college were developed. Validation of these documents will be conducted in 2011;
* Joint UN Programme in health which includes UNICEF, UNFPA, WHO regular meetings and communications helped to harmonise support to the MoHS. Collaboration with World Bank, JICA and NGOs like CONCERN, played a pivotal role in guiding and supporting 2011 sector planning activities;
* The free health services sector coordination mechanisms became a major contributor for quicker decision making and a facilitator for faster consensus that were critical especially for the planning and monitoring activities.

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. Decision was taken based on situation analysis to proceed with hiring an expert firm in PSM to lead the process.

The delay in implementing the program was mainly due to the long process of recruiting international firms to establish APPSA as the recommended model for Sierra Leone. The process is very well advanced and will kick off hopefully in one or two months.

Three UN agencies have applied their comparative advantages and expertise in PSM to support the implementation of the project.

The fast track strategy in strengthening the PSM has also very decisive to ensure a successful launch and implementation of the FHCI, that introduce a huge volume of supplies of a value of more than USD10 million per year.

HIV integrated into the HMIS (UNAIDS)

Due to some 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 into the Health Management Information System (HMIS) is slightly behind expected schedule. The project was initiated in the fourth quarter of 2010 and will be completed in the first quarter of 2011. Key process activities completed in fourth quarter of 2010 include:

* Briefing and planning meetings/consultations (Completed/Q4 2010)
* Literature review (Completed/Q4 2010)
* Key Informant Interviews (Completed/Q4 2010)

The final phase of the process is presently underway (January 2011) and will be completed in full by February 2011.

Therefore against the project performance indicators: a functional national Monitoring and Evaluation system for HIV/AIDS Integrated into the HMIS (It is estimated that 50% of the output has been completed)

Health System Strengthening (UNFPA)

* Functional CHANNEL in all13 districts.
* Effective monitoring of the supply chain and use of drugs by civil society organization (Health for All Coalition) is leading to increase accountability and transparency
* The partnership and collaboration between Government, health development partners and NGOs embarked on developing a robust logistics system to ensure adequate medical supplies countrywide. This project has contributed immensely in addressing issues around capacity building: training, procurement, storage, distribution and monitoring of supplies.
* Good practice: UNFPA supported the electronic software (CHANNEL) and CSO monitoring groups while UNICEF supported the manual tools for procurement and supply chain management, this collaboration facilitated synergy for better results

*Challenges*

* Short implementation duration leading to challenges in completing all project activities.
* Long procurement processes of the vehicles and the haulage trucks delayed
* The RHCS Commodity Security Strategic Plans was not reviewed due to challenges faced in recruiting a consultant for the review given the short span of the project

Health System Strengthening (WFP)

* Three vehicles were donated to MOHS for monitoring and supervision of nutrition activities country-wide.
* Trainings were organized for all districts and national nutritionists (15) on the implementation of the supplementary feeding programme and a training package to enhance supplementary feeding programme monitoring and supervision was prepared and utilised during the training.
* Field monitoring tools have been developed and a schedule for joint project monitoring and supervision is already in place for 2011. A joint work plan on complementary activities to SFP has also been prepared and the first joint monitoring exercise is planned for March 2011.
* 88% (22,009) of the beneficiaries were reached with food supplements in Bo district.
* 98% (6,001) of the beneficiaries were reached with food supplements in Kambia district.

# Future Work Plan

Health System Strengthening (WHO)

The following are the proposed activities for 2011 & 2012, 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)**  | **Budget** **(US$ 000)** |
| 2011 | 2012 |
| Development of Annual sector operational plan (AOP) 2012 inclusive of local council health plans  | 150 | 450 |
| Health Partnership Compact completion and partnership principles monitoring | 50 | 500 |
| Strengthening pharmaceutical sub-sector policy environment & regulation | 50 | 600 |
| Blood transfusion services strengthening as per strategic Plan  | 650 | 400 |
| Laboratory services strengthening as per strategic plan including TA for laboratory & blood transfusion services | 600 | 350 |
| **Grand Total** | **1,450** | **2,300** |

Strengthen the Procurement and Supply Chain Management (UNICEF)

|  |  |  |
| --- | --- | --- |
| **Activity** | Estimated budget in USD 2011 | Estimated budget in USD 2012 |
| Efficient procurement and supply chain management system which incorporates development of training materials designed and put in place including integration of HIV screening and diagnostic facilities by the end of 2011. |  1,655,000  | 1,500,000 |
| **T**raining on data collection, analysis and use conducted for health personnel involved in the generation of data from the district health information system by 2011. |  150,000  | 200,000 |
| Community based health and nutritional information system put in place by end of 2012. |  200,000  | 300,000 |
| Annual planning process of comprehensive district planning in all 13 districts finalized each year from 2010 to 2012.  |  150,000  | 150,000 |
| A monitoring system for the free health care programme for pregnant women and children under five developed and implemented by 2010. |  50,000  | 50,000 |
| **Total** |  **2,205,000**  | **2,200,000** |

HIV integrated into the HMIS (UNAIDS)

The following projected activities are on-going in the first quarter of 2011:

* Site/field visits in 7 districts (Completed/January 2011)
* Technical review by Technical Working Group and other stakeholders (On-going/February)
* Stakeholder consultative validation workshops/meetings (0n going/February)
* Drafting & finalization of the M&E Plan in line with new NSP 2011-2015 (will be completed by February 2011)

Health System Strengthening (UNFPA)

* Train more service provider on the use of CHANNEL
* Strengthen the distribution and storage of the commodities
* Support Civil Societies and the community to continue the monitoring of the commodities to ensure accountability and transparency

Health System Strengthening (WFP)

| **Planned Activities for 2011** | **Budget (USD)** |
| --- | --- |
| Joint monitoring and coaching visits with National Nutrition Programme office and DHMTs. | 15,120 |
| Procurement of IT equipment to enhance nutrition data inputting for analysis at both district and national level to monitor the trends in malnutrition within the country. | 15,000 |
| Orientation of newly approved PHU staff on SFP implementation | 4,500 |
| Procurement and distribution of nutrition surveillance equipment to PHUs in targeted districts. | 439,600 |
| Support MOHS for the procurement and production of height boards and abridge version of the National Protocol | 25,700 |
| Conduct joint twice yearly programme reviews at national level. | 26,720 |
| **Total** | **526,640** |

# Abbreviations and Acronyms

AOP Annual sector operational plan TA

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 Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HMIS Health Management Information System

HQ Headquarters

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

SFP Supplementary Feeding Programme

TWG Technical Working Group

UCO UNAIDS Country Office

UNDP United Nations Development Programme

UNFPA United Nations Fund for Population

UNICEF United Nations Children’s Fund

WFP World Food Programme

WHO World Health Organisation