Government of Sierra Leone
Ministry of Health and Sanitation

National Health Sector Strategic Plan 2010-2015

JOINT PROGRAMME OF WORK AND FUNDING (JPWF) 2012 – 2014

January 2012

Foreword

The goal of the National Health Sector Strategic Plan (NHSSP) is to reduce inequalities and improve the health of the people of Sierra Leone, especially mothers and children, through strengthening National Health Systems to enhance health related outcomes and impact indicators.

This goal translates the overall mission and vision of the National Health Policy into policy objectives that are in line with the President's Agenda for Change, the Ouagadougou Declaration and the Millennium Development Goals (MDGs). The Ministry of health and Sanitation (MoHS) recognises that the policy objectives of the NHSSP are best achieved through active involvement and partnership with other stakeholders in the provision of a defined Basic Package of Essential Health Services (BPEHS).

The first year of the NHSSP (2010 financial year) was focused on accelerating access to Health Care for specific vulnerable groups, namely: pregnant women, lactating mothers and children under five years of age through the implementation of the Free Health Care initiative (FHCI).

The Government of Sierra Leone (GoSL) and its health development partners followed this by developing a national health COMPACT. The COMPACT is a framework outlining roles and responsibilities of the GoSL on one part and its partners on the other in implementing the NHSSP.

The purpose of this JPWF is to guide the activities and investment decisions of Government, and the health sector development partners over the next three years. It outlines the priority interventions to be focused on and their resource and financing implications. It is a Medium Term Expenditure Framework (MTEF) to address the policy objectives of the NHSSP in the medium term. This JPWF is a multi-year operational plan for the health sector, providing the basis for development of Annual Operational Plans (AOPs) that guide implementation of sector activities, based on consensus with all health sector development partners.

As a policy document that we have jointly formulated, it is my sincere hope that it will henceforth become the single most important point of reference for design of service delivery programmes, resource mobilisation and a health financing framework as it embodies our dream for a better health care delivery system for all people of Sierra Leone.

Honourable Haja Zainab Hawa Bangura

Minister of Health and Sanitation

Acknowledgements

The Joint Program of Work and Funding (JPWF) is a product of a long and participatory process of intensive consultations, teamwork on specific assignments, detailed studies and information gathering. The process involved service providers, civil society groups, community members, the private sector, development partners and other stakeholders.

Special thanks go to the Minister of health and Sanitation for her leadership and guidance during the development of this document.

The Ministry is very grateful to everyone who contributed to the successful development of this JPWF. Special thanks go to the members of the team that was tasked to write this document.

Preparation of this document was also aided by a series of background discussions/consultations as well as contributions and comments of many other stakeholders of the health sector. We would like to extend our thanks to all of them.

The Government appreciates the financial and technical support given by partners for the development of this plan.

Finally, the Ministry expresses its appreciation to all other individuals and institutions who continue to contribute towards improving the health of the people of Sierra Leone. We hope that together we can achieve our goals in the “Agenda for Change”.

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Executive Summary

The Joint Programme of Work and Funding (JPWF)

JPWF is a multiyear framework developed through an interactive and participatory process to address the policy objectives of the NHSSP in the medium term.

The JPWF has been developed to: link the long-term development policies, objectives and plans to the annual planning and budget; improve the achievements of the MDG targets by developing consistent and realistic resource envelopes; improve the allocation of resources to agreed strategic priorities and programmes; and focus on outputs and outcomes and their contribution to the overall MDG attainment.

The JPWF is intended to provide a basis for harmonization of departmental activities and work plans and alignment of stakeholder activities to Government priorities.

JPWF is based on the National Health Sector Strategic Plan (NHSSP) and is designed on the NHSSP six building blocks.

Background Information

The Republic of Sierra Leone has an estimated population of 5.9 million people, of which 37% reside in urban areas.

Whilst some improvements have been made in recent years, the health status indicators of the people of Sierra Leone are still amongst the poorest in the world, and infant and maternal mortality rates remain among the highest in the world. According to the Sierra Leone DHS 2008, IMR is 89 per 1,000 live births, U5MR 140 per 1,000 live births and MMR 857 per 100,000 births.

Health services are delivered through a network of health facilities. This network consists of 1,040 Peripheral health facilities which are composed of Community Health Centres (CHCs), Community Health Posts (CHPs), Maternal and Child Health Posts (MCHPs) and 40 hospitals (23 government owned and the rest owned by private, non-governmental and faith based organizations).

A review of progress on the MDGs showed that the health related MDGs 4 and 5 may be met by 2015 but only through sustained efforts. MDG 6 is likely to be met in relation to HIV/AIDS and through sustained efforts in the prevention and prompt treatment of Malaria and Tuberculosis.

The introduction of the Free Health Care initiative has increased the health service coverage in 2010. Children coming for care at the health facilities increased by 2.5 fold, antenatal care attendance by three-fold and. Penta 3 immunization coverage increased from 54.6% to 81%. Women delivering in institutions, accelerated by FHC in 2010 reached 54%. With regards to reproductive health services, the major achievements have included continued training of health workers in BEmONC and use of Community Volunteers for the distribution of family planning commodities, resulting in increasing demand for Family Planning (FP) services.

Strategic objectives and actions of 2012-2014

The strategic objectives and actions of 2012-2014 are organized under the six pillars. The actions are prepared in terms of outcomes and activities. The activities are those that create the outputs and outputs are those that can deliver the NHSSP strategic objectives.

Leadership & Governance:

Legal framework revision and development; capacity building for implementation focusing on capacities of senior health managers at national and district levels; establishment of sector coordination mechanism; jointly agreed sector planning and review mechanism; establishment of dynamic interactions between health care providers and consumers.

Health Service Delivery

- Increased utilisation of health services especially for mothers and children, the poor and other vulnerable groups through improving accessibility, service integration, integrated ambulance referral system, and strengthening of outreach services.
- Improved quality of health services through the improved quality of primary and general care delivered at 1265 PHUs and 16 Secondary hospitals; accreditation of all facilities for implementation of the BPEHS; supply of essential commodities and supplies; provision of integrated basic and comprehensive services; availing guidelines & tools for different programmes; and provision of quality pre-service and in-service training, and continuing education.
- Strengthened quality of specialised, advanced and emergency care in secondary and tertiary health facilities
- Strengthened community based health services

Human Resource for Health

- Policy and strategic framework developed to guide HR development and management and institutional capacity for HR policy, planning and management strengthened
- Capacity and relevance for training of health workers strengthened, in partnership with other stakeholders
- Competencies and performance of health workers upgraded and enhanced
- HR database established

Health Financing

- Secure adequate level of funding needed to achieve national health development goals, including the MDGs
- Ensure equitable access to quality health services free from financial catastrophe and impoverishment
- Ensure equitable and efficient allocation and use of health sector resources

Medical Products and Technologies

- Existing policies reviewed and new policies and guidelines developed with respect to medicines, medical supplies and equipment, vaccines, health technologies and logistics
- Access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccines and health technologies improved
- Medicines regulation and quality assurance system strengthened
- Rational and cost effective use of medicines, medical devices, biological and other medical supplies at all levels of the health care delivery system promoted

Health Information System

- Policy framework for establishing a functional HIS developed
- Institutional framework for implementing a functional HIS strengthened
- Routine data collection quality, management, dissemination and use improved
- The health sector capacity of monitoring and evaluation, research and knowledge management strengthened

Costing and Financing of JPWF

The total estimated cost of the 2012-2014 JPWF is $473.6m with an average per capita of $25.50 per year. Ninety six percent of the total cost is for Service delivery, human resource and medical supplies. The Government of Sierra Leone and its development partners have committed to contribute a total of USD280.145Million for the three years, with the Government contributing 27% and the rest covered by development partners. The joint programme of work and funding has a total resource gap of USD193.45Million.

Implementation arrangement of the JPWF

The MoHS and the DHMT will continue working on the implementation of the planning period by strengthening the decentralization process. Joint Working Arrangements, according to the Country Compact, will be established and functional at central and district levels to ensure the implementation of the basic principles of partnership, so as to enable the country to attain faster progress towards achieving the goals of the 'Agenda for Change' for Health and the Health Millennium Development Goals (MDGs).

Monitoring and Evaluation

The JPWF is the three-year rolling plan that links the NHSSP with the Annual Operational Plan and therefore performance will be monitored and evaluated using the NHSSP Monitoring and Evaluation Framework for Results and Accountability.

JPWF Results Accountability

Indicator	Baseline 2008	Target (2012)	Target (2013)	Target (2014)
CPR (modern methods)	8%	12%		25%
Percentage of pregnant women making at least 4 antenatal visits	74.30%	85%	85%	90%
Percentage of pregnant women receiving at least two doses of intermittent presumptive treatment (IPT) for malaria.	16.80%	50%	60%	70%
Pregnant women receiving the at least two doses of TT during a pregnancy	74.50%	85%	90%	92%
Number of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis for PMTCT	645 (15.5%)	2000	2200	2500
Percentage of births attended by a skilled health personnel	42.40%	55%	60%	70%
% of births delivered by caesarean section	0.01%	1%	1.50%	2%
Percentage of lactating women and newborn received PNC within 2 days after delivery	58%	70%	75%	75%
Proportion of exclusive breastfeeding 0-6 months	11%		30%	30%
Percentage of children receiving Penta-3 before 12 months of age	54.60%	70%	80%	85%
Percentage of 1 year-old children immunized against measles		50%	60%	70%
Percentage of 1 year-old children fully immunized	30.50%	50%	60%	70%
% of U5 with diarrhoea in the last 2 weeks who received ORT and Zinc	73%	85%	90%	95%
% of under fives with fast breathing in the last 2 weeks who were treated by a health professional	45.80%	60%	70%	80%
Percentage of children under five years of age who slept the previous night under an insecticide treated net	26%	45%	50%	55%
% of confirmed uncomplicated malaria cases in patients U5s treated with ACT within 24 hrs. at the health facility	N/A	50%	60%	70%
Percentage of smear-positive pulmonary tuberculosis cases detected	28%		36%	40%
Percentage of smear-positive pulmonary tuberculosis cases treated successfully	78%		83%	85%
No of people with advanced HIV infection receiving antiretroviral combination therapy	2585	4830	5441	6052
Contacts per person per year	0.5	1.5	2.0	2.5
% population residing within 5 km of a health facility	73%	82%	85%	87%
% of population with access to safe drinking water	50.30%	65%	70%	80%
Doctor/ population , Midwives/ population and Nurse/population population ratios	Doctors = 0.02 /1,000, nurses = 0.18 /1,000; Midwives = 0.02 /1,000		Doctors = 0.04 /1,000, nurses = 0.4 /1,000 ; Midwives = 0.045 /1,000	
Total public health spending per capita	$12.20	$20.90	$25.30	$29.60
General government health expenditure as a proportion of total government expenditure (GGHE/GGE)	8%	12%	13%	14%
% of PHUs reporting uninterrupted supply of tracer drugs	39%	60%	70%	80%

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AOPs	Annual Operational Plans
ARI	Acute respiratory Infection
BPEHS	Basic Package of Essential Health Services
CHPs	Community Health Posts
DFID	Department for International Development
DHIS	District Health Information System
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DHIS	District Health Information System
DPI	Directorate of Planning and Information
FHC	Free Health care
GoSL	Government of Sierra Leone
HSCC	Health Sector Coordination Committee
HIPC	Health Implementing Partners Committee
HIV	Human Immune Virus
HR	Human Resource
HRH	Human Resource for Health
IHP+	International Health Partnership
JPWF	Joint Programme of Work and Funding
KPI	Key Performance Indicators
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MICS	Multi Indicator Cluster Survey
MTEF	Medium Term Expenditure Framework
NGO	Non Governmental Organisation
NHA	National Health Accounts
NHAP	National Health Action Plan
NHSSP	National Health Sector Strategic Plan
NPPU	National Pharmaceutical Procurement Unit
PHU	Primary Health Unit
SWA	Sector Wide approach
WHO	World Health Organisation

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Introduction

The Joint Programme of Work and Funding (JPWF) has been developed in order to operationalise the NHSSP in a more coordinated and effective manner by outlining the priority health interventions to be implemented over the period 2012–2014, their resource implications and financing situation. It is a multi-year framework, developed through integrating policy making, planning and budgeting over a 3 year period, based on the policy priorities. It helps to address the policy objectives of the NHSSP in the medium term and provide a comprehensive framework for aligning interventions to sector priorities, as well as planning, monitoring and budgeting processes.

A well developed and costed JPWF should:

- Link the Government priorities with a budget within a sustainable spending envelope
- Highlight the tradeoffs between the competing objectives of the Government
- Link budgets with the policy choices made and,
- Improve outcomes by increasing transparency, accountability and the predictability of funding

The Joint Programme of Work and Funding:

- Outlines a shared and preferred future for the health sector and proposes strategic options for bringing this about.
- Is a tool for strengthened planning and decision-making
- Outlines agreed priorities and direction for the health sector taking into account what is desirable, what is available and what is possible.
- Succeeds the National Health Sector Strategic Plan and compliments other relevant policy documents and strategic plans in use.

The main objectives of the Joint Programme of Work and Funding (JPWF) are to:

- Link the long-term development policies, objectives and plans to the annual planning and budget;
- Improve the achievements of the MDG targets by developing consistent and realistic resource envelopes;
- Improve the allocation of resources to agreed strategic priorities and programmes;
- Predict resources available over a 3 year period, thus enhancing forward planning; and

Focus on outputs and outcomes, and their contribution to the overall MDG attainment.

This JPWF outlines the priority health activities to be implemented by the MoHS, development partners and major not-for-profit NGOs. The first year of the 3-year rolling plan will, de facto, become the annual operational plan for 2012. At the end of each year, an operational plan will be prepared in detail after a series of joint planning and review exercises as detailed in the IHP+ agreement. An indicative 3rd year will also be added to the rolling plan, so that the Ministry of Health & Sanitation and its partners always have in view a costed 3-year programme of the interventions that need to be implemented if Sierra Leone's health goals and aims are to be met.

The purpose of this JPWF is to guide the activities and investment decisions of Government and

the health sector development partners over the next three years. It outlines the priority interventions and their resource and financing requirements. It is a Medium Term Expenditure Framework (MTEF) to address the policy objectives of the NHSSP, which is operationalised by the BPEHS, and provides the basis for development of Annual Operational Plans (AOPs). It is therefore intended to provide an overall framework within which more detailed Local Council and Central Level health implementation plans are developed.

The JPWF is based on priorities and key activities identified by the various stakeholders involved in the delivery of health services in Sierra Leone, which are articulated in the Basic Package of Essential Health Services (BPEHS). The BPEHS refers to a prioritised but limited package of services that should be available to every individual in Sierra Leone. It comprises key components of the NHSSP and covers high impact interventions that address the major causes of death and diseases in Sierra Leone.

In addition, this document has also been formulated taking into account various policy and planning documents that guide the operations of the Ministry of Health and Sanitation and the entire sector.

The JPWF is intended to provide a basis for harmonization of departmental activities and work plans and alignment of stakeholder activities to Government priorities.

The Directorate of Policy, Planning and Information (DPPI) took the lead in the development of this JPWF with technical assistance from WHO and DFID in accordance with the National IHP+ Compact partnership agreement and road map.

The development of the JPWF has been an all inclusive process. At the onset of the process, the DPPI solicited and mobilized central level Directors and their Programme Managers to provide inputs by way of submitting their medium term plans as a basis for the JPWF. The process was participatory in that the Ministry of Health, the District Health team, Health Development Partners (HDPs) and NGOs were involved.

Priorities and key components included in this JPWF are based on those identified and highlighted in the following key planning documents:-

- The Sierra Leone Poverty Reduction Strategy Paper II (The “Agenda for Change”).
- The National health Policy, 2002
- The National Health Sector Strategic Plan (NHSSP) - 2010 – 2015
- The Free Health Care Policy (2010)
- The Basic Package of Essential Health Services (2010)
- The Decentralisation Act of 2004
- The National Health COMPACT (2011)
- Draft Budget Estimates for Development and Recurrent Accounts for the MoHS for 2011
- National Health Accounts (2007).
- National HIV/AIDS Strategic Framework (2011-2015)

The National Strategies

The national Health Sector Strategic Plan (2010-2015):

The national Health Sector Strategic Plan (2010-2015) aims at improving the health of the nation as a whole, with special focus on the needs of mothers, children and the poor. Its goal is to reduce inequalities and improve the health status of the people, especially mothers and children, through strengthening the national health system.

Vision:
Functional national health systems delivering efficient, high quality health care services that are accessible, equitable and affordable for everybody in Sierra Leone

The general objective is to strengthen the functions of the national health system of Sierra Leone so as to improve the following performance criteria: -

- Access to health services (improving availability, utilisation and timeliness)
- Quality of health services (improving safety, efficacy and integration)
- Equity in health services (with focus on disadvantaged groups)
- Efficiency of service delivery (enhancing value for resources, Inclusiveness and strengthening partnerships)

Mission:
To contribute to socio-economic development by promoting health and ensuring access to quality health, population and nutrition services by the population of Sierra Leone through effectively functioning national health systems.

To ensure effective implementation of the national health priority areas identified in the "Agenda for Change", the NHSSP is designed on the following 6 building blocks:

1. Leadership and Governance
2. Services delivery
3. Human Resources for Health
4. Health Care Financing
5. Medical Products and Health Technologies

Health system organization/ Health delivery system

The core functions of the MoHS are policy formulation; standards setting and quality assurance; resource mobilization; capacity development and technical support; provision of nationally coordinated services; coordination of health services; monitoring and evaluation of the overall sector performance and trainings.

The responsibilities of districts are implementation of the national health policies; planning and management of district health services; health education; ensuring provision of safe water and environmental sanitation; health data collection, management, interpretation, dissemination and utilization.

The 19 local councils (14 district councils and 5 city councils) are responsible for managing the delivery of both primary and secondary health care services.

Sierra Leone's health system is comprised of promotion, prevention, curative and rehabilitation

services delivered by health workers and related support structures. They include both public services, private services that operate on either profit or non-profit basis (e.g. NGOs, including those that are faith-based) and traditional health care.

Sierra Leone's health care delivery is organized in a three tier system. The first tier includes the Peripheral Health Units (PHU); the second, District Hospitals; and the third, the Referral Hospitals.

The PHUs are the first line health services, and are further sub-classified into three levels. a) The maternal and child health posts (MCHPs) are situated at village level for populations of less

than 5000. They are staffed by MCH Aides who are trained to provide numerous services, namely: antenatal care, supervised deliveries, postnatal care, family planning, growth monitoring and promotion for under-five children, immunisation, health education, management of minor ailments, and referral of cases to the next level. The MCH Aides are supported by community health workers (TBAs, Community volunteers, etc). b) Community Health Posts (CHPs) are at small town level with population between 5,000 and 10,000 and are staffed by State Enrolled Community Health Nurses (SECHNs) and MCH Aides. They provide the same types of services that are provided at the MCHPs but they also include prevention and control of communicable diseases and rehabilitation. They refer more complicated cases to the Community Health Centres. C) the Community Health Centres (CHCs), which are located at Chiefdom level, usually covering a population ranging from 10,000 to 20,000 and staffed with a community health officer (CHO), SECHN, MCH Aides, an epidemiological disease control assistant and an environmental health assistant. They provide all the services provided at the CHP level in addition to environmental sanitation and supervise the CHPs and MCHPs within the Chiefdom.

The district hospital is a secondary level facility providing back-stopping for the PHUs. It provides the following services: outpatient services for referred cases from PHUs and the population living within its immediate environs, inpatient and diagnostic services, management of accidents and emergencies, and technical support to PHUs.

Basic Package of Essential Health Services

This is a strategy to scale up interventions of the minimum package of essential services aiming at reducing mortality rates, especially for infants and pregnant women. It enables the delivery of high impact and cost effective primary care service.

The major components include the utilization of treated bed nets; promotion of early and exclusive breastfeeding; family planning to address problems of teenage pregnancies and child marriage; essential and emergency obstetric care, including prenatal, delivery and post natal services; integrated management of neonatal and childhood illnesses; preventive services, including immunisation and school health; and promotion of hygiene practices.

The concept of the Basic Package of Essential Health Services (BPEHS) is that, all of the services in the package must be available as an integrated whole, rather than being available piece-

meal or as individual services. The Ministry will ensure that core services making up BPEHS are available nationwide and that additional services that are not part of the BPEHS are added as and when appropriate. These additional services will not substitute any of the Basic Package of Essential Health Services.

The Basic Package consists of six distinct elements together with the essential supporting structures and systems to enable its delivery:

- It identifies the services that the MoHS guarantees will be available to the population. Other services may be available as a result of global initiatives, vertical programmes, or private donations but they would be added to, not substituted for the services contained in the Package.
- It implies that a minimum set of health staff with appropriate skills will be present at each of the facility levels to provide the services
- It gives guidance for the content of training programmes by defining the technical and management competences required at different levels of the health system.
- It gives guidance to what will constitute an essential drugs list for each level of the health system
- It is presented in such a way that costs can be estimated to give an idea of the financial resources that will be required for service provision
- It provides a basis to prepare operational plans and to design Monitoring and Evaluation tools.
- It also provides a comprehensive list of services to be offered at five standard levels of health care within the Sierra Leone health system.

Free Health Services Strategy

The NHSSP 2010-2015 key focus is delivery of the BPEHS at every level, in every district through provision of cost-effective interventions, including emergency obstetric and newborn care, and preventive services such as immunisation, IMNCI, provision of insecticide treated bed-nets, integrated vector management, etc. However, in order for it to succeed, all barriers to accessing services must be removed, particularly the removal of user fees at the point of service delivery.

H.E. the President of the Republic of Sierra Leone shared his commitment to achieving this vision at the 2009 UN General Assembly and subsequently during the official opening of Parliament, setting out his goal to ensure free preventive and curative health services for pregnant women, lactating mothers and children under-5 years of age in any government facility in Sierra Leone. The purpose of this initiative was to enhance access by ensuring that approximately 230,000 pregnant women and approximately 1,000,000 children under-five benefited in 2010 from free healthcare services whilst the entire population benefited from a strengthened healthcare structure as an interim measure as the country initiates the designed social health insurance scheme.

The Government of Sierra Leone in this regard, abolished all charges to pregnant women, lactat-

ing mothers and children under-5 years of age from 27th April 2010 (Independence Day). In the longer term, the aim is to provide universal access to quality health care for all vulnerable groups. The abolishment of user fees for this target group is expected to increase demand for services significantly.

The Ministry of Health and Sanitation, in collaboration with its government stakeholders and development partners, has set out priority interventions to strengthen the health system and ensure standards of care. These are:

- Substantially increase the health sector financing in line with the Abuja Declaration and developing new financing mechanisms, including a social health insurance scheme.
- Strengthen the procurement and supply chain management system to ensure that there are sufficient drugs and equipment supplied at point of use.
- Increase the number of healthcare workers, introduce performance-based incentives to promote quality healthcare services, and top up salaries as an interim measure.
- Strengthen oversight, co-ordination and management at all levels to ensure transparency and efficiency, and monitor performance.
- Communicate the policy to allow people to exercise their rights to free healthcare.

Background Information

Country Profile

The Republic of Sierra Leone is one of the 53 countries in Africa. It is situated on the west coast and shares borders with Guinea and Liberia. Its 400km coastline overlooks the North Atlantic Ocean and it has approximately 71,740 sq. km land area. The climate is tropical, with a hot, humid, rainy season from May to October and a dry season from November to April.

The Republic of Sierra Leone has an estimated population of 5.9 million people, of which 37% resides in urban areas.[1]

There are about 20 distinct language groups found in Sierra Leone reflecting the diversity of cultural traditions. The largest ethnic groups are the Temne, the Mende and the Limba.

Administratively, the country is divided into four major areas, namely Northern, Southern, Eastern regions and the Western area where the capital Freetown is located. The regions are divided into 12 Districts and further divided into chiefdoms. There are District Councils consisting of the district chairman, administrators and councillors who administer the districts; while the chiefdoms are governed by locally elected paramount chiefs. With the recent decentralization process, the country has been divided into 19 local councils that have been further sub-divided into 392 wards. Each ward is headed by an elected councillor.

Socio-Economic Situation

Sierra Leone's annual population growth rate is 2.179%, with an estimated total fertility rate (TFR) of 5.1 children per woman (the 2008 SLDHS). Out of the total population, about 22.2% are women of child bearing age (15-49 years). Infants under one year and children under 5 years of age constitute 4% and 16%, respectively.

Sierra Leone has an average annual GDP growth rate of more than 5.5% (CIA, 2010; World Bank, 2009) and is expected to increase to 7.2 percent by 2011. The macroeconomic stability and economic growth will help reduce poverty, increase equity and enable the government to allocate additional resources to the health sector.

Socio-economic, cultural, environmental and lifestyle factors in Sierra Leone have a significant role in the causation of ill health. The socio-economic variables such as marital status; educational status; level of awareness, attitude and practice in personal and environmental health; level of poverty; infrastructure; and others are affecting the health of the people, thus contributing to the high morbidity and mortality.

1. 2004 population projection

Health Status of the Population

Whilst some improvements have been shown, the health status indicators of the people of Sierra Leone are still amongst the poorest in the world. Infant and maternal mortality rates remain among the highest in the world. According to the Sierra Leone Demographic Health survey 2008, the life expectancy is 47 years, infant mortality rate 89 per 1,000 live births, under-five mortality rate 140 per 1,000 live births and a maternal mortality ratio of 857 per 100,000 births. Fertility rates are high at 5.1 children per woman at national level with 3.8 in urban and 5.8 in rural areas per woman,[2] due to low contraceptive prevalence (14 % of women aged 15 –49) in 2008.[3]

A Majority of the causes of illness and death in Sierra Leone are preventable, with most deaths attributable to nutritional deficiencies, pneumonia, diarrhoeal diseases, anaemia, malaria, tuberculosis and HIV/AIDS. Malaria (38%), acute respiratory infection (16.9%) and watery & bloody diarrhoea (9.7%) are the major causes of out-patient attendance and illness.[4]

Malnutrition in under-five children is high with a prevalence of underweight, stunting and wasting (2 SD ≤ / 3 SD ≤) of 21.1 / 3.5%, 36.4 / 20.6% and 10.2 / 4.2%, respectively.[5] Malnutrition is the underlying cause of morbidity and mortality in under five children, with pneumonia, diarrhoea, malaria, neonatal problems, and HIV/AIDS being the major direct causes.

Malaria is the leading cause, accounting for about 41% of all hospital deaths among under-fives. Acute respiratory Infection (ARI), anaemia and diarrhoea accounted for 17%, 12% and 5%, respectively, of the deaths among children under-fives at hospital. (HMIS Data 2010)

The main causes of maternal deaths in 2010 were ruptured uterus, puerperal sepsis, hypertensive disorders, and anaemia. (Draft SARA report)

Malaria remains the most common cause of illness and death in the country, accounting for about 50% of outpatient visits and 38% hospital admissions. In addition, two out of every five child deaths and one out of every four deaths in the general population are due to malaria. The survey also reported that over 24% of children younger than five years had malaria in the two weeks preceding the survey; 26% of under-fives and 27% of pregnant women slept under ITNs; only 15% of children with fever received anti-malarial medicines within 24 hours of onset of symptoms, and less than 2% of under-fives received the drug within 24 hours (SLDHS, 2008).

A recent national population based sero-prevalence survey for HIV reported a national prevalence of 1.53%. In spite of the low HIV prevalence rate however, there are factors such as high prevalence of sexually transmitted infections (STIs) and ignorance, with 17.2% and 27.6% comprehensive knowledge about HIV prevention among young females and males respectively.

2. DHS 2008
3. Joint Report 2010
4. Sierra Leone Demographic and Health Survey, 2008
5. Sierra Leone Demographic and Health Survey, 2008

Sixty percent of the population has access to safe drinking water and the Percentage of households with access to improved sanitation is only 12%.[6]

Health Service Implementation Status

Health services are delivered through a network of health facilities. This network consists of 1,040 Peripheral health facilities which are composed of Community Health Centres (CHCs), Community Health Posts (CHPs), Maternal and Child Health Posts (MCHPs) and 40 hospitals (23 government owned and the rest owned by private, non-governmental and faith based organizations).

The government, in collaboration with all stakeholders, is putting efforts into the implementation of high impact interventions. Various policies and reforms have been taking place such as the Free Health Care Policy, the Basic Package of Essential Health Services (BPEHS) strategy all of which are being implemented to improve the health status of women and children.

The Sector Wide approach (SWAP) which is a method of working between government and development partners is progressing to improve the availability of funding for the sector under government leadership.

A review of progress on the MDGs showed that the health related MDGs, 4 and 5, may be met by 2015 but only through sustained efforts. MDG 6 is likely to be met in relation to HIV/AIDS and through sustained efforts in the prevention and prompt treatment of Malaria and Tuberculosis.

The introduction of the Free Health Care initiative increased the health service coverage in 2010. Children coming for care at the health facilities saw a 2.5 fold increase, antenatal care attendance had a three-fold increase and Penta 3 immunization coverage increased from 54.6% to 81%. Women delivering in institutions accelerated by FHC in 2010 and reached 54%. With regards to reproductive health services, the major achievements have included continued training of health workers in BEmONC; use of Community Volunteers for the distribution of family planning commodities, resulting in increasing demand for Family Planning (FP) services.[7]

Malaria control also recorded significant progress, especially in the areas of prevention. About 3.2 million Long Lasting insecticide Treated Nets (LLITNs) were distributed nationwide in 2010. In the prevention & control of HIV and AIDS, the number of VCT Sites has increased from 398 in 2009 to 556 in 2010. Similarly, PMTCT sites and ARV treatment sites increased from 351 in 2009 to 511 in 2010 and from 111 in 2009 to 131 in 2010, respectively. The uptake of PMTCT services among pregnant women with HIV has increased from 40.4% (equivalent to 650 women) in 2009 to 47.7% (equivalent to 717 women) in 2010. Similarly, the number of HIV positive cases on ART increased from 14.1% in 2009 to 21% in 2010.[8]

However, the maternal and child health status is still poor and the prevalence of major communi-

6. Joint Report 2010
7. Draft performance report 2010
8. Draft report 2010

cable diseases is high. There is still a big challenge with inadequacy of human resources, lack of adequate equipment and infrastructure. For example, on average hospitals have less than 50% of the necessary items (drugs, supplies, equipment, trained staff and diagnostics) required to provide a minimum level of comprehensive obstetric care. Only a third of hospitals had adequate blood typing capacity and only 50% have access to safe blood. Half of the hospitals experienced blood shortages. Many facilities (almost half) that offer VCT services do not have the capacity to conduct an HIV diagnostic test due to shortage of testing kits, equipment and reagents. Only 53% of facilities had three first line antiretrovirals in stock, according to the recent facility assessment, (SARA, 2011).

In general, the implementation of the 2010 plan has shown progress according to the joint performance report organized based on the six health system blocks of the NHSSP. Out of the 14 targets of the leadership and governance strategic objective, 50% were fully and partially achieved where the development of the National Compact and strengthening National and District planning were the key achievements. Achievements under the strategic objective improving service delivery, revealed an overall increase in service utilization of about 60% but slow progress in terms of infrastructure development. There is low capacity in implementing the BPEHS in an integrated approach.

With regard to human resources, the total workforce in the public health sector increased from 7164 in 2009 to 8125 in 2010, an increase of 13.4 % but only 6 of the 11 targets under this strategic objective were partially achieved. A comprehensive situation analysis is still pending, despite its importance in feeding into the new Policy and Strategic Plan, Training Plan, and HRH Observatory for planning, management and evaluation. The major challenge is the lack of appropriate TA guidance at national and international levels. Delays have also been experienced in getting support from technical partners, including WHO.

There has been progress towards improving health care financing, with an increase of 34% in the total budget to the health sector and a marginal increase from Le16.47 (US$4.12) to Le24.80 (US$6.20) per capita. Of the estimated cost of US$35,840,173 to implement the FHC policy, 86.5% was provided by partners. A feasibility study of the establishment and implementation of a National Health Insurance Scheme, one of the sustainable means of financing health care services, was conducted by the Ministry in collaboration with the National Social Security and Insurance Trust (NASSIT) and the International Labour Organisation (ILO). A Health Financing Policy is yet to be developed and there are challenges in institutionalizing NHA and strengthening the procurement management system. Meaningful progress is also yet to be made regarding evidence based resource allocation and formalizing the involvement of partners (NGOs and Private) in public services delivery through contractual arrangements.

Access to affordable medical products and health technologies showed that there has been a huge investment in drug and medical products procurement with over 13 million USD spent by donors on procuring drugs and medical products for the Free Health Care and billions of Leones

more spent by the Government of Sierra Leone (GoSL) on procuring cost recovery drugs. However, the recent Service Availability and Readiness Assessment (SARA) survey (2011) shows on average facilities had only about 5 of the 14 essential drugs (i.e 35%) in stock on the day of the survey. There was some progress in reviewing the essential drugs and consumables lists for 2010 that ensured the availability of quality medical consumables and equipment in health facilities. Logistics Management Information System (LMIS) and CHANNEL software have been developed to track drug distribution. In addition, the ministry is on the verge of establishing the National Pharmaceutical Procurement Unit (NPPU), as a central body to procure drugs, medical consumables and health equipment.

There has been some progress in the Health Management Information System. Reporting completeness has increased from 74% in 2009 to 83% in 2010. However, the good progress of the implementation and strengthening of the HMIS has been weakened by the non-existence of a functional interoperable Human Resource for Health, Financial Management and Logistics Management Information Systems. Furthermore, the use of information for decision-making has not been wide spread within the sector.

SWOT Analysis

The strengths and opportunities are considered for maximization of the benefits to the health sector and the weaknesses and threats are linked with relevant strategies for improvement and mitigation.

Key challenges and threats in achieving Sector Goals and Targets include

- Coordination and alignment of policies and programmes;
- Scarcity of financial resources
- Resources not linked to plans making it difficult to have a clear idea of the full scope of resources available for sector activities
- Difficulties in accessing funds for planned activities.
- Unpredictability of fund releases
- Inadequate capacity for monitoring of policy implementation at all levels
- Inequitable distribution of human resources
- Inadequate number of trained staff.
- Uncoordinated referral system
- Weak quality control system for medicines.
- Weak supply management systems
- Poorly equipped health facilities
- Inadequate supply of drugs and medical supplies
- Weak management of Laboratory and Blood Transfusion services
- Existence of sub-standard health facilities in all Districts (infrastructure, equipments and supplies)
- Absence of a national training Plan
- Inadequate numbers of skilled staff at CMS and DMS
- Weak maintenance of the cold chain
- Lack of up to date Policy & Plan
- Frequent stock outs of tracer drugs
- Weak logistics management systems for drugs and supplies
- Sub-standard medical stores at all levels
- Weak capacities for data analysis at National and District levels and minimal use of data collected at facilities
- Weak Coordination among Partners
- Lack of a Health Financing Policy and Strategic Plan
- Weak planning and budgeting capacities at all levels
- Multiple non-coordinated supervision of DHMTs and facilities
- Weak capacities in the regulatory bodies
- Most NGOs do not work in collaboration with DHMTs

Strengths and opportunities the sector has are the enabling factors for attaining the planned objectives:

- Government commitment
- Availability of development partners to support the health sector
- Increased utilization of health services because of the implementation of the free health care
- Decentralization policy: to Local Councils and DHMTs
- A clear plan at District level

JPWF Accountability Framework

The JPWF's general objective is to strengthen the functions of the national health system so as to improve accessibility, equity, quality and efficiency of health service delivery to:

- Reduce the burden of communicable and non-communicable diseases;
- Improve maternal and child health;
- Improve nutritional status of the community, especially pregnant mothers and children; and
- Improve hygiene and sanitation.

The following is the accountability framework of the Joint Plan of Work and Funding: (The details - refer to the NHSSP Monitoring and Evaluation Framework.

(Note: Source M & E of NHSSP - Results & Accountability *framework)*

- Contraceptive prevalence (% of women aged 15-49) increased to 25% by 2014
- Percentage of pregnant women making at least 4 antenatal visits increased to 90% by 2014
- Percentage of pregnant women receiving at least two doses of intermittent presumptive treatment (IPT) for malaria increased to 70% by 2014
- Percentage of pregnant women receiving at least 2 doses of TT increased to 92% by 2014
- Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis for PMTCT increased to 25% by 2014
- Percentage of deliveries attended by a skilled birth attendant increased to 70% by 2014
- Percentage of lactating women and newborn received PNC within 2 days after delivery increased to 75% by 2014
- Proportion of exclusive breastfeeding 0-6 months increased to 30% by 2014
- Percentage of children receiving Penta-3 before 12 months of age increased to 85% by 2014
- Percentage of 1 year-old children immunized against measles increased to 70% by 2014
- Percentage of 1 year-old children fully immunized increased to 70% by 2014
- Percentage of U5 with diarrhoea in the last 2 weeks who received ORT and Zinc increased to 95% by 2014
- Percentage of under fives with fast breathing in the last 2 weeks who were treated by a health professional increased to 80% by 2014
- Percentage of children under five years of age who slept the previous night under an insecticide treated net increased to 55% by 2014
- Percentage of confirmed uncomplicated malaria cases in patients U5s treated with ACT within 24 hrs at the health facility increased to 70% by 2014
- Percentage of smear-positive pulmonary tuberculosis cases detected increased to 40% by 2014
- Percentage of smear-positive pulmonary tuberculosis cases treated successfully increased to 85% by 2014
- No of people with advanced HIV infection receiving antiretroviral combination therapy increased to 6,052 by 2014
- Contacts per person per year from 0.5 to at least 2.5 contacts per person per year by 2015
- Percentage of population residing within 5 km of a health facility increased to 87%

- Percentage of population with access to safe drinking water increased to 80%
- Medical and other waste management systems improved to 100% of public and private health institutions
- Doctor/population, Nurse/population and Midwives/population ratios increased to 0.04 /1,000, 0.4 /1,000, and 0.045 /1,000, respectively
- Total public health spending per capita increased to $29.6
- General government health expenditure as a proportion of total government expenditure (GGHE/GGE) increased to 14%
- Percentage of health sector aid disbursement released according to agreed schedule in annual or multi-year framework increased to 66% by 2014
- Increase Total Health Expenditure to 715 billion Leones
- Percentage of PHUs reporting uninterrupted supply of tracer drugs increased to 80%

Strategies

1. Leadership and Governance

- Enhance the capacity of the leadership at all levels of the health system
- Strengthen planning and management systems in the health sector
- Strengthen the implementation of “one plan, one budget and one report” principles of harmonization and alignment
- Strengthen collaboration and coordination of stakeholders
- Improve accountability
- Strengthening management and support systems at the District and community level.

2. Services delivery

- Scale up the implementation of Basic Package of Health services through facilities development.
- Provide up-to-date service delivery standards to ensure quality
- Ensure equity of health service delivery
- Train an adequate number of health personnel
- Provide adequate supplies of essential drugs and laboratory and other supplies
- Rehabilitate health infrastructure, ensuring availability of water, electricity and communications facilities to health institutions
- Service integration of related programmes; such as reproductive health services, PMTCT, child health services, TB and HIV/AIDS interventions, …

3. Human Resources for Health

- Improve the working and living conditions of health care workers in order to retain the existing staff and attract newly qualified health care workers.
- Improve efficiency, equity and effectiveness in staff utilization.
- Strengthen the human resource management system
- Strengthen involvement of stakeholders in the HRH development
- Provide performance based incentives
- Ensure Improved and regular training programmes

4. Health Care Financing

- Develop a needs based financial resource allocation system.
- Ensure availability of financial resources for commissioning the Free Health Service Strategy
- Undertake regular resource mapping
- Provide Budget Support and strengthen systems for accountability at the District level

5. Medical Products and Health Technologies

- Strengthen the drug and medical supplies management, storage and distribution system
- Strengthen rational drug use
- Put in place an efficient warehousing, storage and distribution system

- Strengthen Government Standard Operating Procedures for the management of Essential Medicines and build the capacity of the Facilities and Maintenance units centrally and at district level.
- Set up an efficient, well managed procurement and supply chain management system.

6. Health Information System

- Institutionalize Monitoring and Evaluation at all levels
- Strengthen the generation and use of information for evidence based problem solving

Strategic Objectives and Actions

1. Leadership & Governance

Key issues and challenges

- Existing health regulations are outdated.
- A weak mechanism for monitoring services provided in the sector.
- The established structures for financial management and procurement have insufficient capacity to manage funds from all sources.
- Weak MoHS stewardship/leadership
- Weak sector coordination structures and arrangements at all levels.
- Weak public private partnership (PPP) in the provision of comprehensive integrated health services
- Weak mechanism for public accountability

Strategic Objectives and Expected Results

1.1 To review the legal framework and provide the necessary capacities for implementation.

- Hospital Board act revised by 2012
- Public Health Act 1960 reviewed by 2014
- National Health Policy revised by 2013
- Legal framework governing the regulation of professional practice (Medical and Dental Council; Nurses and Midwifery Board and Pharmacy Boards) reviewed by 2013
- Technical and logistical requirement plan for Statuary and Regulatory body prepared by 2013 and support provided (based on the plan) to Statutory and Regulatory body
- Technical and logistical support provided for regulation of practitioners of traditional and alternative medicine
- Health Services Commission operationalised by 2012
- Nursing and Midwives Act reviewed by 2013
- Policy and Strategic Plan for Nurses and Midwives developed by 2012
- Policy on eye health developed by 2013
- National Health Promotion Policy developed and disseminated by 2012
- Health Promotion strategic plan finalized and disseminated by 2012
- National Tobacco Control Bill finalized and disseminated by 2012
- National Tobacco Control Strategic plan finalized and disseminated by 2012

1.2 To strengthen capacities of senior health managers at national and district levels.

- Operations manual (scheme of service) with clear roles and responsibilities of directors, managers, officers, key members of staff at all levels developed by 2012

1.3 To provide a viable oversight, sector planning, monitoring and supervision system from national to district levels.

- Jointly agreed JPWF for three years prepared and launched yearly, at health planning

summit, and approved

- 13 Local Council Health Plans, central level plan and a health sector AOP developed yearly
- Agreed and approved Health Sector Performance Review yearly
- Coordinated supervision and M&E framework established
- Joint Assessment of National Health Strategies and Plans (JANS) conducted by 2012

1.4 To establish dynamic interactions between health care providers and consumers with the view to improving the quality, accountability and responsiveness of services

- Guidelines on Health Sector Information Publishing developed by 2012
- Mechanism for medical audit to report medical mal-practice established by 2013

1.5 To strengthen coordination, collaboration, alignment and harmonisation with development partners, implementing agencies and MDAs at National and District Level

- Health sector resource allocation criteria established by 2012
- Public expenditure tracking system developed by 2012
- A cohesive Public-Private Partnership policy and guidelines for sustainable health care based on sector compact developed
- Health Project Information System developed and maintained
- Evaluation of Implementing Partners Project Proposals annually to align with AOP and Rolling Plans
- Promote proactive engagement of private sector in service delivery of key MoHS priority areas

1.6 To develop a sector-wide coordination mechanism for ensuring that all funding for the sector supports a single policy and expenditure programme, under government leadership, and adopt common approaches across the sector.

- Ensure the coordination mechanism "the Compact" is functional at National and District levels and at least 80% of all Partners have signed up to the Country Health COMPACT
- Management approaches across the sector by partners, covering procurement, disbursement and accounting of funds, and joint reviews of health sector is guided by the country compact

2. Health Service Delivery

Key issues and challenges

- Poor access to health services, including specialised medical care especially for poor and vulnerable people
- Low quality of available health services
- Inequities in accessing health services and low utilisation of essential services
- National standards for basic services and capacity standards for health facilities by level of care have not been defined
- Inadequate provision of drugs, equipments and other supplies.
- Inadequate outreach and referral services

- Minimal involvement of communities in delivery of health services
- Weak community and home based approach to service delivery
- Inadequate blood transfusion service
- Inadequate laboratory service
- Poor health sector preparedness and response to disasters.

The joint programme of work and funding acknowledges the important complementing efforts of faith-based and NGO facilities and private-for-profit institutions in the delivery of health services. The Faith-Based Organizations are expected to play a big role in the provision of quality health services to the population. FBOs will have a total catchment area population of 470,629. The total target population for FHC by the FBO is estimated to be 135,615, which represents 30.6% of the total FHC target population. Out of this FHC targeted population, 25,685 are pregnant women, 24,191 are lactating mothers and the rest 85,739 are children under five years of age.

The promotion of partnerships with the private sector will be strengthened in the JPWF implementation period by developing a guideline that encourages partnerships and guides the service delivery arrangement by promoting private sector engagement in service delivery according to Government priorities.

Strategic Objectives and Expected Results

2.1 To increase the utilisation of health services especially for mothers and children, the poor and other vulnerable groups

- Health services accessed within 5 Km radius
  - Construct 39 new PHUs to address equity of service accessibility
  - Seventy BEmONCs and 13 CEmONCs facilities rehabilitated & equipped
  - 18 hospitals provided functioning equipment for the provision of critical new born care
  - Cold rooms in all 13 districts constructed/rehabilitated and equipped
  - Waste Disposal Units (WDU) constructed in all hospitals and 25% of PHU's
  - Solar Energy power supply for ward, office and security lighting systems in all 18 Hospitals and 70 BEmONC facilities installed
- Health facility mapping including non-state actors institutions (FBOs, NGOs and private)
- Transport services availed at all levels by 2014
- Integrated ambulance referral systems established in all Districts with adequate hospital and community ambulance by 2013
- Integrated comprehensive static and outreach/mobile health services provided/ availed as per the need
- Immunization services improved in PHUs in all districts
- Rotavirus Vaccine introduced in routine EPI in 2012
- Implementation of RED Strategy in every District strengthened
- Cold chain equipments and spare parts procured and distributed/maintained as per the need
- Prevention, early detection and case management of NTDs, eye care and disabilities

services provided in all districts

- IPT second dose for pregnant women at community and health facility levels increased
- LLINs distributed to 80% pregnant women during Antenatal Clinics
- Health information seeking behaviour promoted through awareness creation and population seeking health information (illness and wellness information) increased to 60%
- Social mobilization conducted for Commemoration of Global and national events at central and in all districts (World No Tobacco day, World Health day, World AIDS Day, World Leprosy Day, World Malaria Day, 25th April)

2.2 To improve quality of health services

- Quality primary and general care delivered at 1265 PHUs and 16 Secondary hospitals as per the standard operating guidelines by 2014
- Conduct mapping of all the PHUs and Hospitals in the country by 2012
- Accreditation of all facilities for implementation of the BPEHS conducted by 2014
- Review of the Basic Package of Essential health Services (BPEHS) to include norms and standards and other issues by 2012
- Toll free numbers for RCH established/strengthened by 2012
- Training of personnel for Mhealth in 13 districts
- Provide logistics support for Mhealth (mobile phones, airtime, registers)
- RCH commodities (including FP and other obstetric emergency drugs) and essential equipment supplied to health facilities based on needs assessment
- Monthly maternal death review at hospitals, PHUs, district and community levels conducted
- Support monitoring and evaluation of district MDR activities regularly
- Develop and support legal frame work for MDR by 2012
- Conduct national maternal death review committee meetings twice yearly
- AHS services established and functional according to establish National standards for AYFS delivery
- 100 % of facilities offering friendly reproductive services for adolescents by 2014
- 112 comprehensive functional ADH centres established by 2014
- Post-abortion care strengthened in all tertiary hospitals and districts
    - ◊ Identify and equip comprehensive abortion care intervention sites in tertiary & district hospitals yearly
    - ◊ Dissemination of policy on abortion at national, regional, district and community levels yearly
- Provide routine screening services for RH cancers in at least 86 facilities (51%) by 2014
- Quarterly monitoring and evaluation of RCH activities (including Facility Improvement Team assessment) conducted
- Basic eye health services provided in all districts by 2014
- National Nutrition programme strengthened in all health facilities
    - ◊ Accredit 18 hospitals as baby friendly by 2014

- ◊ Food supplements for the treatment of acute malnutrition provided in 90% PHUs by year 2014
- ◊ 304 OTPS and 24 SCs additional centres established for the management of severely malnourished children
- ◊ Establish the National Fortification Alliance
- ◊ Introduce and scale up of multiple Micronutrient Powders for under twos

- Community-based nutrition programme strengthened in all districts
  - ◊ 90% of under five children and 90% of pregnant women de-wormed
  - ◊ 90% of children U5 receive Vit A supplements
  - ◊ 90% of pregnant women receive fefol supplements
  - ◊ Promotion of improved indigenous food processing techniques and food diversification at household level conducted
- Policy, guidelines, tools & plans availed for national nutrition programme developed by 2012
  - ◊ Adapt and endorse International Code on Breast milk Substitute
  - ◊ Develop and review laws and standards on locally produced and imported foods
- Prompt and effective treatment of confirmed uncomplicated malaria cases at health facility and community levels increased to 80% by 2014
- Proportion of severe malaria cases reduced by 50% by 2015
  - ◊ Severe malaria cases treated appropriately with pre-referral treatment and referred at the Peripheral Health Unit (PHU) level
- PMTCT services provided in 80% of facilities in all districts by 2014
- HCT services provided in 80% of facilities in all districts by 2014
- Quality of OIs/STI case management services in all Primary and Secondary facilities strengthened
- Provide ART to 1700 eligible HIV + adult population according to National protocol
- Provide ART to 2300 HIIV + children 0-14 years according to National protocol
- Provide paediatrics HIV care services in 80% of facilities in all districts.
- High quality pre-service and in-service training, and continuing education provided
  - ◊ Capacity of MCH Aides training programme strengthened
- Expand DOTS centres (two per district) by year 2014 to improve TB/Leprosy prevention and control
- Quality assurance framework and clinical guidelines developed for hospitals and other health service delivery points on staff development, supplies and maintenance
- Services delivered by nurses, midwives and MCH Aides strengthened
- Improve mental health services:
  - – Establish Psychiatric Units in 14 Regional and District Hospitals and 400 CHC's /PHU's
- Management of medical and other wastes in all Health care Institutions (public & private) improved & healthy working environments for all workers Nationwide ensured
- Improve environmental health through strengthened partnership, advocacy and promotion

- Infection control programmes rolled out to all hospitals

2.3 To strengthen management capacities of district health services

- Regular meetings conducted and key issues addressed
  - ◊ Establish District Performance Review
  - ◊ DHMT conduct monthly In-charge meetings and include hospital staff
  - ◊ Conduct monthly district coordination meeting with health partners
- Senior Management staff at national and district level share experiences with selected countries in the sub-region on health management yearly
- Build capacity of DHMTs, Local Councils and CSOs in equity focused analysis, programming, monitoring and evaluation

2.4 To strengthen the delivery of quality specialised, advanced and emergency care in secondary and tertiary health facilities

- Appropriately skilled and motivated medical professionals of different disciplines provided in hospitals
- Specialised diagnostic facilities provided in all secondary and tertiary hospitals by 2014
- 24/7 outpatient and inpatient services provided in all hospitals

2.5 To strengthen community based health services

- Community governance and operational structures strengthened
  - ◊ 1,200 Village Health Committees (VHCs) established at community level
  - ◊ Train community-based workers (6 community distributors in each PHU catchment area [6 x 1100]) in distribution, maternal and child health, defaulter tracing and nutrition)
  - ◊ Conduct village health committee meetings regularly
- Community participation in health activities enhanced
  - ◊ Basic education and other materials provided for 30,000 CDDs
  - ◊ Training/refresher training on SCH/STH provided for 18,000 teachers
  - ◊ All communities with people who have LF complications identified and logistics and drugs to 16,000 communities distributed
  - ◊ Ground larviciding for Onchocerciasis control conducted
  - ◊ Community case management of malaria strengthened by organizing integrated LLIN Mass campaign, Indoor residual spraying (IRS) and Larviciding control
  - ◊ Conduct training/orientation for 15000 CHWs on health and sanitation issues (CLTS, referrals, danger signs, D&V) and on heath care seeking behaviour: IEC/BCC; ANC; birth preparedness; FP, STIs, GBV, PNC
  - ◊ 200 Community meetings on prevention and control of diarrhoea and on nutrition conducted
  - ◊ Sensitisation on the establishment of service outlets provided for 200 community leaders, TBAs and child minders

- ◊ 200 radio discussions on health issues and health promotion campaigns conducted
- ◊ Finalise CHWs policy and develop Community Health Strategy and costed implementation plan

2.6 To provide policy and legal framework for proper regulation, training, laboratory practice and observance of professional ethics by 2015

- Act for the establishment of the NLRC developed

2.7 Establish an effective laboratory network at national and international levels for quality laboratory services and resource mobilisation by 2015

- National network of laboratories at district; regional, national and international levels established

2.8 To build HR capacities in laboratory services delivery at national, district and peripheral levels

- Staff the minimum qualified laboratory personnel levels to support the delivery of a comprehensive laboratory package at each level of health care by 2014
  - ◊ Recruit 20 technicians and 5 laboratory scientists per annum in period 2012-14
  - ◊ Train 9 selected scientists to MSc level by 2015; 2 scientists locally in microbiology by end 2013; 70 staff in virology and molecular biology at MSC level by 2014; and 6 staff in QMS in 2012 by attachment and OGT

2.9 To establish a sustainable laboratory supplies system as part of the Essential Medicines and Health supplies management that will ensure steady availability of laboratory equipment, reagents and supplies at all levels

- All Lab facilities equipped with lab equipments, reagents and supplies based on needs assessment by 2013
- Public laboratories provided with appropriate equipment and assured availability of commodities for efficient service delivery

2.10 To establish an effective management structure in the MoHS to provide steward ship, coordination and management of laboratory services

- Quality Assurance System established for laboratory services at all levels by 2013
- Stewardship, coordination and management of laboratory services strengthened and all laboratories implement laboratory safety policy and adhere to safety guidelines by 2012

2.11 To expand the blood transfusion infrastructure to operate adequately within a decentralised health care delivery system

- Standard Operating Procedures, Manuals and Legislation for Blood Services reviewed and updated by 2014
- Blood banks established in all districts by 2014
- Vehicles provided for administration, monitoring and supervision of programme

2.12 To increase the annual blood collection necessary to meet the blood requirements of all patients in the hospitals throughout the country

- Strategies for blood donor Mobilisation and recruitment and retention of safe donors for repeated donation improved

2.13 To test all blood for Transfusion Transmissible Infections (TTIs) and operate an effective, nation-wide Quality Assurance programme that ensures security of the entire blood transfusion process

- Blood Transfusion Services staff provided training and Refresher training
  - ◊ 30 phlebotomists in blood collection in-country; 8 laboratory technicians in mass grouping and EIA in-country; 6 NBTS nurses in donor selection; two senior staff in management; 4 technicians in blood products preparation externally; 6 technicians in quality management systems externally; and 12 hospital technicians in compatibility testing and investigation of transfusion reactions locally.

2.14 To generate information and build a database on the health status of medical equipments in health facilities

- Database on the health status of medical equipments in health facilities established by 2012

2.15 To procure, install and utilize appropriate medical and diagnostic equipment within the health facilities

- Consumables for the medical equipment as part of the procurement of essential medicines and health supplies provided yearly

2.16 To recruit and train appropriate Technical Staff for the repairs and maintenance of Medical Devices, Machinery and plants at the Regional Medical Equipment Maintenance Workshops

- Medical Devices, Machinery and Plants well maintained by year 2014

3. Human Resources for Health

Key issues and challenges

- Inadequate number of trained health professionals
- Inequities in the distribution of available health professionals
- Low motivation of health workers
- Poor conditions of service for health care staff
- Weak HR planning and management
- Delay in recruitment of staff
- High attrition rate
- Absence of structured career pathway for most cadres
- Training institutions unresponsive to the needs of the Ministry
- Local training institutions have inadequate tutors and are poorly equipped

Strategic Objectives and Expected Results

3.1 To provide and maintain a policy and strategic framework to guide HR development and management

- HRH policy developed by 2012
- HRH strategic plan developed by 2012

3.2 To strengthen institutional capacity for HR policy, planning and management

- Human resource structure reviewed by 2012 to effect HR functions
- An integrated HRH information system as part of the HMIS developed and institutionalized by 2012
- Integrity of the payroll maintained and staff paid on time
- Adequate resources availed for staff remuneration yearly
- TA funding pool developed by 2012 and functional yearly

3.3 To enhance capacity and relevance for training of health workers, in partnership with other stakeholders

- Joint programme for capacity building and accreditation signed with training institutions and stakeholders and implemented by 2012
- 135 Midwives trained yearly and deployed in health facilities based on the gap identified

3.4 To upgrade and enhance competencies and performance of health workers

- Performance appraisal and motivation scheme, including defined career path and incentive package, institutionalized by 2012
- On-the-job training, mentoring and shills development schemes introduced and commence implementation by 2012
- Fifty health sector employees trained in post-basic education yearly
- Special training provided for identified programmes (Obstetrics/Gynaecology, Health Education, Epidemiology, HR management, medical waste/occupational health) for 40 health workers yearly
- Access training for health workers (nurses/CHOs) provided yearly and 150 nurses/CHOs pass entrance exams after getting access training

3.5 To promote research into HRH interventions to provide evidence-based information for the improvement of service delivery

- HRH research on prioritized topics conducted yearly and research reports disseminated on time to enhance implementation of the results to improve service delivery

4. Health Financing

Key issues and challenges

- Inadequate budgetary allocations for health care delivery
- Cumbersome procedures for accessing donor funding
- Inequitable and inefficient allocation of health sector resources
- Health Care is unaffordable for a majority of Sierra Leoneans

Strategic Objectives and Expected Results

4.1 Secure adequate level of funding needed to achieve national health development goals, including the MDGs

- Public Financial Management (PFM) capacity of Directorate of Financial Resources, MoHS, DHMTs and hospital levels strengthened
- Sector accounting and financial reporting improved
- Audit systems strengthened in the sector
- National Health Care Financing policy and implementation framework developed by 2013
- National Health Account institutionalized by 2013

4.2 To ensure equitable access to quality health services free from financial catastrophe and impoverishment

- National Health Insurance Schemes established and implemented by 2013
- Realistic medical service fees standardised at all levels by 2012 and updated yearly

4.3 To ensure equitable and efficient allocation and use of health sector resources

- Performance Based Financing (PBF) established by 2012 and implemented yearly

5. Medical Products and Technologies

Key issues and challenges

- Outdated policies and guidelines for medicines, medical supplies and equipment, vaccines, health technologies and logistics.
- Presence of sub-standard, inefficacious and unsafe drugs in the local market.
- A weak supply chain management system
- A weak monitoring and surveillance system (pharmaco-vigilance) for drugs
- A Pharmacy Board that is functionally weak

Strategic Objectives and Expected Results

5.1 To review existing policies and develop new policies and guidelines with respect to medicines, medical supplies and equipment, vaccines, health technologies and logistics

- National Medicines Policy Implementation Action Plan endorsed by 2012
- Implementation of Revised National Medicines List 2011 started by 2012
- 100% of Medical Doctors, Pharmacists and Pharmacy Technicians using the National Formulary starting 2012
- 100% of Nurse prescribers in the country using the Standard Diagnosis and Treatment Guidelines for Nurse Prescribers starting 2012
- Procurement list for medicines, medical supplies and bio-medical equipment reviewed yearly

- Consolidated list and quantities of medicines, medical supplies and bio-medical equipment for procurement availed yearly

5.2 To improve access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccines and health technologies

- National Pharmaceutical Procurement Unit (NPPU) established and functional by 2012
- Central, District and Hospital Medical stores upgraded to National Standards for good storage of medicines and medical supplies by 2014
- Medicines, medical Supplies and bio-medical equipment Procured and Distributed yearly
  - ◊ 100% of supplier invoices and packing lists of medicines, medical supplies and bio-medical equipment delivered to the CMS availed yearly
  - ◊ 100% of original copies of LMIS and LMIS SOP manual for the distribution of medicines, medical supplies and bio-medical equipment availed at the CMS yearly
  - ◊ Service level of Vital and Essential Medicines at each public health facility
- 26 road worthy vehicles available for the distribution of medicines, medical supplies and bio-medical equipment to ensure efficient and functional transportation system at all levels of the medicines distribution chain
- 100% of public medical stores with qualified personnel and required inventory control (LMIS) tools in place in district medical stores, district hospitals and PHUs by the year 2014
- 1185 Health workers trained on LMIS, forecasting and quantification, micro-planning and warehouse management by 2014
- Supportive supervision conducted to ensure regular monitoring of stores at all levels

5.3 To strengthen the medicines regulation and quality assurance system

- Revised Pharmacy and Drugs Act; Business Procedures Manual for PBSL; Code of Ethics and Standards of Pharmacy Practice
  - ◊ Pharmacy and Drugs Act 2011 promoted yearly
    - ⇒ Five radio and television discussions held on the new Pharmacy and Drugs Act yearly
    - ⇒ 100% of Pharmaceutical Business Organizations purchase a copy of the new Act
    - ⇒ 100% of Pharmaceutical Businesses participate in the annual sensitization workshops
  - ◊ Business Procedures Manual PBSL published
    - ⇒ 100% of pharmaceutical businesses and health care managers provided with copies of the Business Procedures Manual
  - ◊ Code of Ethics and Standard of Practice of Pharmacy endorsed and available by 2012

- Medicines Safety Monitoring System; Functional Medium-Level Pharmaceutical Quality Control Laboratory; Functioning Customers Information System
  - ◊ Medicines Safety Monitoring System in place
    - ⇒ 100% Medicines safety monitoring tools in place by 2012
    - ⇒ 100% Personnel for monitoring medicines safety in place by 2014
  - ◊ Functional Medium Level Pharmaceutical Quality Control Laboratory (Laboratory pre-qualified by WHO on specific competencies) in place
  - ◊ Functional Market Surveillance System in Place by 2012
  - ◊ Quality Management and Health Information System in place by 2012 and information of items available on the website

5.4 To promote rational and cost effective use of medicines, medical devices, biological and other medical supplies at all levels of the health care delivery system

- TOT for 8 DHMT members in 13 districts conducted (total 104) for 3 days once every year and cascaded to a 3 days training for a total of 1200 HWs once every year
- Drug and Therapeutic Committee (DTC) established in 34 Hospitals by 2012 and regularly supervised for functionality
- Survey on Rational Drug Use (RDU) conducted in 2013 and results used for service quality improvements

6. Health Information System

Key issues and challenges

- Inadequate financial and human resources for implementing HIS plans
- Weak capacity for data analysis, reporting, dissemination and use
- Weak hospital information and vital registration systems
- Poor engagement of the private sector and community groups in data collection (National Health Sector Strategic Plan 2010-2015 Page 33)
- Lack of standards and guidelines for data collection, analysis and reporting
- Lack of feedback at all levels
- Weak relationship between HIS and programme management
- Catchment area population not well defined
- No maintenance plan for existing ICT infrastructure both at national and district level

Strategic Objectives and Expected Results

6.1 To provide a policy framework for establishing a functional HIS

- National HIS policy developed by 2012
- Review and update the HIS strategic plan by 2012 and share it with stakeholders and donors for funding
  - – Develop a mechanism to include non-state actors (FBOs, NGOs and private) in the sector HIS

6.2 To strengthen institutional framework for implementing a functional HIS

- The capacity of central MoHS to implement the HIS improved by 2014
- The capacity of district HIS units to implement the HIS strengthened by 2014
- M&E Roles and responsibilities of national institutions, and academic and research institutions defined and specified in NHS.

6.3 To improve routine data collection quality, management, dissemination and use

- Nationally integrated data collection system established by 2013
- Availability and use of health data increased
- Data analysis, including equity analysis, completed and ready for annual reviews
- Civil society organizations have a strong voice in the review of progress and performance
- Development partners are well represented in the national reviews of the NHS
- The reviews are informed by a good easily accessible synthesis of the available monitoring data
- The reviews have a strong sub-national focus which is well informed by data
- Civil registration and vital statistics systems are in place by 2012
  - ◊ National birth and death registration system functioning well by 2012
  - ◊ The birth and death registration system is modernized to facilitate analysis and use for vital statistics
  - ◊ There is use of innovative methods to strengthen birth and death reporting.
  - ◊ Hospital reporting on deaths, with cause of death, using the ICD.
- Health Sector Resource Centre Established and functional by 2013

6.4 To strengthen monitoring and evaluation, research and knowledge management capacity in the health sector

- Population-based and health facility surveys conducted yearly (DHS, SARA, District level HH survey, Facility survey, National Data quality Audits, External verification of PBF data, Malaria Indicator Survey [MIS], Sentinel site surveillance on Malaria, knowledge, Attitude and Practice Study [KAP] on Malaria, Drug Efficacy Studies for Malaria, operational research on RCH issues)
- Health Sector Research Capacity strengthened
- National Policy on Research for health and National Strategic plan developed
- Supportive supervision strengthened at all levels

6.5 To strengthen and integrate IDSR into national HIS

- IDSR Information system strengthened and integrated into the HIS
- DHSS Site established in Sierra Leone by 2013 and maintained

Costing Process

Costs were taken from five sources. Standard costs were taken from in house estimates, the Global Fund Budget and the National Price Norm. Many costs were too specialized, however, to be estimated this way. As such Directors and Programme Managers were consulted, or alternatively (and sometimes in addition) Strategic Plans were referred to. All costs in years two and three were amended to take into account an assumed 5% per annum rate of inflation.

Standard Costs

Some items occurred frequently throughout the document, and were given a standard cost (unless otherwise requested in the JPWF log frame or in person). Some examples of this are given below. This is not an exhaustive list, but rather a highlight of the most common items.

1) In house estimates:

DSA	- $85
Local Consultant	- $3000 per month
International Consultant	- $975 per day plus $1500 for flights
Motorbike	- $1200
Motorbike XL	- $5000
Travel arrangements	- $150 per person
International University Study	- $25000 per person per year

2) Global Fund R10 Budget 17th August 2010:

Vehicle (assume Toyota Land Cruiser)	- $40,000
Toyota Hilux	- $30,000
Printing and distribution	- $15 per copy

3) National Public Procurement Authority Price Norm:

Stationary	- $3917.33
Vehicle maintenance	- $6000
Computer and accessories	- $910

Non-Standard Costs

Where activities or inputs were too specialized to cost through one of the above sources it was referred to representatives from the different directorates and programmes, and following this to various Strategic Plans.

1) Meetings with representatives from directorates and programmes:

The following representatives were met: Reproductive Health, Maternal Child Health/Extended Programme of Immunization, Disease Prevention and Control, Blood Services, Health Education,

Neglected Tropical Diseases, Human Resource Management, the Finance Sub Committee, the Pharmacy Board, TB/Leprosy, HIV/AIDS, Food and Nutrition, Procurement, Support Services, Architecture, Primary Health Care, Drugs and Medical Supplies and the Chief Nursing Officer.

2) Reference to Strategic Plans:

The following Strategic Plans were also made use of in calculating the cost: The National Health Laboratory Strategic Plan 2011-2015, an Immunization costing tool, the Immunization Plan of Action, The Cold Chain Plan, the National Strategic Plan for Blood Safety (Revised) and the Sierra Leone Malaria Control Strategic Plan 2011-2015.

Analysis of costs

The total estimated cost of the JPWF is $473.6m – rising from $154.7m in 2012 to $163m in 2013 then falling to $156m in 2014; overall averaging a per capita rate of $25.50 per year (Table 1).

Table 1: Overall cost estimate for the Joint Programme of Work by thematic area (NHSSP Pillars)

Pillar	Cost by Year (USD in Millions)			
	2012	2013	2014	Total
Leadership & Governance	2.44	2.75	1.74	6.93
Service Delivery	65.07	74.38	73.29	212.74
Human Resource for Health	34.85	35.39	38.32	108.56
Health Care Financing	2.80	0.35	0.05	3.20
Medical Supply & Technology	47.31	45.72	39.90	132.93
Health Information System	2.19	4.43	2.62	9.24
Total	154.66	163.02	155.92	473.59

Total output costs range from $0 to $85m for the three years, with an average of $3m and median of $188,000. The disparity between median and mean is indicative of the positive skew, where the majority of outputs make up a minority of costs. This is true to the extent that in each of the three years, at least 80% of the costs are concentrated in the most expensive 10% of outputs, with strengthening of the nutritional programme and maintaining the integrity of the payroll (which includes salaries) consistently the two most expensive (Figure 1). Other major costs include establishing a functional National Pharmaceutical Procurement Unit (which includes drugs for free health care) (12%), the procurement and distribution of medicines, medical supplies and biomedical equipment (which includes drugs for cost recovery) (10%), and upgrading the central, district and hospital medical stores (4%). Conversely, the cheapest 50% of outputs account for just 1.2% of costs.

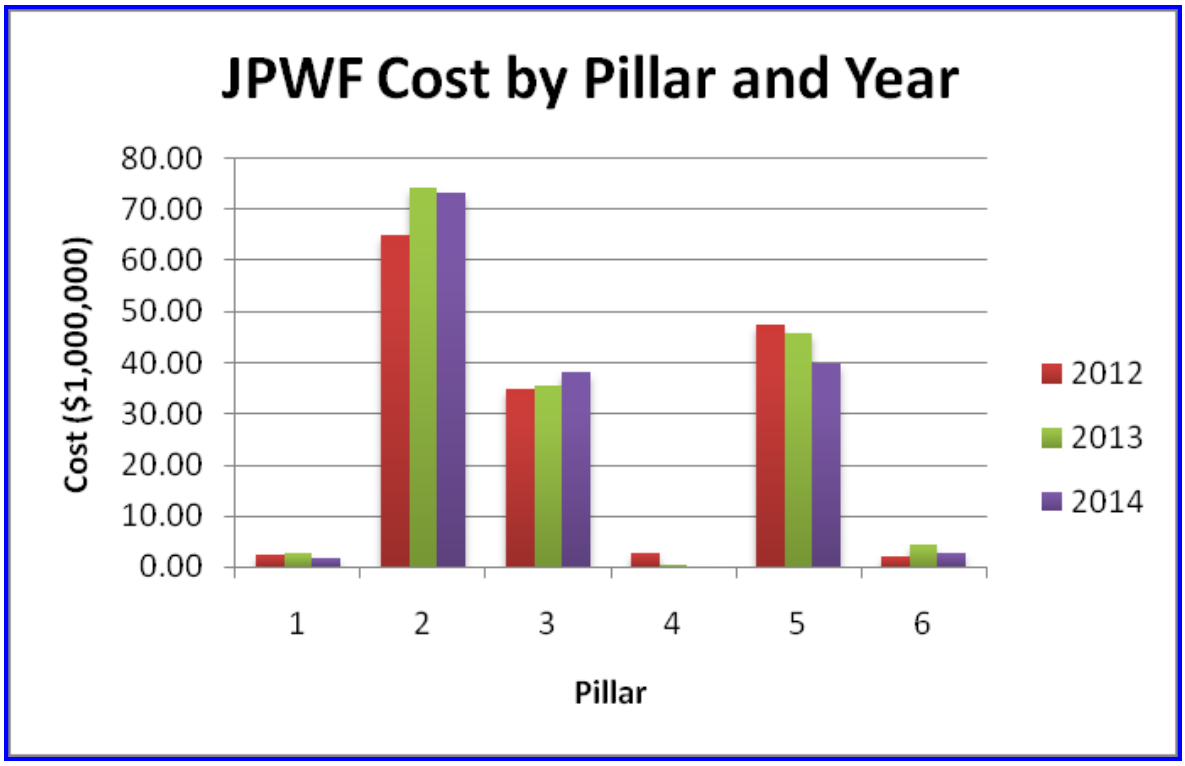

Figure 1: JPWF Cost by Pillar and Year

When categorised according to Pillar, the cost is driven by Service Delivery, Human Resources for Health, and Medical Products and Technologies – together accounting for 96% of the total. The absolute cost of service delivery is larger in years two and three than in year one. This is in part due to a planned $16m mass redistribution of LLINs in 2014 and $13m worth of health facility construction in 2013. Similarly, the absolute cost of human resources for health is increasing over time. This is primarily due to the assumed cost of wage inflation. Wages account for 73% of the pillar's total cost, and are budgeted here to increase by 5% per annum. Conversely, the cost of Medical Products and Technologies is decreasing over time. This is because some outputs of the pillar incur early fixed costs. For example the cost of procurement of medicines, medical supplies and biomedical equipment falls from $20m in 2012 to $13m in 2014 as the cost of equipment procurement is one off.

Figure 2: Where are the costs

All costs have been amended to take an assumed 5% inflation rate per annum into account. This has, in part, led to the increasing absolute cost of service delivery, and has already been suggested to be the main driver behind that of Human Resources for Health. However, once we remove the cost of inflation to consider the present value of the JPWF's costs, we see that it increases only slightly in 2013, and then decreases significantly in 2014. At the same time, it is hoped that there will be a real increase in health sector spending over the next three years. These two ambitions are consistent, as there is the possibility of rolling projects that are not completed on time or in budget over to the next year's plan of action. Real increases in health sector spending, coupled with the decreasing present value of the plan's costs, should aid this process. With real increases in health sector spending, assuming planned spending for 2012 is met, there is room for at least a further $15m (10%) of expenditure in 2014 beyond that already budgeted for in the JPWF.

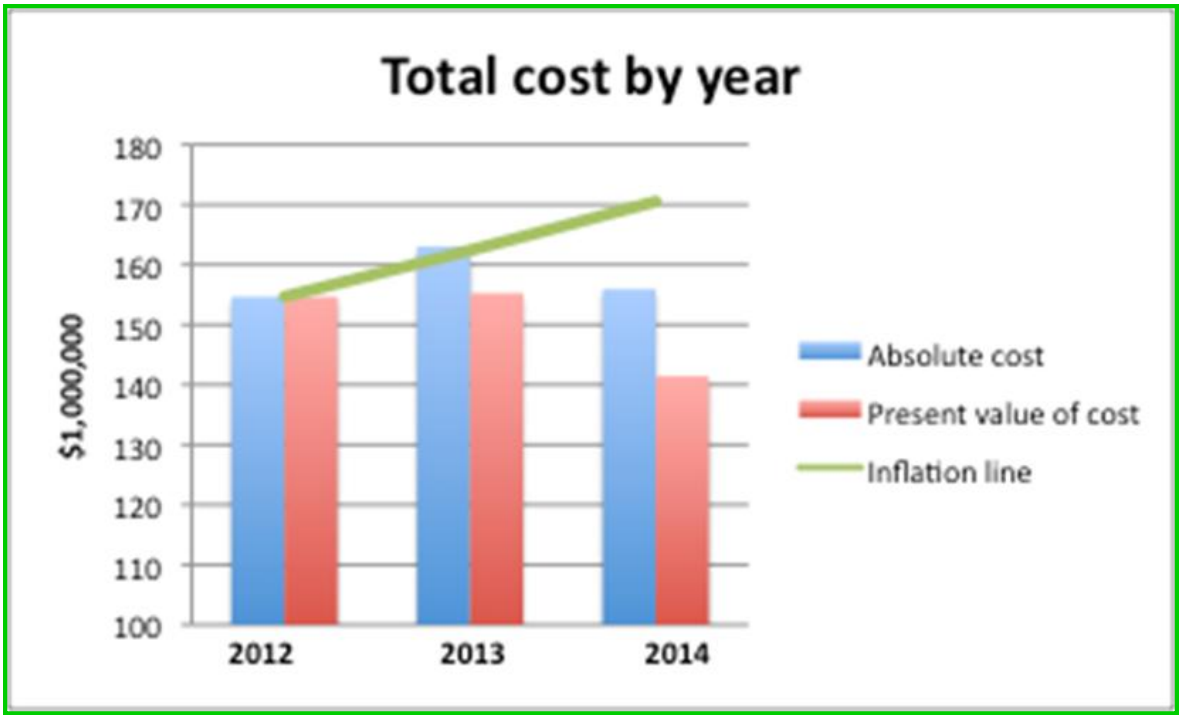

Figure 3: Total Cost by Year

Resource envelopes and gap analysis

The Government of Sierra Leone and its development partners has committed to contribute a total of USD280.145Millions for the three years, out of which Government share is 27% and the rest covered by development partners (Table 2). The commitment for 2012 is high when compared with the consecutive years. However, this resource envelop is not complete due to lack of complete and timely information from all stakeholders.

Table 2: Resource Envelope (USD in Millions)

Source	2012	2013	2014	total
GoSL	25	25	25	75
DFID	30	30	30	90
EU	10.4	10.4	10.4	31.2
WHO	0.6	0.6	0.6	1.8
UNICEF	0	0	0	0
UNFPA	0	0	0	0
ADB	14	0	0	14
BADEA	3.35	3.35	3.35	10.05
Kuwait	4.8	4.8	4.8	14.4
Irish Aid	0	0	0	0
World bank	2.375	2.375	2.375	7.125
Global Fund	9.3	12.3	13.8	35.4
GAVI	1.17			1.17
Total	**100.995**	**88.825**	**90.325**	**280.145**

Based on the estimated cost of the JPWF and the information on resource commitment from all parties, the health sector has a total of USD193.45 Million resource gap with an annual gap of USD53.66Millions, USD74.19 Millions and USD65.59 Million for 2012, 2013 and 2014, respectively.

In the strategy for the provision of health services, partnership with non-sate actors is considered as an important mechanism for improving access to quality of services. The role of the FBO is high in terms of coverage and delivery of quality of health services. FBOs require an estimated budget of USD 2,503,421.00 in the JPWF implementation period out of which 35% is not secured. Government will cover 3% of the total required budget (USD 67,632.00) and 63% is from different sources (internal revenue and donor contribution)

Implementation Arrangement of the JPWF

The National health policy, which will be revised in the first year of implementation of this JPWF, will be the guide for the sector. The MoHS and the DHMT will continue working on the implementation of the planning period by strengthening the decentralization process. The central level will concentrate on policy and strategic guidance and the Districts will focus on the operationalisation of the agreed plan. The current health sector tie system will continue functioning. The responsibilities of the MoHS and DHMT are listed below:

Responsibilities of MoHS and DHMTs

Level	Responsibilities
Central	⇒ Formulating policy, developing strategic plans, setting priorities ⇒ National level budgeting, allocating resources ⇒ Regulating, setting standards, formulating guidelines ⇒ Monitoring performance and adherence to the planning cycle ⇒ Mobilising resources ⇒ Coordinating with all partners (national & international) ⇒ Pre-service training of health staff ⇒ Supporting capacity building for district level staff ⇒ Translating policies into strategic objectives and action plans for service delivery (EHCP)
District	⇒ Developing and implementing district operational plans ⇒ Supervising and supporting service delivery and management ⇒ Monitoring and evaluating activities ⇒ Ensuring adherence to guidelines and maintaining quality control ⇒ Capacity building at district level ⇒ Coordinating programmes and stakeholders (development partners, NGOs, etc.)

Joint Working Arrangements, according to the Country Compact, will be established and functional at central and district levels to ensure the implementation of the basic principles of partnership and so as to enable the country to attain faster progress towards achieving the goals of the 'Agenda for Change' for Health and Health Millennium Development Goals (MDGs).

There will be National and District Coordination Mechanisms. The roles and responsibilities of each structure are addressed under the country compact.

Collaboration with other sector ministries and private-for-profits will be taken seriously, as health is affected by and affects socio-economic development of the country. Therefore, the MoHS will prioritize key areas of collaboration and coordination and work together with the relevant stakeholders.

Planning, Budgeting and Implementation:

Implementation of the JPWF, as part of the NHSSP, will follow the GoSL planning and management systems. This JPWF that emanates from the NHSSP will be translated to the Annual Operational Plans. The implementation and supervision of Annual Operational Plans (AOPs) will be jointly undertaken by all health partners, following the GoSL planning cycle and processes in the context of the programme of work as in the Country Compact. All partners will commit themselves to the health sector operational plans. This will ensure the process is transparent, bottom up and evidence-based with clear time frames for inputs. Both Government and partners will provide the indicative budget ceilings or actual budget allocations (where possible) and the indicative resources will be allocated to jointly agreed priorities and activities.

Monitoring and Evaluation

The JPWF is the three year rolling plan that links the NHSSP with the Annual Operational Plan and therefore performance will be monitored and evaluated using the NHSSP Monitoring and Evaluation Framework. The JPWF accountability framework which has a list of selected indicators and targets is part of the NHHSP Monitoring and Evaluation framework and the details of the indicators for the outputs and activities are indicated in the annexed Logical Framework.

Sources of information for monitoring and evaluation of the JPWF are HMIS survey reports (facility-based and population based surveys), study results, supportive supervision and performance review reports.

The full component of the indicators with definition, source and frequency; the details of the monitoring and evaluation timeframe and process are provided in the NHSSP Monitoring and Evaluation framework.

Risks and Assumptions

Risks to successful implementation of the JPWF have been recognized. Some of the major risks are poor economic situation making the government allocate insufficient resources to the health sector; high morbidity, mortality and prevalence of major communicable diseases; lack of quality services and poor programme on basic sanitation and hygiene, maternal & child health; poor human and financial resource management; low number and poorly motivated staff with frequent turnover; insufficient support from international partners and inefficient and ineffective use of available resources; and poor collaboration and coordination.

These risks would be mitigated during the implementation of the JPWF by the following actions:

- Development and Implementation of an effective legal and policy framework
- Commitment/motivation of partners to strengthen partnership and strong Government's and partner's compliance with the agreed principles of the Country Compact;
- Collaboration and coordination of activities at district and community level will be maintained and strengthened;
- Capacity of MoHS, Districts and PHUs to implement the prioritized and agreed interventions, the development of innovative approaches, use of research and other evidences for decision making (evidence based programming) will be strengthened and maintained;
- Government commitment to the Free Health Care and implementation of the Basic Package of Essential Health Services will be strengthened;
- Adequate budget from the Government, especially for staff salaries and allowances at all levels, based on the introduced motivation scheme, will be made available;
- Retention of skilled persons at district and community health facilities will be strengthened;
- Essential infrastructure and Human Resources will be put in place;
- Continuity of availability of international resources - Mobilization of resources by the development partners increased and allocated based on the agreed priorities;
- Joint and strong monitoring and evaluation system in place; increasing transparency and accountability of the sector

Annex 1: Accountability framework of the JPWF (Yearly Target)

Indicator	Purpose	Data Source	Monitoring Frequency	Aggregation	Baseline 2008	Target 2010-11	Target (2011-12)	Target (2012-13)	Target (2013-14)
Pillar I:Leadership & Governance									
% of partners who sign up to Sierra Leone Country Health Compact	Output	Annual Review Report	Annually	National	Dec 2011 - first signing				90%
% of jointly agreed and approved Central & LC AoP	Output	Annual Review Report	Annually	National	First in 2011		100%	100%	100%
% of jointly reviewed & approved National & LC performance reports	Output	Annual Review Report	Annually	National	First in 2011		100%	100%	100%
Number of parallel project implementation units	Output	Annual Review Report	Annually	National	2012 mapping result			reduced by one-third	Reduced by half
Pillar II: Service delivery									
-CPR (modern methods)	Outcome	DHS/MICS	Each 2.5 yrs	National	8%		12%		
Percentage of pregnant women making at least 4 antenatal visits	Outcome	DHS/MICS	Each 2.5 yrs	National	74.30%	80%	85%	85%	90%
Percentage of pregnant women receiving at least two doses of intermittent pre-sumptive treatment (IPT) for malaria.	Outcome	DHS/MICS	Each 2.5 yrs	National	16.80%	40%	50%	60%	70%
Pregnant women receiving at least two doses of TT during a pregnancy	Outcome	DHS/MICS	Each 2.5 yrs	National	74.50%	80%	85%	90%	92%
Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis for PMTCT	Outcome	HIV HMIS	Annually	National	645 (15.5%)	18%	22%	22%	25%
Percentage of births attended by a skilled health personnel	Outcome	DHS/MICS	Each 2.5 yrs	National	42.40%	50%	55%	60%	70%
% of births delivered by caesarean section	Outcome	HMIS	Each 2.5 yrs	National	0.01%	0.50%	1%	1.50%	2%
Percentage of lactating women and new-borns received PNC within 2 days after delivery	DHS/ MICS	HMIS	Each 2.5 yrs	National	0.58	0.65	0.7	0.75	0.75

Indicator	Purpose	Data Source	Monitoring Frequency	Aggregation	Baseline 2008	Target 2010-11	Target (2011-12)	Target (2012-13)	Target (2013-14)
Proportion of exclusive breastfeeding 0-6 months	Output	DHS/MICS	Each 2.5 yrs	National	11%	20%		30%	
Percentage of children receiving Penta-3 before 12 months of age	Outcome	DHS/MICS	Each 2.5 yrs	National	54.60%	65%	70%	80%	85%
Percentage of 1 year-old children immunized against measles	Outcome	DHS/MICS	Each 2.5 yrs	National		40%	50%	60%	70%
Percentage of 1 year-old children fully immunized	Outcome	DHS/MICS	Each 2.5 yrs	National	30.50%	40%	50%	60%	70%
% of U5 with diarrhoea in the last 2 weeks who received ORT and Zinc	Outcome	DHS/MICS	Each 2.5 yrs	National	73%	80%	85%	90%	95%
% of under fives with fast breathing in the last 2 weeks who were treated by a health professional	Outcome	DHS/MICS	Each 2.5 yrs	National	45.80%	50%	60%	70%	80%
Percentage of children under five years of age who slept the previous night under an insecticide treated net	Outcome	DHS/MICS	Each 2.5 yrs	National	26%	40%	45%	50%	55%
% of children U5 with fever in the last 2 weeks who are treated with appropriate anti-malarial drugs within 24 hours from onset of fever	Outcome	DHS/MICS	Each 2.5 yrs	National	15%	20%	30%	40%	50%
% of confirmed uncomplicated malaria cases in patients U5s treated with ACT within 24 hrs at the health facility	Outcome	DHS/MICS	Annually	National	N/A	30%	50%	60%	70%
Percentage of smear-positive pulmonary tuberculosis cases detected	Outcome	TBHMIS	Each 2.5 yrs	National	28%	32%		36%	40%
Percentage of smear-positive pulmonary tuberculosis cases treated successfully	Outcome	TBHMIS	Each 2.5 yrs	National	78%	80%		83%	85%
No of people with advanced HIV infection receiving antiretroviral combination therapy	Outcome	HIV HMIS	Annually	National	2585	4222	4830	5441	6052
% population residing within 5 km of a health facility	Outcome	HFS	Annually	National	73%	80%	82%	85%	87%

Indicator	Purpose	Data Source	Monitoring Frequency	Aggrega-tion	Baseline 2008	Target 2010 -11	Target (2011-12)	Target (2012 -13)	Target (2013-14)
% of population with access to safe drinking water	Output	DHS/MICS	Annually	National	50.30%	60%	65%	70%	80%
Pillar III: Human Resources for Health									
Doctor/ population, Midwives/ population and Nurse/population population ratios	Input	HRH M&E database	Annually	National	Doctors = 0.02 /1,000, nurses = 0.18 /1,000; Midwives = 0.02 /1,000	Doctors = 0.03 /1,000, nurses = 0.35 /1,000; Midwives = 0.035 /1,000		Doctors = 0.04 /1,000, nurses = 0.4 /1,000; Midwives = 0.045 /1,000	
Pillar IV: Health Care Financing									
Total public health spending per capita	Input	NHA survey	Each 2 years	National	$12.20	$16.50	$20.90	$25.30	$29.60
General government health expenditure as a proportion of total government ex-penditure (GGHE/GGE)	Input	GOSL Finance record	Annually	National	8%	10%	12%	13%	14%
Total Health Expenditure	Input	NHA survey	Each 2 years	National	Le 266.5 billion	Le 376 bil-lion	Le 484 billion	Le 597 billion	Le 715 billion
Pillar V:Medical Products and technologies									
% of PHUs reporting uninterrupted sup-ply of tracer drugs	Input	HMIS/LMIS	Annually	National	39%	50%	60%	70%	80%
Pillar VI: Health Information									
% of monthly reports submitted on time by PHUs to districts	Process	HMIS	Annually	National	61%	70%	80%	90%	95%
No. and % of Districts organising a re-view meeting each quarter	Process	HMIS	Annually	National	2 (15.4%)	7 (53.8)	13 (100%)	13 (100%)	13 (100%)
Data quality	Process	HMIS	Annually	National			70%	80%	85%

Annex 2: Detailed work plan (Logical Framework Analysis)

i) Improve Leadership and Governance

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.1	**Strategic Objective**						
	To review the legal frameworks and provide necessary capacities for implementation in the Sector	Revised Health Policies and Acts	Performance review report	x	x	x	
1.1.1	**Output**						
	Hospital Board act revised	Revised Hospital board Act	Performance review report	1			Adequate cooperation from Law Officers Dept. and Parliament
	Activities						
1.1.1.1	Procure the services of Consultancy for 30 days to review the Hospital Boards Act.	STTA report	Performance review report	1			
1.1.1.2	Conduct one consultative meeting, including all stakeholders, to review Hospital Boards Act and harmonise with Local Govt. Act	Workshop report		1			
1.1.1.3	Conduct validation meeting on Hospital Board act	Validation workshop report		1			
1.1.1.4	Printing of the Act and distribute to key stakeholders	# of printed copies		350			
1.1.2	**Output**						
	Public Health Act 1960 reviewed	Reviewed Public Health Act 1960	Performance review report			1	Adequate cooperation from Law Officers Dept. and Parliament
	Activities						
1.1.2.1	Procure the services of Short Term Technical Assistance to review the Public Health Act 1960	STTA Report	Performance review report		1		
1.1.2.2	Conduct three consultative workshops to review the Public Health Act	Workshop report		1			
1.1.2.3	Conduct validation meeting of the 2014 Public Health Act	Draft Public Health Act 2014			1		
1.1.2.4	Printing of the Act and Distribute to key stakeholders	# of printed copies				650	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.1.3	**Output**						
	National Health Policy revised	National Health Policy	Performance review report	1			Adequate cooperation from Law Officers Dept. and Parliament
	Activities						
1.1.3.1	Procure the service of a STTA to revise the National Health Policy	STTA Report	Performance review report	1			
1.1.3.2	Conduct a Consultative Workshop including all stakeholders	Workshop report		1			
1.1.3.3	Conduct validation workshop for the Local Govt. Act and Hospital Act	Draft Public Health Act 2014		1			
1.1.3.4	Printing of the Act and Distribute to key stakeholders	# of printed copies			650		
1.1.4	**Output**						
	Legal framework governing the regulation of professional practice **(Medical and Dental Council; Nurses and Midwifery Board and Pharmacy Boards)** reviewed	Legal framework for the regulation of professional practice reviewed	Performance review report		1		
	Activities						
1.1.4.1	Three days consultation meeting to review Medical and Dental Council policy at National level	meeting report	Performance review report		1		
1.1.4.2	A first three days consultation meeting to review Medical and Dental Council policy at Regional level	review meeting report			1		
1.1.4.3	A second three days consultation meeting to review Medical and Dental Council policy at Regional level	consultative meeting report			1		
1.1.4.4	Three days consultation meeting to review Nurses and Midwifery Board policy at National level	consultative meeting report			1		
1.1.4.5	A first three days consultation meeting to review Nurses and Midwifery Board policy at Regional level	consultative meeting report			1		
1.1.4.6	A second three days consultation meeting to review Nurses and Midwifery Board policy at Regional level	consultative meeting report			1		

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.1.4.7	Three days consultation meeting to review Pharmacy Board's policy at National level	consultative meeting report			1		
1.1.4.8	A first three days consultation meeting to review Pharmacy Board's policy at Regional level	consultative meeting report			1		
1.1.4.9	A second three days consultation meeting to review Pharmacy Board's policy at Regional level	consultative meeting report			1		
1.1.4.10	Procure the services of Short Term Technical Assistance to develop Policy for Health Ethics and Research Review	STTA report			1		
1.1.4.11	Conduct a validation Workshop	Validation workshop report			1		
1.1.5	**Output**						
	Collaborate with Statutory & Regulatory body to define technical & logistical support for Health Regulatory bodies provided	Technical and logistical requirements plan for regulatory bodies.	Performance review report	1	1	1	Competent management consultancies; Adequate cooperation from Law Officers Dept. and Parliament
	Activities						
1.1.5.1	Hire the services of a local firm to conduct needs assessment on the logistical and technical requirement for statutory bodies	Needs assessment report	Performance review report	1			
1.1.5.2	Develop a plan to upgrade logistics and technical requirement of statutory bodies	Plan to upgrade logistics and statutory requirement developed		1			
1.1.5.3	Provide support based on the plan			1	1	1	
1.1.5.4	Establish monitoring and evaluation mechanism for progress on enforcement of regulations	Monitoring and evaluation of reports of regulatory bodies		1	1	1	
	Inputs						
1.1.5.1.1	Fee for Local Firm						
?	1 4wd Vehicle						
?	DSA for 4 staff @ 5 days monthly supervision						
?	Fuel for vehicles to the districts						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.1.6	**Output**						
	Technical & logistical support provided for regulation of practitioners of traditional and alternative medicine	Support provided as per the need	Performance review report	1	1	1	
	Activities						
1.1.6.1	Conduct a 7 days needs assessment survey on logistical and technical support for regulations of traditional and alternative medicine	Survey report	Performance review report	1			
1.1.6.2	Establish monitoring and evaluation unit	Monitoring and Evaluation unit			1		
1.1.6.3	Support monitoring and evaluation unit for enforcement of the traditional medicine regulations				1	1	
1.1.7	**Output**						
	Health Services Commission operationalised	Minutes of meetings	Performance review report	1	1	1	
	Activities						
1.1.7.1	Set up a secretariat for the Health Service Commission	Health Service Commission office	Performance review report	1			
1.1.7.2	Advocate for GoSL budget line	Budget line			1	1	
1.1.7.3	Provide transport facilities for commissioners to carry out monitoring and evaluation (two vehicles)	4wd Vehicles			1		
1.1.8	**Output**						
	Nursing and Midwives Act reviewed	Reviewed Nursing and Midwives Act	Performance review report		1		
	Activities						
1.1.8.1	Recruit a Short Term Technical Assistant to lead the review	STTA report	Performance review report	1			
1.1.8.2	Conduct consultative meeting to review the Nurses and Midwives Act of 1956	consultative meeting report					
1.1.8.3	Conduct two, 2 days Consultation meetings to build consensus on the new Act	consultative meeting report			1		
1.1.8.4	Conduct a 2 days validation workshop	Validation workshop report					
1.1.8.5	Printing and Distribution	# of Printed copies of act			650		

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.1.9	**Output**						
	Policy and Strategic Plan for Nurses and Midwives developed	Policy and Strategic Plan for Nurses and Midwives	Performance review report	1			
	Activities						
1.1.9.1	Recruit a Short Term Technical Assistant to lead the development of the plan	STTA report	Performance review report				
1.1.9.2	Conduct survey to assess nursing and midwifery practice and regulations	Survey report		1			
1.1.9.3	Conduct 3 consultative Meetings with health stakeholders to develop draft Nurses and Midwives policy	Draft policy		1			
1.1.9.4	Conduct 2 days validation meeting for the draft policy for Nurses and Midwives	Validation meeting report		1			
1.1.9.5	Print and distribute copies	# of printed copies		650			
1.1.10	**Output**						
	Policy on eye health developed				1		
	Activities						
1.1.10.1	Recruit a consultant to lead the development of the policy						
1.1.10.2	Conduct rapid survey to assess eye health delivery	Survey report		1			
1.1.10.3	Conduct 5 consultative Meetings with health and other key stakeholders to develop draft eye health policy	Draft policy		3	2		
1.1.10.4	Conduct 2 days validation meeting for the draft eye health policy	Validation meeting report			1		
1.1.10.5	Print and distribute copies	# of copies			500		
1.1.10.6	Disseminate through various media	# of programmes developed and messages disseminated			1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.1.11	**Output**						
	National Health Promotion Policy developed and disseminated	National Health Promotion Policy	Performance review report	1			
	Activities						
1.1.11.1	Seek cabinet approval	Approved National Health Promotion Policy	Performance review report	1			
1.1.11.2	Print and distribute the National Health Promotion Policy	No. of copies	Performance review report	2000			
1.1.11.3	Launch the Policy	% of stakeholders in attendance as per the plan	Performance review report	1			
1.1.12	**Output**						
	Health Promotion Strategic Plan finalized and disseminated	Health Promotion Strategic Plan	Performance review report	1			
	Activities						
1.1.12.1	Conduct three days meeting with partners to finalize the plan	% of stakeholders in attendance as per the plan	Performance review report	100			
1.1.12.2	Validate the Strategic plan	Validated Strategic Plan	Performance review report	1			
1.1.12.3	Print and distribute the National Health Promotion Policy	No. of copies	Performance review report	2000			
1.1.12.4	Launch the Policy	Launching ceremony	Performance review report	1			
1.1.13	**Output**						
	National Tobacco Control Bill finalized and disseminated	National Tobacco Control Bill	Performance review report	1			
	Activities						
1.1.13.1	Organize one day meeting with stakeholders to finalize the Bill	% of stakeholders in attendance as per the plan	Performance review report	100			
1.1.13.2	Seek Cabinet approval	Approved National Tobacco Control Bill	Performance review report	1			
1.1.13.3	Print and disseminate 2000 copies	No. of copies	Performance review report	2000			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.1.13.4	Launch the bill	Launching ceremony	Performance review report	1			
1.1.14	**Output**						
	National Tobacco Control Strategic plan finalized and disseminated	National Tobacco Control Strategic plan	Performance review report	1			
	Activities						
1.1.14.1	Finalize National Tobacco control strategic plan		Performance review report	1			
1.1.14.2	Seek cabinet approval	Validated Strategic Plan	Performance review report	1			
1.1.14.3	Print and disseminate 2000 copies	No. of copies	Performance review report	2000			
1.1.14.4	Orgnize one day validation meeting	Launching ceremony	Performance review report	1			
1.1.14.5	Launch the Strategic plan						
1.2	**Strategic Objective**						
	To strengthen capacities of senior health managers at national and district levels	% of senior health managers trained.	Performance review report	100	100	100	
		% of health management documents revised		100	100	100	
1.2.1	**Output**						
	Operations manual **(scheme of service)** with clear roles and responsibilities for directors, managers, officers, key members of staff **at all levels** developed	Operational scheme of service	Performance review report	1			Training reports; certificates of attendance for health managers; Health management operational manual; Revised PHC handbook
	Activities						
	Short Term Technical Assistance to draft the document and facilitate the workshops	STTA report	Performance review report				

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.2.1.1	Conduct one 3 days consultation meeting to develop Operational manual for senior health managers	Draft Operational manual		1			
1.2.1.2	Conduct a consensus building meeting to validate Operational Manual for senior health managers	Validated Operational manual		1			
1.2.1.3	Print and distribute Operational Manual for senior health managers	# of printed copies		550			
1.3	**Strategic Objective**						
	To provide a viable oversight, sector planning, monitoring and supervision system from national to district levels.	Proportion of stakeholders aligning their work to the Compact	Performance review report			X	Central level management committed to meeting deadlines
1.3.1	**Output**						
	Jointly agreed JPWF for three years 2013 - 2015 approved and launched at health planning summit	Validated and approved JPWF	Performance review report	1	1	1	Committed senior officials in the sector
	13 Local Council Health Plans, central level plan and a health sector AOP developed.	Validated and approved AOP		1	1	1	Strong partnership and coordination
	Activities						
1.3.1.1	Co-ordinate overall planning and monitoring of the rolling JPWF and the AOPs	Task Force Minutes of meetings.	Performance review report	24	24	24	
1.3.1.2	Jointly update the JPWF	Printed copy of JPWF.		1	1	1	
1.3.1.3	Review tools and processes for developing health plans by all the stakeholders within the Health sector, including LCs, NGOs, FBOs and the private sector	Validated health planning tools		1	1	1	
1.3.1.4	Train staff in the use of health planning tools	Training workshop report		1	1	1	
1.3.1.5	Provide technical support to the DHMTs for the oversight of LC plans	Coaches report endorsed by DHMT and DPI		1	1		
1.3.1.6	Develop LCHPs and CLHP	LCHP ; CLHP		1	1	1	
1.3.1.7	Consolidate Health plans into HSAOP and validate HSAOP	HSAOP		1	1	1	
1.3.1.8	Present HSAOP at the annual health planning summit.	Summit report		1	1	1	
1.3.1.9	Print & distribute JPWF & AOPs	# of printed copies		350	350	350	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.3.2	**Output**						
	Health Sector Performance Review	Agreed and approved report	Performance review report	1	1	1	
	Activities						
1.3.2.1	Conduct 4 regional and one national Health Sector Performance Review meetings as a mechanism to hold DHMTS and Central level Management to account for implementing of their Health Plans.	4 regional and one central level performance review report	Performance review report	1	1	1	
1.3.2.2	Conduct Joint Review Field Mission for Annual Health Sector Performance Review Report once a year.	Joint Review Field report		1	1	1	
1.3.2.3	Consolidate the Annual Health Sector Performance Review Report.			1	1	1	
1.3.2.4	Hold consensus meeting on draft HSPR	Draft Health Sector Performance Review Report (HSPR)		1	1	1	
1.3.2.5	Print and disseminate Annual Health Sector Performance Review Report to stakeholders	# of HSPR printed		500	500	500	
1.3.2.6	Hold Joint Review Summit once a year to launch and discuss the findings of the Annual Health Sector Performance Review Report.	Joint Health Review Summit report		1	1	1	
1.3.3	**Output**						
	Coordinated supervision and M&E framework established	M&E and supervision reports	Performance review report	1	1	1	
	Activities						
1.3.3.1	Conduct one day meeting to review supervision and M&E tools	Supervision and M&E tools	Performance review report	1	1	1	
1.3.3.2	Conduct 1 day training of trainers on use of supervision and M&E tools	Workshop report		1	1	1	
1.3.3.3	Cascade 2 day training to the districts	Workshop reports		1	1	1	
1.3.3.4	Conduct quarterly supervision from central to DHMTs; DHMT to PHUs and monthly M&E from DHMTs to PHUs	Monitoring and Supervision reports		12	12	12	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Conduct quarterly Vision 2020 meetings at district and national level	meeting reports		4	4	4	
1.3.3.5	Conduct quarterly district review meetings	Quarterly district review reports		52	52	52	
1.3.4	**Output**						
	Joint Assessment of National Health Strategies and Plans (JANS) conducted	JANS Report	Performance review report	1			IHP+ accepted the JANS report; MOHS and its partners capable of incorporating the report findings into the next strategies and plans; donor partners accepted the national strategies and plans as a single reference
	Activities						
1.3.4.1	Contract two international consultants	International consultants for 15 days	Performance review report	2			
1.3.4.2	Conduct assessment of the strategies and plans of the health sector	Draft assessment report		1			
1.3.4.3	Invite IHP+ members (international mission) to participate in the consultative workshop	Mission from IHP+		1			
1.3.4.4	Conduct stakeholder consultative workshop to discuss the JANS result	Workshop report		1			
1.3.4.5	Organize findings and recommendations to be addressed in the next JPWF (2013-2015) and other plans	Final JANS doc ready for use		1			
1.4	**Strategic Objective**						
	To establish dynamic interactions between health care providers and consumers with the view to improving the quality, accountability and responsiveness of services					X	
1.4.1.	**Output**						
	Guidelines on Health Sector Information Publishing developed	Published Guidelines on Health Sector Information	Performance review report	1			
	Activities						
1.4.1.1	Set up a task force to develop guidelines on publishing information on the activities of the health sector	Minutes of task force meetings	Performance review report	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.4.1.2	Conduct consensus meeting on draft guidelines on health sector information publishing	Draft guidelines on health sector information publishing		1			
1.4.1.3	HSCC to approve draft guidelines on health sector information publishing	Guidelines on health sector information publishing		1			
1.4.1.4	Print and distribute to all stakeholders.	# of copies printed		500			
1.4.2	**Output**						
	Mechanism for medical audit to report medical malpractices established	Established Guidelines and committee	Performance review report				
	Activities						
1.4.2.1	Conduct 2 days meeting to develop guidelines for reporting medical malpractices	Draft guidelines	Performance review report		1		
1.4.2.2	Submit guidelines for reporting medical malpractices to HSCC for approval	guidelines for reporting medical malpractices			1		
1.4.2.3	Print and distribute guidelines for reporting medical malpractices.	# of guidelines for reporting medical malpractices printed			350		
1.4.2.4	Train and support Ward and Village Health Committees on handling complaints of medical malpractices	% of ward and village health committees trained			1	1	
1.5	**Strategic Objective**						
	To strengthen coordination, collaboration, alignment and harmonisation with development partners, implementing agencies and MDAs at National and District Levels	Coordination and harmonization reports	Performance review report	1	1	1	
1.5.1	**Output**						
	Health sector resource allocation criteria established	established resource allocation criteria	Performance review report	1			
	Activities						
1.5.1.1	Conduct consultative meeting to develop criteria for resource allocation to the sector by partners	Draft criteria	Performance review report	1			
1.5.1.2	Submit criteria to Health Steering Group (HSG)	Submitted draft criteria to HSSG		1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.5.1.3	Submit criteria to HSCC for approval	Submitted draft criteria to HSCC		1			
1.5.1.4	Participate in the reviewing the criteria for allocating financial resources to the sector (Central and LCs) by the Ministry of Finance.	% of stakeholders implementing the criteria			50	80	
1.5.2	**Output**						
	Public expenditure tracking system developed	Public expenditure tracking system developed	Performance review report		1	1	
	Activities						
1.5.2.1	Procure the services of a STTA to develop tools and for analysis of results	TA report	Performance review report		1		
1.5.2.2	Develop tools and manual for the Public Expenditure Tracking survey	Draft Public Expenditure Tracking			1		
1.5.2.3	Pre-test tools	PETS tools			1		
1.5.2.4	Train enumerators and supervisors on the use of tools	% of supervisors and enumerators trained			100		
1.5.2.5	Conduct Public Expenditure Tracking (PET) survey	% of PETS report printed			100		
1.5.2.6	Print and distribute PET reports	# of copies printed			350		
1.5.3	**Output**						
	A cohesive Public-Private Partnership policy and guidelines for sustainable health care based on sector compact developed	Public-Private Partnership policy and guidelines	Performance review report			1	
	Activities						
1.5.3.1	Procure the services of a STTA for developing policy	STTA report	Performance review report		1		
1.5.3.2	Hold three regional consultative meeting to develop draft policy on public-private partnership for sustainable health care	Draft public-private partnership policy for sustainable health			1		
1.5.3.3	Hold two validation meeting for consensus building on the draft policy	Ditto			1		
1.5.3.4	Submit draft policy and guideline to HSCC for approval	Public-private partnership policy for sustainable				1	
1.5.3.5	Print and circulate policy and guideline	% of policy document printed				100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.5.4	**Output**						
	Health Project Information System developed and maintained	Health Project Information System			**X**		
	Activities						
1.5.4.1	Procure the services of a LTTA for development of system	LTTA report			1		
1.5.4.2	Recruit a full term permanent staff as system administrator	% of staff recruited as per the need			100		
1.5.4.3	Set up local area network for MoHS	network			1		
1.5.4.4	Set up file server and integrated data warehouse	data warehouse			1		
1.5.4.5	Set up web server and create public on-line search tool	functional public on-line search tool			1		
	Output						
1.5.5	Evaluation of Implementing Partners Project Proposals annually to align with AOP and Rolling Plans	Evaluation report	Performance review report	x	x	x	
	Activities						
1.5.5.1	Annual submission of proposals by Implementing partners using Compact format	STTA report	Performance review report	1	1	1	
1.5.5.2	Committee meets to assess and evaluate proposals in accordance with the NHSSP	Draft public-private partnership policy for sustainable health		1	1	1	
1.5.5.3	Proposal presented to HSSG	Ditto		1	1	1	
1.5.5.4	Proposal presented to HSCC for endorsement	Public-private partnership policy for sustainable		1	1	1	
1.5.5.5	Proposal aligned with AoP	% of policy document printed		60	80	100	
1.5.6	**Output**						
	Promote proactive engagement of private sector in service delivery of key MoHS priority areas	Public Private Partnership (PPP) guideline that promotes visible engagement of private sector in service delivery developed	Performance review report		x		
	Activities						
1.5.6.1	Public Private Partnership (PPP) guideline that promotes visible engagement of private sector in service delivery developed		Performance review report		1		

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
1.6	**Strategic Objective**						
	To develop a sector-wide coordination mechanism for ensuring that all funding for the sector supports a single policy and expenditure programme, under government leadership, and adopting common approaches across the sector						
1.6.1	**Output**						
	Ensure the coordination mechanism "the Compact" is functional at National and District	% of all Partners have signed up to the Country Health COMPACT	Performance review report			80	HSSC functional
	Activities						
1.6.1.1	Regular meetings and support to Health Sector Coordination Committee (HSCC) every 3 months	Minutes of HSCC meetings	Performance review report	1	1	1	
1.6.1.2	Meetings and support to Health Sector Steering Group (HSSG) every month	Minutes of HSSG meetings		1	1	1	
1.6.1.3	Regular meetings and support to Health Sector Working Groups (HSWG)	Minutes of HSWGs meetings		1	1	1	
1.6.1.4	Strengthen existing District governance structures in line with the Compact	% of Functional structures at district level		1	1	1	
1.6.2	**Output**						
	Management approaches across the sector by partners, covering procurement, disbursement and accounting of funds, and joint reviews of health sector guided by the country compact	Guidelines	Performance review report	1			COMPACT working groups are functional
	Activities						
1.6.2.1	Develop management approach for procurement	Guidelines for procurement	Performance review report	1			
1.6.2.2	Develop management approach for disbursement and accounting of funds	Guidelines for disbursement and accounting of funds		1			
1.6.2.3	Develop management approach for joint review of health sector	Guidelines for health sector review		1			

ii) Improve Service Delivery

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1	**Strategic Objective**						
	To increase the utilisation of health services especially for mothers and children, the poor and other vulnerable groups	Contacts per person per year from 0.5 to at least 3 contacts per person per year by 2015. (NHSSP)				3 contacts per person per year	
2.1.1	**Output**						
	25% of existing facilities Rehabilitated and 39 quarters for staff constructed	% of Health facilities actually rehabilitated to the required standard	1.DHMT reports 2.Facility surveys	5%	10%	10%	Effective prioritization criteria and funds
	Activities						
2.1.1.1	Conduct a condition survey of buildings, utilities and equipment. (Hiring of Architectural and Engineering Firm and Provision of 4WD vehicles for 4 survey teams for 1 Month).	No. of health facilities surveyed against total existing health facilities	1. Facility survey 2. MOHS report	100%			
2.1.1.2	Prepare and cost a building improvement and refurbishment programme	Existence of BOQ	DHMT report	100%			
2.1.1.3	Prepare an asset register of fixed and moveable equipment in all health facilities.	No. of health facilities with asset register	1.DHIS report 2.DHMT report 3.Facility surveys 4.Asset register	100%			
2.1.1.4	Rehabilitate and equip 70 BEmONC and 13 CEmONC facilitiies	1. % of BEmONC/ CEmONC facilities rehabilitated and equipped 2. % of BEmONC/ CEmMONC facilities rehabilitated and equipped	Facillity Surveys	15 BEmONC and 3 CEmONC	35 BEmONC and 6 CEmONC	20 BEmONC and 4 CEmONC	
2.1.1.5	Provide functioning equipment for the provision of critical new born care in 18 hospitals	# of hospitals with identified functional equipment	1. Hospital reports 2. Facility surveys 3. Asset registers 4. FITS report	6	6	6	
2.1.1.6	Construct 3 new staff quarters for health staff each in 13 districts	1. # of staff quarters constructed	1. DHIS report 2. DHMT report 3. Facility surveys	10	16	13	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.1.7	Construct and equip New District Medical Stores (DMS) in all 13 Districts	% of DMS actually constructed/ rehabilitated to the required standard	1. DHIS report 2. DHMT report 3. Facility surveys	5	5	3	
2.1.2	**Output**						
2.1.2	Health facility mapping including non-state actors institutions (FBOs, NGOs and private)	Health Facility map	report		1		Effective prioritization criteria; fund & partnership
	Activities:						
2.1.2.1	Develop ToR and PoA		report		1		
2.1.2.2	Conduct facility mapping		report		1		
2.1.2.3	Print and disseminate the report		report		1		
2.1.1.8	Construct/rehabilitate and equip Cold rooms in all 13 districts.	% of District Cold Rooms actually rehabilitated to the required standard	1. DHIS report 2. DHMT report 3. Facility surveys	5	5	3	
2.1.1.9	Construction of a National Blood Bank Centre and rehabilitation/extension of regional centres.	National Blood Bank constructed. Number of regional Blood banks rehabilitated.	1. DHIS report 2. DHMT report 3. Facility surveys	2	2	1	
2.1.1.10	Construct Waste Disposal Units (WDU) in all hospitals and 25% of PHU's.	% of waste Disposal Units (WDU)actually constructed/rehabilitated to the required standard	1. DHIS report 2. DHMT report 3. Facility surveys	5%	10%	10%	
2.1.1.11	Construct and equip maintenance units in all 18 Hospitals.	No. of facilities actually constructed/rehabilitated	1. DHIS report 2. DHMT report 3. Facility surveys	6	6	6	
2.1.1.12	Construct/repair Bore holes in all 18 Hospitals to ensure the provision of adequate water supply year round.	No. of Bore holes constructed/rehabilitated and actually functional	1. DHIS report 2. DHMT report 3. Facility surveys	6	6	6	
2.1.1.13	Installation of Solar Energy power supply for ward, office and security lighting systems in all 18 Hospitals.	No. of Solar Energy systems actually installed and working according to specifications.	1. DHIS report 2. DHMT report 3. Facility surveys	6	6	6	
2.1.1.14	Installation of Solar Energy power supply for ward, office and security lighting systems in all 70 BEmONC facilities	No. of solar system installed and functional	1. DHIS report 2. DHMT report 3. Facility surveys	15	35	20	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.1.15	Construct bore hole and water reticulation system for 70 BEmONC	No. of BEmONC with functional water reticulation system	1. DHIS report 2. DHMT report 3. Facility surveys	15	35	20	
2.1.1.16	Upgrade 5 BEmONC facilities per district per year for AYFS delivery	No. of BEmONC strengthened for AYFS delivery	Facility Surveys	65	65	65	
2.1.2	**Output**						
	Transport services available at all levels	Proportion of transport facility secured as per the plan	1. MOHS asset register 2. DHMT reports	100	100	100	
	Activities:						
2.1.2.1	Procure 35 4WD utility vehicles one each for the 13 DHMTs and 22 Hospitals	# of 4WD utility vehicles bought and in use	Procurement reports DHMTs" report	13	10	12	
2.1.2.2	Provide 26 Vehicles for DHMT supportive supervisions (2/districts).	# of supportive supervision vehicles provided	Assets register DHMT report	13		13	
2.1.2.3	Provide 1200 Honda XL 125 motor bikes for PHUs to conduct outreach services	# of PHUs provided with motor bikes to conduct outreach services.	Assets register DHMT report	400	400	400	
2.1.2.4	Provide 10 motorized boats (Moyamba 2, Bonthe 3, Western Area 1, Kambia 2 and Pujehun 2).	# of motorized boats provided	Assets register DHMT report	4	4	3	
2.1.2.5	Provide 26 Honda XL 125 motor bikes for DHMT (2/DHMT)	# of Honda XL125 motor bikes provided # of DHMTs with Honda XL 125 motor bikes	Assets register DHMT report	13		13	
2.1.2.6	Provide 4 motor bikes for Bonthe district	# of sand motor bikes provided for Bonthe.	Assets register DHMT report	4			
2.1.2.7	Develop an assets register and Log books for MoHS transport (Vehicles, Motor bikes, Ambulances and boats) each in 13 districts	# of districts with asset register and log books of MOHS transport	Log books in use.	1			
2.1.2.8	Procure 1 Toyota 4WD Hard Top for the Transport manager for supervision purposes	# of vehicle	Assets register / Vehicle life card	1			
2.1.2.9	Allocate fund to equip and operate (9 District and 4 regional) maintenance units	# of districts with maintenance units # of regional headquarters with maintenance units.	DHMT Report	4 Regional units	5 districts units	4 districts units	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.2.10	Provide office equipment for the transport office (One Desk top computer and accessories; One laptop; One internet modem; one photocopier; 400 log books)	office equipped as per prescribed need	Administration report	1			
2.1.2.11	Construct 4 regional vehicle maintenance work station	# of workstation constructed	Administration report	1	2	1	
2.1.2.12	Provide maintenance tools and equipment for the 13 districts and the 4 regional workstations (17 assorted tool boxes; 4 engine removing crane; 17 battery charger; 4 welding plants; 4 ejector pump calibrating machine; 4 lathe turner machine;	% of workstations equipped as per plan	Administration report	30	40	30	
2.1.2.13	Provide funds for routine maintenance of vehicles, boats and motor bikes	% of funds allocated for maintenance of vehicles , boats and motor bikes as per plan	Administration report	100%	100%	100%	
2.1.3	**Output**						
	Integrated ambulance referral systems established in all Districts with adequate hospital and community ambulance	% of districts with adequate hospital and community ambulance	1. MOHS asset register 2. DHMT reports	50	100		Availability of funds to support referral system; leadership commitment
	Activities:						
2.1.3.1	Procure 78 Ambulances.	No. of new ambulances procured	Asset register DHMT report	39	39		
2.1.3.2	Train and deploy 156 Paramedics, 156 new drivers and 37 old drivers for ambulance services.	1. # of ambulance paramedics trained and deployed 2. # of ambulance drivers trained and deployed.	Training reports DHMT reports	52 (Param.& Drivers each)	52 (Param.& Drivers each)	52 (Param.& Drivers each)	
2.1.3.3	Develop/update referral guidelines and tools on referral system	No of referral guidelines and tools developed	Performance report	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.3.4	Conduct TOT for 90 health staff on referral system	No of staff trained on referral system	Performance report	1			
2.1.3.5	Support cascade training for 1600 health staff and support staff on referral system	No of staff trained on referral system	Performance report	1600		1600	
2.1.3.6	Establish/strengthen district referral committees	Functional & representative referral committee	DHMT Report	1	1	1	
2.1.4	**Output**						
	Provide integrated comprehensive static and outreach/mobile health services	% of static/Outreach services provided /available as per the need	1. DHIS report 2. Supervision reports	100	100	100	
2.1.4.1	**Output (Immunization)**						
	Immunization services improved in PHUs	% of PHUs with uninterrupted and regular immunisation service	Facility Surveys	100	100	100	
	Activities:						
2.1.4.1.1	Introduce Rotavirus Vaccine in routine EPI	Rotavirus vaccine available in routine schedule	DHIS report	1			
2.1.4.1.2	Construct local incinerators in 60% of PHUs	% of PHUs with incinerators	DHIS report Facility survey	20%	20%	20%	
2.1.4.1.3	Procure Vaccines for EPI programme	% of districts reporting no stock out of vaccines and other supplies	DHIS report DHMT reports	100	100	100	
2.1.4.1.4	Procure vaccines ancillary items	Availability of vaccine ancillary items.	DHIS report DHMT reports	1	1	1	
2.1.4.1.5	Conduct quarterly distribution of vaccines and other supplies in all districts	# of quarterly distributions conducted to districts	Quarterly distribution reports	4	4	4	
2.1.4.1.6	Strengthen implementation of RED Strategy in every District	No of districts implemented RED strategy	MOHS reports	13	13	13	
2.1.4.1.7	Procure and distribute 160 Solar Refrigerators	# of solar Refrigerators procured and in use	DHMT reports Survey reports	40	40	80	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.4.1.8	Procure spare parts not available locally	Spare parts in stores and ready for use	DHMT reports	1	1	1	
2.1.4.1.9	Procure Cold Chain spare parts (locally available)	% of cold chain spare parts procured as per plan	DHMT reports	100	100	100	
2.1.4.1.10	Conduct 2 NIDs per year	# of NIDs conducted	DHMT reports	2	2	2	
2.1.4.1.11	Conduct 2 MCHWs per year	# of MCHWs conducted	DHMT reports	2	2	2	
2.1.4.1.12	Conduct weekly integrated outreach services	# of integrated outreach services conducted	DHMT reports	52	52	52	
2.1.4.1.13	Conduct sero-prevalence survey for Hepatitis B	Survey conducted	Survey report	1			
2.1.4.1.14	Repair 66 faulty cold chain equipment at national level	# of faulty cold chain equipment at national level repaired.	RCH Directorate report	16	20	30	
2.1.4.1.15	Expand 1 National and 4 Regional National Cold Rooms	# of national and regional cold rooms expanded	RCH Directorate report	1	2	2	
2.1.4.1.16	Procure 5 (40kva) generator for national cold room	# of 40Kva generators for national cold room procured and in use.	Assets register MOHS report	1	2	2	
2.1.4.1.17	Procure spare parts for generator	Spare parts available and ready for use	Assets register MOHS report	1	1	1	
2.1.4.2	**Output**						
	Prevention, early detection and case management of NTDs, eye care and disabilities.	% of districts with LF/Oncho, eye health and disability services integrated into the general health services delivery	DHMT reports, Hospital reports	100	100	100	
	Activities:						
2.1.4.2.1	Conduct 100 free hydrocoeles surgery per district each year	# of free hydrocoeles surgery conducted per district.	Hospital reports	100	100	100	
2.1.4.2.2	Provide quarterly basic package for care of patients with the above diseases	# of quarterly reports for care of patients with lymphodema.	Package distribution reports	4	4	4	
2.1.4.2.3	Distribution of SCH/STH logistics and drugs to 7 districts	# of districts supplied logistics and drugs	Distribution reports	2	3	2	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.4.2.4	Sensitize the public on NTDs, eye disease and disability	# of people accessing NTD, eye health and disability services	Reports	4	4	4	
2.1.4.2.5	Provide rehabilitation services at facility and community level in all 4 regions	# of regional units providing services	Attendance Register	4	4	4	
2.1.4.2.6	1000 free cataract surgeries	# of cataract surgeries completed	DHMT Reports	400	300	300	
2.1.4.2.7	Conduct survey on blindness and low vision	Survey completed and report available	Survey	1		1	
2.1.4.2.8	Conduct quarterly surgical outreach cataract service	# of cataract outreach services	DHMT Reports	4	4	4	
2.1.4.2.9	Conduct School Eye Screening Activities	# of School Screening Eye Activities	DHMT Reports	1	1	1	
2.1.4.2.10	Conduct eye screening outreach service	# of eye care outreach services	DHMT Reports	2	2	2	
2.1.4.2.11	Distribution of LF/Oncho logistics and drugs to 16,000 communities.	# of communities supplied logistics and drugs	Distribution reports	5,000	6,000	5,000	
2.1.4.2.12	Conduct nationwide de-worming for STH and shistosomiasis for primary school children	Therapeutic and geographic coverage	Reports of de-worming	1	1	1	
2.1.4.2.13	Provide integrated outreach services for SRH targeting hard to reach and vulnerable groups	# of outreach services provided	MoHS Reports	52	52	52	
2.1.4.3	**Output (Malaria Control Programme)**						
	IPT second dose for pregnant women at community and health facility levels increased.	% of pregnant women who received second dose IPT.	DHMT report, DHIS report				
	Activities:						
2.1.4.3.1	Administer DOT IPT to pregnant women	% of pregnant women receiving at least 2 doses IPT under direct observation during 2nd/3rd trimesters.	DHIS report DHS report	85%	85%	90%	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.4.3.2	Train 80% health workers on the implementation of IPT in target antenatal clinics	% of targeted health workers trained on the implementation of IPT in targeted ante-natal clinics	Training report	80%	80%	80%	
2.1.4.3.3	Distribute LLINs to 80% pregnant women during Antenatal Clinics	% of pregnant women who received LLIN during Ante-natal clinics	DHIS report DHS report	80%	80%	80%	
	Output - IE/BCC						
2.1.4.4	Health information seeking behaviour promoted through awareness creation	Proportion of population seeking health information (illness and wellness information)	Survey report			60	
	Activities:						
2.1.4.4.1	Conduct communication on emergency public health issues (Disease outbreaks, disasters, etc).	% of conducted communications on emerging/emergency health issues as per the plan	Performance report	100	100	100	
2.1.4.4.2	Conduct communication on prevailing public health issues (healthy lifestyles. SRH, etc.)	% of conducted communications on prevailing health issues	Directorate Reports	1	1	1	
2.1.4.4.3	Procure two (03) 4WD vehicles for programme operation	# of 4WD	Directorate Reports	1	1	1	
2.1.4.4.4	Procure twenty (20) motorbikes for the National and district offices	# of motorbikes	Directorate Reports	5	10	5	
2.1.4.4.5	Procure 0ne (1) cordless PA system	# of PA systems	Directorate Reports	1			
2.1.4.4.6	Develop, print and disseminate IEC/BCC materials/messages on prevention on prevailing health issues.	% of IEC/BCC materials/ messages on preventives issues disseminated as per the plan	Printed copies Distribution list	100	100	100	
	RCH						
2.1.4.4.7	Support printing and distribution of 2500 copies each of IEC/BCC Strategy and National Strategy on Obstetric Fistula and launching	No of IEC/BCC and Obstetric Fistula Strategy printed and distributed	Documents available	2500 copies each			Availability of funds to support exercise

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.1.4.4.8	Review / update, adapt and standardise existing IEC/BCC materials on SRH issues including family planning, STI, obstetric fistula and GBV	No of IEC/BCC materials reviewed and updated	workshop report	1		1	
2.1.4.4.9	Produce/Print and disseminate IEC/BCC materials on SRH issues including family planning (bill boards, posters, leaflets, jingles, TV spots, etc)	No of billboards, jingles, TV spots, posters etc produced and disseminated	jingles, billboards , and posters etc available				
2.1.4.5	**Output - IE/BCC**						
	Social mobilization conducted for Commemoration of Global & national events at central & in all districts	% of effective social mobilizations conducted for all events at national & district levels	Performance report	100	100	100	
	Activities						
2.1.4.5.1	Prepare/develop promotional materials	Promotional materials		1	1	1	
2.1.4.5.2	Conduct Social Mobilization for Safe Motherhood Week (last week in March) at national level	# of MCH weeks for which social mobilization was conducted.		1	1	1	
2.1.4.5.3	Conduct Social Mobilization for Safe Motherhood Week (last week in March) at district level	# of districts in which soc. mob for the two MCH weeks were conducted		13	13	13	
2.1.4.5.4	Support Commemoration of Global Events in all districts (World No Tobacco day, World Health day, World AIDS Day, World Leprosy Day, World Malaria Day, 25th April).	No. of districts Soc. Mobs were conducted for NID sessions	NID Reports	13	13	13	
2.2	**Strategic Objective**						
	To improve quality of health services						
2.2.1	**Output**						
	Quality primary and general care delivered at 1265 PHUs and 16 Secondary hospitals	% of PHUs and Secondary hospitals delivering quality care as per standard operating guidelines	1. DHIS 2. Hospital reports 3.Facility survey	100	100	100	1. Effective prioritization criteria, 2. Willingness of JPWF signatories to finance procurement of equipment, 3. standards are developed

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities (RCH):						
2.2.1.1	Conduct mapping of all the PHUs and Hospitals in the country	PHUs and Hospitals mapping	Survey report	1			
2.2.1.2	Improve facility-based care for complex newborn cases with regular/on call specialist. 3 National and 4 Regional levels	No. of Regional and Tertiary facilities equipped to manage complex newborn cases	1. MOHS report 2. Facility surveys 3. Hospital reports	7	7	7	
2.2.1.3	Support 24 hours emergency obstetric care in all health facilities	No. of PHUs including BEmONC centres, and CEmONC centres providing 24 hrs emergency obstetric care	1. DHIS 2. Hospital reports 3.Facility survey	70%	80%	100	Willingness to support emergency obstetric care at all levels
2.2.1.4	Provide quality FP services in all facilities	% of health facilities (PHUs and Secondary facilities) providing quality FP services	1. DHIS 2. Hospital reports 3.Facility survey	75%	80%	85%	Availability of funds to support exercise
2.2.2	**Output (RCH):**						
	Conduct accreditation of facilities for implementation of the BPEHS	Number of facilities accredited for providing BPEHS	Accreditation Report, MoHS report	50	60	80	
	Activities (RCH):						
2.2.2.1	Review of the Basic Package of Essential health Services(BPEHS) to include norms and standards and other issues	BPEHS document reviewed	Reviewed BPEHS available	1			
2.2.2.2	Printing and dissemination of the BPEHS	Number of copies of BPEHS document printed and disseminated	Report	2,500	500	500	
2.2.2.3	Support technical coordinating (TCC) and Inter-agency Coordinating (ICC)meetings	Number of TCC and ICC meetings conducted	minutes of meetings	8	8	8	
2.2.2.4	Provide ANC package for all pregnant women (SP, LLITN, F&F, TT, Health Education, PMTCT) **(from DPC)**	% of facilities providing ANC packages according to guidelines	1. DHIS reports 2. DHMT reports 3. Review reports	100	100	100	
2.2.2.5	Develop policies , guidelines and training materials for integrated Sexual and reproductive health including family planning, EmONC, neonatal care, ANC, cancers , post abortion care, STI, GBV and obstetric fistula management	# of policies /Guidelines updated and developed	MOHS	2	2	2	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.2.6	Print and disseminate 3000 copies each of developed policies/guidelines and training materials for integrated sexual reproductive health including family planning, EmONC, neonatal care, ANC, cancers, post-abortion care, STI, GBV and obstetric fistula management						
2.2.3	**Output (RCH):**						
	Toll free numbers for RCH established/strengthened	Toll free numbers established/strengthened	MOHS Reports	1			GOSL and partners support the provision of essential equipment according to set standards
	Activities (RCH):						
2.2.3.1	Recruit 2 consultants to facilitate development of supervision and on job mentoring tool kits, including tools for m-health. 1 Month. 1 Local, 1 Int.	ToR Available	Check ToR	1			
2.2.3.2	Develop tools for M-health	No. of tools for M-health developed	Tools available	1			
2.2.3.3	Training of personnel for M-health in 13 districts	No. of PHU staff trained	Training report	500	600	700	
2.2.3.4	Provide logistics support for M-health(mobile phones, airtime, registers)	No. and types of logistics support provided	Logistics available, reports	1	1	1	
2.2.4	**Output (RCH):**						
	RCH commodities(including FP and other obstetric emergency drugs) & essential equipments supplied to health facilities	% of Health Facilities fulfilled with RCH commodities & essential equipments as per the need	MoHS Reports/ Assessment report	70	90	100	
	Activities (RCH):						
2.2.4.1	Conduct Bi-Annual Forecasting on reproductive health commodities	Bi-Annual forecasting conducted	MOHs report	1	1	1	
2.2.4.2	Procure RCH commodities(including FP and other obstetric emergency drugs)	% of facilities supplied commodities based on plan	MoHS Reports/ Assessment report	100	100	100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.4.3	Procure RCH essential equipments	No. of facilities equipped based on established standards	Facility survey report/ DHMT report/ Inventory register	1000	500	200	
2.2.5	**Output (RCH):**						
	Monthly maternal death review at hospitals, PHUs, district and community levels conducted	No. of monthly maternal death reviews conducted	1. DHIS reports 2. DHMT reports 3. Review reports	12	12	12	Availability of funds to support exercise
	Activities (RCH):						
2.2.5.1	Train staff on maternal death review and introduce other quality control package	No of health facility with trained staff on MDR	NMDR committee reports / RCH report	22	70	50	
2.2.5.2	Conduct supportive supervision and mentoring on RCH at national and district level	No of supportive supervision and mentoring visits conducted	Supervision reports	at least 4 per year at national level	at least 4 per year at national level	at least 4 per year at national level	
2.2.5.3	Support monitoring and evaluation of district MDR activities	Number of monitoring and evaluation activities supported for district MDR	Supervision reports	4	4	4	
2.2.5.4	Finalisation & dissemination of MDR tools	Number of tools printed	Tools available	1500 guides & 1500 notification booklets & 500 Investigation booklets	1500 guides & 1500 notification booklets & 500 Investigation booklets	1500 guides & 1500 notification booklets & 500 Investigation booklets	
2.2.5.5	Establish an RCH database including MDR	Database established	Analytic report	1			
2.2.5.6	Develop and support of legal frame work for MDR	MDR legal frame work developed	Cabinet paper and Act prepared for approval	1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.5.7	Strengthen MDR secretariat including coordination, training, capacity building , and logistics support (vehicle, computers etc)	Functional MDR secretariat	Training report	1	1	1	
2.2.5.8	Conduct national maternal death review committee meetings.	No of National MDR committee meeting conducted	Report of National MDR committee	2	2	2	
2.2.6	**Output (RCH):**						
	AHS services established & functional according to established National standards for AYFS delivery	% of facilities offering friendly reproductive services for adolescents	1. DHIS reports 2. DHMT reports 3. Survey reports	50	80	100	
		# of comprehensive functional ADH centres established	MOHS Report	28	42	42	
	Activities (RCH):						
2.2.6.1	Train staff on Adolescent Health Friendly Services (ToT)	No. of staff trained on ADH services	training report	100	100	100	
2.2.6.2	Support cascade training for health staff per district	No. of health staff trained on ADH services at district level	training report	500	500	500	
2.2.6.3	Develop of ADH modules and tools	No. of ADH modules and tools developed	MOHS reports	1		1	
2.2.6.4	Print, disseminate and popularize the national standards for Adolescent and young people's friendly service delivery	No. of adolescents and young people's friendly standards printed and disseminated	receipts and proformas	500	500	500	
2.2.6.5	Review, adapt and standardize existing IEC/ BCC materials targeting adolescents and young people	No review meeting/ workshops held	minutes and reports of review workshops	1			
2.2.6.6	Production of jingles and folk drama to increase awareness on ADH issues	availability of jingles		1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.6.7	Review/update curricula for skilled personnel, including MCH Aides	updated curricula for skilled personnel available	updated curricula	1		1	
2.2.6.8	Review/update modules for skilled personnel including MCH Aides	updated modules available	updated modules	1		1	
2.2.6.9	Monitor ADH strategic plan	No. of checklists developed, no. of monitoring visits made		4	4	4	
2.2.6.10	Organize quarterly meeting with key partners in adolescent youth service provision	no of meetings held	reports of meeting	4	4	4	
2.2.6.11	Conduct orientation meetings with key community stakeholders like religious leaders, mother to mother's clubs, school health clubs and peer providers	No of meetings held	reports of meeting	4	4	4	
2.2.6.12	Quarterly publications on ADH issues or activities in the print and electronic media	No of publications on the electronic and print media	publications in print and electronic media	8	8	8	
2.2.6.13	Conduct Study tours on ADH related issues outside Sierra Leone to observe and share best practices	No of study tours conducted	reports of study tours	1			
2.2.6.14	Conduct quarterly TV and Radio programmes for awareness raising	No of TV and Radio programmes aired	Programmes aired	8	8	8	
2.2.6.15	Produce Billboards and sign posts with information on type and place of AYFS delivery	No of Billboards produced, no of signposts produced	Displayed billboards and signposts	14/65	14/65	14/65	
2.2.6.16	Organize consultative meeting for DOOs and Education officers on TT in schools	No of consultative meetings held	Minutes of meetings	1	1	1	
2.2.6.17	Conduct orientation meetings for school health focal teachers and national supervisors in TT in schools	No of orientation meetings held	reports of orientation meetings	1	1	1	
2.2.6.18	Train vaccinators for TT in schools	no of vaccinators trained	reports of the trainings	4	4	4	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.6.19	Organize quarterly meeting with SSHE partners	No of meetings held	minutes of meetings	4	4	4	
2.2.6.20	Conduct quarterly monitoring and supervision of School based activities like SSHE and TT in schools	No of monitoring and supervision visits made	monitoring and supervisory reports	4	4	4	
2.2.6.21	Procure essential drugs, medical supplies, RH drugs and commodities for school and adolescent clinics	No and types of RCH commodities	MOHS reports				
2.2.6.22	Purchase 2 utility vehicles(Land cruisers)	No of Utility vehicles purchased	Availability of vehicles	2			
2.2.7	**Output (RCH):**						
	Post-abortion care strengthened in all tertiary hospitals and districts	% of tertiary hospitals and districts with strengthened post-abortion care	report	100	100	100	Availability of funds to support exercise
	Activities (RCH):						
2.2.7.1	Dissemination of policy on abortion at national ,regional ,district and community levels	Policy disseminated	Report	20	50	80	
2.2.7.2	Training of health workers and midwives on manual vacuum Aspiration	Training on MVA done	Training report	208	300	200	
2.2.7.3	Identify and equip comprehensive abortion care intervention sites in tertiary & district hospitals	Post-abortion care provided in district and tertiary hospitals	DHMT reports	4	9	14	
2.2.7.4	Dissemination of assessment report on unwanted pregnancies and unsafe abortion at national, regional, district and community levels	Report disseminated	Reports	20	50	80	
2.2.8	**Output (RCH):**						
	Provide routine screening services for RH cancers in at least 86 facilities	% of facilities providing RH cancers screening	MoHS Reports	19	30	51	Availability of funds to support exercise
	Activities (RCH):						
2.2.8.1	Develop policies and guidelines for integrated Sexual and reproductive health, including family planning, cancers ,abortion and STI management	# of policies /Guidelines updated and developed	MoHS	2	2	2	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.8.2	Conduct nationwide survey to assess the magnitude of RH cancers	Number of surveys conducted	Survey report	1		1	
2.2.8.3	Training of health staff to screen for RH Cancers	Number of health staff trained	Training report	130	150	200	
2.2.8.4	Conduct quarterly monitoring and supervision of RH cancer activities	Number of monitoring and supervisory visits	Supervision report	4	4	4	
2.2.9	**Output (RCH):**						
	Quarterly monitoring and evaluation of RCH activities(including Facility Improvement and Team assessment)	# of M&E activities on RCH conducted	FIT report, M&E reports	4	4	4	Availability of funds to support exercise
	Activities (RCH):						
2.2.9.1	Conduct supportive supervision and mentoring on RCH at national and district level	No. of supportive supervision and mentoring conducted for RCH	Reports	4	4	4	
2.2.9.2	Conduct bi-weekly FIT mentoring to DHMTs and health facilities	Number of bi-weekly visits conducted	FIT mentoring reports, MoHS reports	8	8	8	
2.2.9.3	Support tool kit development for supportive supervision and mentoring(Fact sheet, protocols, guidelines, ambu. bag, fetoscope, penguin suction, hanging scale, etc)	Number of tool kit provided to national supervisors	Availability of kit	40	80	120	
2.2.9.4	Conduct advocacy on major RCH issues	Number of advocacy meetings conducted	meeting report	2	2	2	
2.2.9.5	Capacity building of staff on RCH issues	# of trainings of health staff on MCH issues	Training Reports/ Attendance Register	1	1	1	
2.2.9.6	Conduct study tours on RCH related issues outside Sierra Leone (Accreditation of facilities, reproductive health cancers, etc)	Number of study tours conducted	report	2	2	2	
2.2.10	**Output (National Eye Care Programme):**						
	Basic eye health services provided in all districts	% of districts providing basic eye health services	DHMT reports	100	100	100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities (NECP)						
2.2.10.1	Training of PHU staff on basic eye health services	# of PHU staff trained	DHMT reports	300	250	250	
2.2.10.2	Conduct in-service training for PHU staff on eye health	# of PHU staff trained	DHMT reports	200	200	200	
2.2.10.3	Training of DHMT members on monitoring of eye health	# of DHMT members trained	DHMT reports	40	40	40	
2.2.10.4	Develop/review monitoring framework for eye health and incorporate into MoHS/DHMT monitoring framework	Monitoring frame work available and utilised	MoHS/DHMT reports	1			
2.2.10.5	Conduct advocacy on eye health & disability issues	Advocacy plan and no. of advocacy meetings	MoHS/DHMT reports	1	1	1	
2.2.11	**Output (NUT):**						
	Nutrition programme strengthened in all health facilities	% of facilities with nutrition programme as per the plan	DHMT reports; facility Survey reports	100	100	100	
	Activities (NUT):						
2.2.11.1	Accredit hospitals as baby friendly	# of hospitals accredited	MOHS Reports	6	6	6	
2.2.11.2	Provide nutrition education materials in all health facilities	% of facilities with nutrition education materials	1. DHIS reports 2. DHMT reports 3. Review reports 4. Survey reports	40	35	25	
2.2.11.3	Provide food supplements for the treatment of acute malnutrition to PHUs.	1. % of health facilities receiving food supplements 2. % of children treated for acute malnutrition (Severe & moderate)	1. DHIS reports 2. DHMT reports 3. Review reports 4. Survey reports	85%	90%	90%	
2.2.11.4	Provide nutrition surveillance tools	% of facilities with functional nutrition surveillance tools	1. DHIS reports 2. DHMT reports 3. Review reports 4. Survey reports	60%	70%	80%	
2.2.11.5	Establish additional centres for the management of severely malnourished children 304 OTPS and 24 SCs	No. of OTPS and SCs centres established	1. DHIS reports 2. DHMT reports 3. Review reports 4. Survey reports	100 OTPS and 8SCs	104 OTPS and 8SCs	100 OTPS and 8SCs	
2.2.11.6	Provide meals to in-patients in hospitals	% of Hospitals which serve three meals per day	1. Hospital reports 2. Surveys	All GOSL	All GOSL	All GOSL	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.11.7	Establish the National Fortification Alliance	National Fortification Alliance established	Alliance meeting reports	1			
2.2.11.8	Strengthen routine Vitamin A Supplementation	% Routine VAS of under-fives	1. DHIS reports 2. DHMT reports 3. Survey reports	30%	50%	60%	
2.2.11.9	Introduce and scale up of multiple Micronutrient Powders for under twos	% of health facilities providing mnp % of children under 2 reviving MNP	1. DHIS 2. DHMT report	20% 30%	40% 50%	70% 80%	
2.2.11.10	Conduct nationwide assessment on availability of anthropometric tools in PHUs	assessment conducted	assessment report	1		1	
2.2.12	**Output (NUT):**						
	Community-based nutrition programme strengthened in all districts	% of districts with strengthened community-based nutrition programme	Assessment report	100	100	100	
	Activities (NUT):						
2.2.12.1	Provide de-worming for under-five children	% of children under-five years de-wormed	1. DHIS reports 2. DHMT reports 3. Survey reports 4. MCH week reports	85%	95%	95%	
2.2.12.2	Provide de-worming for pregnant women	% of pregnant women de-wormed	1. DHIS reports 2. DHMT reports 3. Survey reports 4. MCH week reports	80%	90%	90%	
2.2.12.3	Provide micronutrient supplement to children and mothers	% of facilities provided with micronutrient supplements (Vit. A, Iron folate)	1. DHIS reports 2. DHMT reports 3. Survey reports 4. MCH week reports	85%	90%	90%	
		% of children U5 that received Vit A supplements	1. DHIS reports 2. DHMT reports 3. Survey reports 4. MCH week reports	85%	90%	90%	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
		% of pregnant women that received fefol supplements	1. DHIS reports 2. DHMT reports 3. Survey reports 4. MCH week reports	85%	90%	90%	
2.2.12.4	Promotion of healthy lifestyle and prevention of NCDs	No and types of IEC material (3 types of posters)	IEC materials	6000	6000	6000	
		No of jingles developed in 6 local languages	Jingles available	1	1	1	
		No of jingles aired on radio	Jingles aired	twice per week	twice per week	twice per week	
2.2.12.5	Conduct baseline assessment on dietary diversification	assessment conducted	assessment report		1		
2.2.12.6	Promotion of improved indigenous food processing techniques and food diversification at household level	No. of mothers groups trained on food processing No. of sensitisation meetings conducted	Training Reports Meeting reports		1		
2.2.12.7	Conduct KAP survey on IYCF	No of KAP survey conducted	Survey report	1		1	
2.2.12.8	Conduct SMART survey to assess nutrition status to contribute to Nutrition Information system	survey conducted	Survey report	1		1	
2.2.12.9	Conduct CMAM Coverage survey	survey conducted	survey report	1		1	
2.2.12.10	Conduct micronutrient deficiency survey	survey conducted	survey report		1		
2.2.13	**Output (NUT):**						
	Policy, guidelines, tools & plans available for nutrition programme	Policy, guidelines, tools & plans for nutrition programme	Performance report	1	1	1	
	Activities (NUT):						
2.2.13.1	Develop National Communication Strategy for nutrition	Communication Strategy developed	document available	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.13.2	Adapt and endorse International Code on Breast milk Substitute	International Code adapted and endorsed	National code document	1			
2.2.13.3	Print, disseminate and sensitize the national code on Breast milk Substitute	No. of copies printed, no of sensitization meetings conducted.	copies of the code, reports of meetings	1000 copies &13 meetings	13 meetings	13 meetings	
2.2.13.4	Develop and endorse Breastfeeding strategy	Breastfeeding strategy developed	Strategy document	1			
2.2.13.5	Develop lifestyle guidelines on NCDs	Lifestyle guidelines developed	Guide available	1			
2.2.13.6	Develop and review laws and standards on locally produced and imported foods	laws and standards for some locally produced and imported foods	laws and standards of local and imported foods developed	1			
2.2.13.7	Print and Disseminate National Policy and implementation plan	500 copies printed ,	Availability of policy document	500 copies			
2.2.14	**Output (Malaria Control)**						
	Prompt and effective treatment of confirmed uncomplicated malaria cases at health facility and community levels increased.	% of confirmed uncomplicated malaria cases treated at health facility level & at community level	DHMT report, MOHS performance review report	60	70	80	
	Activities:						
2.2.14.1	Treat uncomplicated malaria in patients U5s with ACT within 24 hrs at the health facility level	% of confirmed uncomplicated malaria cases in patients U5s treated with ACT within 24 hrs at the health facility level	DHIS report	60%	70%	80%	
2.2.14.2	Treat uncomplicated malaria in patients over 5 years with ACT within 24 hrs at the health facility level	% of confirmed uncomplicated malaria cases in patients over 5 years treated with ACT within 24 hrs at the health facility level	DHIS report	80%	80%	80%	
2.2.14.3	Ensure availability of anti-malaria drugs in all health facilities	% of targeted health facilities without stock-outs of anti-malarial drugs during the last 3 months.	DHIS reports Survey reports	90%	95%	95%	
2.2.14.4	Quality assurance reports on anti-malaria drugs	Number of quality assurance reports on anti-malaria drugs	Report	1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.15	**Output (Malaria Control)**						
	Proportion of severe malaria cases reduced by 50% by 2015	% of reduction of severe malaria cases	DHIS report, Survey report	30	40	50	
	Activities:						
2.2.15.1	Treat severe Malaria cases appropriately at the referral health facility level	% of severe malaria cases treated appropriately at the referral health facility level	DHIS report Survey report	90%	100%	100%	
2.2.15.2	Severe malaria cases treated appropriately with pre-referral treatment and referred at the Peripheral Health Unit (PHU) level	% of severe malaria cases treated appropriately with pre-referral treatment and referred at the Peripheral Health Unit (PHU) level	DHIS report Survey report	85%	95%	100%	
2.2.15.3	Severe malaria cases referred appropriately at the community level	% of severe malaria cases referred appropriately at the community level	DHIS report Survey report	35%	70%	80%	
2.2.16	**Output HIV/AIDS)**						
	Provide PMTCT services in 80% of facilities in all districts.	% of facilities providing PMTCT services	1. DHIS reports 2. Survey reports 4. Hospital reports	70	80	80	
	Activities (HIV/AIDS):						
2.2.16.1	Train health workers on PMTCT	No. of health workers trained in PMTCT		659	659	658	
2.2.16.2	Provide materials for PMTCT to all facilities	% of facilities with adequate material for PMTCT as per the plan		100	100	100	
2.2.17	**Output HIV/AIDS)**						
	Provide HCT services in 80% of facilities in all districts.	1. % of facilities providing HCT services	1. DHIS reports 2. DHMT reports 3. Survey reports 4. Hospital reports	70	80	80	
	Activities (HIV/AIDS):						
2.2.17.1	Train health workers on HCT and OIs/STIs case management	% of health workers trained as per the plan		100	100	100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.17.2	Strengthen the quality of OIs/STI case management services in all Primary and Secondary facilities	% of PHUs and Secondary hospitals managing OIs and STIs as per standard operating guidelines	1. DHIS reports 2. DHMT reports 3. Survey reports 4. Hospital reports	50	80	100	
2.2.17.3	Provide ART to eligible HIV + adult population according to National protocol	No. of HIV+ people receiving antiretroviral therapy	1. DHIS reports 2. DHMT reports 3. Survey reports	1500	1500	1700	
2.2.17.4	Provide ART to HIIV + children 0-14 years according to National protocol	No. of HIV+ people receiving antiretroviral therapy	1. DHIS reports 2. DHMT reports 3. Survey reports	1600	1900	2300	
2.2.17.5	Provide paediatrics HIV care services in 80% of facilities in all districts.	1. % of facilities providing Paediatric HIV care 2. No. of health workers trained in Paediatric HIV care	1. DHIS reports 2. DHMT reports 3. Survey reports 4. Hospital reports	659	659	658	
2.2.17.6	Conduct training for 150 staff to strengthen ART services in all districts.	No. of health workers trained to deliver ART services	1. DHIS reports 2. DHMT reports 3. Survey reports 4. Hospital reports	150			
2.2.17.7	Distribute condoms to all district.	% of districts with no condom stock out	1. DHIS reports 2. DHMT reports 3. Survey reports 4. Hospital reports	100	100	100	
2.2.17.8	Provide additional 9 CD4 cell count machines with reagents.	No. of CD4 cell count machines available for use No. of CD4 cell count machine points with no stock out of reagents	Hospital reports	3 CD4 7,082kt	4 CD4 7,436kt	5 CD4 7,764kt	
2.2.17.9	Provide four viral load machines (1 per region).	No. of viral load machines available for use	Hospital reports	4			
2.2.17.10	Provide syphilis test kits to aid diagnosis	Presence of test kits for use at diagnostic facilities	1. DHIS reports 2. DHMT reports 3. Survey reports 4. Hospital reports	120pkts	120pkts	120pkts	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.17.11	Conduct quarterly Monitoring & Supervision of HIV&AIDS activities at all levels.	Quarterly supervision report available Amount of fuel provided for quarterly supervision	1. DHIS reports 2. DHMT reports 3. Survey reports	Qtly 7,200lts	Qtly 7,200lts	Qtly 7,200lts	
2.2.18	**Output**						
	High quality pre-service and in-service training, and continuing education provided	% of health workers trained (by type- pre-service and in -service training, and continuing education) as per the plan	1. HRH reports 2. DHMT reports 3. Hospital reports 4. Training reports	100	100	100	Availability of resources and willingness to provide support
	Activities (RCH):						
2.2.18.1	Provide adequate specialist medical & nursing & midwifery staff (50MOs, 200 midwives, 34 Nurse anaesthetics, 750 SECHNs and 300 SRNs, 2500 MCH Aides)	No. of categorised medical staff trained and in post rendering services	1. Hospital reports 2. Survey reports	20 Doctors 80 Midwives 20 Nurse Ana. 250 SECHNs 100 SRNs, 1000 MCH Aides	21 Doctors 60 Midwives 14 Nurse Ana. 250 SECHNs 100 SRNs, 1000 MCH Aides	22 Doctors 60 Midwives 250 SECHNs 100 SRNs, 500 MCH Aides	
2.2.18.2	Capacity of MCH Aides training programme strengthened		Performance report	1	1	1	
2.2.18.3	Conduct one month refresher training for 40 junior MOs in anaesthesiology/ Obstetrics Fistula repairs/CEmONC	No. of medical Officers trained and in post rendering services	1. Hospital report 2. Survey report 3. HRH report	20	20		
2.2.18.4	Conduct BEmONC training for 3,000 health workers with emphasis on use of partograph, bleeding, sepsis and hypertension (Public & Private)	No. of health workers trained and in post rendering services	1.DHMT reports 2. Hospital reports	1,000	1,000	1,000	
2.2.18.5	Train 3000 PHU staff on Essential Newborn Care (ENC)	# of PHU staff trained on ENC	Training reports DHMT reports	1,500	1,000	500	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.18.6	Train 950 CHWs per district on C-IMNCI and maternal health	# of CHWs trained on C-IMNCI	Training reports DHMT reports	5,000	5,000	5,000	
2.2.18.7	Train 1550 PHU Staff on RED approach	# of PHU staff trained on RED	Training reports DHMT reports	500	500	550	
2.2.18.8	Conduct cascade training for 270 staff on social mobilisation for CH/EPI	# of staff trained on social Mob.	Training reports DHMT reports	80	90	100	
2.2.18.9	Conduct EVM training for 1600 district and PHU staff.	# of staff trained on EVM	Training reports DHMT reports	400	400	800	
2.2.18.10	Train 78 cold chain logisticians	# of cold chain logisticians trained	Training reports DHMT reports	26	26	26	
2.2.18.11	Conduct refresher training for 84 cold chain technicians	# of cold chain technicians trained.	Training reports DHMT reports	24	24	36	
2.2.18.12	Train 36 programme staff on CMYP	# of CMYP trained	Training reports DHMT reports	12	12	12	
2.2.18.13	Training of 6 officers on financial management	# of Finance Officers trained	Training reports DHMT reports	2	2	2	
2.2.18.14	Conduct training in Newborn Care for 1,500 health workers (Public & Private)	No. of health workers trained in newborn care and in post rendering services	Hospital reports	500	500	500	
2.2.18.15	Conduct 7 days training on Integrated Management of Neonatal and Childhood Illnesses (IMNCI) for 3000 health facility workers and maternal health (Public & Private)	No. of Facility health workers and community workers trained in post rendering services	DHMT reports	1500	1000	500	
2.2.18.16	Train staff on comprehensive post natal care including FP, HIV/AIDS, follow up and monitoring, EBF, GM, dangers signs for mothers and babies.	No of facility staff trained in postnatal care	training reports	1500	1000	500	
2.2.18.17	Training of FP community based service providers	No of community service providers trained	Training reports	1500	1500	1500	
2.2.18.18	Train health staff on comprehensive ADH services	No of health staff trained on ADH services	Training report	50	50	50	
2.2.18.19	Training on ADH initiative	No of staff trained on ADH initiative	Training report				

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.18.20	Conduct biannual RCH review meeting	No of review meeting held	Review meeting report	2	2	2	
2.2.18.21	Support RHCS committee meetings and secretariat	No of meetings held	Minutes and reports of meetings	4	4	4	
2.2.18.22	Document and disseminate 500 best practices and lessons learned from RHCS and RH interventions		Report	1	1	1	
2.2.18.23	Support establishment of "Husband School " initiative in 6 districts	No of districts with "Husband School " initiative established					
2.2.18.24	Print and disseminate 2500 copies of RHCS Strategic Plan 2012-2017	No of copies printed	Available document	1			
2.2.18.25	Procure stationery and supplies, including office equipment (2 desktop computers and accessories, 1 portable PA system,1 scanner, 2 laptops, printer, binding machine and 2 flip chart stands)	$30000					
2.2.18.26	Procure 2 vehicles and 2 motorbikes			1			
2.2.18.27	Support programme with 2 vehicles 5 motorbikes and office equipment maintenance, including repairs, fuel, lubricants, communication, internet, etc						
2.2.18.28	Establish and strengthen 300 condom distribution outlets in guest houses and motels, including support to community based distributors	No. of outlets strengthened and established		100	100	100	
2.2.18.29	Train community health workers/volunteers in MNC to identify and refer patients developing complications as a result of pregnancy, childbirth and postnatal period	No. of community health workers trained		350	300	350	
2.2.18.30	Capacity building of RH/FP programme staff on SRH issues (Long and short term courses, including online) and attendance at international meetings.	No of staff trained		2	2	2	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.18.31	Train health service providers on insertion and removal of implant and IUD	1. No. of health staff trained on IUD and implant insertion and removal, 2. No. of health facilities with trained staff	Reports of trainings RH/FP/DHMT	200	250	300	
	Activities (NUT):						
2.2.18.32	Review the nutrition curricula of health training institutions	Nutrition curricula of health training institutions reviewed	Availability of revised training curricula	1			
2.2.18.33	Train 150 TOT (5 days) staff in the management of acute malnutrition	No. of TOT staff trained in management of acute malnutrition	DHMT reports	150			
2.2.18.34	Train 1,300 health staff on the management of acute malnutrition	No. of health staff trained	DHMT reports	300	600	400	
2.2.18.35	Train Community Health Workers on IYCF	# of Community Health Workers trained	Training reports	2,000	2,000	2,000	
2.2.18.36	Sensitize religious and community leaders on IYCF	# of religious and community leaders sensitized	Training reports	260	260	260	
2.2.18.37	Refresher training for senior hospital administrators and maternity staff on BFHI	# of staff that received refresher training on BFHI	Training reports	60	60	60	
2.2.18.38	On the job training for Stabilization Centre staff nationwide	# of stabilisation Centres staff trained	Training reports	100	100	100	
2.2.18.39	Train 150 TOT staff on infant and young child feeding practices and maternal nutrition	No. of TOT staff trained in IYCF and maternal nutrition	DHMT reports	150			
2.2.18.40	Cascade training of 1300 PHU staff on IYCF practices and maternal nutrition	No. of health workers trained on IYCF practices and maternal nutrition	DHMT reports	300	600	400	
2.2.18.41	Conduct community sensitisation meetings on nutrition	Number of community sensitization meetings conducted	Meeting reports	50	75	75	
2.2.18.42	Train service providers on the use of the nutritional guidelines for HIV/TB	No. of health workers trained on HIV/TB guidelines	Training reports	300	600	400	
	Activities (DPC):						
2.2.18.43	Conduct 3 days refresher training on the management of uncomplicated malaria for 3,000 health workers	No. of health workers trained in post rendering services	DHMT reports	1500	1000	500	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.18.44	To conduct 5 days basic training of Laboratory technicians on basic malaria Microscopy and RDTs diagnostic	No. of health workers trained in post rendering services	DHMT reports	75	75		
2.2.18.45	Conduct 5 days integrated training on communicable diseases (surveillance/monitoring, evaluation and operational research) for 150 health workers	No. of health workers trained and in post rendering services	DHMT reports	75	75		
2.2.18.46	Conduct 5 days integrated training on non-communicable diseases (surveillance, monitoring, evaluation and operational research) for 150 staff	No. of health workers trained and in post rendering services	DHMT reports	75	75		
2.2.18.47	Conduct 5 days training for 60 Field Supervisors on diagnosis and management of TB and Leprosy	No. of Fields supervisors trained in post rendering services	DHMT reports	30	30		
2.2.18.48	Train 260 staff on surveillance case definitions and use by Dec 2012 (20/district) (SO2)	# of staff trained on Surveillance case definitions. # of staff in the district trained on surveillance case definitions	Training reports DHMT reports	260			
2.2.18.49	Train 60 DSOs and Laboratory staff on collection, handling and transportation of specimens at all levels by Dec. 2011.(SO2)	# of DSOs and Laboratory staff trained on collection, handling and transportation of specimen.	Training reports		60		
2.2.18.50	DPC and DPI to identify and train 10 designated data managers at central level by January 2012 (SO2)	# of data managers at DPC and DPI trained	Training reports Availability of trained data managers	10			
2.2.18.51	Train 169 surveillance RRT members at all levels (SO2)	# of RRT members trained	Training reports Availability of trained RRTs	169			
2.2.18.52	Training/refresher training of Trainers- 28 DHMT members SCH/STH (SO2)	# of DHMTs trained	Training Report	2	2	2	
2.2.18.53	Training/refresher training of 93PHU staff on SCH/STH (SO2)	# of PHU staff trained	Training Report	2	2	2	
2.2.18.54	Training of Trainers-58 DHMT members on Onch/LF (SO2)	# of DHMTs trained	Training Report	2	2	2	
2.2.18.55	Training of 1117 PHU staff on Oncho and LF	# of PHU staff trained	Training Report	2	2	2	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.19	**Output**						
	Expand DOTS centres to improve TB/Leprosy prevention & control	# of DOTS centres per district	Report	2	2	2	
	Activities:						
2.2.19.1	Train 72 health personnel for new DOTS centres	% of trained as per the plan	Report	100	100	100	
2.2.19.2	Expand DOTS centres	# of DOTS centres per district	Report	2	2	2	
2.2.19.3	Refresher train 50x14 health personnel	% trained as per the plan	Report	100	100	100	
2.2.19.4	Training of community DOTS providers 100 x14	% trained as per the plan	Report	100	100	100	
2.2.19.5	Training of TB/HIV councillors 1x164	% trained as per the plan	Report	100	100	100	
2.2.19.6	Renovation of existing DOTS centres 5x14	% renovated as per the plan	Report	100	100	100	
2.2.19.7	Training is integrated for TB and Leprosy	% trained as per the plan	Report	100	100	100	
2.2.19.8	Advocacy, communication and social mobilisation for TB/Leprosy	% of advocacy sessions conducted as per the plan	Report	100	100	100	
2.2.19.9	Monitoring and supportive supervision of DOTS centres	% of supervisions as per the plan	Report	100	100	100	
2.2.20	**Output**						
	Quality assurance framework and clinical guidelines developed for hospitals and other health service delivery points on staff development; supplies and maintenance	% of hospitals and other health service delivery points; staff development; supplies and maintenance programs with quality assurance framework	1. Hospital reports 2. Survey reports 3.HRH	100	100	100	
	Activities:						
2.2.20.1	Review Standard Operating Procedures for selected service delivery areas	No. of service delivery areas with reviewed SOPs in use	MOHS report	1			
2.2.20.2	Review service delivery guidelines for selected service delivery areas	No. of service delivery areas with reviewed guidelines in use	MOHS report	1			
2.2.20.3	Develop malaria laboratory guidelines for laboratory technicians	malaria laboratory guideline		i			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.20.4	Provide relevant tools to support quality service delivery	No. of service delivery areas with revised tools in use	MOHS report	1			
2.2.20.5	Conduct data quality audit on EPI information	DQA report	RCH/MOHS report	1			
2.2.20.6	Conduct quality audit using an external agency (NGO) of maternal deaths reported in districts	Existence of review reports	1. DHIS reports 2. DHMT reports 3. Review reports	1	1	1	
2.2.20.7	Monitor EPI outreach service delivery in 13 districts	No of districts in which outreach services are monitored	Reports.	13	13	13	
2.2.20.8	Conduct EPI operations research	Operational research conducted	Research report		1		
2.2.20.9	Quarterly Monitoring and evaluation programme implementation of EPI in all districts	# of districts in which EPI implementation is Monitored and Evaluated	Quarterly Monitoring reports	1	1	1	
2.2.20.10	DPI and DPC to draw up a joint surveillance supervision and M and E plan by Jan 2012	Joint surveillance supervision and M&E plan develop.	Minutes M&E plan.	1			
2.2.20.11	Conduct quarterly joint supportive supervision and M and E beginning January 2012	# of quarterly supportive supervision conducted	Supervision reports.	4	4	4	
2.2.20.12	Conduct quarterly Monitoring & Supervision of HIV & AIDS activities at all levels.	# of quarterly supportive supervision conducted by national HIV/AIDS team	Supervision reports.	4	4	4	
2.2.20.13	Monitoring and supervision of activities X 2/ year in 7 districts for SCH/STH	# of Monitoring and Supervision activities conducted	Supervision report	2	2	2	
2.2.20.14	Data collection, analysis and reporting in 7 districts for SCH/STH	# of Data collection activities conducted	Coverage report.	2	2	2	
2.2.20.15	Quarterly data collection, analysis and reporting on eye health activities in the 13 Districts	# of Data collection activities conducted	Coverage report.	52	52	52	
2.2.20.16	Quarterly data collection, analysis and reporting on SAM and MAM in the 13 Districts	# of Data collection activities conducted	Coverage report.	52	52	52	
2.2.20.17	Quarterly data collection, analysis and reporting on SRH activities in all 13 Districts	# of Data collection activities conducted	Coverage report.	52	52	52	
2.2.20.18	Quarterly monitoring and supervision of eye health activities in all 13 Districts	# of Monitoring and Supervision activities conducted	Supervision reports.	52	52	52	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.20.19	Quarterly monitoring and supervision of child nutrition in all 13 Districts	# of Monitoring and Supervision activities conducted	Supervision reports.	52	52	52	
2.2.20.20	Quarterly monitoring and supervision of SRH activities in all 13 Districts	# of Monitoring and Supervision activities conducted	Supervision reports.	52	52	52	
2.2.20.21	Annual operational research on child nutrition	Research report concluded	Research report	1	1	1	
2.2.20.22	Monitoring and supervision of activities x 2/ year in 13 districts for Oncho/LF	# of Monitoring and Supervision activities conducted	Supervision report	2	2	2	
2.2.20.23	Data collection, analysis and reporting for LF/Oncho in 13 districts	CDDs data analysed and report prepared.	Coverage report.	2	2	2	
2.2.20.24	Conduct orientation for tutors	% of tutors trained as per the plan		100	100	100	
2.2.20.25	Add 6 doctors for obstetric and gynaecology	# of Drs		3	3		
2.2.21	**Output**						
	Services delivered by nurses, midwives and MCH Aides strengthened	Service delivered	Report	1	1	1	
	Activities:						
2.2.21.1	Conduct refresher training for 250 midwives, 1400 SECHNs and 2500 MCH Aides	No. of category of health workers trained and in post	1. DHIS reports 2. DHMT reports 3. Review reports	50 midwives 400 SECHNs 1000 MCH Aides	100 midwives 500 SECHNs 1000 MCH Aides	100 midwives 500 SECHNs 500 MCH Aides	
2.2.21.2	Conduct performance appraisal of MCH Aides, SECHNs, RNs and Midwives	No. of each category of nurses appraised with available report	1. DHIS reports 2. DHMT reports 3. Review reports 4. Hospital reports	1	1	1	
2.2.21.3	Develop a supervisory protocol for nurses quarterly update	Protocol available and in use	1. DHIS reports 2. DHMT reports 3. Review reports	1	1	1	
2.2.21.4	Supervise nurses service delivery activities at DHMT, PHUs and other health institutions	Available supervisory report	1. DHIS reports 2. DHMT reports 3. Review reports	1	1	1	
2.2.21.5	Observe annual medical and health Sunday in 4 regions	Report	MOHS reports	1	1	1	
2.2.21.6	Four central level staff observe certification ceremony for MCH Aides each in 14 districts	Available certification ceremony report	DHMT reports	1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.21.7	Ensure safe working environment for nurses in all health facilities	% of facilities with adequate arrangement to observe work safety	1. DHMT reports 2. MOHS reports	1	1	1	
2.2.21.8	Celebrate International Nurses and Midwives Days	Report	MOHS report	1	1	1	
2.2.21.9	Study tours programme exchange for senior nurses with postgraduate qualifications	Available tour report	1. Hospital reports 2. DHMT reports	1	1	1	
2.2.22	**Output**						
	Disaster management/emergency preparedness offices at national & district levels functional	% of functional national & district levels disaster management/ emergency preparedness offices	Performance report	100	100	100	
	Activities for public health facilities						
2.2.22.1	People trained on responding to outbreaks	No. of people trained on responding to outbreaks	Performance report	10/dhmt	10/dhmt	10/dhmt	
2.2.22.2	Rapid response teams established at district level	Number of rapid response teams established at district level	Performance report	1	1	1	
	Inputs:						
	Fund for training & supervision						
2.2.23	**Output**						
	Improve mental health services: Establish Psychiatric Units in 14 Regional and District Hospitals and 400 CHC's /PHU's	Regional and District Hospitals and CHC's /PHU's with psychiatric units	Performance Report	14 hospitals & 400 PHUs			
	Activities for public health facilities						
2.2.23.1	Establish Psychiatric Units in Regional and District Hospitals and CHC's /PHU's	Regional and District Hospitals and CHC's /PHU's with psychiatric units	Performance Report	14 hospitals & 400 PHUs			
2.2.23.2	Organize local training Workshops/Seminars / Refresher courses in Mental Health for Health Workers	Number of training Workshops/Seminars	Performance Report	4	4	4	
2.2.23.3	Organize periodic radio and TV programs on Mental Health	Number of radio and TV programs	Performance Report	52	52	52	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.23	**Output**						
	Management of medical waste in all Health care Institutions (public & private) improved & healthy working environments for all workers Nationwide ensured	% of public & private health facilities with improved waste management	Performance report; Facility survey	70	80	100	
	Activities for public health facilities						
2.2.23.1	Establish a National Health Care Waste Management Committee	Functional National Medical Waste Management Committee	Performance report	1	1	1	
2.2.23.2	Develop a National MWM Policy	National Policy for Medical Waste Management	Performance report	1	1	1	
2.2.23.3	Enact and enforce Medical Waste Management Act	Act for safe Management of MWM enacted by Parliament of SL.	Performance report	1	1	1	
2.2.23.4	Ensure Health-Care facilities are equipped with appropriate equipment and materials for safe treatment / disposal; Construct incinerators and lined pits for ash and placenta burials at all govt. Hospitals and CHC's	% of Health Care Facilities Possesses equipment for Safe Medical Waste Storage and treatment	Performance report; Facility survey	100	100	100	
2.2.23.5	Ensure all Health Care facilities are equipped with appropriate facilities (Trolleys, Waste bags, Sharp boxes, Waste bag holders, Wheelbarrows and Skip/Containers) for MWM	% of Health Care Facilities has equipment for Safe internal transportation of the Waste.	Performance report; Facility survey	100	100	100	
2.2.23.6	Ensure all Waste Handlers are provided with adequate and sufficient protective Clothing (Heavy duty boots, gloves, nose masks, overalls, first aid kits, etc.	% of Health Care Facilities with Workers provided with appropriate Protective Clothing.	Performance report; Facility survey	100	100	100	
2.2.23.7	Annual Review and Planning Workshop	Annually reviewed and updated Plans.	Performance report;	1	1	1	
2.2.23.8	Procure 4WD Vehicle (1) and Motorbikes (4)	# of Vehicle and motorcycles Procured.	Performance report;	1 vehicle & 2 bikes	1bike	1bike	
2.2.23.9	Policy Review Workshop	Reviewed NMWM Policy	Performance report;	1	1	1	
	Activities for private health facilities						
2.2.23.10	Ensure private sector and NGO Health care facilities manage their waste in safe and environmentally friendly manner and provide safe working environment for their employees.	% of Private and NGO healthcare facilities manage their waste in a safe and environmentally friendly manner.	Performance report; Facility survey	100	100	100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.2.23.11	Ensure that all private sector and NGO establishment provide protective clothing for their workers.	% of Private and NGO healthcare facilities provide appropriate protective clothing for their staff categories.	Performance report; Facility survey	100	100	100	
2.2.23.12	Ensure Private and NGO healthcare facilities train their staffs and sensitise patients and visitors on safe Medical waste management	% of private employees appropriately trained and the public sensitised	Performance report; Facility survey	100	100	100	
2.2.23.13	**Activities for awareness raising**						
2.2.23.14	Refresh Environmental Health Officers on safe medical waste management	% of Environmental Health Officers trained in Healthcare Waste Management	Performance report	100	100	100	
2.2.23.15	Sensitise patients, visitors and the general public on the negative public health and environmental impacts associated with unsafe medical waste management.	% of the population sensitised on medical waste management and occupational safety.	Performance report	90	90	90	
	Activities for institutional capacity of Medical Waste/Occupational health and Safety programme						
2.2.23.15	Strengthen the Programme Management Secretariat in coordination and supervision, etc.			1	1	1	
2.2.23.16	Training of Programme staff members Locally	% of staff trained		50	70	80	
2.2.23.17	Conduct Monitoring and supervision	% of Monitoring and supervision as per the plan		100	100	100	
2.2.23.18	Ensure equipment maintenance	% of equipment maintained		100	100	100	
2.2.23.19	Install and Connect internet Services and maintain telephone connections	network availability		1	1	1	
2.2.24	**Output - IE/BCC**						
	Improve environmental health through strengthened partnership, advocacy and promotion		Performance report				
	Activities						
2.2.24.1	Provide advocacy to relevant agencies and organizations capable of delivering water and sanitation Services & regulatory agencies capable of enforcing environmental and Sanitation laws	% of organizations addressed as per the plan	Performance report	100	100	100	
2.2.24.2	Strengthen partnership	% of Harmonized intervention of relevant line Ministries, agencies and NGOs	Performance report	100	100	100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
		% of Projects achieve desired impacts as communities claim ownership % of Successful outcomes shared and utilized for further actions					
2.2.24.3	Produce IEC materials to promote adoption of renewable energy devices such as solar cookers and bio-sand water filters		Performance report				
2.2.24.4	Hold two stakeholders forums with other NGOs/ FBOs, Town Unions, Ministries, Researchers, Consultants, and Donors	Number of stakeholders forums	Performance report	2	2	2	
2.2.24	**Output - IEC/BCC**						
	Roll out infection control programmes to all hospitals	% of hospitals with adequate infection control measures in place	1. Hospital reports 2. DHMT reports 3. Review reports	100	100	100	
	Activities						
2.2.24.1	Prepare infection control materials/guideline	infection control materials/guideline		1	1	1	
2.2.24.2	Train staff on infection control	% of trained staff as per the plan		100	100	100	
2.2.24.3	Ensure all facilities are performing infection control programme	% of hospitals with adequate infection control measures in place		100	100	100	
2.3	**Strategic Objective**						
	To strengthen management capacities of district health services						
2.3.1	**Output**						
	Regular meetings conducted and key issues addressed	% of meetings and follow-up actions implemented as per the standard	DHMT reports	100	100	100	
	Activities						
2.3.1.1	Conduct weekly DHMT meetings and include Hospital staff	No. of meetings held Minutes of meetings and follow-up actions implementation	DHMT reports	52	52	52	
2.3.1.2	Capacity building of DHMTs, local councils, CSOs in equity focused analysis, programming, monitoring and evaluation	No. of trainings held	DHMT reports	260	260	260	
2.3.1.3	Establish District Performance Review	No. of performance reviews	Reports	13	13	13	
2.3.1.4	Bi-annual training on management issues	No. of trainings provided	Training Reports/ Attendance Register	2	2	2	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.3.1.5	DHMT conduct monthly In-charge meetings and include hospital staff	No. of meetings held Minutes of meetings and follow-up actions implementation	DHMT reports	12	12	12	
2.3.1.6	Conduct meetings with stakeholders at national and district levels	No. of meetings held Minutes of meetings and follow-up actions implementation	DHMT report	1	1	1	
2.3.1.7	Conduct monthly district coordination meeting with health partners	No. of meetings held Minutes of meetings and follow-up actions implementation	DHMT reports	12	12	12	
	Activities (DPC):						
2.3.1.7	Convene an inaugural meeting of the steering committee by March 2012	Inaugural meeting of steering committee convened	Minutes of inaugural meetings.	1			
2.3.1.8	Conduct Quarterly Surveillance Review Meetings	# of meetings	Meeting reports	4	4	4	
2.3.1.9	Steering committee to develop and finalize in-country FELTP plan by May 2012	In- Country FELTP plan finalized	Country FELTP plan	1			
2.3.1.10	DPC collaborate with DHMT and conduct cascade training for 2,000 PHU surveillance staff including private and community volunteers by Dec 2013	# of surveillance staff including private and community vol. trained	Training reports DHMT reports	600	600	800	
2.3.1.11	DPC and DPI in collaboration with DHMT to identify and train 26 designated data managers at district level by August 2012	# of data managers trained in the districts # of districts with trained data managers	Training reports Availability of trained data managers		26		
2.3.1.12	Designate a liaison officer to enhance coordination and linkage with DPI	Liaison officer in post supporting coordination activities	Availability of Liaison Officer for DPC and DPI		1		
2.3.1.13	Conduct meetings with stakeholders at national and district levels	Advocacy meeting held at national level # of districts in which advocacy meetings were held.	Minutes Photos	2	2	2	
2.3.2	**Output**						
	Senior Management staff at national and district level shared experiences with selected countries in the sub-region on health management	# of experience sharing visits conducted	MoHS reports	1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
2.3.2.1	Directorate of PHC develops and circulates experience sharing plan with districts	No. of districts in which plan is in use	DHMT report	13	13	13	
2.3.2.2	Districts conduct monthly experience sharing meetings for 20 participants	1. No. of meetings held 2. % of districts utilising experiences shared	1. DHMT reports 2. Hospital reports	12	12	12	
2.3.2.3	Directorate of Primary Health Care collate health management experiences from district monthly	No. of districts providing PHC directorate information on health management issues	Directorate reports	12	12	12	
2.3.2.4	Conduct quarterly health management experience sharing meeting for 40 staff	1. Existence of quarterly reports and follow up actions implementation 2. No. of staff that participated	DHMT reports	4	4	4	
2.3.2.5	Support bi-annual experience sharing tour within the sub-region for 24 staff	No. of tours conducted No. of senior management staff that participated	MOHS reports	2	2	2	
2.3.2.6	40 Senior Management staff at national and district levels attend management courses at recognised institutions	No. of senior staff that attended management course and in post	MOHS reports	10	15	15	
2.4	**Strategic Objective**						
	To strengthen the delivery of quality specialised, advanced and emergency care in secondary and tertiary health facilities						
2.4.1	**Output**						
	Appropriately skilled & motivated medical professionals of different disciplines provided to hospitals	% of hospitals with appropriately skilled & motivated medical professionals of different disciplines	Hospital report	1	1	1	Availability Doctors for training in Ophthalmology Funding available
	Activities:						
2.4.1.1	Conduct a phased one month training for 30 doctors/midwives/nurses in Ultra Sonography	No. of categorised health staff trained in ultra sonography and in post delivering services	1. Hospital reports 2. Survey reports 3.HRH	30			
2.4.1.2	Conduct training and refresher training of surgeons on repair of hydroceles	# surgeons trained on repair of hydroceles	Training reports	1	1	1	
2.4.1.3	Train 6 obstetricians and gynaecologists	# obstetricians and gynaecologists trained	Training reports	2	2	2	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.4.1.4	Support training of 15 Nurses and 5 doctors in emergency care	# of doctors and nurses trained in emergency care	DHMT reports	5 Nurses 2 Doctors	5 Nurses 2 Doctors	5Nurses 1 Doctors	
2.4.1.5	Contract retired 15 skilled doctors and 30 midwives	# of retired doctors and midwives contracted	MOHS reports	15 Doctors 30 Midwives	15 Doctors 30 Midwives	15 Doctors 30 Midwives	
2.4.1.6	Train rehabilitational professionals (Physiotherapist; OTs; psychologists; speech therapists)	# of rehabilitational professionals trained	MOHS report	2	2	2	
2.4.1.7	Train 4 Ear, Nose and Throat Surgeons	# of Ear Nose and Throat Surgeons	MOHS report	1	2	1	
2.4.1.8	Train 2 Psychiatrists	# of psychiatrists trained	MOHS report		1	1	
2.4.1.9	Train 2 Pathologists	# of pathologists trained	MOHS report	1	1		
2.4.1.10	Train 6 Radiologists and 6 Radiographers	# of radiographers and radiologists trained	MOHS report	2	2	2	
2.4.1.11	Train 2 Fistula surgeons	# of Fistula surgeons trained	MOHS report	1	1		
2.4.1.12	Train 2 Oncologists	# of Oncologists trained	MOHS report	1	1		
2.4.1.13	Train 2 Oncology nurses.	# of Oncology nurses trained		1	1		
2.4.1.14	Support contracted 32 Cuban Health expatriates	Cuban Health expatriates supported in post delivering services	MOHS reports	32	32	32	
2.4.1.15	Support 6 medical doctors to postgraduate training in surgery	# of Medical Officers sent for training	MOHS reports	2	2	2	
2.4.1.16	Support 6 medical doctors to postgraduate training in internal medicine	# of Medical Officers sent for training	MOHS reports	2	2	2	
2.4.1.17	Support 6 medical doctors to postgraduate training in Paediatrics	# of Medical Officers sent for training	MOHS reports	2	2	2	
2.4.2	**Output**						
	Specialised diagnostic facilities provided in secondary and tertiary hospitals	% of hospitals with Specialised diagnostic facilities	1. Hospital reports 2. Survey reports 3. DHIS	100	100	100	
	Activities:						
2.4.2.1	Procure 25 sets Ultra Sound Machines with a minimum of three each for secondary and tertiary hospitals	# of ultra sound machines procured and in use at designated service delivery points	1. Hospital reports 2. Survey reports 3. DHIS	12	13		

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.4.2.2	Procure consumables for 25 Ultra Sound Machines with a minimum of three and each for secondary and tertiary hospitals	# of ultra sound machines procured with adequate supply of consumables	1. Hospital reports 2. Survey reports 3. DHIS	1	1	1	
2.4.2.3	Procure 3 A-Scan/pachymeters	# of A-Scan/pachymeters	Hospital report	1	1	1	
2.4.2.4	Procure 12 ECG machines	# of ECG Machines	Hospital report	4	4	4	
2.4.2.5	Procure 3 keratometers	# of keratometers	Hospital report	1	1	1	
2.4.2.6	Procure 3 slit lamp/bio-microscopes	# of slit lamp/bio-microscopes	Hospital report	1	1	1	
2.4.2.7	Procure 4 endoscope machines	# of endoscope machines	Hospital report	1	1	2	
2.4.2.8	Procure 9 direct ophthalmoscope	# direct ophthalmoscope	Hospital report	3	3	3	
2.4.2.9	Procure 9 schiotz tonometers	# of schiotz tonometers	Hospital report	3	3	3	
2.4.2.10	Procure 3 scanoptics operating microscopes	# of scanoptics operating microscopes	Hospital report	1	1	1	
2.4.2.11	Procure equipment for the 3 rehabilitation facilities in Bo, Koidu, and Freetown	# of rehabilitation equipment	Rehabilitation unit reports	1 Unit	1 Unit	1 Unit	
2.4.2.12	Procure vehicles and bikes for eye Clinic	# of vehicles and bikes procured	Existence of vehicles and bikes	2	2	2	
2.4.3	**Output**						
	24/7 outpatient and inpatient services provided in all hospitals	% of hospitals providing 24/7 services	Hospital reports Facility survey	100	100	100	
	Activities:						
2.4.3.1	Provide 24/7 Outpatient services	# of people served as outpatients in all hospitals					
2.4.3.2	Provide inpatient services	# of people served as inpatients in all hospitals					
2.4.3.3	Provide major & Minor surgery	# of people done major & minor surgery					
2.5	**Strategic Objective**						
	To strengthen community based health services						
2.5.1	**Output**						
	Community governance and operational structures strengthened	# of districts with >80% functional village health committees	DHMT report	100	100	100	
	Activities:						
2.5.1.1	Establish 1,200 Village Health Committees (VHCs) at community level	# of functional VHC in place	Existence of functioning VHCs	400	400	400	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.5.1.2	Train community-based workers (6 community distributors in each PHU Catchment area [6 x 1100]) in distribution, maternal and child health, defaulter tracing and nutrition)	No of community based distributors trained	Training report	3000	6000	9000	
2.5.1.3	Sensitise all village health committees on health related issues	% of health facilities that conducted sensitisation meetings with VHCs	PHU report	1	1	1	
2.5.1.4	Conduct village health committee meetings	% of PHUs that facilitated VHC meetings	PHU report	1	1	1	
2.5.2	**Output**						
	Community participation in health activities enhanced	% of districts with established community health workers and equipped		**1**	1	1	
	Activities:						
2.5.2.1	Provide identification cards for 30,000 CDDs	# of CDDs provided with identification cards	programme reports	30,000			
2.5.2.2	Provide certificates for 30,000 CDDs	# of CDDs provided with certificates	programme reports	30,000			
2.5.2.3	Provide T-shirts for 30,000 CDDs	# of CDDs provided with T-shirts	programme reports	30,000			
2.5.2.4	Provide basic education materials for 1 child per CDD (X 30,000 CDDs)	# of CDD children provided with basic education materials.	Reports		30,000		
2.5.2.5	Provide special prizes for best performing CDDs per chiefdom each year	# of CDDs with prizes for best performance.	Photos Reports Evidence of prize	1	1	1	
2.5.2.6	Training/refresher training of 18,000 teachers on SCH/STH	# of teachers trained	Training Report	6,000	6,000	6,000	
2.5.2.7	Conduct Community meetings in 16,000 communities	# of community meetings held	Minutes Photos	4,000	6,000	6,000	
2.5.2.8	Distribute logistics and drugs for Oncho/LF in 13 districts	# of districts supplied with adequate logistics and drugs	Distribution reports	1	1	1	
2.5.2.9	Distribute logistics and drugs to 16,000 communities	# of communities supplied with adequate logistics and drugs	Distribution reports	1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.5.2.10	Identify all communities with people who have LF complications	# of identified communities with people having LF complications.	Programme reports	1	1	1	
2.5.2.11	Train at least 1 community member in each of the identified communities	# of identified communities with trained community members.	Training reports		1	1	
2.5.2.12	Collaborate with the National Eye care programme in CDD training and eye health.	Collaboration training of CDDs conducted by National eye care and NTD programs	Training report	1			
2.5.2.13	Collaborate with the Environmental health programmes of the MOHS on IVM	Coordination between Env. Health and NTD programs on IVM.	Reports				
2.5.2.14	Conduct ground larviciding for Onchocerciasis control	Evidence of ground larviciding conducted for onchocerciasis control	Larviciding report	1	1	1	
2.5.2.15	Community case management of malaria	% of severe malaria cases referred appropriately at the community level	Training reports DHIS report	35%	70%	80%	
2.5.2.16	Organize integrated LLIN Mass campaign	% of households having access to at least one LLINs	DHS report Campaign report	80%	80%	80%	
2.5.2.17	IRS) Indoor residual spraying)	% of people having access to at least one IRS	DHIS and DHIS reports DHS and DHIS reports	80%	80%	80%	
2.5.2.18	Larviciding for malaria control	% of people having access to larviciding	DHIS and DHIS report	80%	80%	80%	
2.5.2.19	Conduct training/orientation for 15000 CHWs on health and sanitation issues (CLTS, referrals, danger signs, D&V,) and on heath care seeking behaviour: IEC/BCC; ANC; birth preparedness; FP, STIs, GBV, PNC	No. of Community health workers trained in post as per plan rendering services	DHMT reports	7000	5000	3000	
2.5.2.20	Training of 30,000 CDDs on LF/Oncho	# of CDDs trained	Training Report	2	2	2	
2.5.2.21	Procure health items for community based services	No. of communities with community-based worker	Programme report	500	1500	3000	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.5.2.22	Conduct 200 Community meetings on prevention and control of diarrhoea	No. of community sensitisation campaigns conducted on diarrhoea	Sensitization reports	50	75	75	
2.5.2.23	Conduct 200 community sensitisation meeting on nutrition	No. of community sensitisation campaigns conducted on nutrition	Sensitization reports	50	75	75	
2.5.2.24	Sensitise 200 community leaders, TBAs and child minders on the establishment of service outlets	No. of community leaders, TBAs and child minders sensitised	Sensitization reports	50	75	75	
2.5.2.25	Conduct 200 radio discussion on health issues and health promotion campaigns	No. of radio discussions held	Sensitization reports	50	75	75	
2.5.2.26	Finalise CHWs policy, develop Community Health Strategy and costed implementation plan	Policy & costed plan	Performance report	1	1	1	
2.6	**Strategic Objective**						
	To provide policy & legal framework for proper regulation, training, laboratory practice and observance of professional ethics by 2015						
2.6.1	**Output**						
	Act for the establishment of the NLRC developed	NLRC Act	MOHS report		**1**		
	Activities:						
2.6.1.1	Liaise with Sol. Gen's Office to draft the bill by end 2013	Draft bill available for submission	Existence of draft bill		1		
2.6.1.2	Develop an Act for the establishment of the NLRC by 2013	NLRC Act develop	NLRC Act		1		
2.6.1.3	Permanent Secretary prepare cabinet paper	Cabinet paper produced	Cabinet paper		1		
2.6.1.4	Presentation to TTM on NLRC bill	Presentation completed	Presentation		1		
2.6.1.5	Present bill to parliament by end 2013 with view to establishment and operation of NLRC by 2015	Operationalised NLRC	Report			1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.7	**Strategic Objective**						
	Establish an effective laboratory network at national and international levels for quality laboratory services and resource mobilisation by 2015						
2.7.1	**Output**						
	National network of laboratories at district; regional, national and international levels established	Existence of network	Laboratory report	1			
	Activities:						
2.7.1.1	Establish linkage with international labs by end 2012.	No. of international linkages established	Laboratory report	1	1	1	
2.7.1.2	Conduct quarterly laboratory meetings	Laboratory meetings conducted	Meeting report	4	4	4	
2.7.1.3	Link PHU labs to district; district to region; region to NPHRL	Laboratories interlinked and provide/receive support	Laboratory report	1	1	1	
2.7.1.4	Upgrade 15 laboratories country wide	Number of laboratories upgraded	Laboratory report	6	12	15	
2.7.1.5	Provide consumables for 15 laboratories	Number of laboratories provided with consumables	Laboratory report	1	1	1	
2.7.1.6	Link with Standards Bureau to set up food, water and bacteriology as part of the NPHRL.	Link established and made functional	Laboratory report	12	12	12	
2.7.1.7	Provide equipment for NPHRL for food, water and bacteriological investigations	Equipment available and in use	Laboratory report	1			
2.7.1.8	Coordinate quarterly water sampling in urban and rural areas	No of wells chlorinated	DHMT report	1	1		
2.7.1.9	Conduct regular supervision of PHUs (200*4visits; 13X4visits and 1x 2 international visits)	Number of laboratory supervised and supported	Laboratory report	215	215	215	
2.7.1.10	Attend international meetings x 3	No. of meetings attended	Meeting report	1	1	1	
2.8	**Strategic Objective**						
	To build HR capacities in laboratory services delivery at national, district and peripheral levels						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.8.1	**Output**						
	Staff the minimum qualified laboratory personnel levels to support the delivery of a comprehensive laboratory package at each level of health care	% of lab facilities staffed with minimum qualified laboratory personnel (by level) as per the plan	Laboratory report	100	100	100	
	Activities:						
2.8.1.1	Recruit 20 technicians per annum from 2012	No of additional laboratory technicians recruited	Staff in post	20	20	20	
2.8.1.2	Recruit 5 laboratory scientists p.a. in period 2012-14	No. Of staff recruited	Laboratory scientists in post	2	3		
2.8.1.3	Train 9 selected scientists to MSc level by 2015.	No. of staff trained to Masters level	Programme report	3	3	3	
2.8.1.4	Train 2 scientists locally in microbiology by end 2013	No. of staff trained to Microbiology	Programme report		2		
2.8.1.5	Train 70 staff in virology and molecular biology at MSC level by 2014	No. of staff trained to Masters level	Programme report	10	30	30	
2.8.1.6	Train 6 staff in QMS in 2012 by attachment and OGT	No of staff trained	Programme report	2	2	2	
2.9	**Strategic Objective**						
	To establish a sustainable laboratory supplies system as part of the Essential Medicines and Health supplies management, which that will ensure steady availability of laboratory equipment, reagents and supplies at all levels						
2.9.1	**Output**						
	Lab equipment, reagents & supplies provided based on need assessment	% of lab facilities with full Lab equipment, reagents & supplies (by level) as per the plan		100	100	100	
	Activities:						
2.9.1.1	Conduct a national situation analysis of diagnostics and blood services equipment as part of the national equipment survey described above	Needs assessment Survey Conducted	Availability of survey report	1			
2.9.1.2	Develop a costed 3 years strategic plan for diagnostic and blood services	Strategic plan revised	Availability of final strategic plan		1		
2.9.1.3	To establish a sustainable laboratory supplies system as part of the LMIS	Plan established	Availability of plan	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.9.1.4	Develop standard operating procedures (SOP) and manuals for diagnostic and blood services	SOP and manuals developed for diagnostics and blood services	Availability of SOP and manual for diagnostics	1	1		
2.9.1.5	Train 90 lab assistants at certificate level (30 each year)	Number of laboratory assistants trained	Training reports	30	30	30	
2.9.1.6	Procure equipment for hospital and CHC laboratories.	Needs assessment conducted and equipment procured	Assessment/ Report	1			
2.9.1.7	Conduct workshop to develop SOP for laboratories.	Number of workshops conducted	Training report	1		1	
2.9.1.8	Develop and distribute guidelines on specimen packaging	Workshop conducted	Training report		1		
2.9.1.9	Renovate and strengthen laboratories.	Needs assessment conducted and equipment procured	Assessment/ Report	4	8	8	
2.9.1.10	Establish a specimen referral courier service	Number of referral courier services made	Report	26	26	26	
2.9.2	**Output**						
	Public laboratories provided with appropriate equipment and assured availability of commodities for efficient service delivery	% of public laboratories equipped as per the plan		100	100	100	
	Activities:						
2.9.2.1	Provide equipment to support the platform designed by the LTWG for each CHC laboratory	Number of laboratories equipped	MOHS report	30	100	90	
2.9.2.2	Equip each district laboratory according to the platform designed by the LTWG for district labs.	No of hospital laboratories equipped	MOHS report	6	7	7	
2.9.2.3	Procure consumables for laboratories	Number of laboratories provided with consumables	MOHS report	50	150	220	
2.9.2.4	Procure vehicles	No of vehicles and motorbikes procured	MOHS report	8	20		
2.10	**Strategic Objective**						
	To establish an effective management structure in the MoHS to provide stewardship, coordination and management of laboratory services						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.10.1	**Output**						
	Quality Assurance System established for laboratory services at all levels	Established quality assurance system				1	
	Activities:						
2.10.1.1	Establish a national Quality Assurance (QA) committee	QA committee established	Minutes of QA committee	1	1	1	
2.10.1.2	Develop a National QA policy and quality assurance manual	National QA policy and quality manual developed	Policy and manual		1		
2.10.1.3	Participate in accreditation of laboratories	Participated in accreditation of laboratories	Accreditation reports	1	1	1	
2.10.1.4	Train lab. Staff in the use of the quality assurance manual & SOPs	Number of staff trained	Training report		1		
2.10.2	**Output**						
	Stewardship, coordination and management of laboratory services strengthened	Coordinated and fully managed lab services		1	1	1	
	Activities:						
2.10.2.1	Conduct workshop to adapt WHO and other international safety policy to Sierra Leone	WHO and other international safety policy adapted to Sierra Leone	Workshop report; National policy on laboratory safety	1			
2.10.2.2	Develop national laboratory safety policy and guidelines	Policy and guideline developed	Policy and guideline	1			
2.10.2.3	Provide adequate PPE and train staff on their use by end 2012	PPE provided and number of staff trained	PPE and training report	1	1	1	
2.10.2.4	Procure fire fighting equipment for laboratories and train staff on use & maintenance	Number of equipments; number of staff trained	Equipment; training reports		1		
2.10.2.5	To strengthen operational research and technical capacity to enhance laboratory services in Sierra Leone	number of operational research conducted; number of laboratory assistant sent for technical training	Research reports; Training report			1	
2.10.2.6	Define research priorities relevant to aligned laboratory services for quality health care delivery	Terms of Reference for Research priorities	ToR/Research Report	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.10.2.7	Train laboratory personnel in collaboration with HBIOMED in proposal writing and research methodology	Number of laboratory personnel trained	Training report			1	
2.10.2.8	Advocate for funding to conduct operational research	Funding provided for conducting operational research	Operational research report	1	1	1	
2.11	**Strategic Objective**						
	To expand the blood transfusion infrastructure to operate adequately within a decentralised health care delivery system						
2.11.1	**Output**						
	Standard Operating Procedures; Manuals & Legislation for Blood Services reviewed & updated	% of standard operating procedure, manuals and legislature for blood services revised	Revised Standard Operating Procedures; Manuals & Legislation for Blood Services			100	
	Activities:						
2.11.1.1	Conduct workshop to review and update SOP & manuals	No. of manuals and SOP revised	Availability of revised manual and SOP			1	
2.11.1.2	Conduct refresher training for Laboratory technicians on revised SOP	No. Trained	Training report		25	25	
2.11.1.3	Blood banks established in all districts	Blood bank constructed and blood transfusion office established in all districts	Programme report	1	1	1	
2.11.1.4	Construct and establish national Safe Blood Transfusion Office and Blood Processing Bank.	No of districts with functional blood banks	Programme report	6	10	13	
2.11.1.5	Construct and establish functional Regional Blood Banks in all Regional Headquarters including western urban and rural areas	No of Regional Headquarter towns with functional blood banks	Programme Report	2	2		
2.11.1.6	Procure reagents for quality testing of 100% of donations for all TTIs	No. of districts with reagent and consumables for conducting HIV, HBC, HCV, and Syphilis	Programme report	6	10	13	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.11.2	**Output**						
	Vehicles provided for administration, monitoring & supervision of programme	Number of vehicles procured	Availability of vehicle for blood transfusion	1	1	1	
	Activities:						
2.11.2.1	Conduct monthly monitoring and supervision of blood transfusion sites including RBC.	No. of vehicles procured	Availability of vehicle for blood transfusion	7	7	7	
2.11.2.2	Mobile outdoor blood collection and transportation to various transfusion sites from RBCs. (20 collections/ qtr x 500$/ collection)	No. of mobile blood units collected from mobile blood donor exercises	Programmed report	2000 units	2000 units	2000 units	
2.11.2.3	Community sensitization meetings and activities for donor recruitment and retention	Number of community sensitization meetings held	Programme report	45	45	45	
2.12	**Strategic Objective**						
	To increase the annual blood collection necessary to meet the blood requirements of all patients in the hospitals throughout the country						
2.12.1	**Output**						
	Strategies for mobilisation of voluntary and non-remunerated of blood donations	No of blood units collected	Programme Report	4800	4800	4800	
	Activities:						
2.12.1.1	Train blood donor promoters	Number of donor promoters trained	Training report	100	100	50	
2.12.1.2	Develop blood donor database	number blood donors input into database	check database	1	1		
2.12.1.3	Provide funds for provisions (donor comfort) and transport costs of Voluntary Static Non-Remunerated Blood Donors	Proportion of fund availed as per the plan	Programme Report	100	100	100	
2.12.1.4	Celebrate & publicize World Blood Donor Day (14 June)	World blood donor day celebrated	Report of celebration	1	1	1	
2.12.1.5	Develop, produce and disseminate IEC campaigns and materials	Number and types of IEC material produced and disseminated.		2 bill boards; 3000 fliers; 45 radio discussion; 12 television discussion	2 bill boards; 3000 fliers; 45 radio discussion; 12 television discussion	2 bill boards; 3000 fliers; 45 radio discussion; 12 television discussion	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
2.13	**Strategic Objective**						
	To test all blood for Transfusion Transmissible Infections (TTIs) and operate an effective, nation-wide Quality Assurance programme that ensures security of the entire blood transfusion process						
2.13.1	**Output**						
	Blood Transfusion Services staff provided training and Refresher training	Number of staff and trainings conducted	Training reports	1	1	1	
	Activities:						
2.13.1.1	Train 30 phlebotomists in blood collection in-country	No .of health workers trained in phlebotomy	Training report	10	20		
2.13.1.2	Train 8 laboratory technicians in mass grouping and EIA in-country	No. of health workers trained in mass grouping	Training report	4	6	6	
2.13.1.3	Train 6 NBTS nurses in donor selection @ $250 person	No. of health Workers trained in Donor Selection	Training report	4	6	6	
2.13.1.4	Train two senior staff in management	No. of staff trained in management	Training certificate		1	1	
2.13.1.5	Train 4 technicians in blood products preparation externally	No. of staff trained in blood product preparation	Training certificates		1	1	
2.13.1.6	Train 6 technicians in quality management systems externally	No. of staff trained	Training certificate		2	4	
2.13.1.7	Train 12 hospital technicians in compatibility testing and investigation of transfusion reactions locally	No. of staff trained	Training report		6	6	
2.14	**Strategic Objective**						
	To generate information and build a database on the health status of medical equipments in health facilities						
2.14.1	**Output**						
	Database on the health status of medical equipments in health facilities established.	Database established	MOHS report	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activity:						
2.14.1.1	Survey to map out and take inventory of medical equipment in all the health facilities	Number of health facilities with database on medical equipments.	Asset registers at health facilities Survey report	1			
	Inputs:						
	Local consultants, 65 Enumerators@ 4 supervisors@ 5days@Stationary						
2.15	**Strategic Objective**						
	To procure, install and utilize appropriate medical and diagnostic equipment within the health facilities	Number of medical and diagnostic equipment procured, installed and utilised.	Existence of medical and diagnostic equipments in health facility	1	1	1	
2.15.1	**Output**						
	Consumables for the medical equipment as part of the procurement of essential medicines and health supplies provided	Number of consumables provided	Existence of consumables for medical equipments	1	1	1	
	Activity:						
2.15.1.1	Provide consumables for the medical equipments	Number of consumables provided	Existence of consumables for medical equipments	1	1	1	
2.16	**Strategic Objective**						
	To recruit and train appropriate Technical Staff for the repairs and maintenance of Medical Devices, Machinery and plants at the Regional Medical Equipment Maintenance Workshops						
2.16.1	**Output**						
	Medical Devices, Machinery and Plants maintained.	% maintained		100	100	100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activity:						
2.16.1.1	Recruit Medical Equipment specialists for National and districts	No. of Medical Equipment technicians recruited	Existence of Medical Equipment technicians at district and national levels	15			
2.16.1.2	Training of Medical equipment technicians	No of Medical Equipment technicians trained	Training report	3	3		
2.16.1.3	Procure tools for Repair of equipments	Number of sets of equipment procured	Availability of equipment	5	10		
2.16.1.4	Procure vehicles and motor bikes for National and district level equipment repair teams	Number of vehicles and bikes procured	Existence of mobility for District and National teams		14		

iii) Human Resources for Health

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
3.1	**Strategic Objective**						
	To provide and maintain a policy and strategic framework to guide HR development and management						
3.1.1	**Outputs**						
	HRH policy developed	HRH policy	Annual Review Report	1			Parliament scheduled for validation; all relevant stakeholders participated in the preparation process
	Activities						
3.1.1.1	Discuss the draft policy at the HR technical working group with members of representative of relevant stakeholders	TWG		1			
3.1.1.2	Revise and draft the new HRH policy	Draft HRH policy		1			
3.1.1.3	Hold four one day consultative workshop for stakeholders	# of workshops conducted		4			
3.1.1.4	Hold a one day discussion at the TMT	Policy commented on by TMT		1			
3.1.1.5	Hold a one day discussion at the HSSG	Policy commented on by HSSG		1			
3.1.1.6	Incorporate activities and prepare draft for HSCC review	Policy commented on by HSCC		1			
3.1.1.7	Validation at the parliament	Validated policy		1			
3.1.1.8	Print 1000 copies and distribute	# of copies		1000			
3.1.1.9	Hold a one day launching forum	# of session		1			
3.1.2	**Outputs**						
	HRH Strategic plan developed	HRH strategic plan	Annual Review Report	1			All relevant stakeholders participated in the preparation process

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
3.1.2.1	Prepare draft strategic plan	Draft strategic plan		1			
3.1.2.2	Hold two one day consultative workshops for stakeholders	# of workshops conducted		4			
3.1.2.3	Hold a one day discussion at the TMT	Policy commented on by TMT		1			
3.1.2.4	Hold a one day discussion at the HSSG	Policy commented on by HSSG		1			
3.1.2.5	Incorporate activities and prepare draft for HSCC review	Policy commented on by HSCC		1			
3.1.2.6	Print 1000 copies and distribute	# of copies		1000			
3.1.2.7	Hold a one day launching forum	# of sessions		1			
3.2	**Strategic Objective**						
	To strengthen the institutional capacity of HRH policy, planning and management						
3.2.1	**Outputs**						
	HR Structure reviewed to effect HR functions	Reviewed HRD structure	Annual Review Report				The government's approval and commitment to the restructuring; budget for new recruitment assured
	Activities						
3.2.1.1	Revise HR structure	Revised HR structure	Annual Review Report	1			
3.2.1.2	Recruit to fill the structure	% of vacant post filled		100			
3.2.1.3	Train staff of HR department in policy, planning and management	% of staff trained		100			
3.2.1.4	Decentralise the HR function to the DHMTs						
3.2.1.5	Train focal points on decentralised HR functions	% of staff trained		100			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
3.2.2	**Outputs**						
	Integrated HRH information system as part of the HMIS developed	HRIS	Annual Review Report	1			
	Activities						
3.2.2.1	Assess the HRIS at national and district level	Assessment report	Annual Review Report	1			
3.2.2.2	Conduct a short training on HRIS for HR staff and responsible members in DHMTs (26)	% of staff trained		100			
3.2.2.3	Printing 10000 copies of the forms	# of printed forms		10000			
3.2.2.4	Provide the database (install it in the computers of DHMTs) and forms to DHMTs	% of DHMTs provided database		100	100	`00	
3.2.2.5	Collect data of Ministry staff using the database	% of completeness		100	100	`00	
3.2.2.6	Data entry to the HRIS	% of completeness		100	100	`00	
3.2.2.7	Review the database system, recording, reporting	Review report		1			
3.2.2.8	International study tours and participation in international conferences	Performance report		1			
3.2.2.9	Maintain HR database and produce report regularly	Performance report		1		1	
3.2.3	**Outputs**						
	Integrity of the payroll maintained and staff paid on time	Timely payment of salaries and allowances	HR Data	1	1	1	
	Activities						
3.2.3.1	HR to compile the information on the regulations for staff salary and allowances as well as those paid and how much they are paid	Timely information	Annual Review Report	1	1	1	
3.2.3.2	Ensure that payroll integrity control measures are included in the HRH policy						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
3.2.3.3	8 staff from MoHS to make quarterly regional supportive supervisory visits to ensure Quality Assurance systems are in operation at the DHMT stakeholders.	# of supervision visits		4	4	4	
3.2.3.4	HR to supply the DFR with the required information regarding salaries and allowances for staff in post.						
3.2.3.5	Develop HR projection	HR projection		1			
3.2.3.6	Secure the budget for 8466 employees of the sector and pay salaries and allowances on time	% of budget secured		100	100	100	
3.2.3.7	Increasing remuneration for health staff at all levels	% of remuneration increased		100	100	100	
3.2.3.8	Recruit and deploy new staff to the vacant posts	% of vacancies filled		100	100	100	
3.2.4	**Outputs**						
	Adequate resources available for staff remuneration						Funds/ resources for staff remuneration ensured
	Activities						
3.2.4.1	HR to compile the information on the regulations for staff salary and allowances as well as those paid and how much they are paid	Compiled information		1			
3.2.4.2	HR to supply the DFR (Directorate of Financial Resources) with the information above						
3.2.4.3	Develop HR projection	HR projection		1			
3.2.4.4	Secure the budget for 8466 employees of the sector	% of paid staff		100	100	100	
3.2.4.5	Recruit and deploy new staff to the vacant posts	% of newly recruited staff		30	30	40	
3.2.5	**Outputs**						
	TA funding pool developed	TA funding pool		1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
3.2.5.1	Conduct gap assessment and develop list of TA required	TA requirement plan		1			
3.2.5.2	MoHS and DPs to jointly approve the # & qualification of TAs required for the health sector based on the assessment	Approved plan		1			
3.2.5.3	Develop proposal for funding TAs funding pool in the sector	Proposal		1	1	1	
3.2.5.4	Financing a flexible Technical Assistance (TA) Fund	% of mobilized fund/financed		100	100	100	
3.2.5.5	Set up a joint team to manage the TA funding pool	TA funding pool mgt in place		1	1	1	
3.3	**Strategic Objective**						
	To enhance capacity of health worker training institutions for health workers and build partnerships with other stakeholders	Enhanced capacity of training institutions		1	1	1	
3.3.1	**Outputs**						
	Joint programme for capacity building & accreditation signed and implemented	Implemented joint programme of capacity building & accreditation		1			
	Activities						
3.3.1.1	Jointly assess training capacity of health worker training institutions	Assessment report provided		1			
3.3.1.2	Jointly develop a comprehensive strategy for improving the quality of training in health worker training institutions with DPs and health worker training institutions	Comprehensive strategy for quality improvement		1	1	1	
3.3.1.3	Develop and sign MOU with identified stakeholders	Signed MOU			1		
3.3.1.4	Strengthen the capacity of health workers training institutions						
3.3.1.5	Jointly review the curriculum of health training institutions and programmes once every three years	Reviewed curriculum			1		
3.3.1.6	Jointly review accreditation for health worker training institutions	Reviewed accreditation			1		

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
3.3.2.1	Develop plan	Plan		1			
3.3.2.2	Secure fund for the institution	% of fund secured		100	100	100	
3.3.2.3	Graduate 135 midwives yearly	#of midwives graduated		135	135	135	
3.3.2.4	Deploy graduates based on the identified gap	% of gaps filled with midwives					
3.4	**Strategic Objective**						
	To upgrade and enhance competencies and performance of health workers						
3.4.1	**Outputs**						
	Performance appraisal & motivation scheme, including defined career path & incentive package, institutionalized	Performance appraisal in place		1			
		Motivation scheme in place			1		
	Activities						
3.4.1.1	**1) Performance appraisal**						
3.4.1.2	Develop ToR for the preparation	ToR		1			
3.4.1.3	Organize working technical working group	Multi-sectoral TWG		1			
3.4.1.4	Draft performance appraisal guidelines	Draft guidelines		1			
3.4.1.5	Carryout 3 consultation workshops of one day (partners, health workers, other stakeholders)	% of representatives		100			
3.4.1.6	Carryout discussion at TMT and HSSG	Draft doc commented on by TMT & HSSG		1			
3.4.1.7	Endorse at the HSCC	HSCC Endorsed guidelines		1			
3.4.1.8	Print 200 copies of the guidelines	# of copies printed		200			
3.4.1.9	On-the-job training about the guidelines	% of trained staff		100			
3.4.1.10	Implement the guidelines	Implementation commencement		1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
3.4.1.11	**2) Motivation scheme**						
3.4.1.12	Develop ToR for the preparation	ToR			1		
3.4.1.13	Organize working technical working group	Multi-sectoral TWG			1		
3.4.1.14	Organize a three days study tour out of country for decision makers	# of study tour conducted			1		
3.4.1.15	Draft motivation scheme guidelines	Draft guidelines			1		
3.4.1.16	Carryout 3 one day consultation workshops (partners, health workers, other stakeholders)	% of representatives			100		
3.4.1.17	Carryout discussion at TMT and HSSG	Commented draft doc by TMT & HSSG			1		
3.4.1.18	Endorse at the HSCC	HSCC Endorsed guidelines			1		
3.4.1.19	Print 200 copies of the guidelines	# of copies printed			200		
3.4.1.20	On-the-job training about the scheme	# trained			100		
3.4.1.21	Implement the guidelines	Implementation commencement			1		
3.4.2	**Outputs**						
	On-the-job training, mentoring and skills development schemes introduced and implementation commenced	Implemented on-the-job training, mentoring and shills development schemes		1	1	1	
	Activities						
3.4.2.1	Develop a Continuous Professional Development (CPD) programme for health workers at all levels	CPD programme		1			
3.4.2.2	Develop guidelines for in-service training and mentoring	Guidelines for in-service training		1			
3.4.2.3	Develop guidelines for on-the-job training	Guidelines for on-the-job training		1			
3.4.2.4	Conduct supportive supervision to lower levels to strengthen on-the-job training	Quarterly supportive supervision		4	4	4	
3.4.2.5	Support post-graduate training of employees (20 MD, 10 pharmacy, 10 nursing)	# of trained employees		40	40	40	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
3.4.3	**Outputs**						
	Health Sector employees trained in post-basic education	% of health employees enrolled to post-graduate training as per the plan	performance report	100	100	100	
	Activities						
3.4.3.1	Develop post-basic training selection criteria	Approved post-basic selection criteria	performance report	**1**	1	1	
3.4.3.2	Identify areas of priority for post-basic training	Prioritized areas for staff training		**1**	1	1	
3.4.3.3	Organize resources for the planned post-basic training	% of resources secured as per the need		**100**	100	100	
3.4.3.4	Provide training awards to staff	# of trained staff		50	50	50	
3.4.3.5	Deploy graduates based on the plan	% of deployed graduates			50	50	
3.4.4	**Outputs**						
	Special trainings provided to identified programmes	% of health employee trained as per the plan		**40**	40	40	
	Activities						
3.4.4.1	Train 24 Obstetrician/Gynaecologists (Specialists)	# graduated & deployed	Reports	24	24	24	
3.4.4.2	Undergraduate training for 15 Programme staff in Strategic communication (5 staff per annum)	No. of staff trained	Reports	5	5	5	
3.4.4.3	Local training for 4 Graphic Artists on Graphics applications (Health Education)	No. of staff trained	Reports	1	2	1	
3.4.4.4	Local training for 20 programme staff on computer soft ware applications (Health Education)	No. of staff trained	Reports	5	10	5	
3.4.4.5	Local training for 5 staff in project management, monitoring and evaluation (Health Education)	No. of staff trained	Reports	2	1	2	
3.4.4.6	Long time training for Epidemiologist Malaria control programme			1	1	1	
3.4.4.7	External Postgraduate training of programme staff members on Medical Waste/Occupational health and Safety programme	No. of staff trained		1	1	1	
3.4.4.8	HR Management post-basic training	No. of staff trained		1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
3.4.5	**Outputs**						
	Access training for health workers (nurses/ CHOs) provided	% of nurses/CHO passed entrance exam after getting access training	performance report	100	100	100	
	Activities						
3.4.5.1	Develop selection criteria for access training	Approved selection criteria	performance report	**1**	1	1	
3.4.5.2	Organize resources for the access trainings	% of resources secured as per the need		**100**	100	100	
3.4.5.3	Identify institutions for access training	Appropriate institution		**1**	1	1	
3.4.5.4	Prepare training materials	Training materials		**1**	1	1	
3.4.5.5	Recruit & deploy trainers	% of trainers deployed as per the plan		**100**	100	100	
3.4.5.6	Provide training	# of trained staff		150	150	150	
3.4.5.7	Monitor progress of the training	Monitoring report		1	1	1	
3.5	**Strategic Objective**						
	To promote research into HRH interventions to provide evidence-based information for the improvement of service delivery	Research on HRH interventions		1	1	1	
3.5.1	**Outputs**						
	HRH research conducted and research report disseminated in time	# of HRH research conducted and disseminated		1	1	1	Ability of the concerned bodies to implement research results; HRH Directorate created good partnership with research institutions in the country; Budget secured for the research

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
3.5.1.1	Prioritize areas for research in partnership with stakeholders yearly	Agreed research topic		1	1	1	
3.5.1.2	Develop research proposals yearly in partnership with research institutions	# of proposals		1	1	1	
3.5.1.3	Secure budget for research	% of budget secured		100	100	100	
3.5.1.4	Develop questionnaire for research	Scientific questionnaire		1	1	1	
3.5.1.5	Train and deploy data collectors	% of trained and deployed data collectors		1	1	1	
3.5.1.6	Data entry and analysis	Timely data entry		100	100	100	
3.5.1.7	Prepare draft document	Draft doc ready timely		1	1	1	
3.5.1.8	Hold a 1 day dissemination / consultation meeting annually	% representation of participants		100	100	100	
3.5.1.9	Present to HSSG and HSCC	Document commented on by HSSG & HSCC		1	1	1	
3.5.1.10	Print and distribute the research result	# of printed & distributed copies		200	200	200	
3.5.1.11	Carry out advocacy session to enhance implementation of the result	% representation of participants		100	100	100	

iv) Health Care Financing

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
4.1	**Strategic Objective**						
	To secure adequate level of funding needed to achieve national health development goals, including the MDGs	Adequate funding needed to achieve national health development goals secured	Financial reports	1	1	1	Timely mobilisation of resources.
4.1.1	**Outputs**						
	Public Financial Management (PFM) capacity of Directorate of Financial Resources, MoHS, DHMTs and hospital levels strengthened	Capacity of staff in the DFR, DHMT and hospitals strengthened in PFM	Financial and Audit reports.	1	1	1	
	Activities						
4.1.1.1	Advocate for additional recruitment of competent accounting / finance staff to the sector.	The DFR staffed with Competent staff	Timely delivery of financial reports and actions	1			
4.1.1.2	Advocate for the recruitment of additional competent staff for Procurement Unit of MoHS	The Procurement unit staffed with Competent staff	Timely delivery of Procurement and procurement related actions				
4.1.1.3	Conduct quarterly training on financial management for DFR staff	Quarterly training conducted on financial management for DFR staff	Training reports	4	4	4	
4.1.1.4	Upgrade IFMIS, Petra Financials systems and chart of accounts.	IFMIS, Petra Financials systems and chart of accounts upgraded.	Upgraded IFMIS, Petra Financials systems and chart of accounts				
4.1.1.5	Train new and existing DFR and Procurement staff in upgraded IFMIS, Petra Financials systems and chart of accounts	Staff from DFR and Procurement trained to manage and report on funds from Government and Partners effectively and on time	Timely release of Financial and procurement reports				
4.1.1.6	Procure office equipment to enhance operations of DFR and Procurement unit.	Office equipment provided to enhance operations of DFR and Procurement unit	Number of desk top computers, laptops and printers				

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Inputs						
	Training (tuition) fees						
	DSA 20 people per quarter, 3 days						
	Local TA procured for 5days						
	Local TA procured @ 3 days, 20 people						
	6 desk top computers						
	4 lap tops						
	2 photocopiers,						
	3 printers						
4.1.2	**Outputs**						
	Sector accounting and financial reporting improved	Timely and efficient financial and accounting reports delivered	Financial and accounting reports	1	1	1	
	Activities						
4.1.2.1	Harmonise financial reporting formats for Government and Partners.	Financial reporting formats harmonised for government and partners	Harmonised financial reporting format	1			
4.1.2.2	Produce annual financial and accounting reports	Number of copies printed	% of financial report printed	100	100	100	
	Inputs						
	Revise systems and structures for enhanced financial reporting.						
	TA fee procured@10 days						
	printing of 150 booklets						
4.1.3	**Outputs**						
	Audit systems strengthened in the sector	A proactive audit system established in the sector at all levels	Audit reports	1	1	1	
	Activities						
4.1.3.1	Revitalise the Audit Committee in the MoHS	Audit Committee in the MoHS revitalised	Minutes of meetings	1			
4.1.3.2	Conduct a 3 days meeting to prepare an annual audit plan as part of a rolling 3 years plan for approval by the Audit Committee and the Head of Internal Audit in the MOFED.	3 years audit plan developed for the sector	3 year audit plan	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
4.1.3.3	Advocate for the recruitment of competent auditing staff to support auditing in the sector	Competent staff recruited in the Audit Directorate of the sector	Staff attendance register at the Directorate of Audit	1			
4.1.3.4	Provide sufficient equipment and resources to enable the delivery of the internal audit plan.	Office equipment provided to enhance operations of DFR and Procurement unit	Number of desk top computers, laptops and printers	1			
4.1.3.5	Produce regular half yearly audit report for the sector	Half yearly audit report for the sector produced	Audit reports	1	1	1	
	Inputs						
	3days @ 25 people @ Print 150 copies of plan						
	2 desk top computers						
	4 lap tops						
	1 photocopiers						
	2 printers						
	100 copies of printed report						
	Hire local TA @ 10 each for each report						
4.1.4	**Outputs**						
	National Health Care Financing policy & implementation framework developed	Health Care Financing Policy developed	Health Care Financing Policy	1			Timely approval by cabinet and enactment of the policy by Parliament
		Health Care Financing implementation plan developed	Health Care Financing implementation plan	1	1	1	Timely enactment of the policy by Parliament
	Activities						
4.1.4.1	Conduct 3 consultation meetings to include DPs	# of meetings	Workshop Report and attendance list	3	1		
4.1.4.2	One Validation meeting.	Validated draft Health Financing Policy developed	Validated Health Care Financing Policy				
4.1.4.3	Print & distribute 100 copies of the draft policy	# of copies of the Health Care Financing Policy	Printed copies of the Health Care Financing Policy		100		
4.1.4.4	Procure the services of a TA	NHA produced biannually					

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Inputs						
	30 participants, 2 days						
	120 participants, 2 days						
	100 copies						
	One TA 30 days						
4.1.5	**Outputs**						
	National Health Account institutionalized		NHA report	1	1		Availability of funding.
	Activities						
4.1.5.1	Advocate for budget line in the national budget	Budget line created for NHA in national budget	National budget	1	1		
4.1.5.2	Conduct three workshops to sensitise targeted groups like MoHS, MoFED, DPs, Parliament, Local Council & Civil Society on the need for NHA etc.	Sensitisation workshop conducted on NHA	Sensitisation Workshop report on NHA	3			
4.1.5.3	Conduct NHA in 2013 US$130,000	NHA conducted	NHA report		1		
4.1.5.4	Conduct NHA Sub-accounts for reproductive, and maternal health	TA engaged	TA report		1		
4.1.5.5	Child Health and Adolescent, Malaria, HIV/ AIDS and TB/Leprosy.	TA engaged	TA report	1		1	
4.1.5.6	Conduct Public Expenditure on Health	NHA sub-accounts conducted	Survey report	1	1	1	
	Inputs						
	40persons@2days, @ 3 workshops						
	Develop tools; hire supervisors, TAs and enumerators; training; data collection, inputs and analysis; printing and distribution of reports						
	(30 days including DSAs, air tickets etc.)						
4.2	**Strategic Objective**						
	To ensure equitable access to quality health services free from financial catastrophe and impoverishment	Access to quality health services improved	Free health services report	1	1	1	
4.2.1	**Outputs**						
	National Health Insurance Schemes established & implemented	National Health Insurance Scheme and implementation plan established	National Health Insurance Scheme and implementation plan	1	1	1	Availability of funding

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
4.2.1.1	Review the current Health Insurance options in line with the Free Health Care Initiative	Health Insurance option selected	Health Insurance options	1			
4.2.1.2	Conduct quarterly coordination meetings by the Technical Working Group	*# of* Technical Working Group coordination meetings conducted	Minutes of Technical Working Group meetings	4	4	4	
4.2.1.3	TA procured to draft the Policy	TA availed	TA report		1		
4.2.1.4	Develop a National Health Insurance Scheme	National Health Insurance Scheme developed	National Health Insurance Scheme		1		
4.2.1.5	Develop an implementation plan for National Health Insurance Scheme	Implementation plan for National Health Insurance Scheme developed	Implementation plan for National Health Insurance Scheme		1	1	
4.2.1.6	Pilot the implementation of National Health Insurance Scheme	Implementation plan for National Health Insurance Scheme piloted					
	Inputs						
	30persons@US$45.						
	(30 days including air travelling arrangement)						
	(3 consultative meetings@ 40particpants@ 2 days each; 1 validation meeting@120participants@2days;						
	(Lump sum for two districts)						
4.2.2	**Outputs**						
	Realistic medical services fees standardised at all levels	Fees for Health Care Services reviewed	Reviewed list of health care services	1	1	1	
	Activities						
4.2.2.1	Review the fees for health care services						
4.2.2.2	Costing of health care services fees at all levels (Basic Package)	Costed fees for healthcare services at all levels developed	List of costed fees for health care services	1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
4.2.2.3	Conduct consensus meeting of medical officers and other stakeholders to standardise costs	Consensus meeting conducted of medical officers on health care	Report of consensus meeting with medical officers on health care services fees	1	1	1	
4.2.2.4	Print and distribute standardised list of health care services fees at all levels	Standardised list of health care services fees printed and distributed at all levels	Printed standardised list of health care services fees	1	1	1	
	Inputs						
	Logistics, Personnel and TA (Local or International)						
	Logistics, Personnel, DSA						
4.3	**Strategic Objective**						
	To ensure equitable and efficient allocation and use of health sector resources						
4.3.1	**Outputs**						
	Performance Based financing (PBF) established and implemented	PBF implemented	PBF supervision and payment reports	1	1	1	
	Activities						
4.3.1.1	Conduct Capacity building (Training of health and non health personnel) for the implementation of PBF	Capacity training workshop is conducted for health and non-health personnel	Workshop reports	1	1	1	
4.3.1.2	Conduct quarterly supportive supervision for the implementation of PBF	Quarterly supportive supervision for PBF conducted	PBF supervision reports	4	4	4	
4.3.1.3	Conduct national conference by end of 2013				1		
4.3.1.4	Conduct mid-Term review of PBF (2012)	Mid-term review of PBF conducted	PBF mid-term review report	1			
4.3.1.5	Design and pilot of Hospital PBF in 2013.	Hospital PBF designed and piloted	Hospital PBF pilot report		1		
4.3.1.6	Conduct study tour (2013): 10persons for 10 days including travelling time. US$70,000	PBF study tour conducted	Report on the PBF study tour		1		
	Inputs						
	Logistics, Personnel, DSA and TA						
	4 workshops for 60persons@Le350,000						

v) Medical Products and Technologies

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.1	**Strategic Objective**						
	To review existing policies and develop new policies and guidelines with respect to medicines, medical supplies and equipment, vaccines, health technologies and logistics.						
5.1.1	**Output**						
	National Medicines Policy Implementation Action Plan endorsed	Endorsed National Medicines Policy Implementation Action Plan available	Admin Report	1			Leadership commitment; Financial and technical support of development partners
	Activities						
5.1.1.1	Printing of additional copies of the NMP	# of additional copies of NMP printed	Admin Report	2000	500	500	
5.1.1.2	Retreat to develop the National Medicine Policy Implementation Action Plan	Availability of draft NMP Implementation Action Plan	Admin Report	1			
5.1.1.3	Stakeholders endorsement of the Plan	Availability of report on the stakeholders workshop	Admin Report	1			
5.1.1.4	Printing of the NMP Implementation Action Plan	Availability of a copy of the NMP Implementation Plan	Admin Report	200			
5.1.1.5	Monitoring of the implementation	Quarterly monitoring reports on implementation of the NMP	Admin Report	4	4	4	
5.1.2	**Output**						
	Revised National Essential Medicines List 2011 Implemented	Revised National Essential Medicines List available	Admin Report	1			National ownership and leadership; financial and technical support of development partners
	Activities						
5.1.2.1	Printing of additional copies of the NEML 2011	# of additional copies of the NEML 2011 printed	Admin Report	1000	1000		
5.1.2.2	Reconstitute the National Medicines Select Committee /Formulary Committee	Minutes of the inaugural meeting of the National Medicines Selection Committee	Admin Report	1			
5.1.2.3	Reconstitute and inaugurate Hospital Drug and Therapeutic Committee in all the public hospitals	Minutes of the inaugural meeting of each of the Hospital Drug and Therapeutic Committees	Admin Report	20			
5.1.2.4	Six monthly meeting of the Medicines Select Committee to review comments on the NEML	Decisions of the half yearly meetings of the National Medicines Selection Committee	Admin Report	2	2	2	
5.1.2.5	Revision of the NEML in 2014	Availability of the NEML 2014	Admin Report			1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.1.3	**Output**						
	National Formulary used by medical doctors and dentists, pharmacists and other clinical workers	% of medical doctors, pharmacists and Pharmacy Technicians using the National Formulary	HMIS	100%	100%	100%	Financial support to the Medical and Dental Council and the Pharmacy Board
	Activities						
5.1.3.1	Printing of additional 2000 copies of the National Formulary	# of additional copies of the National Formulary	Admin Report	1500	500		
5.1.3.2	Training of medical doctors pharmacists, pharmacy technicians on the use of the Formulary	% of medical doctors, pharmacists and Pharmacy Technicians trained to use the National Formulary	Admin Report	100%	100%	100%	
5.1.3.3	Revision of the 2011 National Formulary in 2014	Availability of the National Formulary 2014	Admin Report			1	
5.1.3.4	Monitoring of Prescriptions by the Medical and Dental Council	Monitoring reports on prescriptions in each district by the Medical and Dental Council	Admin Report	2	2	2	
5.1.3.5	Monitoring of Dispensing practices by the Pharmacy Board	Monitoring reports on dispensing practice in each district by the Pharmacy Board	Admin Report	2	2	2	
5.1.4	**Output**						
	Standard Diagnosis and Treatment Guidelines for Nurse Prescribers used at target levels of health care	% of Nurse prescribers in the country using the Standard Diagnosis and Treatment Guidelines	HMIS	100%	100%	100%	Funding for training
	Activities						
5.1.4.1	Printing of additional copies of the Standard Diagnosis and Treatment Guideline Charts and Posters	# of additional copies of the Standard Diagnosis and Treatment Guideline Charts and Posters printed	Admin Report	2500	500		
5.1.4.2	Micro-planning meeting for the training at district level	District training plans for nurse prescribers	Admin Report	13	13		
5.1.4.3	Training of nurse prescribers (public and private) on the use of the Standard Diagnosis and Treatment Guideline Charts and Posters	% of Nurse prescribers in each district trained on the use of Standard Diagnosis and Treatment Guidelines	Admin Report	100%	100%	100%	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.1.5	**Output**						
	Procurement list for medicines, medical supplies and bio-medical equipment reviewed	Final list of medicines, medical supplies and bio-medical equipment for procurement for the public sector	Admin Report	1	1	1	Functional Medicines Selection Committee
	Activities						
5.1.5.1	Annual meeting of the Medicines Selection Committee	Minutes of the annual meeting of the Medicines Selection Committee	Admin Report	1	1	1	
5.1.5.2	Consultation of specialists, referral hospitals and programs on the national procurement list	Comments from specialists, Hospitals and programs on the national procurement list	Admin Report	1	1	1	
5.1.5.3	Finalisation of the national procurement list	Recommendations of the Medicines Selection Committee on the national procurement list	Admin Report	1	1	1	
5.1.6	**Output**						
	Consolidated list and quantities of medicines, medical supplies and bio-medical equipment for procurement	Consolidated list and quantities of medical commodities for procurement available	Admin Report	1	1	1	National ownership
	Activities						
5.1.6.1	Quantification of districts and referral hospital needs of medicines and medical supplies and submission to the national medicines procurement committee	List and quantities of medicines, medical supplies and bio-medical equipment from each of the districts and referral hospitals	Admin Report	20	20	20	
5.1.6.2	Review of quantities by the Medicines Procurement Committee	Revised list and quantities of medicines, medical supplies and bio-medical equipment by the Medicines Procurement Committee	Admin Report	1	1	1	
5.1.6.3	Consolidation of the quantities for procurement	Final national list and quantities of medicines, medical supplies and bio-medical equipment	Admin Report	1	1	1	
5.1.6.4	Submission of final lists and quantities to the NPPU and to the Minister of Health	Copy of the letter of submission of final national list and quantities of medicines, medical supplies and bio-medical equipment to the NPPU	Admin Report	1	1	1	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.2	**Strategic Objectives**						
	To improve access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccine and health technology						
5.2.1	**Output**						
	National Pharmaceutical Procurement Unit (NPPU) established and functional	% of the required senior management of NPPU appointed	Admin Report	100%			Funding, leadership
	Activities:						
5.2.1.1	Develop Strategic Business Plan	Strategic Business Plan available	Admin Report	1			
5.2.1.2	Develop Business Procedures Manual	Business Procedures Manual available	Admin Report	1			
5.2.1.3	Seed capital for the NPPU	% of the seed capital provided by government for the establishment of the NPPU	Admin Report	10%	15%	25%	
		% of the seed capital provided by development partners for the establishment of the NPPU	Admin Report	90%	85%	75%	
5.2.2	**Output**						
	Central, District and Hospital Medical stores upgraded to National Standards for good storage of medicines and medical supplies	% of public medical stores upgraded to national standards for Good Storage Practices	Admin Report	13			Proper use of medical stores; budget available; support from partners
	Activities						
5..2.2.1	Develop national standards for Good Storage Practice for medicines and medical supplies by PBSL	National standards for Good Storage Practice for medicines and medical supplies available	Admin Report	1			
5..2.2.2	Conduct an assessment of all the storage facilities in the public sector for medicines and medical supplies	Assessment reports for each of the public medical stores	Admin Report	1	1		
5..2.2.3	Expansion of storage space and facilities at CMS as per assessment report	Assessment report on the upgrading of the CMS	Admin Report				
5..2.2.4	Expansion of storage space and facilities for the 13 district medical stores	Assessment report on the expansion of each of the 13 district medical stores	Admin Report	13			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5..2.2.5	Expand and upgrade storage facilities of hospitals to meet national standards for Good Storage Practice	Assessment reports on the expansion and upgrading of storage facilities of each public hospital	Admin Report	13			
5..2.2.6	Upgrade storage facilities of PHUs to meet national standards for Good Storage Practice	Assessment reports on the expansion and upgrading of storage facilities of each PHU	Admin Report	600	600	600	
5.2.3	**Output**						
	Medicines, medical Supplies and bio-medical equipment Procured and Distributed	% of supplier invoices and packing lists of medicines, medical supplies and bio-medical equipment delivered to the CMS available	Admin Report	100%	100%	100%	NPPU in place and funding
		% of original copies of LMIS forms available at the CMS for the distribution of medicines, medical supplies and bio-medical equipment	Admin Report	100%	100%	100%	
		Service level of Vital and Essential Medicines at each public health facility	HMIS	100%	1005	1005	
	Activities:						
5.2.3.1	Procurement of national requirement of medicines, medical supplies and bio-medical equipment by the NPPU	% of original copies of contracts signed with suppliers for the procurement of medicines, medical supplies and bio-medical equipment available	Admin Report	100%	100%	100%	
5.2.3.2	Planned distribution of stocks of medicines, medical supplies and bio-medical equipment to districts and referral hospitals by the NPPU	% of the original copies of RR&IV forms and Gate passes for the distribution of medicines, medical supplies and bio-medical equipment for each of the referral hospitals and districts available	Admin Report	100%	100%	100%	
		% of the original copies of LMIS forms for the distribution of medicines, medical supplies and bio-medical equipment for each of the referral hospitals and districts available	Admin Report	100%	100%	100%	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.2.3.3	Planned distribution of stocks of medicines, medical supplies and bio-medical equipment to district hospitals and PHUs by the DHMT	% of the original copies SRINs, Gate passes, RR&IV and delivery notes for the distribution of medicines, medical supplies and bio-medical equipment for each district hospital and PHU available	Admin Report	100%	100%	100%	
		% of the original copies of LMIS forms for the distribution of medicines, medical supplies and bio-medical equipment for each district hospital and PHU available	Admin Report	100%	100%	100%	
5.2.4	Output						
	Efficient and functional transportation system at all levels of the medicines distribution chain	# of road worthy vehicles available for the distribution of medicines, medical supplies and bio-medical equipment	Admin Report	16	5	5	Ownership, funding
	Activities		Admin Report				
5.2.4.1	Procure 26 trucks for the districts of which 13 will be 3.5 tonne trucks and the others pickups	# of 3.5 tonne trucks and other pickups delivered to the NPPU	Admin Report	16	5	5	
5.2.4.2	Appoint drivers for the trucks	# of truck drivers appointed by the NPPU	Admin Report	16	5	5	
5.2.4.3	Budget for fuel and maintenance of all the medicines distribution vehicles	% of funds required for fuel and maintenance of vehicles for the distribution of medicines, medical supplies and bio-medical equipment provided by government annually	Admin Report	100%	100%	100%	
5.2.4.4	Procure two boats for transportation of medicines across the rivers	# of boats procured and available for the transportation of medicines, medical supplies and bio-medical equipment	Admin Report		1	1	
5.2.4.5	Appoint boat captains and assistants	# of boat captains and assistants appointed by the NPPU	Admin Report		2	2	
5.2.4.6	Budget for fuel and maintenance of the boats	% of funds required for fuel and maintenance of boats for the distribution of medicines, medical supplies and bio-medical equipment provided by Government	Admin Report	100%	100%	100%	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.2.5	**Output**						
	Inventory Control System in place in district medical stores, district hospitals and PHUs	% of public medical stores with required inventory control personnel	Admin Report	50%	75%	100%	Leadership, funding
		% of public medical stores with required inventory control tools	Admin Report	50%	75%	100%	
	Activities						
5.2.5.1	Print Daily Health Commodities Dispensing Registers	# of Daily Health Commodities Dispensing Registers printed and distribution plan	Admin. Report	3000	3000	3000	
5.2.5.2	Print RR&IV	# of RR& IV printed and distribution plan	Admin. Report	3000	3000	3000	
5.2.5.3	Develop and print standard prescription pads for use in all the public health facilities	# of standard prescription pads printed and distribution plan	Admin. Report	3000000	3000000	3E+06	
5.2.5.4	Print standard Inventory control cards	# of Inventory control cards printed and distribution plan	Admin. Report	5000000	5000000	5E+06	
5.2.5.5	Print Standard Operating Procedures Manual (SOP)	# of Standard Operating Procedures manual (SOP)	Admin. Report	2000	2000	2000	
5.2.6	**Output**						
	1835 Health workers trained on LMIS, forecasting and quantification, micro-planning and warehouse management	# of trained health workers	Admin Report	620	615	600	Availability of Funds, Appropriate members are trained,
	Activities						
5.2.6.1	Conduct TOT on LMIS for 2 weeks 40 people once a year	# trained	Admin Report	40	40	40	
5.2.6.2	Sensitization on LMIS for one day in 13 districts (40 per districts) every year	# sensitized	Admin Report	520	520	520	
5.2.6.3	Cascade training on LMIS for 149 Chiefdoms for 3 days (16 per chiefdom) yearly	# trained	Admin Report	1175	1175	1175	
5.2.6.4	Training on forecasting and quantification for 40 people for 5 days yearly	# trained	Admin Report	40	40	40	
5.2.6.5	Training on district micro-planning & distribution for 5 days for 40 people yearly	# trained	Admin Report	40	40	40	
5.2.6.6	Training on warehouse management for 20 people for 2 days yearly	# trained	Admin Report	20	20	20	
	training modules						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.2.7	Output						
	Regular Monitoring of stores at all levels	% of supportive supervision conducted	Admin Report	100	100	100	Leadership commitment, Availability of funds,
	Activities		Admin Report				
5.2.7.1	Develop and print checklists for store supervision	Availability of checklists for store supervision	Admin Report				
5.2.7.2	Conduct quarterly supportive supervision (for drugs and medical supplies) from central to districts and referral hospitals	% of auditing of supplies	Admin Report	100	100	100	
5.2.7.3	Conduct monthly supportive supervision (for drugs and medical supplies) from districts to PHUs	# of review meetings	Admin Report	2	2	2	
5.2.7.4	Conduct annual stock taking of all stores at all levels countrywide	Availability of end year national stores accounts	Admin Report				
5.3	**Strategic Objectives**						
	To strengthen the medicines regulation and quality assurance system (Medicines Quality Assurance)						Leadership commitment, Legal support
5.3.1	**Outputs**						
	Revised Pharmacy and Drugs Act; Business Procedures Manual for PBSL; Code of Ethics and Standards of Practice Pharmacy						
5.3.1.1	**Output**						
	Pharmacy and Drugs Act 2011 promoted	# of radio and television discussions held on the new Pharmacy and Drugs Act	Admin Report	5	5	5	Funding
		% of Pharmaceutical Business Organisations purchased a copy of the new Act	Admin Report	100%	100%	100%	
		% of Pharmaceutical Businesses participated in the annual sensitisation workshops	Admin Report	100%	100%	100%	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
5.3.1.1.1	Publication of the Act in the Gazette	Copy of the Gazette of the new Pharmacy and Drugs Act	Admin Report	1			
5.3.1.1.2	Printing of the new Pharmacy and Drugs Act	# of copies of the new Pharmacy and Drugs Act printed	Admin Report	200			
5.3.1.1.3	Annual sensitization of Pharmaceutical Businesses and other stakeholders on the new Pharmacy and Drugs Act	Annual sensitization workshop report of pharmaceutical businesses and other stakeholders on the new Pharmacy and Drugs Act	Admin Report	1	1	1	
5.3.1.2	**Output**						
	Business Procedures Manual PBSL published	% of pharmaceutical businesses and health care managers provided with copies of the Business Procedures Manual	Admin Report	100%	100%	100%	Funds, WHO collaboration and national ownership and leadership
	Activities						
5.3.1.2.1	Annual Training of Board staff on the Business Procedures Manual	% of Board staff trained annually on the Business Procedures Manual	Admin Report	100%	100%	100%	
5.3.1.2.2	Further institutional training for Board staff involved with Registration and Inspection	% of Board staff involved in registration and inspection provided institutional training	Admin Report	50%	75%	100%	
5.3.1.2.3	Printing of the Business Procedures Manual	# of Business Procedures Manual printed	Admin Report	200			
5.3.1.2.4	Annual Sensitization of Pharmaceutical Business Community and other stakeholders on the Business Procedures Manual	% of pharmaceutical business community sensitized on the Business Procedures Manual of the Pharmacy Board	Admin Report	100%	100%	100%	
5.3.1.2.5	Implement Good Governance for Medicines Program	Availability of the national assessment report	Admin Report	1	1	1	
5.3.1.3	Output						
	Code of Ethics and Standards of Practice of Pharmacy endorsed	Code of Ethics and Standards of Practice of Pharmacy available	Admin Report	1			Formation of the pharmacy council

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.3.2	**Output**						
	Medicines Safety Monitoring System; Functional Medium -Level Pharmaceutical Quality Control Laboratory; Functioning Customers Information System			1			Availability of funds,
5.3.2.1	**Output**						
	Medicines Safety Monitoring System in place	Medicines safety monitoring tools in place	Admin Report	100%	100%	100%	Funds, partnership
		Personnel for monitoring medicines safety in place	Admin Report	50%	75%	100%	
	Activities						
5.3.2.1.1	Re-constitute and inaugurate the Medicines Safety Committee of the PBSL	Minutes of the inaugural meeting of the new Medicines Safety Committee of the Pharmacy Board	Admin Report	1			
5.3.2.1.2	Review and validation of the Adverse Drug Reaction Monitoring Form	Final national Adverse Drug Reaction Monitoring Form	Admin Report	1			
5.3.2.1.3	Training of medical officers and pharmacists on ADR Reporting	% of medical officers and pharmacists in each district trained on ADR reporting	Admin Report	100%	100%	100%	
5.3.2.1.4	Sensitization of public on ADR reporting	# of ADR reporting sensitization sessions held in each district	Admin Report	65	65	65	
5.3.2.1.5	Support the implementation of the Partnership for Safe Medicine Initiative work plans	% of development partners and other stakeholders contributing to the Partnership for Safe Medicine Initiative annually	Admin Report	50%	75%	100%	
5.3.2.1.6	Quarterly ADR reports review meetings of the Medicines Safety Committee	Quarterly recommendations of the Medicines Safety Committee to the Pharmacy Board	Admin Report	4	4	4	
5.3.2.1.7	Develop the National Medicines Information system	National Medicines Information System in place	Admin Report	1			
5.3.2.1.8	Support the maintenance of the National Medicines Information System	% of budget for the National Medicines Information System provided by government annually	Admin Report	25%	50%	75%	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.3.2.2	Output						
	Functional Medium Level Pharmaceutical Quality Control Laboratory in place	Laboratory pre-qualified by WHO on specific competencies	Admin Report				WHO `s support; Funding
	Activities						
5.3.2.2.1	Gradually build the capabilities of laboratory staff to meet the minimum standards of a medium level laboratory	Post-graduate training certificate for the head of the laboratory	Admin Report	1			
		% of analysts provided institutional training	Admin Report	50%	50%		
		% of laboratory technicians provided institutional training	Admin Report	50%	50%		
5.3.2.2.2	Phase development of equipment capacity of the laboratory	# of additional major equipment provided to the laboratory	Admin Report	1	1	1	
5.3.2.2.3	Procure annually required consumables and other basic items for the laboratory	% of needs of laboratory consumables and other basic items procured annually	Admin Report	100%	100%	100%	
5.3.2.2.4	Develop the Quality Manual of the Laboratory	Quality Manual of the laboratory available	Admin Report	1			
5.3.2.2.5	Participate in the WHO pre-qualification of the QC Laboratory	Laboratory assessment reports from WHO	Admin Report		1		
5.3.2.2.6	Develop guidelines for condom testing, cosmetics, food testing and microbiological assay	Guidelines for condom, cosmetics and food testing available	Admin Report	1			
5.3.2.3	**Output**						
	Functional Market Surveillance System in Place	Equipment, personnel and other tools for market surveillance in place	Admin Report				

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
5.3.2.3.1	Commission the TruScan for Imports verification at the Sea Port and the one for Countrywide market surveillance	% of batches of imports of medicines verified by the use of TruScan at the ports of entry	Admin Report	100%	100%	100%	
		Percentage of batches of medicines in warehouses verified using the TruScan annually	Admin Report	100%	100%	100%	
		% of batches of medicines in pharmaceutical retail outlets in each district verified using the TruScan annually	Admin Report	100%	100%	100%	
5.3.2.3.2	Develop a market surveillance strategy and support implementation	Copy of market surveillance strategy in place	Admin Report	1			
5.3.2.3.3	Provide additional training to staff on sampling techniques and market surveillance	% of Inspection staff trained on sampling techniques and market surveillance	Admin Report	100%			
5.3.2.4	**Output**						
	Quality Management and Health Information System in place	Launching of the Website	Admin Report				Partnership,
		# of information items available on the website	Admin Report				Availability of competent international consultant
	Activities						
5.3.2.4.1	Acquisition of the New SIAMED software and Training on the use of the software.	# of meetings conducted	Admin Report	3			
5.3.2.4.2	Subscription fee for access to the UMC Database.	# of meetings conducted	Admin Report	3			
5.3.2.4.3	Database development and maintenance for all departments (Software packages)	Software packages available	Admin Report	1			
5.3.2.4.4	Launch the PBSL Website	Records on the launching of the website	Admin Report	1			
5.3.2.4.5	Website maintenance and administration	Funding for website maintenance	Admin Report				
5.3.2.4.6	Develop the PSBL communication strategy and support implementation	PBSL communication strategy available	Admin Report	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
5.4	**Strategic Objectives**						
	To promote rational and cost effective use of medicines, medical devices, biological and other medical supplies at all levels of the health care delivery system						
5.4.1	**Output**						
	TOT for 8 DHMT members in 13 districts conducted		Admin Report				
	Activities:						
	See training under National Formulary						
	See training under Standard Diagnosis and Treatment Guidelines for Nurse Prescribers						
	See under EML for the formation of the Hospital Drug and Therapeutic Committees						
	See under Medicines Safety Monitoring System; National Medicines Information System						
	Prepare training materials						
	Secure budget for training	% of hospitals with DTC	Admin Report	34	34	34	
	Conduct training of trainers & DHMT members (total 104) for 3 days once every year		Admin Report				
	Four cascade trainings for 3 days (total of 1200 HWs) once every year		Admin Report				
	Evaluate the training & produce training report	Revised/updated TOR	Admin Report	1	1	1	
		% of representatives	Admin Report	100	100	100	
5.4.2	Output						
	DTC established in 34 Hospitals	% of hospitals with DTC	34	34	34		Partnership; leadership commitment

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities						
5.4.2.1	Prepare ToR for the committee		Admin Report				
5.4.2.2	Establish the committee	Standardized checklist	Admin Report	1	1	1	
5.4.2.3	Conduct regular quarterly meetings at hospital level	Data collection	Admin Report	1	1	1	
5.4.2.4	Monitor & supervise the functionality	Survey report	Admin Report	1	1	1	
5.4.2.5	Inputs:	Dissemination forum	Admin Report	1	1	1	
5.4.2.6	ToR		Admin Report				
5.4.2.7	Members of the committee		Admin Report				
5.4.2.8	Transport and budget for DSA for supervision		Admin Report				
5.4.3	**Output**						
	RDU survey conducted	RDU survey report	Admin Report		1		
	Activities						
5.4.3.1	Prepare standard checklist	Checklist	Admin Report		1		
5.4.3.2	Administer the survey	Survey report	Admin Report		1		
5.4.3.3	Analyse & write the report	report	Admin Report		1		
5.4.3.4	Carry out dissemination forum	Forum	Admin Report		1		

vi) Health Information System

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
6.1	**Strategic Objective**						
	To provide a policy framework for establishing a functional Health Information System			X			
6.1.1	**Output**						
	National HIS policy developed	National HIS policy	Performance report	X			
	Activities:						
6.1.1.1	Recruit local/international short term technical assistant to produce the draft HIS policy	sign contract	Performance report	1			
6.1.1.2	Hold a consultative meeting with stakeholders	no. of consultative meetings held		3			
6.1.1.3	Conduct a validation meeting	no. of consultative meetings held		1			
6.1.1.4	Hold a dissemination meeting	no. of dissemination meetings held		1			
6.1.1.5	Workshop to develop Standard Operating Procedure for HIS						
6.1.2	**Output**						
	Reviewed and updated HIS strategic plan	HIS strategic plan		X			
	Activities:						
6.1.2.1	Conduct a workshop for situation analysis on HIS and reviewing of the HIS strategic plan	no. of workshops held	situational analysis report and draft updated HIS strategic plan as well as workshop report	1			
6.1.2.2	Conduct meeting to disseminate the document on situation analysis and Develop a strategic plan						
6.1.2.3	Share the plan with stakeholder and donors for funding.	no. of dissemination meetings held	meeting report and final printed HIS strategic plan	1			
6.1.2.4	Develop a mechanism to include non-state actors (FBOs, NGOs and private) in the sector HIS						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
6.2	**Strategic Objective**						
	To strengthen institutional framework for implementing a functional HIS						
6.2.1	**Output**						
	Improve the capacity of central MoHS to implement the HIS by 2014		Performance report	x	x	x	
	Activities:						
6.2.1.1	Establish positions in Scheme of Service	No. of additional staff recruited for HIS	Performance report	11			
6.2.1.2	Develop ToRs						
6.2.1.3	Recruit and train additional staff to fill existing vacancies.						
6.2.1.4	Conduct in-service training for HIS staff at national level (DPI & programme M&E staff)	No. of national level staff trained		19	11		
6.2.1.5	Procure ICT equipment for national level						
6.2.1.6	Procure vehicles and motorbikes to coordinate HIS activities at national level	No. of vehicles and motorbikes procured		2 vehicles, 1 bike	2 vehicles, 1 bike	2 vehicles, 1 bike	
6.2.2	**Output**						
	Capacity of district HIS units strengthened		Performance report				
	Activities:						
6.2.2.1	Recruit additional M&E/HIS staff for all DHMTs and hospitals	No. of additional M&E officers recruited for district and hospitals	Performance report	13	21		
6.2.2.2	Recruit data technicians for all districts to support chiefdom level HIS activities	No. of data technicians recruited			100	100	
6.2.2.3	Procure ICT equipment for DHMTs and hospitals (computers, other ICT equipment for data management such as printer, photocopy machine)	No. of DHMTs and Hospitals with functional ICT equipment		13	21		
6.2.2.4	In-service training for district and hospital levels M&E and HIS staff	No. of staff trained		60	100	100	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
6.2.3	**Output 1.1:**						
	M&E Roles and responsibilities of national institutions, academic and research institutions defined and specified in NHS.	National HIS policy		1			
	Activities:						
6.2.3.1	Identify/review institutional roles and responsibilities			1			
6.2.3.2	Involve academic and research institutions and define their roles in data quality and analysis work related to M&E of the NHS.	No of academic/research institutions involved in M&E of JPWF	MOU signed with academic institutions				
6.2.3.3	Involve country's institutions to carry out independent verifications of administrative and facility data.						
6.2.3.4	M&E coordinating committee provides a platform for support to the one country-led M&E of NHS		M&E coordination sub-committee reports				
6.2.3.5	Strengthen statistical office and country institutions' capacity in data analysis	No. of staff trained					
6.3	**Strategic Objective**						
	To improve routine data collection quality, management, dissemination and use				x		
6.3.1	**Output**						
	Nationally integrated data collection system established						
	Activities:						
6.3.1.1	Conduct a workshop to harmonise data collection system	no. of workshops conducted	Performance report		3		
6.3.1.2	A firm will develop electronic medical records system for hospitals						
6.3.1.3	A firm will develop electronic LMIS						
6.3.1.4	Printing of the tools and distribute	no. of health facilities with all revised harmonised tools			3000		
6.3.1.5	Training of trainers on the integrated data collection tools	no. of staff trained			130		
6.3.1.6	Cascade training on the integrated data collection tools for facility level staff	no. of staff trained			3000		

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
6.3.1.7	Recruit a firm for further customisation of DHIS to include electronic medical records and IDSR	Firm Recruited for DHIS		1	1		
6.3.1.8	Support the development of electronic LMIS/ HR	Firm Recruited for LMIS/HR		1	1		
6.3.1.9	Train local counterparts to manage national integrated HIS system	No. of Staff trained		3	2		
6.3.1.10	Support study tour and international conference on best practices in HIS and M&E	No. of staff participating in study tours and conferences		3	3	3	
6.3.1.11	Procure anti-virus for central level and district	No of anti-virus software procured		200	220	250	
6.3.1.12	Conduct data Quality Audit			1	1	1	
6.3.1.13	Meeting with Private Sector on Data collection			1	1	1	
6.3.1.14	Training of private sector in data collection			1	1	1	
6.3.1.15	Provide post-graduate training for 6 HIS staff			3	3		
6.3.1.16	Train M&E Officers in DHIS						
6.3.1.17	Train Programme managers and directors in DHIS						
6.3.1.18	Train Partners in DHIS						
6.3.2	**Output**						
	Increase of availability and use of health data						
	Activities:						
6.3.2.1	Recruit Internet Service Provider (ISP) firm to host the DHIS databank online.	Consultant recruited	DHIS accessed online	1	1	1	
6.3.2.2	Training of director, program managers, partners on how to access and use DHIS	No. trained	Training report	26	26		
6.3.2.3	produce regular quarterly HIS bulletin and disseminate	No of copies printed	Availability of copies	2000	2000	2000	
6.3.2.4	Produce annual health sector performance report	No. of retreat conducted for AHR	Availability of AHR	1	1	1	
6.3.2.5	Conduct data use workshop at national/district level	No of participants	training report	60	60	60	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
6.3.2.6	Develop review guidelines (based on WHO guidelines) for conducting reviews at national, district levels	Annual national plan conducted with full SG participation					
6.3.2.7	Produce health encyclopaedia CD	No of CDs produced	Availability of sample copies	300	300	300	
6.3.2.8	Conduct district review meetings	no of review meetings held	Meeting report	52	52	52	
6.3.2.9	Conduct National review meeting	No of National review meetings held	Review report	1	1	1	
6.3.2.10	Develop Web -based National Health Observatory						
6.3.3	**Output :**						
	Data analysis including equity analysis completed and ready for annual reviews						
	Activities:						
6.3.3.1	Enhance analytical capacity, e.g. MOH, country institutions, social statistics health branch of statistics office	No of staff trained in data analysis					
6.3.3.2	Ensure all analysis include disaggregation of data by urban, rural, district, and wealth quintiles.						
6.3.4	**Output:**						
	Civil society organizations have a strong voice in the review of progress and performance	Participation of civil society in the review process	Performance report	x	x	x	
	Activities:						
6.3.4.1	Conduct meeting with CSOs to orient and engage them in M&E activities		Performance report	1	1	1	
6.3.4.2	CSOs to support Facility Management Committees to be more functional.			1	1	1	
6.3.4.3	Evaluate Pilot Community Self-monitoring mechanism; and scale up as appropriate			1	1	1	
6.3.5	**Output:**						
	Development partners are well represented in the national reviews of the NHS	Number of Partners in annual reviews					Report of the review

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities:						
6.3.5.1	Conduct joint partner field assessments as part of the review process						
	Inputs:						
	Cost of field review Le150,000,000 (DSA and fuel for participants)						
6.3.6	**Output:**						
	The reviews are informed by a good, easily accessible synthesis of the available monitoring data		Performance report	1			
	Activities:						
6.3.6.1	Develop progress and performance reports						
6.3.6.2	Develop summary bulletins, data visualizations (dashboards) for decision making						
6.3.7	**Output:**						
	The reviews have a strong sub national focus which is well informed by data			1			
	Activities:						
6.3.7.1	Develop district performance analyses	District performance reports					
6.3.7.2	Conduct Programme Reviews	Number of districts participating					
6.3.8	**Output**						
	Civil registration and vital statistics systems are in place						
6.3.8.1	**Output**						
	There is a national birth and death registration system that functions well.			1			All stakeholders participated
	Activities:						
6.3.8.1.1	Situation analysis of CRVS (e.g. UNICEF review) needs to be disseminated to all stakeholders for policy and planning purposes	An assessment of the CRVS status and practices is conducted	Assessment report	1			

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
6.3.8.1.2	Create a taskforce to steer the process.	Taskforce meets 2 times per year	Task force minutes	1,3	1,3	1,3	
6.3.8.1.3	Update the Birth and Death Registration Act and develop a Policy to advance implementation	Policy receives legal approval	Policy document		4		
6.3.8.1.4	Develop a National Strategic Plan for Civil Registration and Vital Statistics system (CRVS) strengthening, including Human resources, training, infrastructure, computerised database, logistics, transport, community sensitisation, and financing)	National Strategic Plan is available and signed	Strategic plan	4			
6.3.8.1.5							
6.3.8.1.6	Conduct sensitising campaign with community leaders to ensure community deaths are reported	% of non-certified vital registration increases	Campaign reports	3	3	3	
6.3.8.1.7	Identify funding partners for implementation of the national plan	Costed National Strategic Plan	Plan is implemented	4			
6.3.8.1.8	Printing of vital registration tools	Financing confirmed for implementation of the plan	Accountability activities	2			
6.3.8.2	**Output 1.2 :**						
	The birth and death registration system is modernized to facilitate analysis and use for vital statistics			1			
	Activities:						
6.3.8.2.1	Establish a data base for district and national offices	Data establishment		1			
6.3.8.2.2	Put in place computer work spaces in all districts and at the national vital registration office.	Computer workstations in place					
6.3.8.2.3	Conduct Training of trainers						
6.3.8.2.4	Recruit and train data entry officers & statisticians to do the analysis	Staff recruited		1			
6.3.8.3	**Output:**						
	There is use of innovative methods to strengthen birth and death reporting.			x	x	x	

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities:						
6.3.8.3.1	Conduct Pilot study on use of ICT to improve registration system						
6.3.8.3.2	Evaluation cost effectiveness of pilot study						
6.3.8.3.3	Convene meeting of the taskforce and other stakeholders to assess options for scaling up if successful						
6.3.8.4	**Output:**						
	Hospital reporting on deaths, with cause of death, using the ICD.						
	Activities:						
6.3.8.4.1	Convene meeting with Hospital directors on vital reporting with ICD	Meeting convened		3			
6.3.8.4.2	ICD manual developed	ICD manual available	ICD manual				
6.3.8.4.3	Training of providers (100) on use of ICD	xx trainings conducted	Training reports	1,2			
6.3.9	**Output**						
	Health Sector Resource Centre Established and functional	Functional Health Sector Resource Centre				x	
	Activities:						
6.3.9.1	Renovate facility for resource centres	No. of resource centres established	Existence of functional Resource Centres		1	1	
6.3.9.2	Provide furniture, equipment and internet connectivity for resource centres	No of resource centres established	Existence of functional Resource Centres				
6.3.9.3	Procure journals for resource centres	No of journals subscribed to	Existence of copies of journals		10	20	
6.4	**Strategic Objective**						
	To Strengthen and integrate IDSR into national HIS						
6.4.1	**Output**						
	IDSR Information system strengthened and integrated into the HIS						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activity:						
6.4.1.1	Revise standard case definitions for all diseases under surveillance	No. of workshops conducted	Workshop report	1			
6.4.1.2	Train DSO and laboratory officers on specimen management	No. of persons trained	training report	60		60	
6.4.1.3	Establish functional epidemic management committees at national and district levels	No. of meetings held	Minutes of meetings	42	42	42	
6.4.1.4	Train technical staff in basic epidemiology, public health surveillance and outbreak investigation	No. of staff trained	Training report		60		
6.4.1.5	Conduct refresher training for PHU staff in IDSR	No. Trained	Training report		500	1500	
6.4.1.6	Train personnel to masters degree level competence in epidemiology, public health surveillance and lab management at national and regional level	No. Trained	Training report		3	3	
6.4.1.7	Training of private sector in integrated disease surveillance	No. Trained	training report			50	
6.4.1.8	Payment for telephone connectivity	No. of districts with closed circuit mobile phones	Existence of closed circuit mobile phone		13	13	
6.4.1.9	Train staff in use of electronic transfer system for IDSR	No. of staff trained	Training report		500	1000	
6.4.2	**Output**						
	DHSS Site established in Sierra Leone						
	Activity:						
6.4.2	Map District for DHSS data collection; quarterly data collection from district; training of data collectors for DHSS	No. of districts in which DHSS is conducted	DHSS Report		1	1	
	Inputs:						
	Estimated cost per year is about $ 200,000						
6.5	**Strategic Objective**						
	To Strengthen monitoring and evaluation, research and knowledge management capacity in the health sector						
6.5.1	**Output**						
	Population-based and health facility surveys conducted						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities :						
6.5.1.1	Conduct DHS	DHS Survey conducted	DHS report		1		
6.5.1.2	Conduct Health Facility or SARA Survey	SARA Survey conducted	SARA Report	1	1	1	
6.5.1.3	Conduct District Level Household survey	District Level Household survey conducted		1		1	
6.5.1.4	Institutionalize NHA	No. of NHA conducted	NHA Survey report			1	
6.5.1.5	Conduct MCH Sub Accounts						
6.5.1.6	Conduct HF Mapping	Revised Health Facility mapping exercise and production of maps	Samples of revised Health Facility maps		1		
6.5.1.7	Conduct National Data Quality Audits	DQA Survey conducted	Availability of DQA Report	1		1	
6.5.1.8	External verification of PBF data	External PBF Consultant recruited	External verification report	1	1	1	
6.5.1.7	Conduct operational research on RCH issues	Number of operational research conducted	Research report	2	2	2	
6.5.1.8	Conduct Drug Efficacy Studies for Malaria	Drug Efficacy Studies for Malaria			1		
6.5.1.9	A knowledge, Attitude and Practice Study (KAP) on Malaria	Malaria KAP survey		1			
6.5.1.10	Sentinel site surveillance on Malaria	Sentinel site surveillance on Malaria		1	1	1	
6.5.1.11	Malaria Indicator Survey (MIS)	MIS			1		
6.5.1.14	Conduct annual RCH survey	RCH survey			1		
6.5.2	**Output**						
	Health Sector Research Capacity strengthened						

Reference	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Deliverables			Important Assumptions
				2012	2013	2014	
	Activities:						
6.5.2.1	Develop a National Policy on Research for health	Research Policy	Existence of copies of Research for health Policy	1			
6.5.2.2	Develop National Strategic plan for Research for health	Strategic plan	Existence of copies of strategic plan		1		
6.5.2.3	Conduct workshop on research methodology for young researchers	No. of young researchers trained	Training report		30	30	
6.5.2.4	Conduct meeting for sharing research findings	No. of meetings organized	Meeting reports	4	4	4	
6.5.2.5	Conduct annual Research conference	No. of annual conferences organised	Conference report	1	1	1	
6.5.2.6	Support production of 500 copies of National research for health journal	No. of journals printed	Existence of copies of journals	2000	2000	2000	
6.6	**Strategic Objective**						
	To Strengthen integrated supportive supervision						
6.6.1	**Output**						
	Supportive supervision strengthened at all levels	% of supportive supervision conducted as per the plan		100	100	100	
	Activities:						
6.6.1.1	Procure vehicles and motor bikes for supportive supervision	No. of vehicles and bikes procured	Existence of vehicles and bikes	50	200	116	
6.6.1.2	Revise tools for supportive supervision.	No. of workshops conducted	Existence of workshop reports		1		
6.6.1.3	Provide fuel and DSA for joint supportive supervision at all levels.	Number of planned joint supervision visits conducted at district and national level	Supervision reports	56	56	56	
6.6.1.4	Conduct quarterly supervision review meetings at both district and national level.	Number of planned supervision review workshops conducted	Workshop report	4	4	4	

Annex 3: Overall cost estimate for the JPWF by NHSSP Health System Pillars and outputs by year

A) Leadership and Governance

Output	Cost in USD			
	2012	2013	2014	Total
Total	**2,438,796.51**	**2,748,327.48**	**1,738,510.70**	**6,925,634.68**
Strategic Objective 1.1: To review the legal frameworks and provide necessary capacities for implementation in the Sector				
1.1.1 Hospital Board Act Revised	81,000.00	0.00	0.00	81,000.00
1.1.2 Public Health Act 1960 reviewed	51,000.00	50,137.50	9,095.63	110,233.13
1.1.3 National Health Policy revised	68,500.00	8,662.50	0.00	77,162.50
1.1.4 Legal framework governing the regulation of professional practice reviewed	0.00	329,332.50	0.00	329,332.50
1.1.5 Collaborated with Statutory and Regulatory body to define technical and logistical support for Health Regulatory bodies	67,600.00	25,830.00	27,121.50	120,551.50
1.1.6 Technical & logistical support provided for regulation of practitioners of traditional and alternative medicines	21,690.00	52,521.00	48,730.50	122,941.50
1.1.7 Health Services Commission operationalised	5,844.00	88,872.00	13,230.00	107,946.00
1.1.8 Nursing and Midwives Act 1956 reviewed	64,750.00	40,792.50	0.00	105,542.50
1.1.9 Policy and Strategic Plan for nurses and midwives developed	166,200.00	0.00	0.00	166,200.00
1.1.10 Policy on eye health developed	103,100.00	77,280.00	0.00	180,380.00
1.1.11 National Health Promotion Policy developed and disseminated	33,459.09	0.00	0.00	33,459.09
1.1.12 Health Promotion strategic plan finalized and disseminated	56,147.73	0.00	0.00	56,147.73
1.1.13 National Tobacco Control Bill finalized and disseminated	36,081.82	0.00	0.00	36,081.82
1.1.14 National Tobacco Control Strategic plan finalized and disseminated	37,515.91	0.00	0.00	37,515.91
1.1.15 Develop legislation for the NBTS	45,454.55	0.00	0.00	45,454.55
Strategic Objective 1.2: Operations manual **(scheme of service)** with clear roles and responsibilities of directors, managers, officers, key members of staff **at all levels** developed				
1.2.1 Operations manual with clear roles and responsibilities of directors etc… key members of staff at all levels of staff developed	38,450.00	0.00	0.00	38,450.00
Strategic Objective 1.3: To provide a viable oversight, sector planning, monitoring & supervision system from national to district levels				
1.3.1 Jointly agreed JPWF for 3 years 2013 - 2015 launched at health planning summit & get approved	144,600.00	151,830.00	159,421.50	455,851.50

Output	Cost in USD			
	2012	2013	2014	Total
1.3.2 Health Sector Performance Review Report	1,186,725.00	1,246,061.25	1,308,364.31	3,741,150.56
1.3.3 Coordinated supervision and M&E framework established	28,905.45	30,350.73	31,868.26	91,124.45
1.3.4 Joint Assessment of National Health Strategies & Plans (JANS) conducted	58,000.00	0.00	0.00	58,000.00
1.3.5 Audit systems strengthened in the sector	18,522.96	2,467.50	2,590.88	23,581.34
Strategic Objective 1.4: To establish dynamic interactions between health care providers and consumers with the view to improving the quality, accountability and responsiveness of services				
1.4.1 Guidelines on Health Sector Information Publishing developed	22,250.00	0.00	0.00	22,250.00
1.4.2 Mechanism for medical audit to report medical malpractice established	0.00	59,062.50	37,485.00	96,547.50
Strategic Objective 1.5: Health sector resource allocation criteria established				
1.5.1 Ensure resource allocation criteria established	17,000.00	0.00	0.00	17,000.00
1.5.2 Public expenditure tracking system developed	0.00	296,677.50	0.00	296,677.50
1.5.3 Cohesive public/private partnership policy and guidelines for sustainable health care based on sector compact developed	0.00	174,262.50	5,788.13	180,050.63
1.5.4 Health Project Information System developed and maintained	36,000.00	61,687.50	39,690.00	137,377.50
1.5.5 Evaluation of Implementing Partners Project Proposals annually to align with AOP and Rolling Plans	30,000.00	31,500.00	33,075.00	94,575.00
Strategic Objective 1.6: To develop a sector-wide coordination mechanism for ensuring that all funding for the sector supports a single policy and expenditure programme, under government leadership, and adopting common approaches across the sector				
1.6.1 Ensure the coordination mechanism of the Compact is functional at national and district level	20,000.00	21,000.00	22,050.00	63,050.00
1.6.2 Management approaches across the sector by partners, covering procurement disbursement and accounting of funds, and joint reviews of health sector	0.00	0.00	0.00	0.00

B) Service Delivery

Output	Cost in USD			
	2012	2013	2014	Total
Total	**65,067,695.50**	**74,381,957.60**	**73,292,680.78**	**212,742,333.88**
Strategic Objective 2.1: To increase the utilisation of health services especially for mothers and children, the poor and other vulnerable groups				
2.1.1 Health services accessed within 5 Kms radius	2,182,000.00	7,775,600.00	1,684,380.00	11,641,980.00
2.1.2 70 BEmONCs and 13 CEmONCs Rehabilitated, equipped and solarised and 39 quarters for staff constructed	4,520,000.00	5,651,500.00	1,293,800.00	11,465,300.00
2.1.2 Transport services availed at all levels	2,947,922.87	4,393,295.45	1,426,022.73	8,767,241.05
2.1.3 Integrated ambulance referral systems established in all Districts with adequate hospital and community ambulance	1,253,340.00	1,188,722.50	8,415.00	2,450,477.50
				0.00
2.1.4.1 Immunization services improved in PHUs	4,088,263.64	4,282,142.73	4,746,970.55	13,117,376.91
2.1.4.2 Prevention, early detection and case management of NTDs, eye care and disabilities.	1,107,224.00	1,282,585.20	1,220,714.46	3,610,523.66
2.1.4.3 IPT second dose for pregnant women at community and health facility levels increased.	2,895,267.40	3,324,022.22	16,457,592.96	22,676,882.57
2.1.4.4 Health seeking behaviour promoted through awareness creation	420,909.09	441,954.55	439,246.02	1,302,109.66
RCH	203,806.82	240,340.91	224,697.02	668,844.74
2.1.4.5 Social mobilization conducted for Commemoration of Global & national events at central & in all districts	155,377.27	190,363.64	168,381.82	514,122.73
Strategic Objective 2.2: To improve quality of health services				
2.2.1 Quality primary and general care delivered at 1265 PHUs and 16 Secondary hospitals	24,000.00	25,200.00	26,460.00	75,660.00
2.2.2 Conduct accreditation of facilities for implementation of the BPEHS	13,000.00	82,954.55	0.00	95,954.55
2.2.3 Establish /strengthen 2- toll free hot lines on SRH issues including maternal death reporting at national level	312,722.50	282,421.13	33,075.00	628,218.63
2.2.4 RCH commodities(including FP products) & essential equipments supplied to health facilities	1,044,600.00	1,096,830.00	1,151,671.50	3,293,101.50
2.2.5 Conduct monthly maternal death review at hospitals, PHUs, district and community levels	649,909.09	682,404.55	716,524.77	2,048,838.41
2.2.6 Establish AHS services according to established National standards for AYFS delivery	278,281.82	275,514.09	239,551.16	793,347.07
2.2.7 Post-abortion care strengthened in all tertiary hospitals and districts	139,800.00	244,000.00	266,600.00	650,400.00
2.2.8 Provide routine screening services for RH cancers in at least 86 facilities	184,400.00	144,562.50	215,128.13	544,090.63

Output	Cost in USD			
	2012	2013	2014	Total
2.2.9 Quarterly monitoring and evaluation of RCH activities (including Facility Improvement Team assessment)	118,724.09	124,660.30	130,893.31	374,277.70
2.2.10 Basic eye health services provided in all districts	83,000.00	65,325.00	68,591.25	216,916.25
2.2.11 Nutrition programme strengthened in all health facilities	27,038,199.50	28,012,833.26	29,457,405.84	84,508,438.60
2.2.12 Community-based nutrition programme strengthened in all districts	653,669.36	64,318.18	15,034.09	733,021.64
2.2.13 Policy, guidelines, tools & plans available for nutrition programme	105,125.00	26,400.00	19,845.00	151,370.00
2.2.14 Prompt and effective treatment of confirmed uncomplicated malaria cases at health facility and community levels increased.	0.00	0.00	0.00	0.00
2.2.15 Proportion of severe malaria cases reduced by 50% by 2015	57,860.90	125,334.00	64,594.70	247,789.60
2.2.16 Provide PMTCT services in 80% of facilities in all districts.	280,075.00	294,078.75	308,782.69	882,936.44
2.2.17 Provide HCT services in 80% of facilities in all districts.	2,259,427.00	2,670,622.35	2,236,877.47	7,166,926.82
2.2.18 High quality pre-service and in-service training, and continuing education provided				0.00
RCH	798,630.91	860,947.45	773,664.13	2,433,242.49
NUT	111,463.64	111,127.73	113,911.50	336,502.86
DPC	404,810.00	447,711.00	364,705.43	1,217,226.43
2.2.19 Quality assurance framework and clinical guidelines developed for hospitals and other health service delivery points on staff development; supplies and maintenance	1,686,305.00	1,770,620.25	1,859,151.26	5,316,076.51
2.2.20 Services delivered by nurses and midwives strengthened	753,210.00	790,870.50	830,414.03	2,374,494.53
2.2.21 Disaster management/emergency preparedness offices at national & district levels functional	4,250.00	4,462.50	4,685.63	13,398.13
2.2.22 Management of medical waste in all Health care Institutions (public & private) improved & healthy working environments for all workers Nationwide ensured	151,150.00	173,582.50	197,786.63	522,519.13
Strategic Objective 2.3: To strengthen management capacities of district health services				
2.3.1 Regular meetings conducted and key issues addressed (Cost addressed in pillar 1 & 6)	556,880.00	584,724.00	613,960.20	1,755,564.20
2.3.2 Senior Management staff at national and district level shared experiences with selected countries in the sub-region on health management	25,227.27	44,488.64	46,713.07	116,428.98
Strategic Objective 2.4: To strengthen the delivery of quality specialised, advanced and emergency care in secondary and tertiary health facilities				
2.4.1 Appropriately skilled & motivated medical professionals of different disciplines provided to hospitals	1,712,975.00	1,798,623.75	1,888,554.94	5,400,153.69
2.4.2 Specialised diagnostic facilities provided in secondary and tertiary hospitals	270,000.00	107,725.00	79,111.25	456,836.25
2.4.3 24/7 outpatient and inpatient services provided in all hospitals	587,272.73	745,836.36	947,212.18	2,280,321.27

Output	Cost in USD			
	2012	2013	2014	Total
Strategic Objective 2.5: To strengthen community based health services				
2.5.1 Community governance and operational structures strengthened	9,860.00	0.00	0.00	9,860.00
2.5.2 Community participation in health activities enhanced	1,199,375.45	1,179,216.82	1,238,320.98	3,616,913.26
Strategic Objective 2.6: To provide policy & legal framework for proper regulation, training, laboratory practice and observance of professional ethics by 2015				
2.6.1 Act for the establishment of the NLRC developed	12,727.27	0.00	22,727.27	35,454.55
Strategic Objective 2.7: Establish an effective laboratory network at national and international levels for quality laboratory services and resource mobilisation by 2015				
2.7.1 National network of laboratories at district; regional, national and international levels established	318,181.82	334,090.91	350,795.45	1,003,068.18
Strategic Objective 2.8: To build HR capacities in laboratory services delivery at national, district and peripheral levels				
2.8.1 Staff the minimum qualified laboratory personnel levels to support the delivery of a comprehensive laboratory package at each level of health care	0.00	0.00	0.00	0.00
Strategic Objective 2.9: To establish a sustainable laboratory supplies system as part of the Essential Medicines and Health supplies management that will ensure steady availability of laboratory equipment, reagents and supplies at all levels				
2.9.1 Lab equipments, reagents & supplies provided based on need assessment	124,922.73	158,227.27	38,297.73	321,447.73
2.9.2 Public laboratories provided with appropriate equipment and assured availability of commodities for efficient service delivery	1,526,000.00	910,000.00	920,500.00	3,356,500.00
Strategic Objective 2.10: To establish an effective management structure in the MoHS to provide stewardship, coordination and management of laboratory services				
2.10.1 Quality Assurance System established for laboratory services at all levels	17,170.00	0.00	0.00	17,170.00
2.10.2 Stewardship, coordination and management of laboratory services strengthened	31,125.00	122,100.00	22,205.00	175,430.00
Strategic Objective 2.11: To expand the blood transfusion infrastructure to operate adequately within a decentralised health care delivery system				
2.11.1 Standard Operating Procedures (Manuals & Legislation for Blood Services) reviewed & updated	1,319,125.00	1,031,693.75	220,500.00	2,571,318.75
2.11.2 Vehicles provided for administration, monitoring & supervision of programme	203,800.00	45,990.00	48,289.50	298,079.50

Output	Cost in USD			
	2012	2013	2014	Total
Strategic Objective 2.12: To increase the annual blood collection necessary to meet the blood requirements of all patients in the hospitals throughout the country				
2.12.1 Strategies for mobilisation of voluntary and non-remunerated blood donations	73,733.33	64,233.33	63,091.67	201,058.33
Strategic Objective 2.13: To test all blood for Transfusion Transmissible Infections (TTIs) and operate an effective, nation-wide Quality Assurance programme that ensures security of the entire blood transfusion process				
2.13.1 Blood Transfusion Services staff provided training and Refresher training	5,270.00	28,950.00	26,827.50	61,047.50
Strategic Objective 2.14: To generate information and build a database on the health status of medical equipment in health facilities				
2.14.1 Database on the health status of medical equipment in health facilities established.	32,325.00	0.00	0.00	32,325.00
Strategic Objective 2.15: To procure, install and utilize appropriate medical and diagnostic equipment within the health facilities				
2.15.1 Consumables provided for the medical equipment as part of the procurement of essential medicines and health supplies	0.00	0.00	0.00	0.00
Strategic Objective 2.16: To recruit and train appropriate Technical Staff for the repairs and maintenance of Medical Devices, Machinery and plants at the Regional Medical Equipment Maintenance Workshops				
2.16.1 Medical Devices, Machinery and Plants maintained.	115,000.00	78,750.00	0.00	193,750.00

C) Human Resources for Health

Output	Cost in USD			
	2012	2013	2014	Total
Total	**34,847,859.09**	**35,389,910.00**	**38,320,413.00**	**108,558,182.09**
Strategic Objective 3.1: To provide and maintain a policy and strategic framework to guide HR development and management				
3.1.1 HRH Policy developed	220,709.09	0.00	0.00	220,709.09
3.1.2 HRH Strategic plan developed	104,350.00	0.00	0.00	104,350.00
3.2.1 HR Structure reviewed to effect HR functions	9,945.00	0.00	0.00	9,945.00
3.2.2 Integrated HRH information system as part of the HMIS developed and maintained	458,255.00	0.00	0.00	458,255.00
Strategic Objective 3.2: To strengthen the institutional capacity of HRH policy, planning and management				
3.2.3 Integrity of the payroll maintained	25,027,700.00	26,253,570.00	27,566,248.50	78,847,518.50
3.2.4 Adequate resources availed for staff remuneration	0.00	0.00	0.00	0.00
3.2.5 TA funding pool developed	5,050,000.00	5,302,500.00	5,567,625.00	15,920,125.00
Strategic Objective 3.3: To enhance the capacity of training institutions for health workers and build partnership with other Stakeholders				
3.3.1 Joint programme for capacity building & accreditation signed and implemented	1,009,800.00	101,640.00	7,497.00	1,118,937.00
3.3.2 Midwives trained and deployed	337,500.00	354,375.00	372,093.75	1,063,968.75
Strategic Objective 3.4: To upgrade and enhance competencies and performance of health workers				
3.4.1 Performance appraisal & motivation scheme, including defined career path & incentive package, institutionalized.	0.00	26,460.00	1,117,053.00	1,143,513.00
3.4.2 On-the -job training, mentoring and shills development schemes introduced and implementation commenced.	1,070,800.00	1,105,125.00	1,160,381.25	3,336,306.25
3.4.3 Health Sector staff trained in post-basic education	750,000.00	1,250,000.00	1,500,000.00	3,500,000.00
3.4.4 Special trainings provided to identified programmes	674,000.00	854,700.00	880,897.50	2,409,597.50
3.4.5 Access training for health workers (nurses/CHOs) provided	20,300.00	21,315.00	22,380.75	63,995.75
Strategic Objective 3.5: To promote research into HRH interventions to provide evidence-based information for the improvement of service delivery				
3.5.1 HRH research conducted and research report disseminated on time	114,500.00	120,225.00	126,236.25	360,961.25

D) Health Care Financing

Output	Cost in USD			
	2012	2013	2014	Total
Total	**2,802,779.92**	**349,135.42**	**45,819.81**	**3,197,735.15**
Strategic Objective 4.1: To secure adequate level of funding needed to achieve national health development goals, including the MDGs				
4.1.1 Strengthening the financial management capacity	61,909.92	13,030.42	34,519.19	109,459.52
4.1.2 Sector accounting and financial reporting improved	18,500.00	7,612.50	7,993.13	34,105.63
4.1.3 National Health Care Financing policy and implementation framework developed	57,750.00	1,575.00	0.00	59,325.00
4.1.4 National Health Account institutionalised	66,150.00	136,500.00	0.00	202,650.00
Strategic Objective 4.2: To ensure equitable access to quality health services free from financial catastrophe and impoverishment				
4.2.1 Systems and funding developed and implemented for the provision of Free Health care by non-governmental providers	123,420.00	0.00	0.00	123,420.00
4.2.2 Realistic medical services fees standardised at all levels	49,350.00	9,030.00	0.00	58,380.00
4.2.3 Framework for National Health Insurance Schemes developed	2,314,150.00	3,150.00	3,307.50	2,320,607.50
Strategic Objective 4.3: To ensure equitable and efficient allocation and use of health sector resources				
4.3.1 Performance Based Financing established and implemented	111,550.00	178,237.50	0.00	289,787.50

E) Medical Products and Health Technologies

Output	Cost in USD			
	2012	2013	2014	Total
Total	**47,309,800.00**	**45,718,032.25**	**39,897,768.11**	**132,925,600.36**
Strategic Objective 5.1: To review existing policies and develop new policies and guidelines with respect to medicines, medical supplies and equipment, vaccines, health technologies and logistics.				
5.1.1 National Medicines Policy Implementation Action Plan endorsed	58,625.00	0.00	0.00	58,625.00
5.1.2 Revised National Medicines List 2011 Implemented	30,000.00	0.00	0.00	30,000.00
5.1.3 National Formulary used by medical doctors and dentists, pharmacists and other clinical workers	1,111,200.00	5,355.00	5,622.75	1,122,177.75
5.1.4 Standard Diagnosis and Treatment Guidelines for Nurse Prescribers used at target levels of health care	790,400.00	829,754.25	871,076.21	2,491,230.46
5.1.5 Procurement list for medicines, medical supplies and bio-medical equipment reviewed	50,000.00	52,500.00	55,125.00	157,625.00
5.1.6 Consolidated list and quantities of medicines, medical supplies and bio-medical equipment for procurement	50,000.00	52,500.00	55,125.00	157,625.00
Strategic Objective 5.2: To improve access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccine and health technology				
5.2.1 National Pharmaceutical Procurement Unit (NPPU) established and functional	15,000,000.00	15,750,000.00	16,537,500.00	47,287,500.00
5.2.2 Central, District and Hospital Medical stores upgraded to National Standards for good storage of medicines and medical supplies	6,259,350.00	6,562,500.00	6,890,625.00	19,712,475.00
5.2.3 Medicines, medical Supplies and bio-medical equipment Procured and Distributed	20,038,210.00	19,600,000.00	13,230,000.00	52,868,210.00
5.2.4 Efficient and functional transportation system available at all levels of the medicines distribution chain	850,000.00	730,500.00	11,025.00	1,591,525.00
5.2.5 Inventory Control System in place in district medical stores, district hospitals and PHUs	592,930.00	0.00	0.00	592,930.00

Output	Cost in USD			
	2012	2013	2014	Total
5.2.6 420 Health workers trained on LMIS, forecasting and quantification, micro-planning and warehouse management.	769,920.00	808,416.00	848,836.80	2,427,172.80
5.2.7 Regular Monitoring of stores at all levels	988,600.00	1,038,030.00	1,089,931.50	3,116,561.50
Strategic Objective 5.3: To strengthen the medicines regulation and quality assurance system (Medicines Quality Assurance)				
5.3.1.1 Pharmacy and Drugs Act 2011 promoted	9,000.00	0.00	0.00	9,000.00
5.3.1.2 Business Procedures Manual PBSL published	13,000.00	0.00	0.00	13,000.00
5.3.1.3 Code of Ethics and Standard of Practice of Pharmacy endorsed	16,375.00	0.00	0.00	16,375.00
5.3.2.1 Medicines Safety Monitoring System in place	136,450.00	0.00	0.00	136,450.00
5.3.2.2 Functional Medium Level Pharmaceutical Quality Control Laboratory in place	145,000.00	0.00	0.00	145,000.00
5.3.2.3 Functional Market Surveillance System in Place	23,900.00	25,095.00	26,349.75	75,344.75
5.3.2.4 Quality Management and Health Information System in place	52,000.00	39,900.00	41,895.00	133,795.00
Strategic Objective 5.4: To promote rational and cost effective use of medicines, medical devices, biological and other medical supplies at all levels of the health care delivery system				
5.4.1 TOT for 8 DHMT members in 13 districts conducted	110,840.00	116,382.00	122,201.10	349,423.10
5.4.2 DTC established in 34 Hospitals	102,000.00	107,100.00	112,455.00	321,555.00
5.4.3 RDU survey conducted every year	112,000.00	0.00	0.00	112,000.00

E) Health Information System

Output	Cost in USD			
	2012	2013	2014	Total
Total	**2,192,104.55**	**4,429,358.50**	**2,622,197.96**	**9,243,661.00**
Strategic Objective 6.1: To provide a policy framework for establishing a functional Health Information System				
6.1. National HIS policy developed	56,300.00	0.00	0.00	56,300.00
6.1.2 Reviewed and updated HIS strategic plan	29,900.00	0.00	0.00	29,900.00
Strategic Objective 6.2: To strengthen institutional framework for implementing a functional HIS				
6.2.1 Improve the capacity of central MoHS to implement the HIS by 2014	46,500.00	0.00	0.00	46,500.00
6.2.2 Capacity of district HIS units strengthened	42,760.00	64,498.00	28,452.90	135,710.90
6.2.3 M&E Roles and responsibilities of national institutions, and academic and research institutions defined and specified in NHS.	8,000.00	0.00	0.00	8,000.00
Strategic Objective 6.3: To improve routine data collection quality, management, dissemination and use				
6.3.1 Nationally integrated data collection system established	287,350.00	485,604.38	171,804.47	944,758.84
6.3.2 Increased availability and use of health data	133,556.00	220,058.80	147,245.49	500,860.29
6.3.3 Data analysis, including equity analysis, completed and ready for annual reviews	11,475.00	0.00	0.00	11,475.00
6.3.4 Civil society organizations have a strong voice in the review of progress and performance	154,000.00	54,600.00	169,530.00	378,130.00
6.3.5 Development partners are well represented in the national reviews of the NHS	34,090.91	35,795.45	37,585.23	107,471.59

Output	Cost in USD			
	2012	2013	2014	Total
6.3.6 The reviews are informed by a good, easily accessible synthesis of the available monitoring data	27,363.64	28,731.82	30,168.41	86,263.86
6.3.7 The reviews have a strong sub-national focus which is well informed by data	117,500.00	122,500.00	127,750.00	367,750.00
6.3.8.1 There is a national birth and death registration system that functions well.	134,800.00	128,385.00	1,874.25	265,059.25
6.3.8.2 The birth and death registration system is modernized to facilitate analysis and use for vital statistics	127,410.00	10,000.00	45,700.00	183,110.00
6.3.8.3 There is use of innovative methods to strengthen birth and death report-ing.	57,478.00	8,528.00	8,528.00	74,534.00
6.3.8.4 Hospital reporting on deaths, with cause of death, using the ICD.	21,800.00	10,000.00	10,000.00	41,800.00
6.3.9 Health Sector Resource Centre Established and functional	0.00	3,150.00	20,632.19	23,782.19
Strategic Objective 6.4: To Strengthen and integrate IDSR into national HIS				
6.4.1 IDSR Information system strengthened and integrated into the HIS	41,800.00	295,785.00	641,379.38	978,964.38
6.4.2 DSS Site established in Sierra Leone	0.00	210,000.00	220,500.00	430,500.00
Strategic Objective 6.5: To Strengthen monitoring and evaluation, research and knowledge management capacity in the health sector				
6.5.1 Population-based and health facility surveys conducted	740,000.00	2,633,500.00	848,925.00	4,222,425.00
6.5.2 Health Sector Research Capacity strengthened	99,450.00	85,912.50	89,443.13	274,805.63
6.6.1 Supportive supervision strengthened at all levels	20,571.00	32,309.55	22,679.53	75,560.08