Annex

1. IDENTIFICATION

Title/Number	**MDG Initiative in Sierra Leone – Bridging the gaps to attain MDG 4 & 5** SL/FED/023-768		
Total cost	**EUR 24 200 000 -** 10th EDF Contribution (A Envelope)		
Aid method / Method of implementation	Project approach – Joint Management with United Nations Children's Fund (UNICEF)		
DAC-code	12220	Sector	Basic Health Care

2. RATIONALE

2.1. Sector context

In 2010, the Government of Sierra Leone, in collaboration with health development partners (HDP) and civil society, conducted an evaluation of Sierra Leone's progress towards achieving the Millennium Development Goals (MDGs). The conclusion was that, while other MDGs could be met by 2015, it would be only **'with sustained effort' that MDGs 4&5 could be attained**. Figures from past surveys (e.g. Multi-indicator cluster survey - MICS 4 survey 2010: under 5 mortality = 217/1000; DHS 2008: maternal mortality = 857/100,000), confirm the need for further efforts in order to reach MDG 4 & 5. In terms of disease patterns and beneficiaries' behaviour, the main underlying causes of death related to MDG 4 & 5 are: malaria and anaemia, diarrhoea & respiratory infections in children, mother & child malnutrition (which contributes to 57% of under-five mortality; 36% of children stunted, 10 % wasted; 1 woman out of 10 is underweight), adolescent pregnancy and incorrect knowledge and behaviour regarding breastfeeding and infant care. Moreover, general poverty levels (Sierra Leone is ranked 158th in the HDI) severely limit access to health care of both pregnant & lactating women, and children under 5. Regarding provision of health services, classic problems are encountered: poor physical access, low levels of staff both in terms of quantity and quality aggravated by low motivation, unequal distribution of skilled staff, poor health infrastructure and equipment; poor management of commodities, weak oversight and supervision. In a very direct way, this has an important impact on maternal and child mortality.

As a response, the Government launched the Free Health Care Initiative (FHCI) in April 2010. Targeting pregnant & lactating women as well as children under 5, the FHCI is the core Government strategy towards attainment of MDGs 4 & 5. FHCI is embedded in the National Health Sector Strategic Plan (NHSSP 2010-2015) and the Basic Package for Essential Health Services (BPEHS 2010). It includes both provision of free care for the targeted groups and reinforcement of services (investments, provision of free drugs to health facilities, financial compensation for staff). The European Commission, through its humanitarian assistance, supported the provision of drugs and nutrition inputs with EUR 6 600 000 at the time bridging the gap at a critical juncture, addressing emergency needs, until other donors would step in. So far, FHCI has increased attendance levels at health facilities and demand from the population (public health service utilisation greatly increased since the beginning of 2011). However, this important increase in utilisation made it clear that the different health system components (drugs supply, service provision, monitoring and evaluation, leadership and governance) need further reinforcement.

2.2. Lessons learnt

Based on other health service delivery projects and previous experiences in the sector, the following lessons can be drawn:

Lessons 1: Drug supply is to be maintained in order to reach MDG 4&5. Past experience show that disruption in drugs provision has drastic consequences on services utilization. Since 2011, Health Development Partners (HDP) channelled important amounts of drugs into the

sector. While this presently allows coverage of needs, forecasts based on previous consumption show that without any further HDP support, important gaps in availability of drugs will occur in 2013. Sustained procurement of drugs by HDP should continue; the Government must also make a greater contribution in payment for Free Health Care Initiative (FHCI) drugs.

Lesson 2: Expanding and developing drugs management system has great impact on efficiency. Drugs supply in Sierra Leone is presently moving from a push system to a pull system (central level responding to sound peripheral unit orders). To fully succeed in this matter, great improvements have yet to be put underway in terms of drug management, monitoring and storage at peripheral levels. Continued support of this process will allow better matching of demand with supplies.

Lesson 3: Dependency on HDP must be decreased through strengthening of Ministry Of Health & Sanitation (MOHS) capacity including establishment of the National Pharmaceutical Procurement Unit (NPPU). To date United Nations Children's Fund (UNICEF) is in charge of FHCI drugs procurement. However, Government of Sierra Leone has taken steps to set up the NPPU, an autonomous entity that, in the future will take over the procurement of drugs. During the period, UNICEF should continue to assist government in drugs procurement while also develop the capacity and contribute to the establishment of the NPPU.

Lesson 4: Increasing accessibility to emergency obstetric care is a clear way to decrease maternal mortality. Health care physical accessibility is still an important issue in Sierra Leone. Country coverage means having at least one Basic Emergency Obstetric & Neonatal Care (EmONC) functional per chiefdom (149 chiefdoms) and one Comprehensive EmOMC per district (12 rural districts). Though programmes financed by other HDPs already partly cover the needs, half of them still remain unmet. Upgrading of existing facilities (capacity development, systems strengthening and capital investment) is needed in order to attain full coverage and better quality.

Lesson 5: Human Resources in health are to be strengthened (both in terms of quantity and quality).

Lesson 6: Further improvement of financial management at peripheral level is essential for the success of FHCI. MOHS introduced a Performance Base Financing (PBF) scheme in all of the Peripheral Health Units (PHU) of the country. The recent assessment of this system shows that management of funds by PHU and community is still to be strengthened.

Lesson 7: Investment should be made in preventing and reducing malnutrition and AIDS. In order to reduce under-five mortality, efforts should be made in terms of support to malnutrition and HIV regarding this target population. Important efforts should be put on training and supervision targeting the integrated continuum of care services from pregnant women to infants.

Lesson 8: Ownership, Coherence and Inclusiveness should be enhanced. Government ownership, following the principles set in the *Health COMPACT* as well as demonstrated commitment from the HDP to work within the "*Joint Program of Work and Funding* (2012-2014), must be sustained and expanded.

Lesson 9: Dependency on external financial support should be reduced by building national capacity throughout the implementation of the action. Building capacity and systems at different levels are essential for the sustainability of the project.

2.3. Complementary actions

Complementary actions targeting MDG 4& 5 through Free Health Care Initiative (FHCI)

	Health Development Partners involved	Financial / Technical Gaps
Related to inputs availability		
Continuous procurement and provision of drugs and medical supplies	UK Department for International Development (DFID), Global Fund Against AIDS Malaria & Tuberculosis (GFATM), Multi Donor Trust Fund, UNICEF, United Nation Population Fund (UNFPA)	**Yes**. Gaps in FHCI drugs availability are expected from 2013. Government of Sierra Leone must as well show commitment to take over.
Setting up an efficient drugs procurement and supply system. Strengthening drugs management	DFID mainly at central level, UNFPA, UNICEF	**Yes**. The needs are mainly at peripheral levels. During the last 2 years, the Ministry Of Health & Sanitation (MOHS) and international organisations reported important drugs availability problems.
Upgrading health facilities to deliver quality Basic Emergency Obstetric & Neonatal Care (EmONC) and continuum of care	DFID, UNFPA, World Bank	**Yes**. About half of the needs are already covered. Gaps to be filled mainly at chiefdoms levels; strong coordination of support needed.
Related to Human Resources		
HR development training	DFID, UNICEF, others	**Yes.** Regarding mother and child health
Raising staff salaries; introduction of a rural incentive package	DFID, GFATM - HSS	**No** until 2014.
Providing top-ups to improve motivation and commitment toward quality	World Bank (Performance Base Financing, PBF)	**No** major gaps until 2015. Needs appear regarding Financial management at peripheral level.
Related to nutrition		
	Irish Aid, UNICEF	**Yes.** Regarding Therapeutic Feeding inputs.
Related to HIV AIDS		
	GFATM, UNICEF	**Yes.** Regarding Early Infants Diagnosis.
Related to demand side intervention		
	DFID, UNFPA	**Yes.** Regarding community awareness.

Other complementary actions regarding mothers and children

Through geographic and thematic budget lines, the EU presently finances a large number of non-state actors and local authority run projects. Out of 22 projects related to health still on-going in year 2012 (about EUR 16 600 000 in total), six projects directly target Reproductive Health while four projects directly target Child Health. The EU is also supporting Government of Sierra Leone through the World Bank (WB), in its decentralisation agenda and the devolution of functions (including health) to the 19 local councils. The Institutional Reform and Capacity Building Project (IRCBP) project from 2004 to 2011 has seen the establishment of the 19 local councils. With the subsequent "Decentralised Service Delivery Project", the EU co-finances Government of Sierra Leone grants to local councils, which in turn finance actions foreseen in their development plans. Areas supported through this mechanism include health as well as water and sanitation.

2.4. Donor coordination

The proposed project is fully in line with the Paris Declaration; synergy with other Health Development Partners (HDP) interventions (listed as "Complementary Actions" above) is therefore ensured. The project is aligned with the decisions and work plan of the Government of Sierra Leone and health sector partners (Joint Program of Work and Funding 2012 - 2014) and is coherent with all donor commitments outlined in the *Health COMPACT* (signed in January 2012).

Inputs from Member States during the EU-led development coordination meetings, following a presentation on this project in May 2012 are included in the Action Fiche. UNICEF, World Health Organisation (WHO), United Nation Population Fund (UNFPA) and the World Bank have been frequently consulted during the design of this project in order to avoid duplication and ensure complementarities.

3. DESCRIPTION

3.1. Objectives

Overall Objective: To contribute to on-going government efforts to attain the Millennium Development Goals (MDGs), notably MDG 4&5 in Sierra Leone.

Specific Objective: To improve the health status of children and pregnant / lactating women by strengthening health systems and increasing the capacity of the Government of Sierra Leone and community institutions to deliver quality and equitable health services.

3.2. Expected results and main activities

Expected Result 1: By 2015, essential health care services accessibility and utilization for pregnant & lactating women (including young women) and children have increased

Expected Result 2: By 2015, quality of health, nutrition, HIV/AIDS services has increased in Peripheral Health Units (PHU) & district hospitals

Expected Result 3: By 2015, the Ministry Of Health & Sanitation (MOHS) capability to plan, manage, monitor and assess has increased

In order to achieve the above results, the following activities will be carried out in four broader project components:

Component 1 – Improvement of essential health care service (medical and food supply availability)

A1.1: Improve availability of Free Health Care Initiative (FHCI) drug/medical supplies and nutritional inputs at health facilities level

- Bridge the gaps in provision of FHCI drugs and medical supplies.
- Bridge the gaps in the provision of therapeutic feeding inputs and micronutrients for supplementation.

Component 2 – Improvement of essential health care service (human component)

A2.1: Improve quality of care in selected basic/comprehensive Emergency Obstetric & Neonatal Care (EmONC) health facilities in line with the Basic Package of Essential Health Services (BPEHS).

- Enhancing skills of health workers at local level to deliver integrated continuum of care services (Integrated Management of Neonatal and Childhood Illnesses IMNCI; Early Infant Diagnosis EID; paediatric HIV/AIDS care, Maternal and child health) and mentoring / supervision skills.
- In-country training of selected district level physicians on obstetrics and paediatrics.

A2.2: Improve availability of FHCI drugs & medical supply at health facilities

- Improvement of drug management protocols.
- Supportive supervision and training on drugs & medical supply management and basic financial management at Peripheral Health Units (PHU) and District level.

A2.3: Improve severe malnutrition management and surveillance

- Training of selected staff on therapeutic feeding and management.
- Training on Infant and Young Child Feeding (IYCF) to address the immediate causes of malnutrition.

A2.4: Increase demand for Mother and Child Health services

- Strengthening Outreach Activities in most remote areas and increase coverage of usage of services and messaging.

Component 3 – Improvement of essential health care service: (investments)

A3.1: Raise the number of health facilities able to provide the full basic/comprehensive EmONC packages (as well as to provide upgraded Expanded Program of Immunization EPI services)

- Comprehensive Needs Assessment.
- Basic rehabilitation including provision of safe water, waste disposal management, hygiene and sanitation.
- Adequate biomedical equipment related to safe motherhood for selected health facilities (eventually including operating theatre and blood bank equipment in District Hospitals).
- Solar equipment including solar refrigerators and cold chain capacity.
- Support the implementation of biomedical equipment maintenance units at District level.

A3.2: Improve storage of FHCI Drugs /medical supply/therapeutic feeding inputs

- Improve the District Medical Stores (DMS) storage capacity and provide districts with basic drugs management equipment (including storage capacity for therapeutic feeding inputs in DMS).

Component 4: Strengthening Health Sector Governance

A4.1: Improve supervision and reviews of Districts Health Team performance by the central level

- Co-financing with other health partners the quarterly supervision of District Health Team (DHT) by central level.
- Co-financing with other partners of the annual review process in District and at central level.
- Improving quality of care through “Facility Improvement Team and Mentoring of District”.

A4.2: Improve and increase supervision from the District Health Team level

- Training of DHT on integrated supervision.
- Support integrated supervision by the DHT.

A4.3: Strengthen coordination coherence and capacity building at local level

- Support the development by DHT and local stakeholders of a district level comprehensive budgeted sector plan.

A4.4: Strengthen Monitoring and Evaluation

- Provision of basic Information and Communication Technologies equipment to DHT & Hospitals.
- Support the upgrading of routine Health Management Information System at District, District Hospitals and PHU levels.
- Operational research on MDG 4/5.

3.3. Risks and assumptions

General risks: Some of the major risks are (i) limited fiscal space and economic growth preventing the Government of Sierra Leone from allocating sufficient resources to the health sector; (ii) poor human and financial resource management; (iii) low number and poorly motivated staff with frequent turnover (especially regarding physician and mid-wives); (iv) insufficient support from other Health Development Partners (HDP); (v) poor collaboration and coordination. During the implementation of the project, these risks will be mitigated by the following actions: (i) increase fiscal space resulting in higher budget allocation to health, including staff salaries and allowances and capacity investments; (ii) strong Government leadership and Partner compliance with the agreed principles of the *Health COMPACT*[1] and Implementation of the Joint Program of Work and Funding; (iv) Enhancement of coordination and coherence at district level; (v) monitoring & evaluation system in place; (vi) commitment towards transparency and accountability at health facilities and district level. Lastly, the major risk is linked to the potential Government of Sierra Leone incapacity at the end of the project, to take over the financing of the drugs supply required for the Free Health Care Initiative (FHCI) to continue. In this sense the project requires the Government of Sierra Leone to commit itself to co-financing the provision of FHCI drugs before the end of the project period.

Specific risk: Successful implementation of the project can be hampered by: (i) delays in implementation of the National Pharmaceutics Procurement Unit (NPPU); (ii) inability of UNICEF to integrate its activity in terms of drug forecasting, management and procurement within the NPPU; (iii) difficulties in assessing needs for Emergency Obstetric & Neonatal Care (EmONC) facilities due to lack of clear health facilities mapping. These specific risks will be mitigated through (i) commitment of the Government of Sierra Leone to quickly set up the NPPU with its legal autonomous status (ii) UNICEF commitment to work within the NPPU, once the latter becomes functional; (iii) close collaboration between Ministry Of Health & Sanitation (MOHS), UNICEF and other donors involved regarding assessment of various needs (including needs in terms of upgrading of basic an comprehensive EmONC centres).

3.4. Cross-cutting Issues

Governance: Though the main focus of the project relates to service delivery, one of the aims of the project is to raise capacity of Ministry Of Health & Sanitation (MOHS) at central (including National Pharmaceutics Procurement Unit, NPPU) and peripheral level; at peripheral level, involvement of Local Councils in decision making at District level will be pursued. HIV/AIDS: the project will work on HIV in children. Gender equality: the goal of the project is to reduce

1 The Government of Sierra Leone and Health partners on 19 December 2011 signed the Country Compact. It adheres to the global compact of the International Health Partnership and related initiatives (IHP+). It provides a framework for adherence by all partners in Sierra Leone to the Paris Declaration principles and working arrangements set out in the global IHP compact.

maternal and under 5 mortality; data used to monitor the project will be desegregated by gender and age; this will allow sensitization of population and local authorities on the need to include women in the decision making process. Furthermore, issues regarding women and children's' rights will be addressed throughout the project development in correlation with UNICEFs broader mandate. Environment: the project will equip the health facilities with solar energy devices; safe waste management will also be included in health facility upgrading.

3.5. Stakeholders

The main stakeholders directly involved in the project are:

Ministry of Health and Sanitation: the key Ministry Of Health & Sanitation (MOHS) services involved at central level in the implementation of the project are the Directorate of Reproductive and Child Health, the Directorate of Drugs and Medical Supplies, The Directorate of Primary Health Care and the Directorate of Planning and Information. They will all benefit from the capacity building process inherent to the project. These Directorates work under the direct umbrella of the Permanent Secretary and the Chief Medical Officer that should be regarded as both the initiators and the overall supervisors of the project. In line with the *Health COMPACT*, the *Health Sector Steering Group* (HSSG) will oversee the project. Regular reports of progress will be presented to the HSSG. At peripheral level, the District Medical Teams will not only be the direct beneficiaries but also the main gears allowing proper implementation of the project.

Local authorities notably the local councils already supported by the *Decentralised Service Delivery Project*, as well as the civil society will play a role in overseeing of the project. At local level, ownership will be reinforced through a better involvement of those actors in decision-making at local level.

Pregnant/ lactating women and children under five are the main beneficiaries of the project though patients living with AIDS, mothers of malnourished children will also benefit.

4. IMPLEMENTATION ISSUES

4.1. Method of implementation

A Financing Agreement will be signed with the Government of Sierra Leone to ensure its ownership of the project.

The project will be implemented in **joint management** through the signature of a contribution agreement with United Nations Children's Fund (UNICEF), in accordance with Article 29 of the Regulation (EC) No 215/2008 on the financial regulations applicable to the 10th European Development Fund. The international organisation complies with the criteria provided for in the applicable Financial Regulation. A standard contribution agreement will be signed according to the Financial and Administrative Framework Agreement (FAFA) signed on 29th April 2003 between the European Community and the United Nations.

UNICEF has a mandate to advocate for the protection and promotion of the rights of the child, to meet children's basic needs and expand their opportunities so that they reach their full potential. This mandate fully corresponds to the general objective of the project. In Sierra Leone, UNICEF is a key player in the health sector, including in terms of drugs, medical and nutritional supplies provision for DFID and Irish Aid financed projects. Thanks to this, UNICEF has already developed an extensive expertise in drug forecasting, distribution and monitoring specific to Sierra Leone.

4.2. Procurement and grant award procedures

All contracts implementing the action are awarded and implemented in accordance with the procedures and standard documents laid down and published by the relevant International Organization.

4.3. Budget and calendar

Total cost of the project is estimated at EUR 24 200 000 financed through the MDG Initiative. The duration of the operational implementation phase is fixed at 36 months from the signature of the Financing Agreement.

Component	Amounts (EUR)
Contribution Agreement with UNICEF	**23 000 000**
Component 1: Improvement of essential health care service: (drugs, medical and food supplies) – indicative amount	*9 000 000*
Component 2: Improvement of essential health care service: (human component) – indicative amount	*3 700 000*
Component 3: Improvement of essential health care service: (investments) – indicative amount	*7 650 000*
Component 4: Strengthening Health Sector Governance – indicative amount	*2 500 000*
Visibility – indicative amount	*150 000*
Evaluation & Audit	500 000
Contingencies	700 000
TOTAL	**24 200 000**

4.4. Performance monitoring

The beneficiary and the implementing partner will establish transparent systems and internal controls for technical and financial management, as well as continuous monitoring, evaluation and reporting arrangements. The Health Sector Coordination Committee chaired by the Minister of Health, will approve the implementing partner's yearly actions plans. Updates on the project's progress will be presented for discussion in the *Health Sector Steering Group* (HSSG) at least on a quarterly base. Regular joint field assessments of progress will complement the control mechanism.

Project performance will be assessed using the indicators drawn from the *Result Accountability Framework*, a reference document that lists all the inputs, outputs and outcome/impacts indicators that are to be monitored. Data collected from the *Health Management Information System* (HMIS) and different surveys planned between 2013 and 2015 (amongst others, DHS survey planned in 2013, MICS5 planned in 2015) will also be used to assess effectiveness and impact of the project. The reinforcement of the HMIS component in the present project will insure better quality of data collected. The Working Group on "*Health Information M&E and associated supportive supervision*" that give advice to the HSSG on M&E, will also be involved in data quality assurance.

4.5. Evaluation and audit

Independent consultants recruited directly by the European Commission on specifically established terms of reference will carry out external evaluations, as follows; a mid-term evaluation mission and a final evaluation, at the beginning of the closing phase.

4.6. Communication and visibility

The overall objective is to ensure the visibility of the EU in all project activities under the present Project. A visibility plan will be prepared by UNICEF to ensure maximum visibility for the EU in line with the Communication and Visibility Manual for European Union External Actions.

All national stakeholders, beneficiaries, donor community and general public should be aware of the contribution of the EU in delivering aid in the health sector in Sierra Leone, and of the respective roles of the EU and the UNICEF at the end of the project. Advocacy materials designed to facilitate evidence learning and scaling up (brochures, information notes, newsletters,

human interest stories, TV spots, radio spots, case study, and improved EU visibility) and establish alliances with media to regularly cover project accomplishments.