

**SL-MDTF**

**Final programme[[1]](#footnote-1) NARRATIVE report**

**REPORTING PERIOD: 1 january 2010 – 31 DECEMBER 2012**

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| --- | --- | --- | --- | --- | --- | --- |
| Programme Title & Project Number | | |  | Country, Locality(s), Priority Area(s) / Strategic Results[[2]](#footnote-2) | | |
| * Programme Title: National Health Systems * Programme Number: Joint Vision Programme 20 * MPTF Office Project Reference Number:[[3]](#footnote-3) | 00075588 Health Systems Strengthening (HSS)WHO  00075591 HSS UNICEF  00075590 HSS UNAIDS  00075589 HSS UNFPA  00075587 HSS WFP | | *Country/Region*  **Sierra Leone, nation-wide** | | |
| *Priority area/ strategic results*   * Joint Vision Priority Area 4: Equitable and Affordable health Services | | |
| Participating Organization(s) | | |  | Implementing Partners | | |
| WHO, UNICEF, UNAIDS, | | UNFPA, WFP. | Ministry of Health and Sanitation  National AIDS Secretariat | | Health for All Coalition, DHMT |
| Programme/Project Cost (US$) | | WHO - $941,500  UNICEF - $440,668  UNAIDS - $49,500  UNFPA - $455,400  WFP – 69,300  **Subtotal: $1,958,547** |  | Programme Duration | |  |
| Total approved budget as per project document:  MPTF /JP Contribution[[4]](#footnote-4): | |  | Overall Duration *(months)* | | 24 |
| Agency Contribution | | WHO-$500,000  UNICEF - $15,000,000  UNFPA - $250,000  **Subtotal: $15,750,000** |  | Start Date[[5]](#footnote-5) *(dd.mm.yyyy)* | | 1June 2010 |
| Government Contribution | |  |  | Original End Date*[[6]](#footnote-6)* *(dd.mm.yyyy)* | | 31 December 2010 |
| Other Contributions (donors) | |  |  | Current End date[[7]](#footnote-7)*(dd.mm.yyyy)* | | 31 December 2012 |
| TOTAL: | | **$17,708,547** |  | |  |  |
| Programme Assessment/Review/Mid-Term Eval. | | |  | Report Submitted By | | |
| Assessment/Review - if applicable *please attach*  Yes No Date: *dd.mm.yyyy*  Mid-Term Evaluation Report *– if applicable please attach*  Yes No Date: *dd.mm.yyyy* | | | * Name:Dr. Teniin Gakuruh * Title:Health Systems Specialist * Participating Organization (Lead):WHO * Email address:gakuruht@sl.afro.who.int | | |

# NARRATIVE REPORT FORMAT

# EXECUTIVE SUMMARY

The Programme was critical in supporting the government’s transition from a humanitarian to developmental phase through health systems development in several key areas that laid a foundation for the third PRSP locally called “Agenda for Prosperity” as follows:

* Development and signing of an agreed country compact guiding harmonisation and alignment of partners support for National Health Sector Strategic Plan 2010-2015;
* Developing capacity for district-based planning and monitoring:
  + Sector Performance Reports and review processes;
  + Service availability and readiness assessment survey reports;
  + HIV National M&E framework of 2011-2015
  + Integration of HIV in the health management information systems;
  + health staff skills in strategically targeted districts to provide and manage emergency response (emphasis on food)
* Developing Human Resource for Health policies, strategies and plans for medium to long-term interventions;
* Reinforcing forecasting and procurement systems at central and peripheral level.
* Improving logistics/distribution of essential medicines and equipment, so as to ensure their availability at all levels.
* Enhancing optimal and secure storage conditions in all health facilities including PHUs, district hospitals as well as central and district medical stores.
* Strengthening drugs and logistics information management and monitoring system of the MoHS.
* Establishing adapted iinventory and control management software CHANNEL and supporting its implementation including skilled workforce;
* Strengthening district supply chain through provision of appropriate transportation equipment;
* Strengthening CSOs to enhance accountability by the community for supplies provided;
* Renovating and equipping the neonatal unit at PCMH to reduce the unacceptably high child mortality contributed by neonatal deaths.

# Purpose

Joint Vision Programme 20 set 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 sector leadership mandate; ineffective utilisation of existing skills and resources; inadequate national capability to test and respond to emerging and re-emerging diseases, emergencies and disasters; lack of comprehensive health standards to guide the required minimum investment for quality health care delivery.

The UN family in Sierra Leone set out to contribute towards strengthening of the health system with an aim of achieving: (i) better human resource management system that ensures quality health service delivery by increasing the number of staff and upgrading their skills, including a functional national capacity for health emergency response; (ii) harmonized procurement and distribution system that ensures uninterrupted equitable access to medicines and medical supplies; (iii) a national reference laboratory that offers referral and quality control services to the regional laboratory network that meets international standards; (iv) a viable system that ensures the capture and utilization of reliable and quality data for the purposes of planning and monitoring health interventions including nutrition services at all levels.

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 national health system enabling 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 utilisation 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)

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

In April 2010 when the MoHS announced the Free Health Care initiative, UNICEF’s priority was to support the MoHS to scale up maternal and child health interventions, particularly those that could be delivered at community level. One of the key constraints to scale-up was the timely availability of essential drugs and medical supplies at PHUs and hospitals across the country. In response to this, UNICEF has supported the Procurement and Supply Management (PSM) system strengthening process and monitoring processes to ensure that essential drugs and medical supplies reach the target groups. Implementation of this program has therefore aimed to achieve the following:

* Reinforcing forecasting and procurement systems at central and peripheral level.
* Improving logistics/distribution of essential medicines and equipment, so as to ensure their availability at all levels.
* Optimal and secure storage conditions in all health facilities including PHUs, district hospitals as well as central and district medical stores.
* Strengthened Logistics Management Information System (LMIS), to ensure accountability and transparency using adequate inventory management tools by the Government.
* Adequate numbers of health staff trained on LMIS and supply chain management.
* Strengthened drugs and logistics information management and monitoring system of the MoHS.

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).

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

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)

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:

*Outcome 1*: Improved availability, accountability and transparency in the use of Reproductive and Child Health commodities

*Outcome 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.

Health System Strengthening (WFP)

*Outcome:* The intended outcome of WFP’s contribution to programme 20 is a strengthened monitoring and supervisory capacity of the DHMTs in Bo and Kambia districts.

*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.

# Results

1. **Narrative reporting on results:**

**Outcomes:**

*Outcome 1*: Joint sector planning and performance reviews for enhanced access to quality care

A country compact for the health sector whose aim is to enhance alignment and harmonised to the National Health Sector Strategic Plan 2010-2015 developed with WHO’s support in 2010 approved in April and signed by all health sector partners in December 2011 under the leadership of H.E. the President of the Republic of Sierra Leone. Its implementation has facilitated through sector coordination structures: (i) development of Joint Programme of Work and Funding 2012-2014 to guide operational planning: (ii) development of 2010 and 2011 annual sector performance reports in 2011 and 2012 respectively; (iii) 2011 and 2012 service availability and readiness assessment (SARA) to assess the degree to which facilities are prepared to provide the expected quality services and their scope and HIS data quality assessment surveys ( co-funding from GFTAM/WHO/DFID/UNICEF) in 2011 and 2012 respectively; The third SARA survey preparation has been initiated in preparation for implementation early 2013 ( co-funded COIA/WHO/MDTF). An automated district health information system (DHIS) is now functional whilst a HR information system is under development. 2010 and 2011 Sector Performance Reports were developed and Review Summits conducted years in July 2011 and July 2012 respectively. All these efforts are aimed at establishing a viable system that ensures capture and utilisation of reliable and quality data for the purposes of planning and monitoring health interventions at all levels.

With introduction of the “Free Health Care Initiative” (FHCI) human resource management was identified as a key barrier to attainment of universal health coverage. leading to enhanced payroll management(DFID support) which justified almost doubling of health workforce, increased remuneration for front-line workers supported by government and key partners that has significantly contributed to improvement of quality health service delivery and health emergency response such as the recent nation-wide cholera outbreak. Maternal and child health outcomes amongst others have improved in the last two years partly influenced by increased skill personnel in remote previously underserved areas. Community health seeking increased threefold from 2010 with introduction of FHCI, remaining relatively high after the expected drop after afew months and maintaining a glaring shift of especially deliveries by traditional health workers to skilled workforce. Staff attitudes however remain a challenge as well gross inadequacy of specialised skills to support continuum of care. Evidence-based HR policy and strategic plan have been developed to address medium to long-term challenges with EU-WHO support including initiation of an automated HR information system.

*Outcome 2*: Improved blood supply for maternal and child health services.

Blood transfusion services strategic plan was reviewed and revised to guide medium-term interventions. Rehabilitation, furnishing, equipping and launch of 2 functional regional blood centres were conducted by the Ministry of Health and Sanitation whilst equipment of a 3rd facility awaits government rehabilitation. Planned rehabilitation of a third regional blood transfusion centre was delayed due to bidding documents variances.

A national reference laboratory that offers referral and quality control services to the regional laboratory network that meets international standards has now been established, partially accredited providing much needed support during the 2012 nation-wide cholera outbreak. Notwithstanding this achievement, linkage with other referral laboratories remains weak, diagnostic laboratories are in deplorable status and provision of safe blood products in the right quantities and place remain a major challenge. These challenges persist partly due to inadequacy of laboratory skilled workforce and MoHS’s competing priorities. To address medium to long-term challenges, MoHS developed and launched Laboratory Services Policy (CDC/WHO), Strategic and Investment Plans (MDTF) in tandem with refurbishment, equipping and inauguration of a Central Public Health Reference Laboratory (UN Joint Programme).

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

Official statistics on Maternal and Child mortality in Sierra Leone (post Free Health Care) are not yet available, however widespread reports from hospitals and PHUs all indicate a significant increase in the access to and utilization of health services by children under 5 years and pregnant women and increased availability of quality medicines and equipment in health facilities.

The capacity of more than 1200 PHU and DHMT staff has been strengthened, through training in Logistic Management Information System, which was organized in all chiefdoms in the entire country. As a result, the supply chain for essential medicines has been progressively and firmly established in Sierra Leone. Accountability for distribution of drugs at central and district level has improved. The system is better able to detect discrepancies and misappropriation at any level and the incidence of drug leakages has reduced significantly. The proportion of utilisation reports from the PHUs, submitted to district level, is progressively increasing.

Essential medicines and other health commodities for FHC were procured and distributed effectively to 1200 PHU and district hospitals, using other sources of funds. The total value of the essential drugs and equipment was approximately USD15 million in 2011.

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

The developed HIV M&E Plan 201-2015 includes a robust monitoring and evaluation framework that guides 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. It is also important to note that the project was in line with The National Strategic Plan on HIV 2006-2010 objective of: 2.1. Develop a National M&E Plan and Data Collection System.

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:

*Outcome*: Improved availability, accountability and transparency in the use of Reproductive and Child Health commodities

*Outcome*: Strengthening the capacity of Civil Society Health-For-All Coalition and Community Leaders to effectively monitor the implementation of the free Health Care policy.

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

*Outcome:* The intended outcome of WFP’s contribution to programme 20 is to strengthen monitoring and supervisory capacity of the DHMTs in Bo and Kambia districts.

District nutritionists have been able to provide supportive supervision to Peripheral Health Units workers who implement the supplementary feeding programme through WFP support. They are now responsible for collecting and collating the individual monthly reports from all PHUs implementing the programme and sent to the national programme on a monthly basis. Summaries of these reports are fed into HMIS and the national nutrition database for utilization as the need arose. All these activities were previously undertaken by WFP’s field monitors but this is no longer the case.

**Outputs:**

Technical and financial support was provided to the Ministry of Health and Sanitation (MoHS) to achieve key deliverables (i) evidence based national sector performance reports and operational plans developed each year from 2010 to 2011; (ii) revised strategies for safe blood supply and strengthened regional blood centres and (iii) Human Resource development strategic plan and enhanced capacity, through following planned activities:

* 1. A country compact for the health sector whose aim is to enhance alignment and harmonised to the National Health Sector Strategic Plan 2010-2015 developed in 2010 was approved in April and signed by all health sector partners in December 2011 under the leadership of H.E. the President of the Republic of Sierra Leone. Its implementation has facilitated the following:

1. Development of 2010 and 2011 annual sector performance reports;
2. 2011 and 2012 service availability and readiness assessment (SARA) to assess the degree to which facilities are prepared to provide the expected quality services and their scope and HIS data quality assessment surveys ( co-funding from GFTAM/WHO/DFID/UNICEF); The third SARA survey preparation has been initiated in preparation for implementation early 2013 ( co-funded COIA/WHO/MDTF).
   1. Blood transfusion services strategic plan was reviewed and revised. Rehabilitation, furnishing, equipping and launch of 2 functional regional blood centres were conducted by the Ministry of Health and Sanitation whilst equipment of a 3rd facility awaits government rehabilitation. Planned rehabilitation of a third regional blood transfusion centre was delayed due to bidding documents variances (MDTF).
   2. MoHS developed and launched Laboratory Services Policy (CDC/WHO), Strategic and Investment Plans (MDTF) in tandem with refurbishment, equipping and inauguration of a Central Public Health Reference Laboratory (UN Joint Programme).
   3. Legal and policy documents and 8 curricula for development of a Sierra Leonean post-graduate college were developed (MDTF) in tandem with development of HR policy and strategic plan with EU-WHO funding, DFID-funded established payroll cleansing and management system and WHO-EU HR information system establishment .
   4. 2010 Sector Performance Report was jointly prepared, reviewed and endorsed in 2011 by partners through sector coordination mechanism to inform sector annual operational planning. This support was provided through DFID/UNICEF funding to WHO Country Office.
   5. Tools for supportive supervision available and SOP for infection control and Kangaroo Mother Care
   6. As a first step in developing the basic principles to guide the process of developing the Procurement and Supply Management (PSM) system, and 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 in 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 and policy and governance issues around the program. The team and the Country Office agreed on a two track, parallel approach to the PSM development.
      1. The **First track** consists of a direct support to plan, procure, supply, and distribute through program and procurement services. Approximately USD 15 million worth of essential drugs and medical supplies have been procured and distributed to all PHUs. LMIS tools to support the distribution and management of FHC drugs were developed and adopted by the MoHS as the official supply chain management inventory control tools. Their implementation was supported with the recruitment of 13 District Logistics Officers (DLOs) and 3 Regional Logistics Officers (RLOs) who were also trained in how to use the tools. PHU in-charges, pharmacists, pharmacy technicians, and district and CMS store keepers, and all DMS staff were also trained.

LMIS tools which have been developed include: inventory control cards, stock cards, ‘Report, Request and Issue Vouchers’ (RRIV), reporting forms for returns and claims, gate passes and daily health commodities dispensing registers. Continuous training and supportive supervision on the use of the tools are essential to ensure effective management of the medical supplies provided by the program at all levels.

Fifty seven participants from the districts including pharmacists, store keepers, sisters, monitoring and evaluation officers and PHU staff from all 13 districts were also trained on distribution micro planning, forecasting and quantification. A nationwide LMIS training for the in-charge of PHUs and some District Health Management Team members involving 1140 staff was also held in 2011.The training supported the implementation of monitoring tools and included: data collection and analysis; stock assessments; calculation of orders; and effective storage practices.

The District Medical Stores in Tonkolili, Bombali and Pujehun were completely renovated. Twelve District Medical Stores nationwide were equipped with shelves and pallet lifters, and 30 PHU stores were refitted.

* + 1. The **Second track** aims to develop a sustainable comprehensive PSM structure and system within the MoHS that is based on good governance, through outsourcing technical assistance to set up the National Pharmaceutical Procurement Unit (NPPU). The second track is being conducted through a phased approach. The first phase included a detailed assessment of the current PSM was completed in September 2010 with recommendations including the suggested strategy, long term sustainability aspects and the suggested PSM model. In a high level stakeholders meeting, it was agreed to establish a National Pharmaceutical Procurement Unit (NPPU) and it was recommended to hire an international firm to support the implementation process of this. The second phase (of the second track) involves recruiting an international development consulting firm. The process is now in its final stage with the international development firm Crown Agent selected, and the contract signed in December 2012. Using other sources of funding, UNICEF has also engaged an external agency Internal Procurement Agency (IPA) to conduct four quarterly audits/reviews of the supply chain systems of the FHC commodities for the period of October 2011 to September 2012. During the reviews, inbound processes were examined, drugs and medical supplies were counted at central and district warehouses and in PHUs and hospitals, and the implementation of the PSM Risk Control Matrix at all levels is assessed. The first review, conducted from October 2011 to November 2011, involved an audit of 30% of all warehouses and health facilities in all districts receiving Free Health Care drugs and medical supplies. The second review was conducted in January 2012 and consisted of the stock taking of 100% of health facilities and warehouses at central and district levels. The third review was conducted during May 2012 and covered all supplies in the CMS, all Freetown warehouses, all 13 DMS, 20 hospitals and 223 PHUs. Recommendations following each review have been incorporated into the risk control matrix to ensure strengthened processes for future distributions. The final quarterly audit has been conducted in September 2012.
  1. Training was organised with WFP support for all districts and national nutritionists on the implementation of the supplementary feeding programme in December 2010. A training package to enhance the ability of the nutritionists to actively monitor and supervise the implementation of the supplementary feeding programme was prepared and utilized during the training sessions.

The direct implementation of the supplementary feeding programme was 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 349 PHUs. Regular monitoring and supervision of supplementary feeding activities were undertaken by districts nutritionists, nutrition focal points and WFP field monitors. At the national level WFP coordinated directly with the National Nutrition Programme Manager in the Ministry and Health and Sanitation on the design, planning and conducting the training. Joint quarterly monitoring visits were planned to be undertaken comprising of both MOHS and WFP staff. During the reporting period, monthly reports from the two districts were closely monitored and results were as follow:

* + - 88% (22,009) of the beneficiaries were reached with food supplements in Bo district as against the planned beneficiary figure of 25,041.
    - 98% (6,001) of the beneficiaries were reached with food supplements in Kambia district as against the planned beneficiary figure of 6,117.
    - However, even though high percentages of the beneficiaries were reached the corresponding tonnage of food distributed was lower (41%). This was as a result of serious pipeline break in food deliveries during the reporting period which particularly interrupted support cycle for pregnant and lactating women. The acutely malnourished children were prioritized during the pipeline break since they were on treatment.
    - There was a high recovery rate (Bo 98%, Kambia 99%) of children who were admitted into the programme which was far above the minimum sphere standard.
  1. UNFPA strengthened the e-Logistics Management Information System and monitoring of Free Health Care as follows:
     1. 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;
     2. 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
     3. 13 District Medical Officers and 18 Hospital Superintended were also trained in CHANNEL to enhance their supervisory role
     4. 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
     5. 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
     6. Reproductive health life-saving medicines were procured for the hospitals to address the stock-outs experienced by the facilities
     7. 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
     8. 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.
  2. The final National M&E Work Plan 2011-2015 was developed, printed and disseminated nationwide with UNAIDS support and launched by H.E. the President at the fifth National AIDS Council meeting in August 2011. The key HIV indicators are also captured in the HMIS. There was strong partnership and collaboration between the National AIDS Secretariat, the National AIDS Control Programme, the M&E unit of the Ministry of Health and the national M&E technical working group during the development of the plan. This led to smooth consensus building on the development of indicators of the plan and the key indicators to be integrated in the HMIS. The M&E plan is approved and endorsed by the Global Fund, the principal financier (over 80%) of the national response to HIV. The development of the plan is one of the condition precedents for the Global Fund grant and the country is on the verge of receiving over $40m in the phase 2 rounds of the Global Fund.

**Describe any delays in implementation, challenges, lessons learned & best practices:**

MDTF funds were disbursed as scheduled in 2010. UNICEF initially proposed to use the MDTF funds for the hiring of international development firm Crown Agent to support the establishment of the NPPU. However the protracted process of hiring the firm delayed this activity and it is expected that Crown Agent will not be in-country until the first quarter of 2013. In 2011, UNICEF requested and received the approval to use the funds of US$442,847 to implement the following activities:

1. Support 14 Districts Logistic Officers (DLOs) and provide office and transport equipment such as laptops, internet modems and motor bike helmets and repair kits.
2. Train health personnel in LMIS at all levels.
3. Support District Medical Stores through refurbishment and rehabilitation and provision of equipment such as pallets, air conditioners and forklifts.
4. Project monitoring of LMIS implementation at all levels.

The project supported by WFP planned to procure two vehicles to facilitate close monitoring and supervision of the supplementary feeding programme and other nutrition interventions in Bo and Kambia districts. However, due to the high cost of vehicles, it was realized that the money budgeted for two vehicles was grossly inadequate and as such three used vehicles were reconditioned to be donated to MOHS for monitoring and supervision of nutrition activities in Bo and Kambia districts as well as other areas within the country.

* **Qualitative assessment:**

This Programme achieved most of planned activities and expected outcomes were not only attained but now serves a good foundation for implementation of developmental goals which are spelt out in the National Health Sector Strategic Plan 2010-2015, Agenda for Prosperity and country compact. Co-funding from other local and international sources enabled attainment of expected outcome. The programme also facilitated greater UN harmonisation towards a common goal and exploiting comparative advantages of each agency. Working through sector coordinaton structures notwithstanding the fact that they are still ideally functional enabled timely implementation including internal UN consultative meeting especially during formulation and early free health care initiative implementation. Partnership inclusiveness in sector coordination including CSO networks who accepted to part implement the accountability component has greatly improved community awareness, ownership and vigilance. Advocacy to strengthen sector coordination by the new political leadership will enable continuity and improvement of gains so far attained.

**ii) Indicator Based Performance Assessment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Performance Indicators** | **Indicator Baselines** | **Planned Indicator Targets** | **Achieved Indicator Targets** | **Reasons for Variance** | **Source of Verification** |
| **(if any)** |
| **Outcome 1 A national health system that is able to provide more equitable and accessible health care across the country** | | | | | | |
| Output 1.1 Better human resource management system that ensures quality health service delivery by increasing the number of staff and upgrading their skills, including a functional national capacity for health emergency response | HRH Policy | 0 | 1 | 1 |  | 2010-2011 SPR |
| HRH Strategic Plan | 0 | 1 | 1 |  |
| HR Information system Design and initiation | 0 | 1 | 1 |  |
| Output 1.2 Harmonized procurement and distribution system that ensures uninterrupted equitable access to medicines and medical supplies | Percentage of facilities with no stock-outs of Free Health Care (FHC) tracer drugs | 0 | 45% | 82% | Exceeded targets | MoHS Facility Improvement Report (FIT). |
| Availability of a complete set of Logistics Management Information Systems (LMIS) tools in all health facilities (manual at health facility level; electronic at district and central level) | 0 | 90% | 90% | None | MoHS-UNICEF FHCI monitoring reports |
| Output 1.3. A national reference laboratory that offers referral and quality control services to the regional laboratory network that meets international standards | Functional Central Public Health Laboratory | 0 | 1 | 1 |  | 2010-2011 SPR |
| Laboratory services Policy | 0 | 1 | 1 |  |
| Laboratory Services Strategic Plan | 0 | 1 | 1 |  |
| Revised Blood Transfusion Services Strategic Plan | 0 | 1 | 1 |  |
| Output 1.4 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 | Sector performance report (SPR) | 0 | 1 | 2 | Improved MoHS capacity |
| National HIV M&E plan | 0 | 1 | 1 |  |  |

**III. Other Assessments or Evaluations (if applicable)**

Sierra Leone UN Joint Vision Programme conducted a medium-term review which was validated by Government.

**IV. Programmatic Revisions (if applicable)**

• Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

Resources planned for supporting the costs related to the contracting of the consulting firm (Crown Agents) to provide technical support for the establishment of the NPPU, could not be utilized for that purpose, given the delays in the establishment of the NPPU related to the prolonged national legislative process. UNICEF has therefore utilised the funds for the provision of technical support to the existing MoHS Procurement and Supply Management (PSM) system.

**V. Resources (Optional)**

A mix of WHO national and international staff from all agency levels were deployed to manage the project with planning, monitoring, HRH, laboratory and blood services and neonatal care support skills relevant to deliver the expected outcome. Financial and procurement was managed in accordance to WHO regulation using Global Management System (GSM).

An international consultant was hired by UNICEF 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. 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.

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.

An obstetrician/gynaecologist was provided 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 to 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.

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.

WHO has mobilised resources to support M&E from Commission on Information and Accountability and policy dialogue that from EU and continues to approach others at all levels of the organisation.

UNICEF has mobilised an additional 15 million dollars from other donors to support the strengthening of the PSM system, including the procurement and distribution of essential medicines and the establishment of the National Pharmaceutical Procurement Unit, the training and supportive supervision of the health personnel and the update of the LMIS tools.

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.

# 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 Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

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

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1. The term “programme” is used for programmes, joint programmes and projects. [↑](#footnote-ref-1)
2. Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document; [↑](#footnote-ref-2)
3. The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-3)
4. The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-4)
5. The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](http://mdtf.undp.org/) [↑](#footnote-ref-5)
6. As per approval of the original project document by the relevant decision-making body/Steering Committee. [↑](#footnote-ref-6)
7. If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. [↑](#footnote-ref-7)