

Year 4 Report (2015 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

Country: Sierra Leone

EU-Lux-WHO UHC Partnership

Date: November 2015	Prepared by: WHO CO/RO/HQ
Reporting Period: January 2015 – December 2015	
Main activities as planned in the Road Map.	
Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result	
<p>Further to the report of December 2014, post-Ebola recovery was main focus within the Ministry of Health and Sanitation's (MOHS) for 2015. The key activities in support of this are detailed below.</p>	
ER1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity	
<i>Activity 1: Development and costing of Sierra Leone Health Sector Recovery Plan 2015-2020 Q1/Q2</i>	
<p>Health Sector Recovery Plan developed and costed. As part of the process, the Basic Package of Essential Health Services was also updated. In addition, all districts completed detailed implementation plans for the 2015-2020 in line with the main priorities of the Recovery Plan. A High Level Stakeholder workshop convened in January 2015 to review Joint Programme of Work 2012-2014 and a workshop convened in March 2015 to validate the final version of the recovery plan and ensure buy-in from all stakeholders. WHO was the lead technical agency in guiding these activities.</p>	
<i>Activity 2: Strengthening districts Q1/Q2/Q3/Q4</i>	
<p>In order to maintain the momentum of the Ebola response and also to ensure that the delivery of routine health services is restored in the districts, technical, human resource, financial and logistical support was provided to the District Health Management Teams. WHO has field offices in all 14 districts, with key staff members instrumental in promoting the objectives of the District Ebola Response Committees (DERCs) and DHMTs in helping to manage relationships, providing logistical supports, facilitating meetings, and conducting trainings. WHO facilitated the channeling of relevant funds from different donors in support of strengthening district capacities.</p>	
<i>Activity 3: Review of the National Health Sector Strategic Plan 2010-2015 Q4</i>	
<p>At the request of the MOHS, WHO with financial support from IHP+, facilitated the review of the</p>	

National Health Sector Strategic Plan (NHSSP) 2010-2015. The exercise assessed the progress achieved, identified strengths and weaknesses, challenges experienced in implementation and proposed options for moving forward in the post-Ebola environment in 2016 and beyond.

Activity 4: Head count of health workforce and update of Human Resources Information System (HRIS) Q4

To ascertain the true picture of the level of the health workforce in the country as well as gather more data on health worker numbers, geographical distribution and skills level, a head count of all health workers in the country was undertaken, using the data to populate the existing Human Resources Information System. The findings will inform future health workforce priorities, including the development of updated human resources for health (HRH) profile, policy and plan.

ER2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews

Activity 1: Improved coordination mechanism for health management information system (HMIS) Q3

Institutionalization of MOHS monitoring and evaluation technical working group (TWG) was completed in 2015 with technical support from WHO. In 2016, goal of the TWG will be to conduct a situation analysis of the current data management processes (infrastructural, human resources, and software) at all the functional levels, review the current HMIS policy and governance structure and chart road map for interoperability and integration for all HMIS systems across various directorates within the MoHS.

Activity 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews

Updated National health accounts (NHA) Q3/Q4

Data collection from secondary sources was completed in 2015, but the process stalled due to delayed release of funds from another agency. Resumption of data collection from primary sources is expected in early 2016, pending release of funds.

ER6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated

Activity 1: Fully functionally donor coordination unit within the MOHS Q3

Assessed the capacity of the MOHS Directorate of Donor/NGO Liaison Office, reviewed its organisational structure, identified the needs to make it fully functional and developed an improvement plan and development of an improvement plan.

Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.
Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc.)

What are some concrete and visible outputs of Partnership activities?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

Main activity	Percentage completed	WCO support/collaboration	Outputs
<i>Development and costing of Sierra Leone Health Sector Recovery Plan 2015-2020</i>	100%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors)	Costed Health Sector Recovery Plan
<i>Strengthening districts</i>	50%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors)	
<i>Review of the National Health Sector Strategic Plan 2010-2015</i>	100%	Full support provided by WCO, in collaboration with other key partners (UN agencies, donors)	Assessment report with recommendations
<i>Head count of health workforce and update of Human Resources Information System (HRIS)</i>	100%	Full support provided by WCO	Updated head count/HRIS
<i>Improved coordination mechanism for health management information system</i>	100%	Full support provided by WCO (in collaboration with other agencies)	
<i>Updated National health accounts (NHA)</i>	30%	Some support provided by WCO, in collaboration with World Bank	
<i>Fully functionally donor</i>	60%	Full support provided	

coordination unit within the MOHS		by WCO	
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Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).

As stated in the 2014 report, due to the Ebola Virus Disease (EVD) outbreak of 2014-2015, originally planned activities had to be revised in order to align with the emerging priorities of the Government of Sierra Leone. Therefore, the main focus for 2015 was ensuring that support from the UHC Partnership contributed to technically robust and strategically sound post-Ebola recovery plans. Furthermore, in order to ensure a more resilient health system, support was provided to strengthening capacities at the district level.

1. Community opinion survey report finalisation Q2 2015: Data collected, final report to be released by MOHS
2. 2013 SARA+EmoNC report finalisation Q2 2015: This activity has been postponed to 2016 due to the EVD outbreak and will be revisited in Q1 2016
3. HR Training Plan finalisation Q2 2015: Postponed pending the findings of the headworker headcount and the HRIS update
4. IHPAU establishment Q1 2015: The complete operationalization of IHPAU by the MOHS is expected to be completed by the first quarter of 2016
5. 4 district (low transmission) community engagement, health workforce confidence building: Due to Ebola, linked to overall activities around district strengthening

Proposed modifications to Programme Road Map resulting from changes above:

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

Given that the current phase of the UHC Partnership is ending and the next phase will be initiated in 2016, it is anticipated that a new work plan of activities will be developed jointly with the MOHS, the EU Delegation and partners in early 2016 to identify the main priorities for future support.

Lessons learned:

*Please describe the principal lessons learned during the **first** year of implementation of the Policy Dialogue Programme:*

1. Despite the high human and financial cost, the EVD outbreak of 2014/2015 provided an

opportunity to revisit the way health services in the country are organized and delivered. Many of the mechanisms established during the epidemic will be transitioned into more routine service delivery. Furthermore, practices (such as improved infection prevention and control) and systems (Integrated Disease Surveillance and Response) are being institutionalized.

2. There has also been a revitalization of districts, particularly, the District Health Management Teams (DHMTs) and efforts are underway to continue strengthening their capacities as well as improving linkages between the central, district and peripheral levels.

Road Map and timeline for 2016:

*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2015. **These activities should be related to objectives/ER and have clear timeline and indicators.***

As stated above, the work plan activities for 2016 will be developed according to the revised priorities of the Government of Sierra Leone. It is envisaged that the activities will be in support of:

1. Implementing the 10-24 month Ebola recovery plan
2. Standardizing and harmonizing district level annual operational plans/planning circles
3. Strengthening district health systems
4. Developing updated human resources profile, policy and strategy
5. Strengthening of M&E, HMIS, and surveys
6. Conducting a Service Availability and Readiness Assessment

Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured

The Health Sector Recovery Plan was presented during the World Bank/IMF Spring 2015 meeting and received financial commitments from donors and partners.

The activities linked to district planning and the HRIS training was covered by the local media.

Overall efforts around Ebola covered on UHC Partnership website:

<http://www.uhcpartnership.net/calculated-miracle-the-engineers-behind-sierra-leones-ebola-success-story/>

Impact assessment:

Please explain to which extent 1-3 country level activities have already contributed towards

achieving the overall programme objectives. Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an “external” reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

1. The WCO has been instrumental in supporting the MOHS in strategic planning processes in the past year. This has included providing technical expertise to the development/implementation of the:
 - a. Ebola Recovery Assessment 2015
 - b. National Ebola Recovery Strategy 2015-2017 (all sectors)
 - c. Health Sector Recovery Plan 2015-2020
 - d. Basic Package of Essential Health Services 2015-2020
 - e. District operational plans (based on the Health Sector Recovery Plans) 2015-2020
 - f. 6-9 month Ebola recovery plan
 - g. 10-24 month Ebola recovery plan

2. As previously stated, WHO’s current presence in all 14 districts of Sierra Leone is proving to be vital in the transition from Ebola to revival of the health system. The field teams provide needed support and advice in strengthening capacities at the district level.

Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership

Strategic objectives (SO)	Expected Results (ER)
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity;	ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity; ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;	ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable:

	<p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</p> <p>ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>