MID-YEAR PROGRESS *in* FOCUS — 2016

SIERRA LEONE

World Health Organization

Cover photo: UN/Simon Ruf

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Photo: UN/ Martine Perret

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INTRODUCTION

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Progress Overview

WHO has committed to contribute to the President's two overarching priorities for the health sector: Resilient ZERO and a reduction in maternal and child mortality and morbidity. To this end, WHO has agreed with the Ministry of Health and Sanitation (MoHS) to focus on six main areas of work.

A major achievement by the government has been maintaining the resilient zero with no new Ebola Virus Disease (EVD) cases. WHO has been working closely with the MoHS to support the roll out of the Integrated Disease Surveillance and Response (IDSR) system and capacity across the country. Today all health facilities are reporting in a timely and correct manner. The preparation for putting the system on an electronic platform and improving the quality of the data is also well under way.

A milestone in Infection Prevention and Control (IPC) strengthening has been the agreement of the National IPC Action Plan. Yet much work remains, as currently only 52% of facilities meet the defined standards. Going forward, a stronger focus will be given to measuring the impact of the IPC work, e.g. the number of hospital acquired infections.

A major focus since the beginning of 2016 has been on reducing child and maternal mortality and morbidity, for which the Expanded Programme on Immunization has continued to be a backbone and an important entry point for broader integrated primary health care. WHO has supported the MoHS in rolling out the Integrated Management of Newborn and Childhood Illness (IMCI) programme as well as conducting pilot Emergency Obstetric and Newborn Care (EmONC) training sessions. The national programme of Nutrition has also been of critical importance. Additionally, WHO supported the Country Coordinating Mechanism (CCM) to assess how the country can benefit even more from grants provided by the Global Fund to fight HIV, Tuberculosis and Malaria.

Together with the Clinton Health Access Initiative (CHAI), WHO worked with the MoHS during the first part of 2016 to roll out the Human Resources Information System (HRIS), which provides essential information about the composition of the established health workforce. Additionally, a Human Resources for Health (HRH) Summit was organized, which brought together experts from a number of African countries and has formed the basis for three working groups to

tackle different aspects of the HRH agenda.
A clear lesson and legacy from the Ebola response is the importance of community engagement and community systems. Community Development Committees, School Health Clubs, and mothers' groups in all districts have received continued support and have been leveraged for the National Immunization Days and Campaigns, the World Breast Feeding week and many more activities.

The review of the National Health Strategic Plan 2010-2015 at the beginning of the year provided a good analysis of strengths and weaknesses of the health system. Major progress has been made in the role of district health management teams (DHMT) and their capacity for planning and reporting. In all districts the DHMTs have taken on the role and functions of the District Ebola Response Centres (DERC).

A WHO workshop brought together representatives from Sierra Leone, Liberia and Guinea to evaluate the need to further strengthen leadership and managerial skills at district level. A survey has now been conducted in Sierra Leone to map out the more specific needs. Complementary to this, a revision of the Sierra Leone Primary Health Care Handbook has started, which defines the role and functions of the DMHTs.

Finally, WHO has also improved its internal effectiveness and efficiency: Quarterly progress reviews of workplans, results and budgets, quarterly monitoring of office key performance indicators, and continuous learning opportunities for staff are now well established practices.
WHO's role and work is to provide technical support to the Government of Sierra Leone and to work with all relevant national and international partners.

The work done this far during 2016 could not have been done without strong working relationships and the very dedicated WHO staff across the country.

BASIC PACKAGE *of* ESSENTIAL HEALTH SERVICES

Photo: UN/ Martine Perret

Expanded Programme *on* Immunization

The Expanded Programme on Immunization (EPI) aims at delivering potent life-saving vaccines to all eligible children, thereby reducing infant and child death and disability by preventing children from being infected with the 11 major childhood vaccine preventable diseases. These include tuberculosis, pertussis, tetanus, diphtheria, poliomyelitis, measles, yellow fever, hepatitis B, haemophilus influenza B, pneumococcal pneumonia and rotavirus. The Programme also forms a solid base for the delivery of other high impact, evidence based and cost effective interventions such as deworming, long lasting insecticidal nets (LLINS), vitamin A and the promotion of health education messages. The current target population for the EPI services in Sierra Leone includes all children under the age of two years and women of childbearing age (15-49 years).

To deliver effective EPI services, it is required that all components of the system are functional, including vaccine procurement, distribution and administration among others. This requires a functional cold chain system and human resources to administer vaccines to eligible children and women including those in hard to reach areas using various strategies. Community engagement to create demand for services is critical.

Routine immunization (RI) in Sierra Leone improved attaining administrative coverage above 90% for several years of a third dose of a pentavalent vaccine. Due to the Ebola Virus Disease (EVD) outbreak that affected health service delivery including immunization, coverage declined. To accelerate RI service delivery during the EVD outbreak the MoHS and partners developed an RI recovery plan which was funded by the Global Alliance for Vaccines and Immunization (GAVI). A number of activities aimed at improving RI coverage including Periodic Intensified Routine Immunization (PIRI), refresher trainings on Reaching Every District approach for improving RI, conducting outreach sessions and defaulter tracing among others are being implemented. The coverage is picking up and is expected to continue improving.

The EPI programme planned to conduct a number of activities in 2016, and a good number of the planned activities have been implemented successfully. Some of the achievements made include conducting a nationwide micro planning activity to guide supplemental immunization activities (SIA) and RI service delivery. Two rounds of Polio National Immunization Days (NIDs) were conducted in February and April attaining an administrative coverage of 98.1% and 96.2% respectively. On 20 April 2016, the country joined a group of 155 countries in a synchronised global switch from using trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) which is a major milestone in polio eradication endgame strategy.

Due to the severe confirmed measles outbreak in the country, a measles outbreak response campaign was conducted countrywide targeting children six months to less than 15 years attaining coverage of 97%. Additional cold chain equipment was procured and distributed to the districts to replace obsolete equipment and also to expand the cold chain capacity. Training on cold chain management for national and district EPI staff as well as vaccine management training for EPI technicians were conducted.

In addition, Maternal and Child Health Week was conducted nationwide targeting children under five years of age with various interventions, including vitamin A supplementation, administration of Albendazole for deworming, and defaulter tracing. Focused Antenatal Care for pregnant women was also offered.

REFLECTIONS *of* STAKEHOLDERS & BENEFICIARY — EPI

Stakeholder Reflection

Dr. Diennis Marke
Programme Manager — EPI/MoHS
Freetown

"The Child Health EPI programme conducted two rounds of National Immunization Days with coverage of 98.1% and 96.2% respectively. A Measles Reactive campaign was conducted in response to a nationwide outbreak in the first half of 2016. A post Measles coverage survey was also conducted with the technical support provided by WHO. A significant milestone has been the nationwide switch from tOPV to bOPV in April 2016. Training sessions were conducted to improve surveillance and routine immunization services. The Programme secured a number of solar refrigerators for effective vaccine storage."

Stakeholder Reflection

Peter Sam
Community Health Worker
Bumpeh Perri (Gallinas Perri chiefdom, PujehunDistrict)

"I think we are seeing a good improvement in the EPI coverage due to the maintenance of most refrigerators that hold the vaccines. Outreach activities are improving with the high level of motivation that we get from the supportive supervision teams and other partners monitoring the activities. For me this is considerable progress since the start of the year."

Beneficiary Reflection

Marie Kamara
Mother of two children
Western Area

"This year alone my two children as well as nephews and nieces were vaccinated against polio and measles. Usually they (health workers) only give the maklate (vaccine) to the younger children (Under-fives). But this time the older children also received the Measles vaccine. We are happy about that because they too will be protected which means less worry for us."

WHO/ Saffea Gborie

Reproductive, Maternal, Newborn & Child Health

Sierra Leone had the highest maternal mortality ratio in the world with 1,360 deaths per 100,000 live births in 2015. An estimated 3,100 women died from complications of pregnancy or child birth, a large number of whom were adolescents. Maternal mortality is the leading cause of death among girls aged 15-19 years. Sierra Leone also has a high fertility rate of 4.9, and low levels of modern contraceptive use of 16%. Unmet need for family planning stood at 25% (DHS, 2013).

Sierra Leone recorded slow progress in achieving the Millennium Development Goal (MDG 4) of a two-thirds reduction in child mortality. With an estimated under 5 mortality (U5M) of 120 per 1,000 live births, 26,000 children died before their 5th birthday in 2015. The neonatal mortality rate stands at 39 deaths per1,000 live births and the stillbirth rate is 24.4 per 1,000 live births. Pneumonia, malaria, and diarrhoeal diseases contributed to 44% of childhood deaths, and newborn causes contributed to 30% of all deaths among children under 5 years.

The President's Recovery Priorities has set a target of saving the lives of 600 women and 5,000 children over 2 years, through upskilling staff knowledge and skills in critical areas of maternal and child health, ensuring availability of life saving medicines, and strengthening referral systems for maternal, newborn and child health services with a focus on the major causes of child and maternal mortality. Increasing access to contraceptive commodities for teenagers is another major target, given the high birth rate in this demographic and the contribution of maternal causes of death to adolescent mortality.

Working with the MoHS and supporting the implementation of the President's Recovery Priorities, WHO has in the short term prioritized the improvement of the quality of care and quality of pre-service education, and in the long term the development of a resilient work force.

Key areas for interventions have been upskilling of providers' critical knowledge and skills in management of complications of pregnancy, childbirth and postpartum; clinical mentorship and review of pre-service training curricula, strengthening Maternal Death Surveillance and Response (MDSR), improving coverage and utilization of Integrated Management of Neonatal and Childhood Illnesses (IMNCI), improving quality of care during Antenatal Care (ANC), labour and childbirth and Postnatal Care (PNC) for the mother and newborn at basic and comprehensive emergency obstetric and neonatal care levels through appropriate use of evidence-based guidelines, and review of the reproductive, maternal, newborn, child, and adolescent health (RMNCAH) strategic policy.

The training curricula for professional midwives were reviewed, ensuring that midwives graduating from public training institutions have the required knowledge and skills to deliver quality midwifery services. This will also reduce the investments in in-service training that have been the norm for many years. Another significant achievement during the reporting period was the development and finalization of standards and accreditation tools for the education of nurses and midwives. As part of this process, a best practice study tour to Malawi for key health leaders was undertaken focusing on understanding their education, regulation, accreditation and service delivery models, and applicability to Sierra Leone.

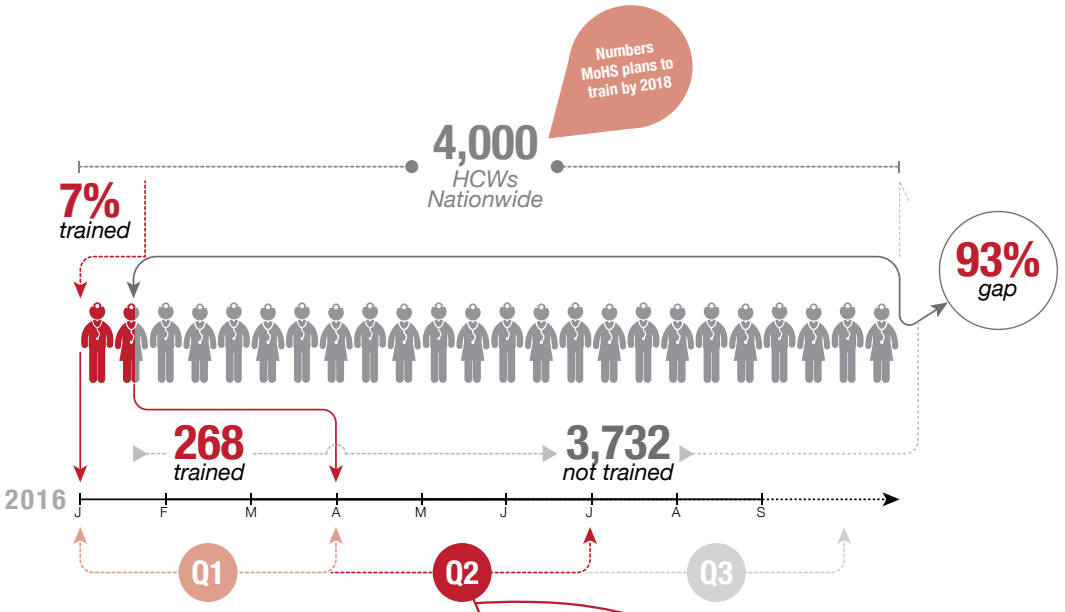
45 health workers received an intense competency-based EmONC training at Princess Christian Maternity Hospital (PCMH). Health workers from MoHS and District Health Management Teams (DHMT) were trained on Epidata for better management of MDSR data, allowing them to better generate and analyse MDSR reports. The MoHS received continuous support to expand access to family planning services. 100 health care workers in 5 districts were trained in the placement of long lasting contraceptives and more than 654 women benefited from Jadelle insertions undertaken during the training session. Likewise, the IMNCI case management guidelines were reviewed and updated in line with the WHO 2014 guidelines.

WHO together with other partners have supported the MoHS to expand IMNCI coverage to 60% in 11 of the 14 districts. This has also been followed-up with orientation training for more than 130 IMNCI mentors in the country. Contributing to the overall strengthening of the health system, two doctors who had been supported for postgraduate medical fellowship training have returned to Sierra Leone.

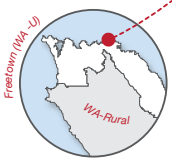
Stakeholder Reflection

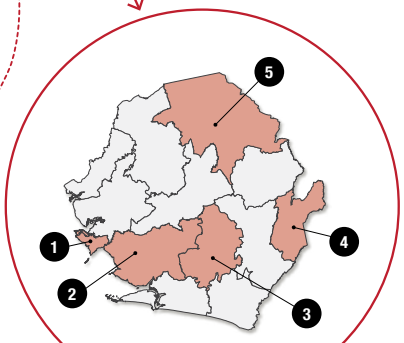
Sheka Dumbuya
Councillor
Ward 384, Kono District

"One of the most important interventions in my community this year was aimed at reduction of maternal and infant mortality. I am sure we will see the impact of these efforts especially now that community interface meetings are being strengthened to enhance trust in the delivery of health care services. My only concern is the sustainability of the good work. Intermittent refresher trainings and continuous interface with the community will help in improving health in the community."

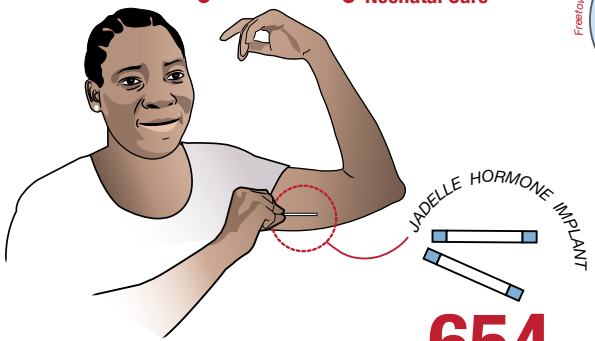


45
Health Workers received training in Emergency Obstetric & Neonatal Care





100
Health Workers from (1) Western Area, (2) Moyamba, (3) Bo, (4) Kailahun, and (5) Koinadugu (x20 each district) received training on jadelle implant insertion and removal.



654
women & teenage girls received jadelle implants effective upto 5 years

Aids, Tuberculosis & Malaria

To enhance the delivery of HIV services, health care workers received training on prevention of mother to child transmission, antiretroviral therapy, and HIV counseling and testing followed by supportive supervision and mentoring. To improve data collection and accuracy, all HIV/AIDS related data collection forms were reviewed, National AIDS Control Programme (NACP) data collection was fully integrated into District Health Information Systems (DHIS), and NACP national staff and supervisors were trained on DHIS data entry.

The TB programme started the planning process for the management of drug resistant tuberculosis. This includes the commissioning of the national TB reference laboratory which was used for EVD in 2014/2015, capacity building for culture and drug susceptibility testing, the strategic placement of a new diagnostic tool, the GeneXpert MTB/Rif and the development of a specimen referral system, linking to ongoing efforts on specimen transportation for surveillance. GeneXpert MTB/Rif can detect TB and resistance to rifampicin in less than 2 hours. GeneXpert machines procured to detect EVD can be deployed for the detection of TB and drug resistance.

Furthermore, the hospitalization capacity for drug resistant TB patients and the needs for infection control were assessed. Going forward, drug resistant TB patients will be treated with a standardized treatment regimen of nine months. Patients on treatment will receive nutritional support and once discharged will be supported to complete their treatment in the community. Finally, work is ongoing to review and update the TB recording and reporting tools, in order to improve collection of data relevant to diagnosis, treatment, and treatment outcome and to integrate data management into DHIS.

World Malaria Day (WMD) was commemorated nationwide on the theme “End malaria for good” and the national slogan “Let’s join hands to end malaria”. The WMD commemoration also saw the launch of a set of revised policy documents, such as the National Strategic Plan 2016-2020 (NSP), the National Malaria Quality Assurance Plan 2016-2020, and the Monitoring and Evaluation Plan 2016-2020. Additionally, new treatment guidelines and a new malaria profile document were launched.

In order to reduce clinical malaria in the first year of life, a national task force was established to facilitate the implementation of Intermittent Preventive Therapy in infants (IPTi) 2-11 months of age. The 2016 Antimalarial drug efficacy study commenced in four sentinel sites: Bo, Bombali, Kenema, and George Brook. The WHO Regional Office for Africa and WHO headquarters provided support to train the study personnel and provide guidance for the study.

The Neglected Tropical Disease Programme (NTDP), in collaboration with partners, conducted a mass drug administration of Ivermectin and Albendazole for preventive chemotherapy and transmission control for onchocerciasis, lymphatic filariasis, and soil-transmitted helminths in all 14 districts in the country.

Stakeholder *Reflection*

Dr. Lynda Foray
National TB Programme Manager — MoHS
Freetown

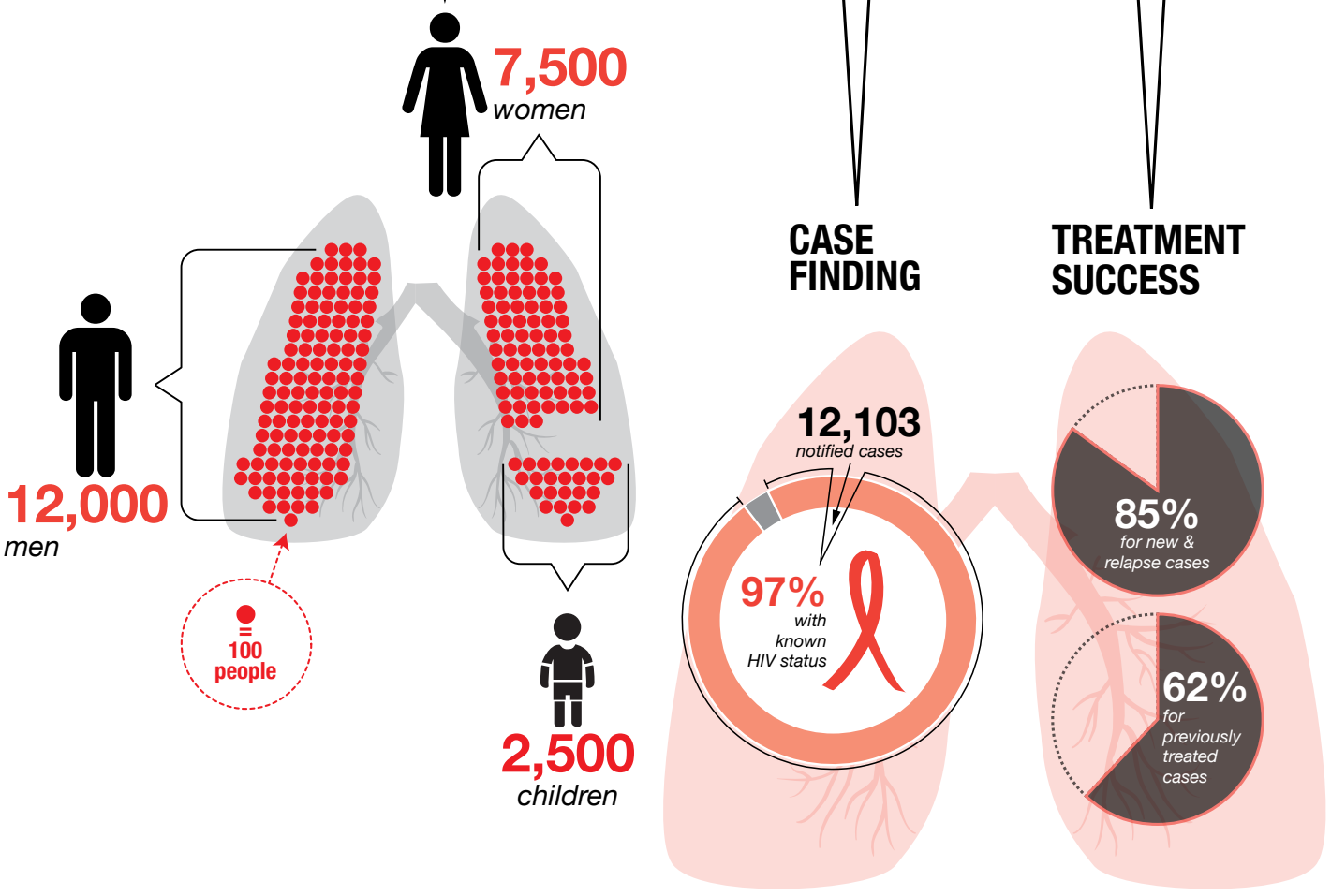
“We finalized our national strategic plan for tuberculosis (2016-2020). The plan will guide us to intensify our efforts to detect more tuberculosis cases, focussing on the poor and vulnerable, strengthen our diagnostic network, involve the communities and embark on management of drug resistant TB. The Global Fund for AIDS, TB and malariagranted an unprecedented USD 100 million for the period 2016-2017 to strengthen our health system and to step up control of HIV, TB, malaria in Sierra Leone.”

Stakeholder Reflection

Lyntton Michael Tucker
Country Coordinator, Country Coordinating Mechanism
Freetown

"During January to June 2016, field visits and meetings were held with beneficiaries/key populations, principal recipients, MoHS, etc., to ascertain programme progress. To strengthen and improve on our gains, the key beneficiaries of ATM interventions should play significant roles in planning, implementation and oversight of the Global Fund Grants. The CCM should use their lenses on reaching out to key affected populations and engage them in dialogue to incorporate their needs into the programmes during the next submission of the CCM Proposal to The Global Fund."

BURDEN OF TB IN SIERRA LEONE (2015)



Nutrition

Sierra Leone has high levels of malnutrition with a prevalence of anaemia in children under-five and pregnant women at 76.3% and 70% respectively. WHO estimates that about 45% of all childhood deaths are linked to malnutrition. The MoHS-WHO joint workplan focuses on strengthening national nutrition surveillance systems and supporting the development, implementation, and monitoring of nutrition action.

In an effort to strengthen the nutrition surveillance system, the Directorate of Food and Nutrition received support to conduct the annual nutrition review meeting and to develop an action plan for 2016. Technical guidance was provided in analyzing surveillance data and producing reports with the aim of monitoring malnutrition trends (2015 annual nutrition surveillance report and 2016 quarterly nutrition surveillance report).

The food and nutrition early warning system implementation guidelines and operational procedures were validated, and country data on food and nutrition insecurity updated in collaboration with partners in nutrition and agriculture. Furthermore, the final report on the pilot study on the use of the height for age measuring tool was produced and disseminated. The tool enables screening of children under five years of age for stunted growth.

In the area of human resource capacity building, training was conducted on Stunting Prevention and Reduction for MoHS Nutrition officers and partners, with technical support from the WHO Regional Office for Africa and the Intercountry Support Team. This will enable them to effectively implement, support, and monitor community activities, thereby contributing to the reduction in malnutrition with specific emphasis on stunting.

In collaboration with the Directorate of Food and Nutrition, the Scaling up Nutrition (SUN) Secretariat and SUN Networks, support was provided to conduct the first National Health and Nutrition Fair 2016 and to update the UN Network progress report as part of the country SUN progress report. The UN Network Strategy for SUN (2016 – 2020) was also reviewed.

The National Codex Committee (NCC) was re-established and new executive members were appointed in collaboration with FAO to strengthen the coordination on food safety issues. Furthermore, support was provided to the NCC on proposal development for a funding opportunity through the CODEX Trust Fund. Support was also provided to the development of guidelines and publications, such as the National Nutrition guidelines for persons with TB, HIV and AIDS, the Sierra Leone Food Based Dietary Guidelines for Healthy Eating, and two published articles based on extracts from the Sierra Leone Micronutrient Survey report.

WHO/ Saffea Gborie

Non-Communicable Diseases

The work in this programme area focuses on risk reduction, prevention, treatment and monitoring of noncommunicable diseases (NCDs) and their risk factors such as tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, and promotion of a healthy lifestyle.

For the first half of the year, this included raising awareness on the prevention of NCDs and the promotion of screening for raised blood sugar and high blood pressure through the commemoration of World Cancer Day, World Health Day and World No Tobacco Day. Additionally, support was provided to develop and disseminate information, education, and communication materials on prevention of harmful use of alcohol, tobacco control, and promotion of physical activity.

The development of a tobacco control bill and a policy on alcohol is also being supported. Major activities in terms of reporting were the collection of data as part of the Global Survey on Alcohol and Health and the preparation of the global progress report on the implementation of the WHO Framework Convention on Tobacco Control.

Technical support was provided in the area of health promotion. The district social mobilization coordinators received support in the planning and implementation of a number of events, such as the Maternal and Child Health Week, World Health Day, World Blood Donor Day, National Health and Nutrition, World TB Day, Reactive Measles Campaign, Polio Round 1 and 2, and World Malaria Day. African Vaccination week was commemorated through national radio and television to raise awareness on the benefit of being vaccinated. In the Western Area, community meetings were held at zonal level to mobilize communities to be involved in promoting vaccination.

Community Engagement is a major strategy and platform for health promotional activities utilized by WHO. Many of the above mentioned activities were supported by WHO Community Engagement officers at district and community levels.

WHO/ Saffea Gborie

Mental Health

The MoHS-WHO work prioritizes establishing a policy and legal framework that is supportive of the integration of mental health (MH) services at all levels of care, training and capacity building of health care workers, and research.

A report on "Mental Health Funding and the SDGs" was successfully launched on June 21 2016, hosted by the MoHS and attended by the Ministers of Social Welfare, Gender and Children Affairs, Finance and Internal Affairs, among others. During this event, the MoHS reiterated its commitment to support the strengthening of the delivery of mental health services. In terms of establishing a policy and legal framework, the meeting resolutions contributed to the ongoing revision and development of the Mental Health Policy and Strategic Plan. Another major policy activity during the first half of the year was continued support for the revision of the Mental Health Act.

Mental, neurological, and substance use disorders (MNS) comprise one-third of the global distribution of the non-fatal disease burden as measured by Years Lived with Disability. While it is unclear what the precise burden of MNS in Sierra Leone is, it is estimated that one out of four people in low income countries suffer from mental disorders. Even when the needs of EVD Survivors and their families are not taken into account, the known demand for MNS services already exceeds the available offering: Sierra Leone has one psychiatrist (retired), one clinical psychologist, and 17 mental health nurses. There is one psychiatric hospital with 250 bed capacity. People suffering from mental disorders face high levels of stigma and discrimination.

In order to support the integration of mental health services and to train health care workers, a referral pathway for mental health care for survivors, and an algorithm that will help health care workers to recognize mental disorders/mental distress have been developed. The algorithm, which will be printed and distributed to all health care workers, will help in decision making for referrals. Regarding the comprehensive Clinical care Package for Ebola Survivors (CPES), clinical and training officers and survivor advocates are important target groups to train, so they can link survivors to mental health services and ensure care for survivors includes mental health.

Together with the MoHS and other partners, WHO supported the adaptation and contextualization of Mental Health Gap (mhGAP) tools in preparation for the roll out of training for health care workers. WHO also supported MoHS to develop a Psychological First Aid (PFA) Training of Trainers Manual and 21 trainers were trained in the Western Area.

Stakeholder Reflection

Andrew Muana

MH Programme Manager — MoHS

Freetown

"Within this period we reviewed our MH policy. We were fortunate to launch the Overseas Development Institute (ODI) report on Mental Health Funding and the Sustainable Development Goals (SDGs). We also received remarkable support for the coordination of MH activities through the MH Steering Committee comprising of top management of the MoHS, WHO and partners in Mental Health. Similarly, we organized training for Community Health Workers and other partners in mhGAP contextualization. Despite these gains, human resources need for MH remains grossly inadequate in the country. Also, the lack of mental health coordination unit at the central level remains a challenge. At the same time, the inadequacy of psychotropic medication and low staff moral affect the mental health response."

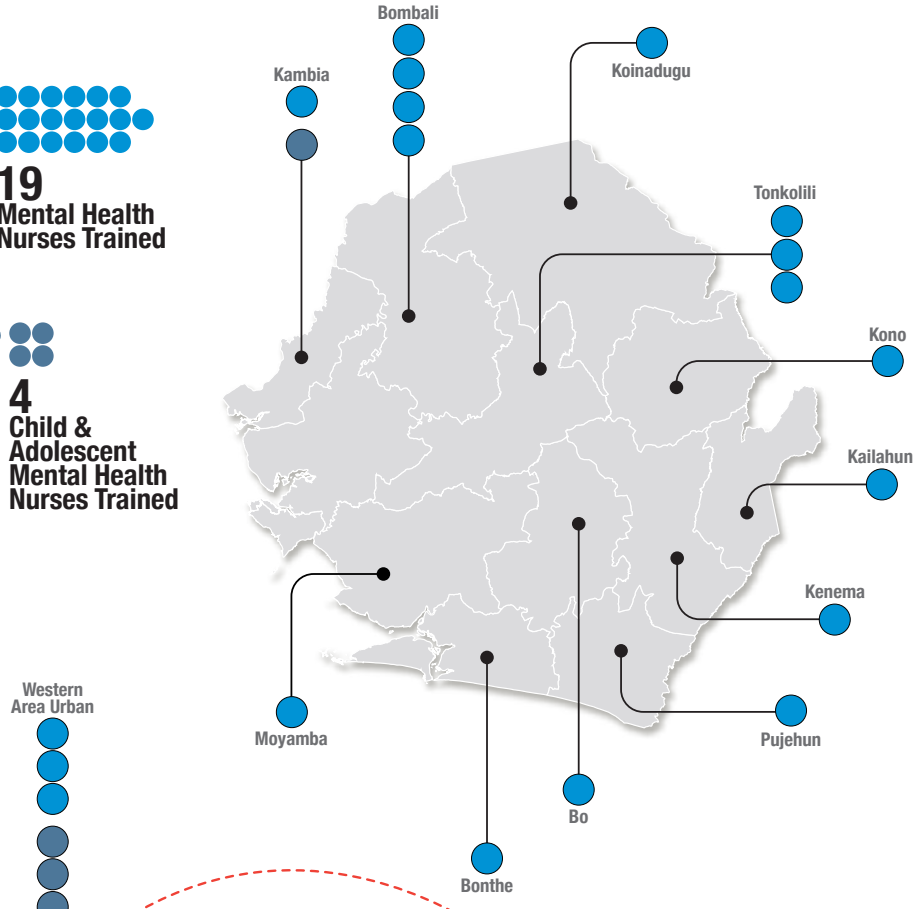
Stakeholder Reflection

Joshua Abioseh Duncan
Programme Manager at NGO Building Back Better
Freetown

"There is gradual progress in the field of MH activities in Sierra Leone. This is as a result of the increased quality and collaborative efforts of partners. Deliberate efforts to have the re-writing of the outdated mental health legislation (presently known as the Lunacy Act of 1902), the establishing of a mental health unit at the Ministry of Health and Sanitation, signing of the mhGAP – IG Manual forward by the Honourable Minister of Health and ongoing capacity building of (potential) service providers are of essence and would require more attention in order to improve and sustain the existing gains already made."

19
Mental Health Nurses Trained

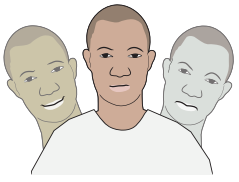
4
Child & Adolescent Mental Health Nurses Trained



Kissy National Referral Psychiatric Hospital

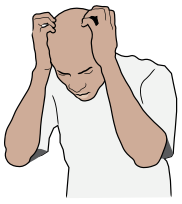
250
Maximum bed capacity to treat mental health conditions

SCHIZOPHRENIA



1% lifetime prevalence of mental illness equals**
75,000
Sierra Leoneans who suffer from schizophrenia

DEPRESSION



5%* of one year's prevalence equals
450,000
Sierra Leoneans who suffer from depression

** Kessler and Bromet (2013) The epidemiology of depression across cultures Annu Rev. Public Health 2013, 34: 119-138*

*** Stilo SA and Murray RM (2010) The epidemiology of schizophrenia: replacing dogma with knowledge Dialogues Clin Neurosci 2010, 12(3): 305-315*

Community Engagement

Community engagement is one of the many strategies utilized in Sierra Leone by the Health Education Division (HED) of the MoHS to strengthen and engage community platforms to promote positive health behaviours and practices, including appropriate care-seeking.

Community engagement is also utilized to engage communities on behaviours and practices that are harmful to health and well-being, with the intention of motivating change. Community engagement, participation, and ownership are key factors of success of public health programmes, as evidenced by the EVD outbreak and response.

To complement the work of the HED of the MoHS, the WHO Community Engagement officers and networks stationed in 14 district health management teams have been working on strengthening the capacity of district social mobilization coordinators, and providing technical support for all health engagement and disease prevention interventions at community level. The community engagement work embraces the principle that communities are the key actors in all health interventions.

The HED and Ministry of Social Welfare Gender and Children Affairs (MSWGCA) were supported in conducting training sessions regionally and in all 14 districts on Compassionate Communication Skills for 427 district staff (91 trainers and 336 frontline staff). The Compassionate Communication Skills Training enhances participants' communication skills, essential for building trust and strengthening relationships with communities for quality delivery of health promotion activities.

Technical input was provided in the development of the "Message Guide: For Reproductive, Maternal, Neonatal and Child Health" and in reviewing the national health promotion/ community engagement strategy. The effort to strengthen mothers support groups, school health clubs, and other key community platforms for effective delivery of community engagement activities was also supported.

Stakeholder Reflection

Lanssana Conteg
Social Mobilization Lead, MoHS
Freetown

"Community engagement and social mobilisation activities were very supportive in addressing a wide range of issues and in promoting health interventions, be it during the January EVD flare up in Tonkolili and later the threat from Guinea and Liberia , the measles outbreaks, etc. Continued community engagement activities contributed significantly in restoring trust in the health service delivery system that was badly affected due to Ebola. A major challenge has been the drastic reduction of resources and the shifting of focus of some of the partners after the end of the EVD outbreak."

Stakeholder Reflection

Geoff Wiffin
UNICEF Country Representative
Sierra Leone

"The focus so far in 2016 has been to build on the experiences during the EVD response, especially reinforcing community-based structures through the revitalization of Village Development Committees (VDCs) for community ownership by community leaders and local councils. For instance, with the support of Paramount Chiefs, we've now mapped over 800 VDCs, with each including representation from key community stakeholders like community health workers, Mama-Pikin groups, and School Management Committees. Through our strategic partnership with the Inter-Religious Council of Sierra Leone, we're building the capacities of Christian and Muslim leaders to promote positive social norms and healthy behaviours across the country. This has already born fruit in the positive acceptance of recent immunization campaigns as well as routine vaccinations. We're also continuing to work with the government on expanding the participatory community monitoring and accountability work, a social accountability framework that users tools like scorecards to give community members a greater role in their own development.

In order to sustain community engagement and citizen participation, we need to make sure bottom-up accountability and transparency becomes deep-rooted through unifying and strong community based structures. Another area that needs specific focus is carrying out social norms and anthropological studies to provide relevant evidence that can guide the design and implementation of strategies."

WHO/ Saffea Gborie

HEALTH SECURITY & EMERGENCIES

Photo: UN/ Martine Perret

Emergency Preparedness & Response

The lessons learnt from the 2014-2015 Ebola outbreak in the country have been used to revamp the framework for preparedness and response to public health emergencies. The framework deals with the systematic analysis and management of health risks posed by emergencies and disasters, focusing on the key pillars of health security – prevention and risk mitigation, preparedness, and response. Emergency preparedness and response (EPR) planning in the first half of the year focused on the main hazards of disease outbreaks (EVD, cholera and yellow fever) and the risk of flooding during the rainy season.

WHO supported MoHS to develop an EVD preparedness and response plan, taking into consideration the risk posed by viral persistence in body fluids of survivors. Further, support was provided to the development of the Interagency EVD preparedness plan and the contingency plans at district level.

Routine assessment of isolation capacity and development of referral pathways for isolation and management of suspected and confirmed cases respectively has been ongoing.

The revitalization of a nationwide structure for the coordination of response to public health emergencies was key in the successful containment of the EVD flare up detected in Tonkolili district in January. The transmission was interrupted at source as required under International Health Regulations (IHR) and only one secondary case resulted from the 126 contacts that were followed up.

Since preparedness and response is a continuous process, other seasonal threats like cholera and flooding have also been addressed as summarized below.

EVD Outbreak Response: The team has supported MoHS to conduct continuous assessment of the residual risk and the development of an EVD response strategy for the Tonkolili outbreak. This work included the follow-up and monitoring of contacts, planning and implementation of the Ebola Ring vaccination strategy in Tonkolili, Kambia, Bombali and Port Loko in which 212 contacts were vaccinated.

Cholera preparedness planning: A review of the multi-year, multi-agency Cholera Preparedness Plan was conducted, and a contribution was made to the update of the National Cholera Control Guidelines. In terms of logistics, eight diarrhoeal disease kits have been procured for MoHS to be prepositioned at strategic locations across the country. These kits can support treatment of 800 severe and 3,200 moderate cases, respectively.

Flood preparedness plan: Support was provided to the development of a National Flood Preparedness Plan that will guide the MoHS response under the broader disaster management framework, led by the Office of National Security (ONS), as well as assessment of the potential sites for the relocation of flood victims.

Interagency Rapid Response Team: The EPR team worked closely as part of the Interagency Rapid Response Team (RRT), reviewing the functional areas of the response plans and developing scenarios for tabletop simulation exercises to test the plan.

Outbreak investigation capacity: EPR developed and validated the RRT Guidelines and Standard Operating Procedures (SOPs), The WHO field teams continued to provide technical support and mentorship on outbreak investigation to the RRTs in all 13 districts. Refresher trainings for district surveillance officers, contact tracers and clinicians were conducted. Public health emergency management committees were oriented in coordination and response to public health emergencies.

Assessment of isolation capacity: The team provided technical support to the MoHS Emergency Operations Centre (EOC) for continuous assessments of isolation capacity across Sierra Leone to safely handle suspect and confirmed cases of viral haemorrhagic fevers.

Swabbing policy shift: Support was given to the development of the new swabbing policy and the training of case investigators in all districts on the updated policy following the end of mandatory swabbing. The new policy stipulates that only deaths deemed “suspicious” of EVD by surveillance officers during investigation will be tested for the virus.

Integrated Disease Surveillance & Response

During the first half of 2016 there have been continued improvements in terms of alerting of reporting and responding to outbreaks of priority diseases. The trained personnel have contributed immensely to the improvement in IDSR performance indicators including completeness and timeliness of reporting, detection of, and response to outbreaks. In the first half of 2016, WHO supported training of health workers from health facilities that had not been covered in the initial training phase as well as health facilities that had special performance needs. In total, 144 trainers and 1,857 health workers from 1,315 health facilities have been trained thus far. 20 clinicians have also been trained in priority disease detection, notification and management.

In order to sustain the notable gains made in revitalizing the IDSR system, the MoHS was supported in conducting supportive supervision visits to 13 districts and 72 health facilities. The districts were also aided in conducting supportive supervision in their health facilities. This created an opportunity to assess performance of IDSR processes and activities and offer on-the-job-training and other corrective measures.

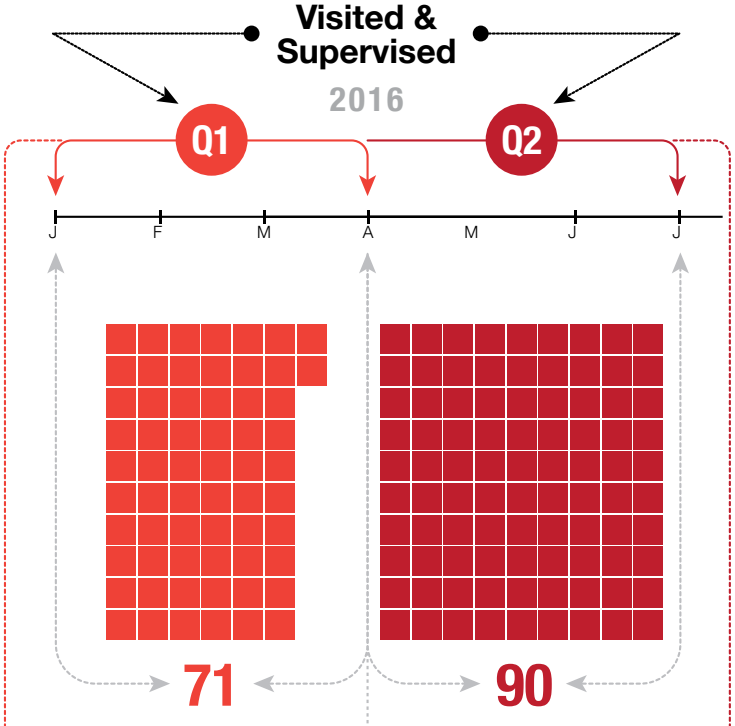
To improve data entry and access, the MoHS was supported to develop electronic platforms for information collection during support supervision and data quality assessments. The open data software - known as ODK - was installed on smart phones and tablets, allowed for direct data entry during field visits. The data can be accessed in real-time and a national database has been established to facilitate data analysis.

An electronic web-based IDSR reporting system to replace the current paper-based system was developed by the MoHS together with WHO and in partnership with eHealth Africa and CDC. The platform was piloted in two phases, with the first phase of the pilot conducted in Port Loko district and the second phase in Kono and Pujehun districts. This pilot enabled the development team to successfully correct system errors, sensitise more districts on the use of eIDSR, test various practical aspects of implementing the eIDSR platform, and test user acceptability of the system in different work environments. Following the pilot, national and district users of the platform were trained on all aspects of the system, including data capture and analysis. All districts have now started using the new platform in parallel with the manual system in order to acquaint themselves more with the new system before the formal switch. The shift from test environment to live environment will follow the complete integration of the eIDSR and eHMIS platforms, which is anticipated to be completed by end of August 2016. After district level implementation, the health facility level platform will be developed and finalized for countrywide use by end of 2016.

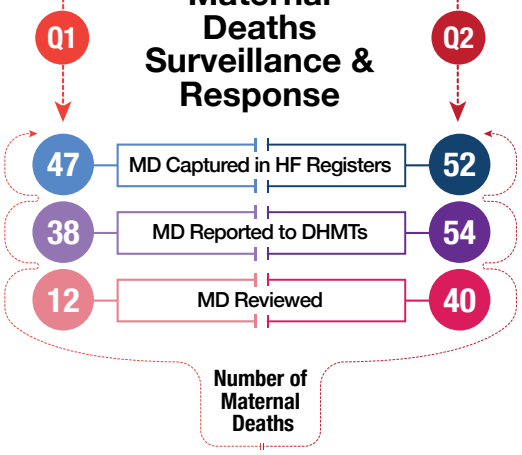
In collaboration with the DPC/MoHS and CDC, two five-day training workshops were conducted to improve IDSR data-extraction, -organization, and -analysis skills. A total of 26 district data managers (DSOs and data clerks) and 13 national level officers were trained.

Following lessons learned in implementing Events Based Surveillance in response to the EVD outbreak in Sierra Leone, the MoHS, supported by WHO and partners, also resolved to implement Community Based Surveillance (CBS) in the country. CBS should complement indicator based- and sentinel surveillance and thereby increase the sensitivity of the surveillance system. In the first half of 2016 this has involved development and printing of all relevant standards, guidelines, and training materials, and training of trainers (ToT) from six districts and at national level. These ToTs will support the rollout of CBS to community health workers (CHWs) as well as to health workers in health facilities for the initial three districts (Koinadugu, Kono, Moyamba). The rollout is followed by commencement of CBS reporting in these districts. Working alongside other partners, WHO will also support the CBS rollout in the remaining 10 districts beginning with Pujehun, Bonthe, Port Loko, and Kambia.

Health Facilities Visited & Supervised

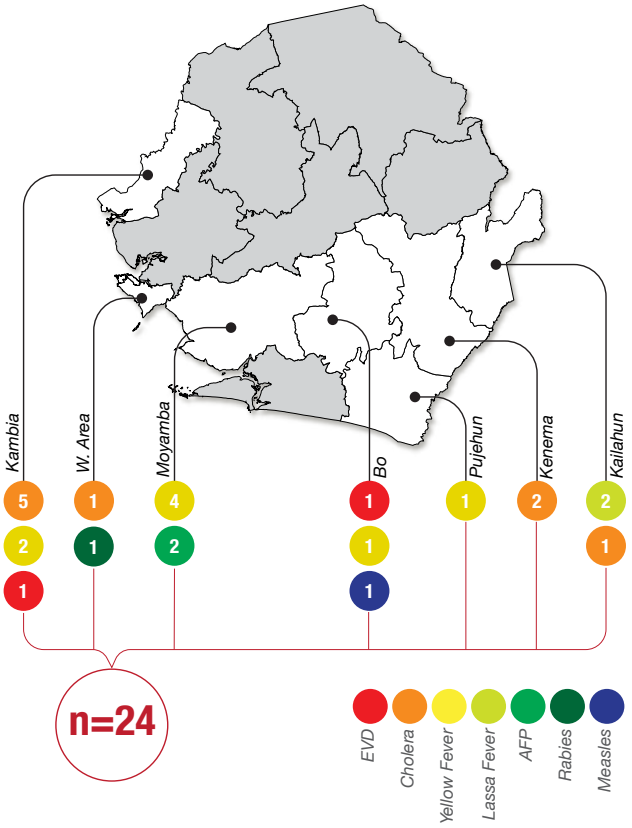


Maternal Deaths Surveillance & Response



Suspected Outbreaks Investigated by District

(WK1-29, 2016)



Outbreak Indicators for Events Reported

(WK1-29, 2016)

Detection of suspected outbreaks by health workers	88%
Notification of suspected outbreaks by health facilities within 24 hours of detection	84%
District level rapid response within 48 hours of reaching threshold for outbreak alert	95%
Lab results received by districts within 7 days of sending specimens for verification and receipt of results at the district level	32%

Infection Prevention & Control

In the first half of the year, efforts focused on developing and supporting the IPC organizational structure, working with the National IPC Unit (NIPCU), building human resource capacities and improving hand hygiene practices.

IPC committees were established in all 13 districts and 25 government hospitals. The functionality (share of IPC meetings conducted) increased from 38.5% in January 2016 to 100% by end of June 2016 in the districts and from 0% to 66.6% in the hospitals. Health care and isolation facilities received continued technical and analytical support through IPC compliance assessments, identification of gaps, and help with the development of improvement plans to address the identified gaps. In order to ensure the sustainability of the IPC efforts, a three year National IPC Action Plan June 2016 – June 2019 was developed and approved.

The work with NIPCU aimed at effectively implementing IPC guidelines and policies in health care facilities (HCFs). Specifically, the NIPCU was supported in conducting IPC trainings, supportive supervisions (field visits), IPC committee meetings, and technical workshops to develop IPC documents. In order to continuously monitor and evaluate the implementation of the National IPC Action Plan, the National IPC/WASH assessment tool was reviewed and updated. The implementation is tracked against indicators from the President's Recovery Priorities as well as the 3-countries' (Guinea, Liberia and Sierra Leone) IPC/WASH common indicators.

In order to improve human resource capacities, IPC experts have organized and facilitated IPC trainings for 3,683 health care workers (including students in health training institutions) and contributed to trainings organized by partners, for another 3,001 health care workers.

In an effort to support the ongoing improvement of hand hygiene practices in health care facilities, WHO supported the NIPCU to print 5,000 copies of the national IPC guidelines and 300 copies of the national IPC policy to be distributed in health care facilities. The introduction of WHO multimodal hand hygiene improvement strategy in all 25 government hospitals will help speed up the improvement in hand hygiene practices there. Additionally, national IPC Officers received training on the strategy and a baseline survey was conducted.

The MoHS was also supported in the preparation and celebration of World Hand Hygiene Day on 5th May 2016, at both central and district level, and in all 25 government hospitals. Additionally, a WASH expert supported IPC in three referral hospitals (Connaught, Bo and Kabala) by conducting an evaluation of water quality and waste management.

With support from WHO, the MoHS initiated the local production of an alcohol-based handrub in four regional hospitals through training 23 selected health care workers on the production method. Procurement of materials and reagents is ongoing and production of a first batch in each hospital is planned in September 2016.

Stakeholder Reflection

Nanah Sesay Kamara
Coordinator, NIPCU, MoHS
Freetown

"One very big achievement in IPC this year has been the development of a comprehensive three year IPC Action Plan to facilitate coordination of partners' activities and to expedite the implementation of guidelines and standards in Sierra Leone. Now that we have institutionalized IPC practice in all health facilities and are inculcating the culture of IPC in communities, there is still need for continued technical support to build the capacity of national staff in order to improve and sustain the gains that we have achieved so far."

Health & Environment

The MoHS has been supported in developing a household water treatment and safe storage (HWTS) national action plan. This action plan aims to provide a step-by-step guide to advocate, promote, and implement household water treatment and safe storage in the country. Previous surveys found that among households which use unimproved sources as their drinking water, only 11% used some type of water treatment while 6.7% used bleach or chlorine. Poor hygiene practices in collection, transport, and storage of drinking water contain additional risks to the contamination at point of use. Furthermore, the standard procedures for household water treatment and safe storage, regulations on household water treatment options have not been certified or approved by the government. The plan of action will help promote domestic use of safe water.

WHO provided technical and financial support to the MoHS to develop an integrated national pesticides policy, as recommended by a previously conducted Situation Analysis and Needs Assessment (SANA). The policy should help achieve effective, safe, and sustainable vector-borne disease, agricultural, household, and public health nuisance pest management systems. In a next step, the policy will be printed, launched, and rolled out to the districts.

The MoHS was also supported by WHO to implement the Global Plan on Insecticide Resistance Management (GPIRM) in four targeted districts, namely, Bo, Bombali, Kono, and Western Area Rural. The goal of the roadmap of GPIRM implementation is to monitor the status of insecticide resistance of Anopheles gambiae in malaria endemic countries.

WHO/ Saffea Gborie

Laboratory

The activities performed and progress achieved in strengthening laboratory capacity in the first half of 2016 included biorisk management training, support to biosafety implementation at the district labs, training on priority disease specimen collection, transport and testing, rolling out a laboratory information system in the districts, and development of SOPs for investigating suspicious deaths and buccal swab collection of the diagnosis of EVD.

WHO supported the MoHS to conduct a five-day training workshop for 60 laboratory personnel on laboratory biorisk management. The goal of the course was to empower the participants with the skills, tools, and confidence to advise and guide on sustainable biorisk management, which will ultimately reduce the threat of infectious diseases in laboratory environments. WHO supported biosafety implementation at the district labs with the supply and distribution of biological spill kits and signages.

MoHS was also supported to conduct training for 80 laboratory personnel on priority disease specimen collection, transport, and testing. The aim of the training was to improve the quality of diagnostic services at district, regional and national levels through continuing education of laboratory staff in essential diagnostic procedures.

The Directorate of Hospital and Laboratory Services (DHLS) in MoHS, in collaboration with WHO and Options (funded by DFID), developed and rolled out the laboratory information system (LIS) to government regional and district hospital laboratories and selected mission hospital laboratories that have in place a Memorandum of Understanding (MoU) with MoHS. The purpose of the LIS roll out is to implement the use of standardized lab requests, ledgers, reporting forms, and an electronic epi-data template for lab data capturing.

WHO worked with DPC and DHLS to develop SOPs to guide surveillance officers at district level in the case investigation and correct procedure for buccal swab collection for molecular confirmation of EVD following the declaration of the end of the outbreak. This is to ensure that surveillance activities are in place to promptly identify and diagnose a case of EVD.

WHO/ Saffea Gborie

WHO/ Saffea Gborie

Survivors & Research

The Comprehensive Programme for EVD Survivors (CPES) spans across a broad set of activities, such as developing district survivor plans and clinical needs assessment tools, mapping survivor care providers, assessing survivor needs, implementing care and services, and monitoring and evaluating healthcare provision to survivors.

The mapping of survivor care providers within CPES was updated with priority Public Health Units (PHUs) that are being supported by the implementing partners. PHU support by partners has started for those PHUs located in catchment areas of high survivor concentration.

In the first half of 2016, WHO has supported the MoHS and all DHMTs to develop and share their district survivor plans, which are integrated into the general district plans.

A workshop to develop and validate the tools and procedures for clinical needs assessment and provision of care and follow-up of EVD Survivors took place. Through the collaboration, an agreement on standardized clinical services for EVD Survivors was achieved with the Implementing Partner's Consortium. The resulting needs assessment tool has since been submitted for approval from the Ethics Review Board.

In addition to an update of the comprehensive assessment of EVD survivor needs, the implementation of individual health care and comprehensive service plans was advanced:

- Survivors are now receiving primary health care at PHUs and District Government Hospitals from 230 health care providers who were trained in survivor needs by MoHS with the support of WHO
- 152 survivor advocates were trained, who are now carrying out monthly follow-up visits to survivors in the community
- The Network of Survivor Advocates was established in all 12 districts with registered survivors

The achieved results of health services provided to EVD Survivors were also analyzed and reported. In an effort to continue this monitoring and evaluation (M&E), district survivor planning was carried out and data collection tools and training for people who will implement M&E were prepared and printed. In addition, the supervision visit plan has been prepared and validated by MoHS.

HEALTH SYSTEMS STRENGTHENING

Photo: UN/ Aalok Kanani

Policy & Planning

In 2016, the MoHS began the process of developing a comprehensive two-year operational plan that would encompass the President's Recovery Priorities and the rest of the health programme areas within the ministry. The two-year plan will enable the MoHS prioritize key health activities, effectively appropriate limited resources, implement priority interventions, and track progress towards set goals over the lifespan of the plan. The planning process included consultative meetings with all the directorates and health programmes within the MoHS, taking into account the situation analysis, disease burden, relevant cost effective interventions, and funding gaps for all the programmatic areas.

This process was also replicated at the district level, with the output of the national plans utilized as guideline for developing district level plans. In attendance were key staff from the 13 district health management teams (DHMTs) including the District Medical Officers as well as district hospitals. With support from relevant partners, the teams jointly worked on developing two-year district operational health plans for the respective 13 districts. The national and district plans are being finalized and will be implemented within the framework of the President's Recovery Priorities.

The President's Recovery Priorities development process was also successfully completed. The implementation phase has commenced with the development of six monthly operational plans. The plans will be implemented and monitored closely with the support of relevant partners at both national and district levels.

In addition, the MoHS has continued to make impressive progress in strengthening the national and subnational health information systems (HIS). With support of WHO and the World Bank, the MoHS, through its relevant M&E technical working groups (TWGs), developed a roadmap to strengthen the National HIS.

Building on the existing results of the National HIS assessment conducted late 2015, the team of experts worked closely with the M&E TWG in synthesizing the assessment results, identifying main issues, and prioritizing interventions required for finalizing the roadmap. Implementation of the roadmap is fully underway and the MoHS is currently working closely with WHO on developing a costed HIS Strategy with clear investment framework to help promote better partner coordination and returns on investment. The MoHS has also been working closely on various health financing activities/interventions, specifically on finalizing the 2014 National Health Accounts. Furthermore, the MoHS finalized a comprehensive review of the National Health Sector Strategic Plan (NHSSP) 2010-2015, which will inform the new NHSSP 2017-2021, for which consultations with relevant stakeholders have commenced.

WHO/ Saffea Gborie

Human Resources *for* Health

The Human Resource for Health Directorate conducted a headcount of all health care workers in the country and updated the intra Human Resource Information System (i-HRIS). With support from partners, the Human Resources for Health directorate has started cleaning and verifying the i-HRIS database and will utilize the database for the development of the country HRH profile. The country profile will serve as a tool for systematically presenting the current HRH situation in Sierra Leone and will inform the policy and strategic plan development process.

Sierra Leone suffers from a serious shortage of health workers. The distribution and retention of health workers throughout the districts also pose significant challenges. In response to these challenges, the MoHS hosted a first of its kind Human Resource for Health Summit in Freetown in early June.

The purpose of the summit was to provide a platform for experts on HRH to share experiences and expertise on best practices and policies for strengthening HRH policy and strategy (across the spectrum from doctors to community health workers) and to create an opportunity for relevant stakeholders to discuss and agree on key policy pathways for improving HRH. In short, the summit kick-started a policy process to refresh and relaunch Sierra Leone's HRH Policy and Strategic Plan by the end of 2016.

As a follow-up to the summit, the MoHS initiated the process of developing a HRH policy and costed strategic plan by instituting three technical working committees to lead on key components of the development process. The three committees focus on the areas of (1) Leadership and Management, (2) Education, Regulation and Service Delivery, (3) Financing and Manpower planning. Based on the current timeline, the government aims at having the final HRH policy and strategic plan validated and disseminated by the end of 2016. WHO is also supporting the the College of Medicine and Allied Health Sciences to facilitate the recruitment of a deputy vice chancellor and additional lecturers for the college.This process is proceeding smoothly and should be completed before the end of 2016.

WHO/ Saffea Gborie

District Strengthening & Management

DHMTs are responsible for planning, organizing, and monitoring health provision, training personnel, engaging with communities, supplying drugs and equipment, and ensuring that quality and equitable health services reach the population.

To improve provision of health care services at sub national levels, WHO together with the MoHS hosted a regional workshop in Freetown, focused on strengthening "Leadership, Management and Coordination Capacity of District Health Management Teams in the three Ebola affected countries". In attendance were high profile members from the MoHS, development partners, and implementing partners from Sierra Leone, Guinea, and Liberia. The workshop provided a platform for various organizations, academia, experts, and government to share experiences and success stories on strengthening leadership, management and coordination capacity at subnational levels. The three countries also worked on identifying key issues and developing a country specific roadmap for strengthening their respective DHMTs.

The MoHS is now working closely with relevant partners in developing a robust analysis and programme for implementing the agreed Sierra Leone roadmap, the District Health Strengthening Programme.

Complementary to the District Health Strengthening Strategy is the review and update of the Primary Health Care (PHC) handbook. The recent Ebola epidemic disrupted primary health care delivery at subnational level, leading to wide variation in organizational structures, resources, quality of health services, and infrastructure at PHC level across the districts. The MoHS has decided to prioritize the review of the PHC handbook which will then serve as the universal guideline for PHC in the country. MoHS has instituted a TWG, led by the directorate of PHC and consisting of members from other relevant directorates from within the MoHS and partners to oversee the process of the review. The updated PHC handbook should be finalized by end of the year.

Stakeholder Reflection

T.T. Samba
District Medical Officer, MoHS
Western Area (Freetown)

"I have had the privilege of working in partnership with colleagues from the WHO over the past 25 years but never has the partnership been as intimate as in the past one year, with a WHO team resident within the DHMT. Working together in such administrative proximity, it has been easier to communicate, identify priority problems and pursue various options. There are still challenges around timely availability of funds for district implementation, internet service, high turnover and attrition among staff at the district level, data transmission and office space for technical staff at the DHMT."

Annex

WORKPLAN, BUDGET & FINANCIAL CONTRIBUTIONS

Photo: UN/ Mayu Okumoto

Mid-Year Achievements Against Workplan

CATEGORY 1						
Programme Area	Top Task	Indicator	Targets			Status
			Baseline	2016	2017	Q1 -Q2 (2016)
1.1 HIV	1.1.1 Develop and disseminate updated guidelines and strategies for HIV prevention, care and treatment in Sierra Leone	*Updated HIV guidelines by 2016 and 2017*	0	1	1	*ART & PMTCT guidelines completed*
	1.1.1 Conduct periodic HIV/AIDS surveillance monitoring, evaluation and research reports across all districts	*HIV surveillance reports*	0	4	4	*Conducted every quarter*
1.2 Tuberculosis	1.2.1 Develop updated tuberculosis guidelines in line with the post-2015 global strategy, and current Sierra Leone national strategic plan	*Updated TB guideline*	0	1	1	*Treatment guidelines completed*
	1.2.1 Conduct periodic tuberculosis surveillance monitoring and evaluation reports across all districts	*TB surveillance reports*	0	4	4	*Conducted every quarter*
1.3 Malaria	1.3.1 Support the review of national malaria prevention, control and elimination strategies in Sierra Leone	*Revised Malaria Guideline*	0	1	1	*Started*
	1.3.1 Conduct periodic malaria surveillance monitoring and evaluation reports across all districts	*Malaria surveillance reports*	0	4	4	*Conducted every quarter*
1.4 NTDs	1.4.1 Support the update of policies, strategies and integrated action plans for control of neglected tropical diseases (NTDs) in Sierra Leone	*Updated NDT plan*	0	1	1	*Started*
1.5 Vaccine Preventable Diseases	1.5.1: Support the development and implementation of national multi-year vaccination plans and annual vaccination implementation plans in Sierra Leone	*Updated strategic plan*	0	1	1	*Draft plan developed*
	1.5.2: Support the development and implementation of national strategies for measles and rubella elimination in Sierra Leone	*Percentage districts introduced MR*	0	0	100%	*- 0 - Vaccine not yet introduced*
	1.5.3: Support the introduction of new vaccines in Sierra Leone	*Percentage MR SIA national coverage*	0	0	90%	*- 0 - Vaccine not yet introduced*

CATEGORY 2: Non-Communicable Diseases						
2.1 Noncommunicable Diseases	2.1.1 Support the implementation of the national strategic plan for prevention and control of NCDs in Sierra Leone	*Tobacco control legislation in place by 2017*	0	0	1	*- 0 -*
		Multi sectoral policy and strategic plan on NCDs	2	2	2	*Ongoing review of existing plans*
2.2 Mental Health	2.2.1 Support MoHS to revise the Mental Health Act and the Mental Health Policy and Strategic Plan	*Mental Health Act is available; Mental Health Policy and Strategic Plan available*	0	50%	2	*Started*
	2.2.2 Support the integration of mental health services at the primary care level through capacity building, training, and research in collaboration with mental health partners including NGOs working in Sierra Leone	*Number of CHOs and MDs trained in mhGAP, number of patients with mental disorders reported in the HMIS*	4%	36%	100%	*— Training not started — HMIS data still incomplete*
2.5 Nutrition	2.5.1 Strengthen the national nutrition surveillance system	*Proportion of PHUs with trained staff on growth monitoring and promotion*	50%	50%	100%	*56%*
	2.5.2 Support the development, implementation and monitoring of nutrition action plans in Sierra Leone	*Nutrition guidelines and plans*	1	2	3	*Guidelines for persons with TB & HIV/Aids* *Child Health Card User Guide*

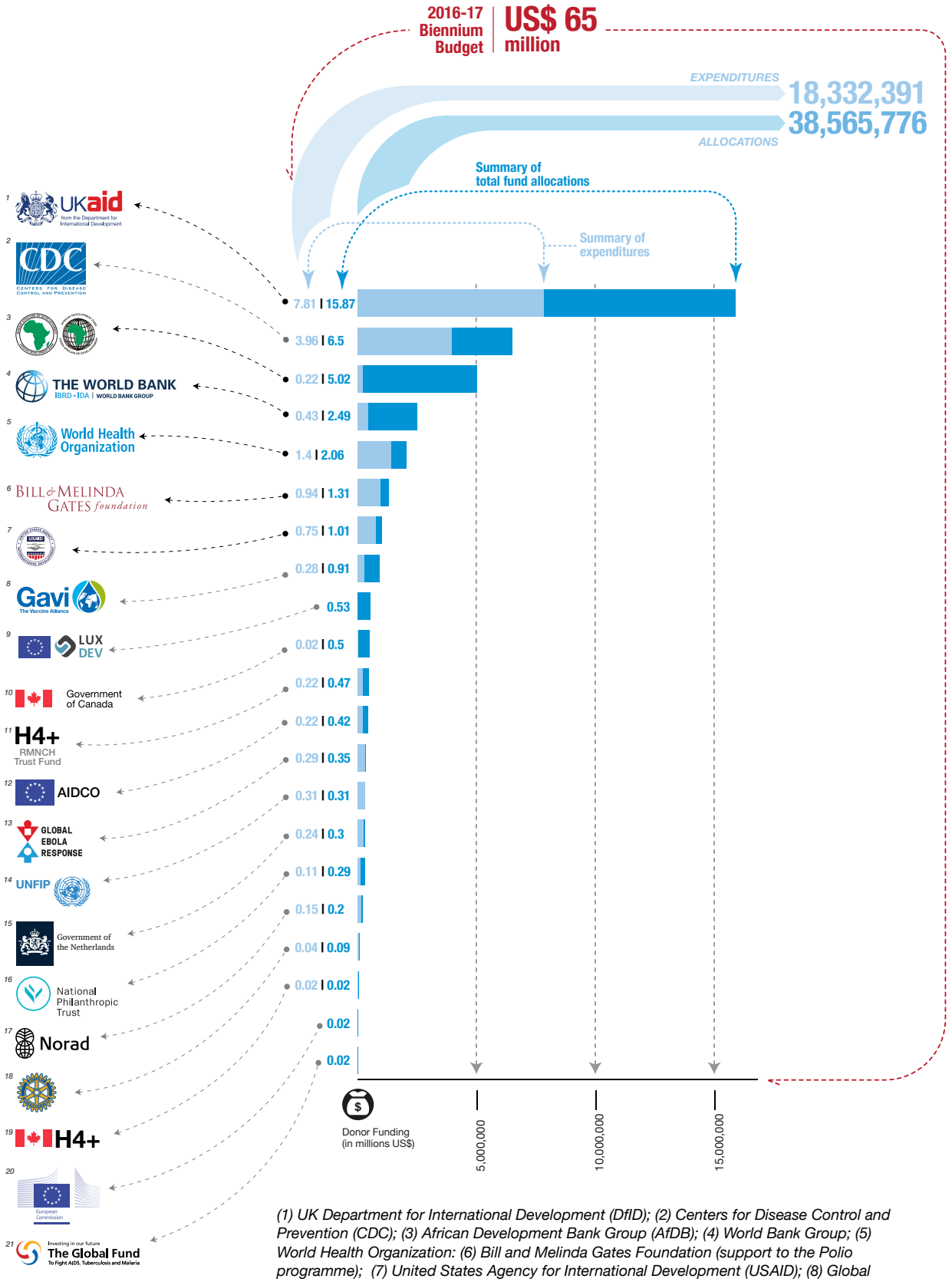
CATEGORY 3: Reducing Child and Maternal Mortality & Restoring Essential Health Services						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status**
			Baseline	**2016**	**2017**	**Q1 -Q2 (2016)**
3.1 Reproductive, Maternal, Newborn, Child and Adolescent Health	3.1.1: Review, adapt and build capacity in maternal, perinatal and newborn policies, guidelines and treatment protocols, and conduct assessments of treatment facilities in Sierra Leone	*# of guideline and treatment protocol developed, reviewed or adapted*	**N/A**	**2**	**1**	*EMOC related ones completed*
	3.1.1: Capacity for RMNCAH monitoring, MDSR and CRVS strengthened at district level	*# of districts strengthened to monitor RMNCAH, MDSR and CRVS*	**N/A**	**13**	**13**	*Ongoing across the country*
	3.1.1: Provide support to the MoHS and national partners for conducting policy dialogue on national RMNCAH strategies and policies, its implementation and monitoring.	*RMNCAH Policy and Strategy Developed*	**N/A**	**1**	**0**	*Started*
	3.1.1: Support the improvement of quality of care of postnatal maternal and newborn care	*Developed and/or adaptation of Post-natal Care Guidelines*	**0**	**1**	**0**	*Adaptation ongoing*
	3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	*District having 60% coverage of IMNCI training*	**4**	**10**	**13**	*- 10 -*
	3.1.2: Improved RMNCAH coordination and joint planning	*# of RMNCAH Coordination meetings/month*	**1**	**1**	**1**	*1 meeting/month*
	3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	*Guidelines on child and newborn health care developed*	**0**	**1**	**0**	*Completed*
	3.1.3: Integrated Sexual and Reproductive health guidelines and treatment protocols adapted and capacity built	*# trained in long term FP methods*	**0**	**80**	**0**	*100*
	3.1.4: Pilot best practice activities in RMNACH and ensure local evidence generated to support improved health outcomes	*Evidence documented and disseminated from at least 2 pilot activities*	**0**	**1**	**1**	*Ongoing*
	3.1.5: Support the adaptation and development of adolescent health protocol and guidelines; and the scale up of comprehensive adolescent friendly health services	*# of HCW and Peer educators trained in AFHS*	**160**	**160**	**160**	*Ongoing ToT for 32 trainers*
3.5 Health and Environment	3.5.1: Support the implementation of the Libreville Declaration on health and the environment in Sierra Leone	*Number of health & environment interventions implemented*	**1**	**5**	**10**	*- 3 -*
	3.5.1: Develop and implement plans to manage insect-borne diseases, including chemical control, in Sierra Leone	*Reports of implementation of activities*	**0**	**5**	**10**	*- 2 -*
	3.5.1: Support the development of National Plan of Joint Action in health and environment (NPJA) in Sierra Leone	*National Plan of Action in health and environment available*	**0**	**1**	**1**	*Situation analysis and needs assessment completed*

CATEGORY 4: Health Systems						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status**
			Baseline	**2016**	**2017**	**Q1 -Q2 (2016)**
4.2 Integrated People Central Health Services	4.1.1: Provide support to the MoHS at central level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	*(1) National health sector strategic plan and sub-sector strategies/operational plans updated* *(2) Percentage of districts that submit timely, complete and accurate reports to national level*	**0** **20%**	**1** **70%**	**3** **90%**	*(1) Operational plan updated* *(2) 50%*
	4.1.2: Provide support to the MoHS at district level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	*(1) % or number of districts plans reflective of the National policy* *(2) % or number of districts holding quarterly, bi annual and annual M&E reviews*	**20%**	**50%**	**70%**	*1) 100%* *2) 50%*
	4.1.3: Strengthen human resources for health in Sierra Leone through development of a human resources for health policy and strategy, training, improved HRIS and payroll management	*(1) Data collection for head count of all health care workers in SLE completed (Y/N)* *(2) Analytics support for mapping, distribution of HCW in SLE provided in (Y/N)* *(3) Capacity gaps and training needs of HCWs in SLE finalized (Y/N)*	**0**	**70%**	**90%**	*(1) 100%* *(2) 80%* *(3) N*
	4.2.1 : Promote best practice public health principles at the health care interface through a focus on IPC by supporting the implementation of the basic standards in IPC based on the national guidelines and monitoring of compliance					
	4.2.2: Technical Support for the Improvement of EVD Survivor access to the Health component of the CPES	*(1) No. of survivor advocates (SAs) trained on basic case coordination/ No. of SHAs from catchment areas* *(2) No. of CHOs from selected PHUs trained in basic health services to EVD Survivors* *(3) No. of EVD survivors receiving specialized eye evaluation and referral for specialized care when needed* *(4) No. of EVD survivors receiving free healthcare at MoHS facilities* *(5) PIU setup Y/N*	**0**			*(1) 152 trained SAs* *(2) 6 CTOs trained* *(3) Ongoing* *(4) Ongoing* *(5) Yes*
	4.2.3 Enhance community engagement in Sierra Leone through Community Engagement Taskforces, community-level Health Clubs, and ensure that communities are fully involved in all high priority health programs	*Percentage of districts effectively that have been embedded community engagement in the implementation of their health system within two years*	**20%**	**100%**	**100%**	*100%*
4.3 Access to Medicines and other Health Technologies and Strengthening Regulatory Capacity	4.3.1: Support the development of information management systems and research activities as part of the Sierra Leone public health laboratory network	*Proportion of districts capturing lab data electronically*	**0**	**20%**	**20%**	*92%*
	4.3.1: Provide technical support to the MoHS in the development of the national public health laboratory network in Sierra Leone	*Updated Policy and SOP on integrated laboratory specimen referral*	**0**	**1**	**1**	*Ongoing*
	4.3.1: Support the institutionalization of the national public health laboratory network in Sierra Leone by enabling good governance and assuring adequate human resources for health	*Percentage of districts with lab personnel trained and part of RRT*	**0**	**100%**	**100%**	*70%*

CATEGORY 5: Preparedness, Surveillance and Response						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status**
			Baseline	**2016**	**2017**	**Q1 -Q2 (2016)**
5.1 - 5.2 Preparedness, Surveillance and Response	5.1.1: Provide advocacy, assessment, and development of the Sierra Leone national plan for International Health Regulations (2005) implementation	*Developed IHR plan of action for Sierra Leone*	**0**	**1**	**1**	*Draft IHR plan of action developed*
	5.1.2: Develop national capacity for surveillance and response based on the IDSR strategy in Sierra Leone	*Proportion of districts with 80% timeliness and completeness rates*	**0%**	**60%**	**100%**	*92%*
	5.1.3: Establish an all-hazards approach to epidemic response in Sierra Leone, including cross border surveillance of communicable diseases	*Proportion of suspected outbreaks of epidemic prone diseases notified to the national level and with district response within 2 days of surpassing the epidemic threshold*	**0%**	**60%**	**80%**	*84%*
	5.1.4 Develop and implement plans for event based surveillance and risk assessment for all public health events	*Proportion of districts with an updated (3 months) rumour log that includes community notifications*	**0%**	**60%**	**80%**	*56% of facilities*
	5.1.5: Facilitate and lead the development of a national public health laboratory system in Sierra Leone	*Proportion of district laboratories that receive at least one supervisory visit with written feedback from provincial /national level*	**20%**	**30%**	**50%**	*100%*
	5.2 :Support the Sierra Leone MoHS in developing and strengthening surveillance systems for priority epidemic diseases	*Proportion of health facilities with Internet coverage reporting on electronic platform*	**0%**	**60%**	**80%**	*In all districts; not yet in health facilities*
5.3 Emergency Risk and Crisis Management	5.3.1 Support development of an all disaster risk management capacity	*Functional national EOC*	**0**	**50%**	**100%**	*OK*
	5.3.2 Develop national capacity for disaster risk management for health in Sierra Leone	*Proportion of nationally declared hazards with DRR contingency plan*	**40%**	**75%**	**90%**	*80%*
	5.3.3: Develop capacity for coordinated response to acute/unforeseen public health emergencies					
5.4 Food Safety	5.4.1 : Strengthen multi-sectoral collaboration to control risk and reduce the burden of foodborne diseases	*Number of advocacy materials developed*	**0**	**2**	**3**	*- 0 -*
		Number of food safety law in place	**0**	**1**	**1**	*- 0 -*
5.5 Polio Eradication	5.5.1 Provide direct in-country support for polio vaccination campaigns and surveillance in all polio outbreaks, polio affected and high-risk countries	*Percentage of districts attain >95% SIA coverage*	**80%**	**93%**	**95%**	*87%*
	5.5.1: Prepare weekly reports of case-based data on acute flaccid paralysis, polio cases, and supplementary oral polio virus vaccination activities	*Percentage of the districts attain a NPAFP rate of > 2*	**80%**	**85%**	**95%**	*54%*
	5.5.3 : Support national authorities in the development, implementation and monitoring of the national polio virus containment and emergency response plan in line with the global containment guidelines and action plan	*Percentage timely reports/ databases sent to IST West*	**80%**	**85%**	**90%**	*92%*
		National polio response and containment plans	**0**	**1**	**1**	*Plan drafted but not yet finalized*

CATEGORY 6: Corporate Services and Enabling Functions						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status**
			Baseline	**2016**	**2017**	**Q1 -Q2 (2016)**
6.1 Leadership and Governance	Ensure effective leadership of the WCO	*Conduct weekly and monthly SMT and EMT meeting*	**90%**	**100%**	**100%**	*100%*
	Update, monitor and evaluate CCS	*Establish and update country cooperation strategy*	**0**	**100%**	**100%**	*Started*
	Facilitate coordinated partnerships at country level	*Chair health developmental partnership meetings*	**80%**	**100%**	**100%**	*100%*
	Support effective functioning of the UNCT	*Attend and contribute to all UNCT meetings*	**75%**	**100%**	**100%**	*90%*
6.2 Transparency, Accountability and Risk Management	Update, monitor and evaluate the WHO risk register and internal control framework at national and district levels on an ongoing basis	*Comply with WHO internal compliance framework*	**50%**	**90%**	**100%**	*Started*
6.3 Strategic Planning, Resource Coordination and Reporting	Ensure updated WCO biennium and operational plans duly aligned with Government priorities are in place	*Align with the President's Recovery Priorities and ongoing initiates*	**85%**	**95%**	**95%**	*100%*
	Updated resource mobilization plans	*Engage with all targeted developmental partners*	**85%**	**95%**	**95%**	*90%*
	Ensure compliance with donor reporting requirements	*Complete all donors reports*	**80%**	**95%**	**95%**	*80%*
6.4 Management and Administration	Implement a robust budget monitoring and reporting mechanism	*Host and chair weekly finance meeting*	**90%**	**95%**	**95%**	*100%*
	Update human resource plan in line with operational realities	*Maintain and update HR database*	**90%**	**95%**	**95%**	*100%*
	Prepare and implement a comprehensive staff development plan	*Host quarterly SMT and staff workshop*	**100%**	**100%**	**100%**	*100%*
	Ensure updated ICT infrastructure in place to support country and field offices	*Ensure the proper and effective functioning of all districts ICT capacity*	**70%**	**90%**	**90%**	*90%*
	Ensure conducive working environment for all staff	*Percentage of staff rating the working environment as 'Good'*	**60%**	**90%**	**90%**	*73%*
	Ensure effective logistic support for technical operations	*Ensure the proper and effective functioning of all districts logistics capacity*	**70%**	**90%**	**100%**	*80%*
	Ensure MOSS compliance of WHO premises	*Ensure safety of all staff and assets*	**90%**	**100%**	**100%**	*90%*
6.5 WHO-AFRO Transformation Agenda	Improve the communication of health information and messaging by supporting WHO staff	*Published biannual and annual reports*	**90%**	**95%**	**95%**	*90%*
	Develop capacity within the Sierra Leone WHO country office for internal and external communications	*Ensure bi-weekly internal and external communications are up to date*	**85%**	**100%**	**100%**	*90%*

Expenditures and Allocations



(1) UK Department for International Development (DfID); (2) Centers for Disease Control and Prevention (CDC); (3) African Development Bank Group (AfDB); (4) World Bank Group; (5) World Health Organization: (6) Bill and Melinda Gates Foundation (support to the Polio programme); (7) United States Agency for International Development (USAID); (8) Global Alliance for Vaccines and Immunization (GAVI); (9) EC/Luxembourg Development Cooperation; (10) Government of Canada; (11) RMNCH Trust Fund (H4+); (12) EC International Cooperation and Development; (13) UN Multi-Donor Trust Fund (MDTF); (14) United Nations Fund for International Partnerships (UNFIP); (15) Government of the Netherlands: (16) National Philanthropic Trust (NPT); (17) Norwegian Agency for Development Cooperation (Norad); (18) Rotary International; (19) Government of Canada (CIDA H4+); (20) European Commission; and (21) The Global Fund for Aids, TB and Malaria.

Funds enumerated above represent 2016 allocations

WHO/ Saffea Gborie

Acronyms

ATM	AIDS, Tuberculosis and Malaria
ANC	Antenatal Care
bOPV	bivalent Oral Polio Vaccine
CDC	Centers for Disease Control and Prevention
CPES	Clinical care Package for Ebola Survivors
CHAI	Clinton Health Access Initiative
CBS	Community Based Surveillance
CHW	Community Health Worker
CEPS	Comprehensive Programme for EVD Survivors
CCM	Country Coordination Mechanism
DHLS	Directorate of Hospital and Laboratory Services
DPC	Disease Prevention and Control
DERC	District Ebola Response Centre
DHMT	District Health Management Team
DSO	District Surveillance Officer
EVD	Ebola Virus Disease
EmONC	Emergency Obstetric Care
EOC	Emergency Operations Centre
EPR	Emergency Preparedness and Response
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of the United Nations
GPIRM	Global Plan on Insecticide Resistance Management
GAVI	Global Vaccine Alliance
HCF	Health Care Facilities
HIS	Health Information System
HWTS	Household Water Treatment and Safe Storage
HRIS	Human Resource Information System
HRH	Human Resources for Health
IPC	Infection Prevention and Control
IDSR	Integrated Disease Surveillance Response
IMNCI	Integrated Management of Newborn and Childhood Illness
IPTi	Intermittent Preventive Therapy in infants
IHR	International Health Regulations
iHRIS	intra Human Resource Information System
LIS	Laboratory Information System
LLINS	Long Lasting Insecticidal Nets
MDSR	Maternal Death Surveillance and Response
MOU	Memorandum of Understanding
MH	Mental Health
MhGAP	Mental Health Gap
MNS	Mental, Neurological, and Substance use disorders
MDG	Millennium Development Goals
MoHS	Ministry of Health and Sanitation
M&E	Monitoring and Evaluation
NACP	National AIDS Control Programme
NCC	National Codex Committee
NHSSP	National Health Sector Strategic Plan
NID	National Immunization Days
NIPCU	National IPC Unit
NSP	National Strategic Plan
NTDP	Neglected Tropical Disease Programme
NCD	Non Communicable Diseases
ONS	Office of National Security
ODI	Overseas Development Institute
PIRI	Periodic Intensified Routine Immunization
PNC	Postnatal Care
PHC	Primary Health Care
PCMH	Princess Christian Maternity Hospital
PFA	Psychological First Aid
PHU	Public Health Units
RRT	Rapid Response Team
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RI	Routine Immunization
SUN	Scaling up Nutrition
SANA	Situation Analysis and Needs Assessment
SOP	Standard Operating Procedure
SIA	Supplemental Immunization Activities
SDGs	Sustainable Development Goals
TWG	Technical Working Group
ToT	Training of Trainers
tOPV	trivalent Oral Polio Vaccine
U5M	Under 5 Mortality
UN	United Nations
UNICEF	United Nations Children's Fund
VDC	Village Development Committees
WASH	Water, Sanitation and Hygiene
WMD	World Malaria Day

Photo: UN/ Martine Perret

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