EBOLA OUTBREAK TO RECOVERY

SIERRA LEONE

Progress Report

OCTOBER 2015

Cover photo:

A new born baby and his mother at the Princess Christian Maternity Hospital, better known as PCMH in Freetown, Sierra Leone. PCHM is a government-run hospital that provides free medical care to expectant and breastfeeding mothers, and children under the age of five

Credits attributed towards the production of this report and editorial content:

Content: Anders Nordstrom, Mohamed Kakay and respective WHO Sierra Leone Team Leads.

Editorial: Ebba Kalondo and Elaina Davis

Publication design & Infographic production: Harish Murthi

Photo selection: Saffea Gabore

EBOLA OUTBREAK TO RECOVERY

SIERRA LEONE

Progress Report

OCTOBER 2015

World Health Organization

TABLE OF CONTENTS

6 INTRODUCTION
7 Contributions made by the World Health Organization

10 Outcome 1: Getting to a Resilient ZERO
10 — Enhanced Surveillance, Contact Tracing and Case Investigation
11 — Community Engagement
12 — Psychosocial Support
13 — Optimised Case Management
14 — Comprehensive Care and Support for EVD Survivors

17 Outcome 2: Sustaining Zero and Safe Health Care for Patients and Health Workers
17 — Ensure Safety Of Patients and Health Workers
19 — Strengthened Emergency Preparedness and Response Capacity

21 Outcome 3: Essential Health Service
21 — Re-Establishment Of Essential Services
23 · Support the Planning And Implementation Polio and Measles Supplemental Immunisation Activities (SIA)
23 · Support the Routine Immunization Acceleration Plan
24 · Support the Introduction of Inactivated Polio Vaccine (IPV)
24 - Adolescent Health Services
24 - Child Health
24 - Maternal Health
25 — Re-Establishment Of Essential Services
25 - Human Resource Information System (HRIS)
25 - Support to the Donor Coordination Office
25 - Coordination of the Service Mapping of Activities

27 Outcome 4: Planning and Management at the District and National Level
27 — Effective Leadership and Support of National Health Sector Planning
27 — Appropriately Resourced and Functioning District Health Management Teams (DHMTs)

28 Outcome 5: Making the Organization Work
28 — Effective And Efficient Human Resource
28 — Effective Financial Management And Oversight
29 — Provide Operations And Logistics Support For Health Activities

30 WHO'S FIELD PRESENCE IN SIERRA LEONE

34 ACHIEVEMENTS AGAINST WHO'S WORK PLAN

35 DONOR SUPPORT, FUNDING AND EXPENDITURES

ACRONYMS

AFHS	Adolescent Friendly Health Services
AFP	Agencies, Funds, Programmes
BPEHS	Basic Package for Essential Health Services
CHOs	Community Health Officers
CPES	Comprehensive Package for EVD Survivors
DERC	District Ebola Response Centre
DHMTs	District Health Management Teams
DPC	Disease Prevention and Control
ETCs	Ebola Treatment Centres
EVD	Ebola Virus Disease
EVDS	EVD Survivors
GAVI	Vaccine Alliance
HCWs	Health Care Workers
HRIS	Human Resource Information System
HSS	Health Systems Strengthening
IDSR	Integrated Disease Surveillance Response
IEC	Information Education and Communication
IHR	International Health Regulations
IP	Implimenting Partner
IPC	Infection Prevention & Control
KAP	Knowledge, Attitudes, Practices
MHPSS	Mental Health and Psychosocial Support
MoHS	Ministry of Health & Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children Affairs
NERC	National Ebola Repsonse Centre
NIPCU	National IPC Unit
PFA	Psychological First Aid
PHUs	Peripheral Health Units
PPE	Personal Protection Equipment
SHS	School Health Services
SLAs	Service Level Agreement
SOPs	Standard Operating Procedures
ToT	Training Of Trainers
TWG	Technical Working Group

WHO Sierra Leone/XXX

INTRODUCTION

From a peak of over 500 cases a week in October 2014, with transmission in all 14 districts, Sierra Leone has reached the tail end of the Ebola outbreak with single digit cases in only one district as of mid-September 2015. Active case search, supervision and mentoring of contact tracers and contact tracing activities continue to be strengthened in all districts. As a result of a coordinated effort with partners and national authorities, 14 districts have completed their 42-day countdown to become free of Ebola Virus Disease (EVD) transmission. In order to consolidate these gains, preparedness in the event of reoccurrence remains crucial in getting to and maintaining a resilient ZERO.

The current outbreak has not only tested the existing health infrastructure, but has also overshadowed work in strengthening the health system services in the country. While ending the current Ebola outbreak remains the primary objective of Sierra Leone and the sub-region, WHO is committed to assist in strengthening the country's existing health systems capacity to detect, respond to and recover from public health emergencies now and in the future.

Sierra Leone is now entering Phase 3 of the response which has two key objectives: first, to define and rapidly interrupt all remaining chains of transmission and, second, to identify and manage risks in all locations that were previously affected. Towards this end, rapid emergency operational plan has been initiated that provides support to assess the risks, trace, monitor and support each and every person linked to Ebola cases, and ensure that the best possible Infection Prevention and Control (IPC) standards are upheld in all healthcare facilities to protect health workers and those seeking care.[1]

In light of behavioural challenges, social mobilization teams and anthropologists work alongside surveillance colleagues to address rumours, perceptions and harmful practices. In an effort to provide a comprehensive response, a multidisciplinary approach was adopted to ensure Sierra Leone not only achieves ZERO cases but sustains a resilient ZERO. To this end, operational excellence is achieved through effective human resource management, integrated strategic planning and management (national and district level), protection for Health Care Workers (HCWs) and patients through proper IPC, all the while revitalizing the Integrated Disease Surveillance Disease (IDSR) in the country to ensure preparedness. Inter-agency coordination with other UN Agencies, Funds, and Programmes (AFPs) has maximized response efforts, with a common goal to fully support the government with its national priorities and strategies.

1 The strategic objectives for WHO are to: 1. Stop transmission of the Ebola virus 2. Prevent new outbreaks of the Ebola virus in new areas 3. Safely reactivate essential health services and increase resilience and 4. Coordinate national and district level Ebola response.

WHO Sierra Leone/XXX

While Sierra Leone is on the road to achieve 0 cases + 42 days, essential health services remain a concern. Many healthcare facilities were repurposed for the Ebola response and the effects on basic healthcare in the country are clear: the Ebola outbreak has led to a 21 percent decrease in the number of children being vaccinated, a 23 percent decrease in institutional child deliveries, and as much as a 90 percent drop in family planning visits.[2] Given that over 200 HCWs died of EVD, proper IPC trainings and monitoring need to continue in all health facilities to ensure safety of patient and the health care workforce. Recent KAP studies confirm that while core confidence in health systems exists, a strong need for strengthening health care facilities remains, especially in the silent districts. To this end, WHO Sierra Leone maintains a dual stream focus; to the Ebola response and to post-Ebola priorities of strengthening the overall health system focusing on areas such as reproductive, maternal, new-born, child and adolescent health, communicable/ non-communicable diseases and vaccination against preventable diseases, among others.

WHO will continue to support the Sierra Leone government in shutting down the last chains of transmission while managing all sources of risk for reoccurrence, while at the same time supporting transition towards recovery and rebuilding a resilient healthcare system. Towards this end, WHO aims, for the time being, to maintain its field presence in all 14 districts in partnership with the Ministry of Health and Sanitarion (MoHS) and the District Health Management Teams (DHMTs) to consolidate gains moving forward.

WHO is supporting the MoHS to reactivate essential health services in an effort to contribute to the long term health system. In achieving this end, WHO is responding to the government's 24-month health recovery plan, launched by the President on 24 July, 2015, which includes:

1. Rolling out IDSR
2. Strengthening IPC
3. Reducing Child and Maternal Mortality
4. Enhancing Human Resources for Health
5. Engaging communities
6. Improving Management for Health and a Resilient Health System.

The EVD outbreak in Sierra Leone has severely tested the current health system, but provided valuable lessons about best practices, reinforced health system infrastructure and innovative technology solutions for future outbreaks. The EVD outbreak called for the rapid adoption of an IDSR early warning system and identified gaps included a lack of reporting tools, difficulties with transmitting data and limited access to laboratory confirmed diseases.

Consequently, as of August 2015, Standard Operating Procedures (SOPs) were developed for operationalising surveillance at national and district levels, International Health Regulations (IHR), cross-border and community-based surveillance. In addition, WHO has established an e-IDSR platform in collaboration with the MoHS and partners, produced training materials, and trained trainers and health workers to facilitate the programme rollout.

As Sierra Leone moves from emergency response to recovery, the full implementation of the IDSR strategy integrates the inclusion of Sierra Leone's list of Priority Diseases, Conditions and Events.

2 Sierra Leone Health Facility Assessment 2015: Impact of the Ebola Virus Disease Outbreak on Sierra Leone's Primary Health Care System.

WHO Sierra Leone/XXX

CONTRIBUTIONS MADE BY THE WORLD HEALTH ORGANIZATION

Responding to the government's request, WHO continues to provide technical advice and health information on best practices for better decision making, some of which have led to the review, adaptation and implementation of various policies and interventions by the government and the National Ebola Response Centre (NERC). WHO Sierra Leone remains committed to providing the necessary technical support and advice and also contributing towards national capacity building in key operational areas such as IPC, case management, surveillance and information management.

WHO is supporting the transition towards the restoration of essential health services including: vaccination of preventable diseases; nutrition; reproductive health, maternal, neonatal and child health; immunisation services; and HIV, TB and malaria.

Technical advice is also being provided to the five focus areas of the National Health Sector Recovery Plan and the broader rollout of the Basic Package for Essential Health Services (BPEHS).[1]

WHO also plays a role in providing operational support to ensure that key pillar functions maintain operational excellence with, inter alia, a reliable supply of consumables and equipment to bolster field operations.[2] WHO Sierra Leone continues to provide countrywide district support with Field Coordinators assisting DHMTs with planning, training, service provision, reporting, and information management. This support aims to strengthen and reinforce effective management and capacity of health service delivery at the district level.

This report provides a summary of progress made against five outcomes, as specified in the 2015 work plan.

1 Focus areas of the National Health Sector Recovery Plan are as follows: Patient & Health Worker Safety, Health Workforce, Essential Health Services, Community Ownership, Surveillance & Information.

2 WHO Sierra Leone has over ten Pillars, led by designated technical leads and their respective teams to ensure all aspects of the response are covered. These Pillars are as follows: Surveillance, Social Mobilization, Case Management, Strategic Communication, IPC, IDSR, Essential Services, Health Strengthening, Laboratories, Psychosocial, Survivors and Research.

WHO Sierra Leone/XXX

OUTCOME 1

GETTING TO A RESILIENT ZERO

ENHANCED SURVEILLANCE, CONTACT TRACING AND CASE INVESTIGATION

The epidemiology team contributes to the goal of enhanced surveillance, contact tracing and case investigation by providing technical assistance and guidance to partners and districts, ensuring that all contacts are thoroughly investigated, quarantined, monitored, and ensuring complete investigations of cases. The team continues to support the MoHS by compiling epidemiological and surveillance information on EVD incidence, prevalence, and associated contacts as well as preparing and submitting presentations to partners meetings on a daily basis. The data and Geographic Information System (GIS) specialists provide assistance with enhanced mapping of cases and data analysis. WHO continues to work with district epidemiologists and Field Coordinators to encourage daily mandatory reporting of live and death alerts.

The epidemiology staff contributed to the District Getting To Zero Strategy Planning Meeting held on 3 and 4 September 2015. Staff also presented methods to maintain and sustain vigilance in getting to ZERO cases.

WHO has been involved with the plan since the beginning of the outbreak and have provided inputs to the evaluation plan by writing the definition of minimum criteria and elements to inform monitoring and quality assurance.

The surveillance team also provided assistance in developing framing documents and conducted training for the Ebola vaccine trial.

From June through to September 2015, WHO's epidemiology team meticulously monitored approximately 1,500 contact EVD cases across Sierra Leone.

Regular presentations to the Surveillance Pillar meetings form part of the key information sharing mechanisms in support of the NERC and the overall response.

Further, the surveillance team also designed a revised case definition of EVD terminologies to facilitate understanding of epidemiological terminology, improved case investigation and contact tracing thereby supporting outbreak response teams.

WHO Sierra Leone/XXX

WHO Sierra Leone/XXX

COMMUNITY ENGAGEMENT

A major lesson learnt from the West Africa EVD outbreak is that community cooperation with and acceptance of, the Ebola response is critical for a successful outcome in eradicating EVD.

Fleeing contacts, families and friends hiding the sick, not reporting cases, and secretly washing and burying the dead, remained common. A lack of trust and confidence in the health services fuelled community fear of the Ebola Treatment Centres (ETCs) and calling the Ebola hotline.

These occurrences highlight that providing services does not automatically translate into positive buy-in from the community. Health service provision and health service facilities in the country has followed a top-down approach with little or no involvement of the beneficiaries. The Ebola response merely exacerbated existing and historical challenges in the healthcare system.

WHO Sierra Leone community engagement teams have been working with community leaders (traditional healers, paramount chiefs, section and town chiefs, youth, women, and religious leaders) to get community members to stop or adapt practices and behaviours that put communities at risk of infection.

The community engagement strategy is anchored in identifying community champions who the audience trusts to communicate messages that acknowledges beliefs and value systems while addressing community concerns, fears and perceptions. At present, WHO has 32 community engagement staff who cover all 14 districts. This team work closely with partners and the DHMTs to engage with community leaders who share the same social and cultural values and beliefs in order to mitigate the effects of harmful practices.

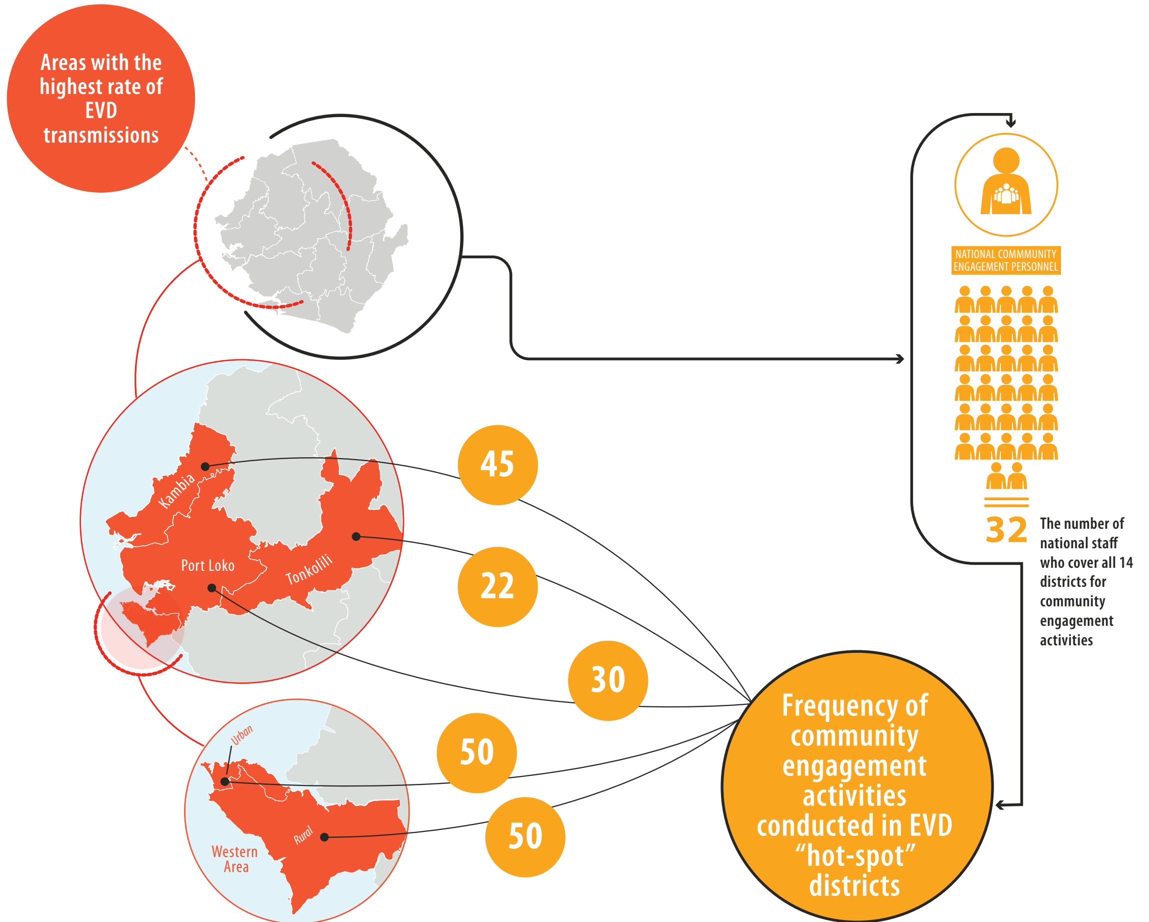
While engaging the community, the teams build capacity through training and orientation sessions for community mobilizers, traditional healers, secret society leaders, motorbike riders and other stakeholders/groups affected by the outbreak.

The team also conduct communication skills and Psychological First Aid (PFA) training for frontline Ebola responders to build awareness of, and skills in, ways to engage with empathy in order to build relationships that encourage community collaboration and acceptance of the Ebola response services.

In an effort to assure a rapid response, community engagement teams have also been working with communities on preparedness and coaching communities to ensure they are fully prepared to recognize Ebola signs and symptoms, and send out health alerts about any future disease outbreaks.

OUTCOME 1

FREQUENCY OF COMMUNITY ENGAGEMENT ACTIVITIES



PSYCHOSOCIAL SUPPORT

WHO provided Mental Health and Psychosocial Support (MHPSS) training to frontline responders (social mobilization, contact tracers, epidemiologists, ambulance drivers, burial teams) to build communication skills, compassionate community engagement, PFA and cultural understanding.

While there has been extensive PFA trainings at the community level, a need for similar skills training at primary health level, was identified. A total of 140 primary health unit staff (10 per district) received training in basic mental health. 62 Community Health Officers (CHOs) from all 14 districts can now provide specialised services in mental health at the primary health level after undergoing Global Action Program (mhGAP) mental health training. Currently 15 health workers, including one mental health nurse in each district (total 20 in 14 districts), received refresher mental health training from WHO and partners. In addition, mental health nurses are actively conducting outreach activities within the districts.

At the national level, a mental health and psychosocial support workshop was held for partners in Freetown in May of 2015. Similarly, the Sierra Leone Health Sector Recovery Plan (2015-2020) and mental health strategic plan for 2014-2018 were recently reviewed with MoHS to improve mental health services in the country. At regional level, a high-level mental health meeting for the three Ebola -affected countries was held in Monrovia, Liberia.

WHO Sierra Leone/XXX

WHO Sierra Leone/XXX

OPTIMISED CASE MANAGEMENT

EVD screening at health facilities is ongoing in an effort to maintain vigilance. As an important tool in reaching and maintaining a 'resilient' ZERO, the revised Ebola screening form has been finalized and sent to the MoHS for approval and endorsement. The form is unchanged with regard to the previously approved EVD case definitions. The form also includes refinements concerning symptoms in young children. Guidelines are provided on transmission risk stratification and management of pregnant women in line with the latest global WHO guidelines. The screening form is intended to be used by staff at all health facilities following a one-day training programme. The clinical training included simulations of a variety of case scenarios that are representative of the range of issues facing persons attending health facilities.

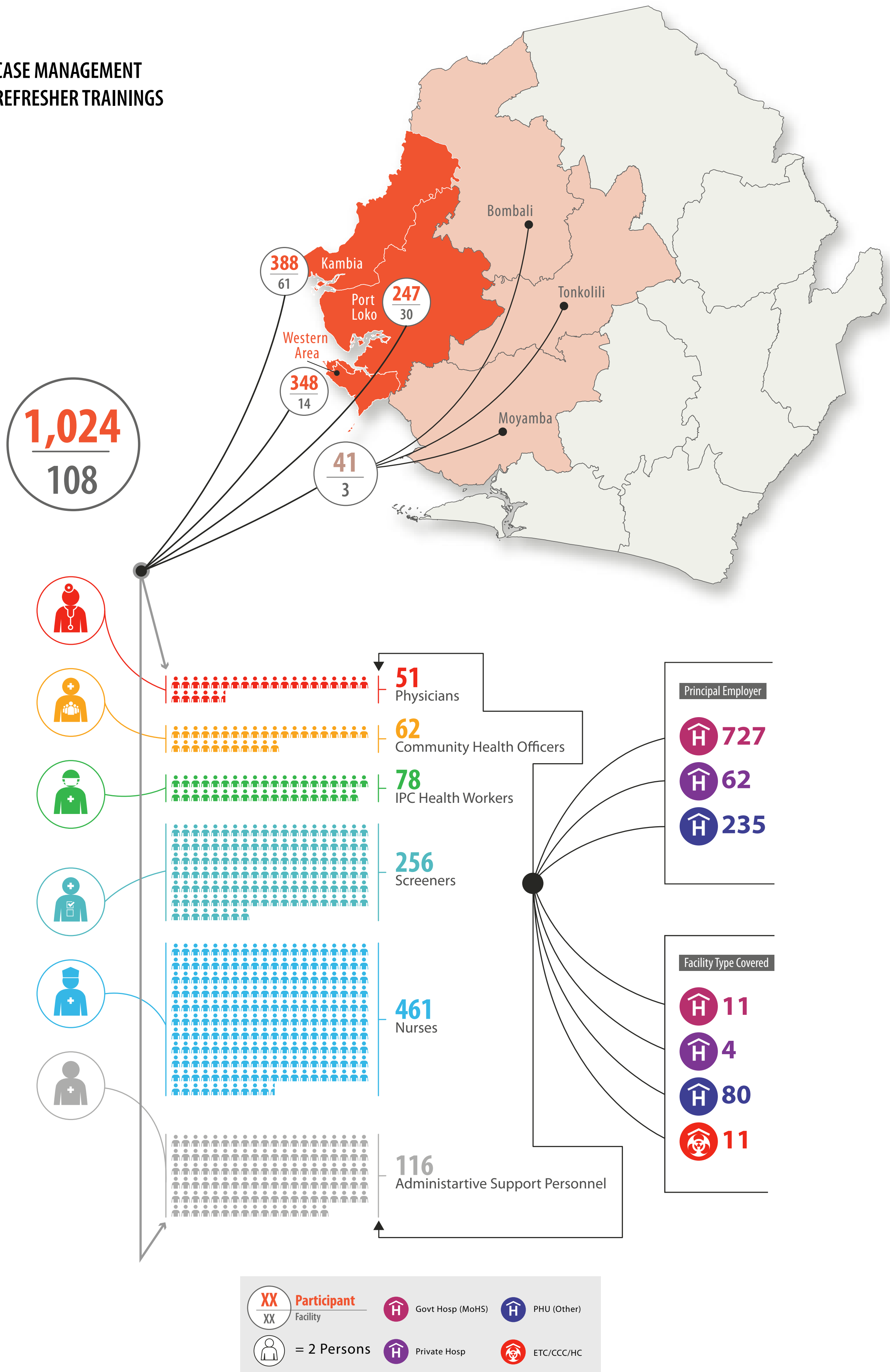
Refresher trainings will be provided for over 1,000 health workers previously trained in Western Area, Port Loko and Kambia districts. Training will then be rolled out nationwide. The team will monitor the implementation and impact of training in mainstream hospitals using newly developed internal and external assessment tools.

Clinical support for quarantined households, guidelines for optimising clinical care of individuals, including pregnant women, in quarantined households have been widely implemented. The WHO team continues to support the response with rapid re-deployment of clinicians to districts when they experience flare-ups of EVD infection i.e. Tonkolili, Kambia and Bombali. In addition, WHO Sierra Leone has advised on the management of pregnant women in quarantined households, including the provision of on-site (mobile) antenatal care and arrangements for pregnant women approaching term to be cared for in specialised mother-baby units, where appropriate obstetric and neonatal care can be provided in a risk managed environment.

WHO Sierra Leone/XXX

OUTCOME 1

CASE MANAGEMENT REFRESHER TRAININGS



COMPREHENSIVE CARE AND SUPPORT FOR EVD SURVIVORS

The Comprehensive Package for EVD Survivors (CPES) is a key element for the implementation of the national EVD Survivor Policy in Sierra Leone. The overall objective of the CPES initiative is the provision of quality, sufficient, secure and sustainable health and psychosocial services, including support for livelihood reconstruction, for all EVD Survivors.

WHO has provided technical support to the Government of Sierra Leone, represented by the MoHS and the Ministry of Social Welfare, Gender and Children Affairs (MSWGCA) for the development and implementation of effective comprehensive Care for EVD Survivors (EVDS), in cooperation with all partner organizations involved in the EVD response. Comprehensive care for EVDS is a programmatic priority in the current near-ZERO scenario and for the early recovery agenda.

The CPES aims to respond in a comprehensive manner to the needs of EVDS, reflecting the integration of basic services for EVDS into the National Health and Social Welfare Systems and aligned with the wider essential service packages for all Sierra Leoneans.

The CPES will be implemented via proven referral pathways to required specialized services, with survivor advocates as case managers who will oversee and facilitate the appropriate course of each EVDS through the care pathway. This process will assure that quality services are provided so that desired health and social outcomes are attained, documented, reported and recognized.

WHO is supporting the MoHS and MSWGCA of Sierra Leone in the collaborative work at the Survivor Steering Committee and Technical Working Group (TWG). To date, implementing partners have reported in the TWG about the accumulated experience acquired by nearly 2000 episodes of provision of care to Survivors.[1] This experience of assessing needs and providing care in response to the health and psychosocial conditions of EVDS in Sierra Leone includes the national eye care program providing diagnosis and treatment for acute inflammatory eye disease common among EVD survivors. This reviewed experience constitutes one of the bases upon which the CPES is being structured and will be implemented over the next 24 months.

1 Comprehensive Care for EVD Survivors Technical Working Group (TWG)

OPEN HERE

OUTCOME 2

SUSTAINING ZERO & SAFE HEALTH CARE FOR PATIENTS AND HEALTH WORKERS

ENSURE SAFETY OF PATIENTS AND HEALTH WORKERS

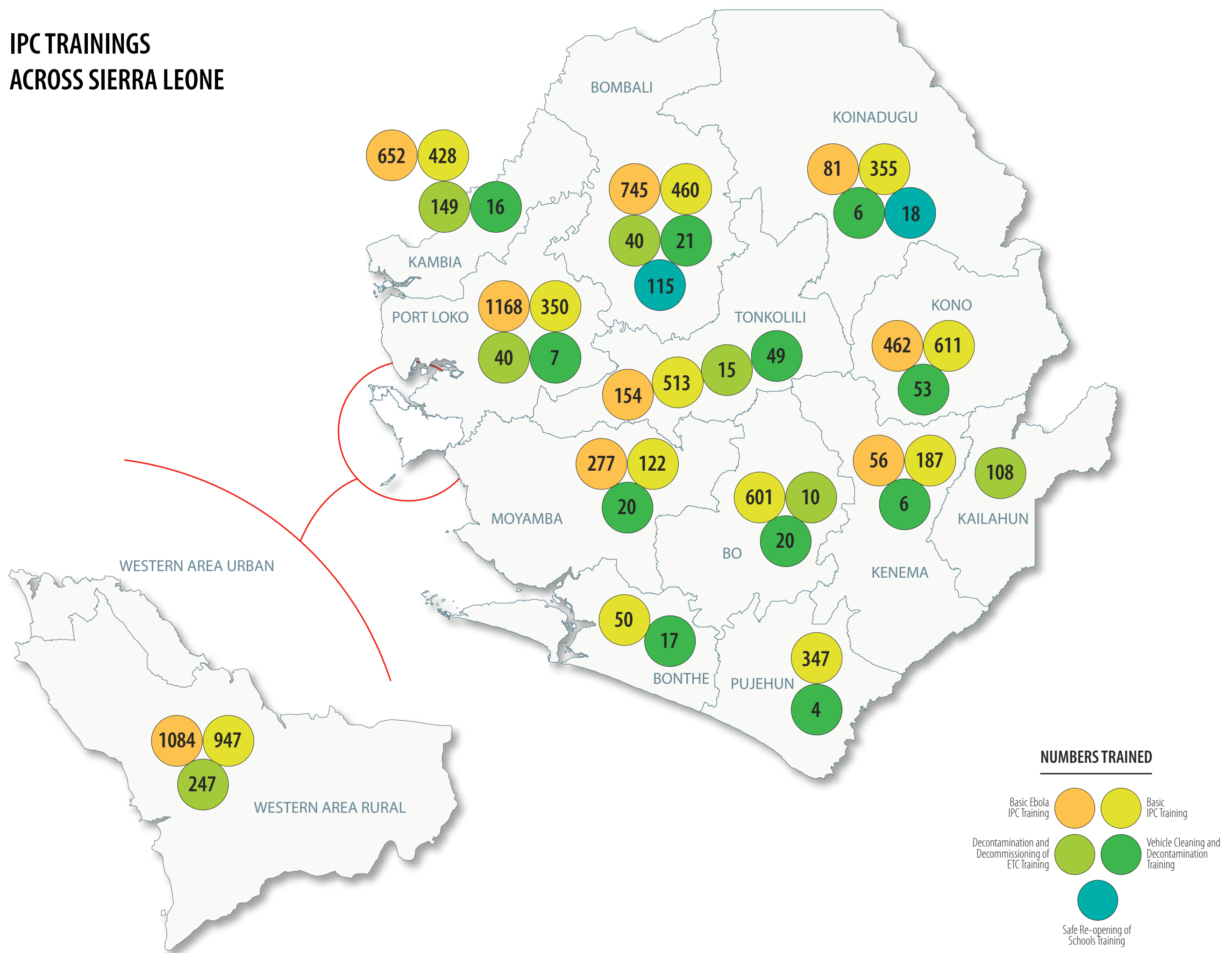
The risk of Ebola transmission from a patient to a healthcare worker depends on the likelihood and degree of exposure. Given that the early symptoms of Ebola are similar to other febrile illnesses, the process of triage and evaluation at the point of screening is paramount to halting the transmission of EVD.

WHO and its partners are supporting health care facilities in their implementation of administrative and environmental controls and by providing onsite management. This support includes oversight on the safe use of Personal Protection Equipment (PPE) and oversight of designated triage areas, which should be located as near as possible to the entrance to prevent patients from gaining access to the entire facility. IPC support is also being delivered in the form of best practices, such as continuous safety checks of HCWs during the process of putting on (donning) and removing (doffing) PPE and during hygiene and cleaning procedures.

The IPC team is also directly working with onsite partners to ensure that screening points at emergency rooms are utilizing safe practices to curb transmission at hospitals and Peripheral Health Units (PHUs).

Systemic improvements in IPC, achieved through routine IPC trainings for front line health workers coupled with greater institutional and stakeholder coordination and better safeguards for both patients and caregivers have resulted in a dramatic decline in the number of new cases. This coordinated approach has been particularly effective in previous hotspots in Western Area, Port Loko and Kambia.

WHO's technical capacity building support in IPC mechanism implementation through trainings, guideline oversight, and protocol development, remains a key pillar in the delivery of lifesaving EVD support through trainings.



Good IPC implementation practices are key in the EVD response, coupled with improved triage and clinical care - anchor point elements – that are necessary to reduce transmission rates in health care facilities and among frontline care givers.

Regular measurement and monitoring of IPC bench marks, including patient screening/triaging and quality of care indicators, remain essential to guaranteeing that minimum standards are in place and to enable any necessary improvements. This measurement has been set as one of the key activities outlined towards strengthening the newly formed National IPC Unit (NIPCU) based within the MoHS.

WHO continues to play the role of technical support for IPC best-practices and remains an important technical partner to the MoHS with technical advice and mentorship geared towards building national and district level capacity. From 6 - 7 August 2015, MoHS and partners reviewed the national IPC policy, which was then finalized and approved to guide health facilities nationwide on IPC practices and standards. The Validation Meeting of National Infection Prevention and Control Guidelines was held in Freetown from 24 - 25 August 2015. A large turnout of senior medical and nursing staff from all districts of Sierra Leone provided constructive and valuable input. The guidelines will now be finalized, incorporating changes relevant to Sierra Leone and will become the standard for IPC adopted by MoHS.

WHO continues to support the implementation of IPC across Sierra Leone at both national and district level. As the emergency response moves into the transition stage, WHO continues to provide technical support to the MoHS on the development and introduction of IPC into all health care facilities.

STRENGHTENED EMERGENCY PREPAREDNESS AND RESPONSE CAPACITY

With the EVD outbreak coming under control in most districts and with the MoHS and partners, including WHO, Centers for Disease Control and Prevention (CDC) and United Nations Population Fund (UNFPA), utilizing the window of opportunity presented by the outbreak response, everyone is working to revitalize IDSR at national and district levels to correct all the identified flaws in the system.

Sierra Leone began IDSR strategy implementation in 2003 but to limited success at a point when the EVD outbreak had already adversely affected the IDSR system further, with staff attrition, health facility closures, and the diversion of most staff to EVD.

In January 2015, after conducting a rapid IDSR assessment in four selected districts and at national level, the IDSR team in collaboration with MoHS/Disease Prevention and Control (DPC) and partners developed a detailed IDSR revitalization plan of action.

The IDSR team organized three national level workshops in Freetown and with the involvement of all the stakeholders has adapted and validated the revised WHO 2010 AFRO technical guidelines and training modules to Sierra Leone. Teams have also ordered, printed and distributed the validated IDSR documents, including 2000 IDSR technical guidelines, 2000 participant modules, 200 facilitators guide, 3000 standard case definition charts, 3000 IHR decision instrument chart, 650 rumor logbook, 3000 Line List, 1500 case based reporting pad, and 1500 weekly summary reporting form pad.

Using the adapted IDSR tools, the IDSR team also organized four national level Training of Trainers (ToT), seven district level IDSR trainings, and managed to train a total of 871 health workers working in the PHUs, DHMTs, hospitals and private institutions in seven districts on IDSR. In these trainings, IDSR focal persons were identified to supervise the community based surveillance volunteers in their catchment as well as to link the IDSR activities with the DHMTs.

WHO is working with the MoHS and partners to establish strong community based surveillance, making the IDSR system available electronically and building the minimum IHR core capacities required.

Creating a vigilant and robust surveillance and response system through the revitalization of the IDSR system in Sierra Leone will contribute to the current EVD outbreak control as well as to any other public health emergency early detection and response in the long run.

To ensure that there is a strong IDSR system for the EVD outbreak and other public health emergencies, the IDSR team works with MoHS and partners on the planned capacity building activities to establish a strong community based surveillance and electronic IDSR system, and to build the minimum IHR (2005) core capacities that are required.

WHO
OMS

OUTCOME 3

ESSENTIAL HEALTH SERVICE

RE-ESTABLISHMENT OF ESSENTIAL SERVICES

SUPPORT THE PLANNING AND IMPLEMENTATION POLIO AND MEASLES SUPPLEMENTAL IMMUNISATION ACTIVITIES (SIA)

The need for sustained community engagement continues as some communities are still reluctant to immunize their children. Nonetheless, WHO supported the government in conducting three rounds of national immunisation days in Sierra Leone in 2015. The African vaccination week was conducted in May and an integrated measles and polio campaign in June. Another round of polio campaign was conducted in July. To improve routine immunisation coverage, defaulter tracing was conducted during the campaigns for all children less than 2 years of age and any antigen that these children missed was administered.

While supporting immunization campaigns, WHO Sierra Leone is involved in the planning and implementation of the development of guidelines, data collections, data analysis, and reports.

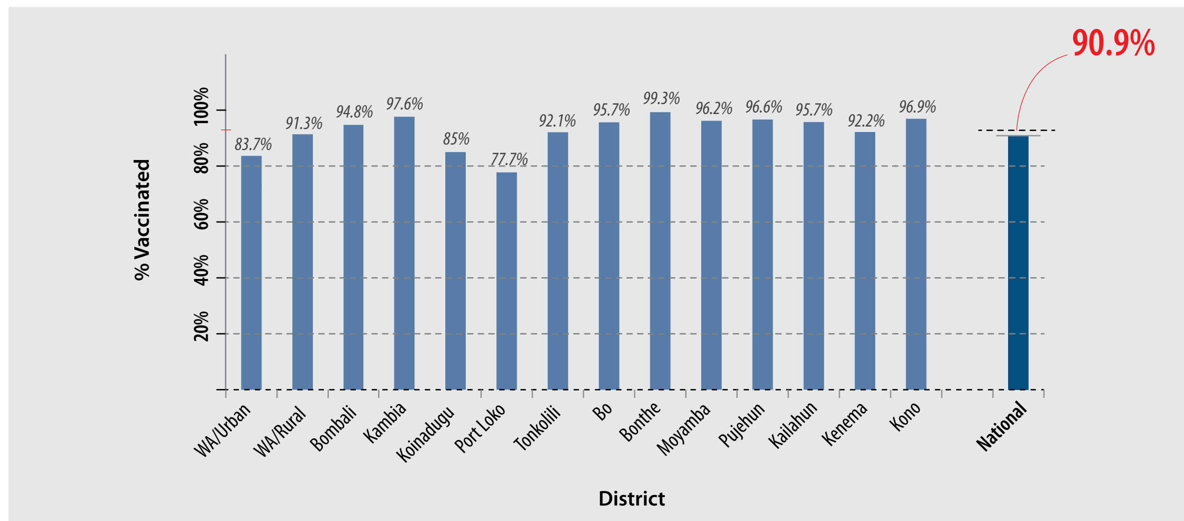
84

Independent national supervisors and monitors were engaged and trained to improve immunization campaign quality nationwide

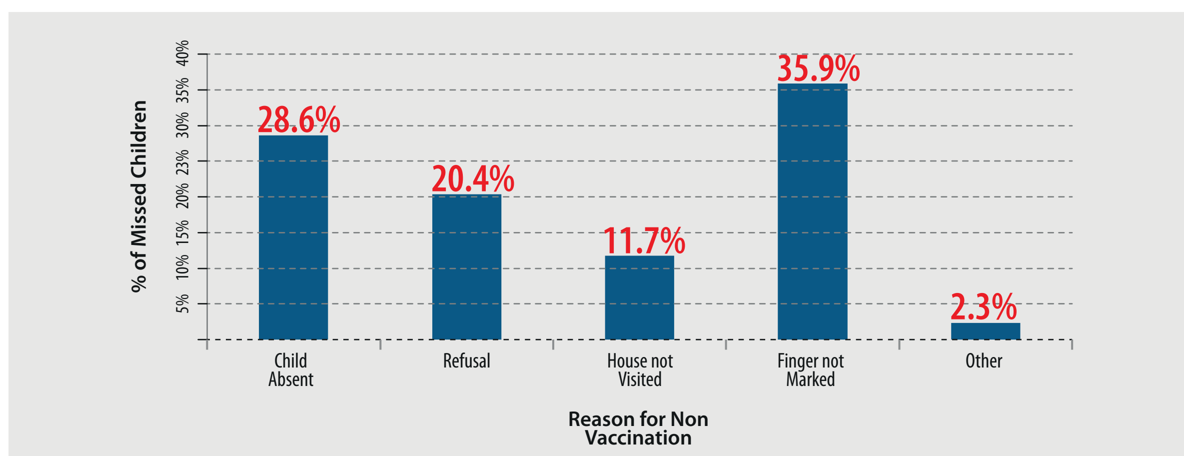
10,000

Health workers at the national and district level received training through the support provided by WHO and UNICEF

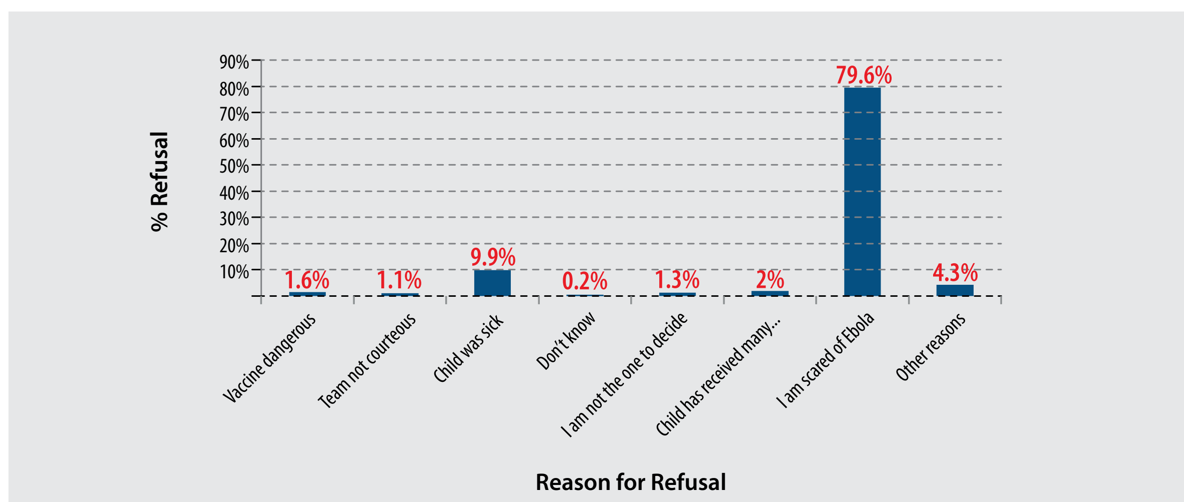
Proportion of Children 0 - 59 months Vaccinated (Finger marked) during the Measles - Polio SIA June 2015 (independent monitoring data)[1]



Reason for Non-Vaccination for 0 - 59 months Children during the June 2015 Measles - Polio SIA at National Level[2]



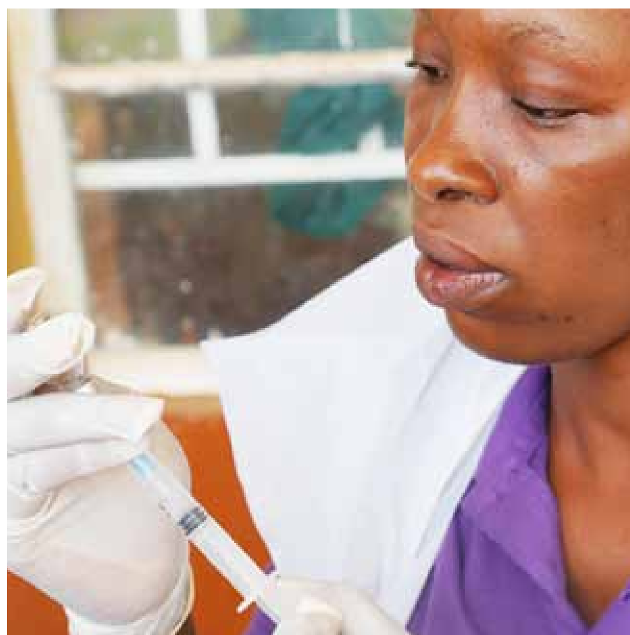
Reason for Refusal of Vaccination during the June 2015 Measles - Polio SIA[3]



1 WHO Sierra Leone Independent Monitoring 2015

2 WHO Sierra Leone Independent Monitoring 2015

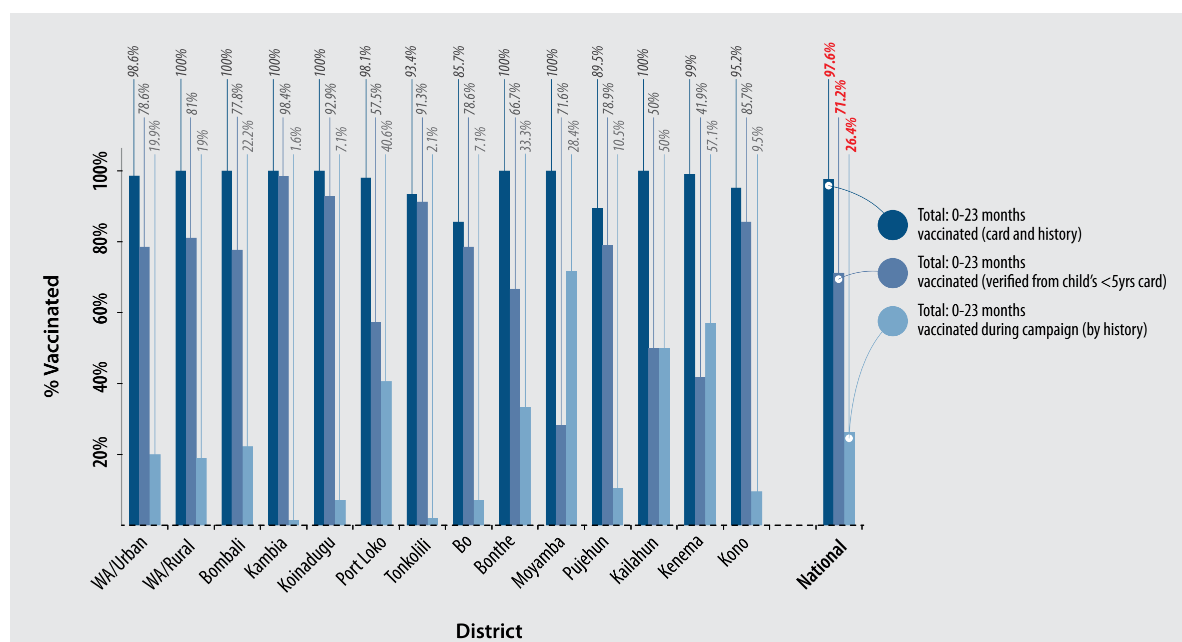
3 WHO Sierra Leone Independent Monitoring 2015



SUPPORT THE ROUTINE IMMUNIZATION ACCELERATION PLAN

A comprehensive routine immunisation acceleration plan has been developed by MoHS with the support of WHO and UNICEF. The plan includes a number of activities that will be conducted over a period of time. Resources have been mobilised and Global Alliance for Vaccines and Immunisation (GAVI) will support most of the activities. Some activities in the plan have already been conducted including immunisation in practice trainings, defaulter tracing, conducting campaigns and procurement of IPC materials and supplies for immunisation. Defaulter tracing was incorporated in the vaccination campaign strategy in May, June and July.

Proportion of 0 - 23 months Defaulters for Routine Immunisation Vaccinated during the June 2015 Measles - Polio SIA



SUPPORT THE INTRODUCTION OF INACTIVATED POLIO VACCINE (IPV)

Due to a global shortage of vaccines, Sierra Leone will only receive IPV in December 2015. Therefore, the country has shifted the date for IPV introduction from July 2015 to January 2016 due to the delay in vaccine delivery. Meanwhile, with WHO Sierra Leone support, training guidelines and materials are being developed.

GAVI approved the introduction of the measles second dose in 2013. Introduction was delayed due to the EVD outbreak, however, measles second dose will now be introduced in November 2015. WHO is in the process of supporting MoHS in the development of guidelines and data collection tools for the measles second dose introduction.

ADOLESCENT HEALTH SERVICES

Sierra Leone has a high adolescent birth rate of 125/1000 girls between the ages of 15-19 years and adolescent girls contribute to a substantial proportion of total maternal deaths in the country.[1] A priority intervention is to increase access to age-appropriate Sexual and Reproductive Health (SRH) information and services to adolescents and to increase the quality of services for adolescents in facilities that provide reproductive and maternal health services. WHO has supported the School Health Services to upgrade four facilities in Port Loko and Pujehun to Adolescent Friendly Health Services (AFHS) standard, with two more facilities to be upgraded in October 2015. WHO is also supporting the School Health Services (SHS) in the development of Information Education and Communication (IEC) materials and service provider training materials on preventing teenage pregnancy.

CHILD HEALTH

WHO is supporting the MoHS in efforts to scale up the availability of quality child health services, particularly at first level health facilities, in order to contribute to the recovery from the EVD outbreak and to re-accelerate progress in the reduction of child mortality. Already, WHO is supporting the development of tools and updating of national child health guidelines that are expected to be validated in October. In September, WHO will be providing technical support to the MoHS to carry out national refresher training for 48 facilitators in Integrated Management of Newborn and Childhood Illness (IMNCI) who will facilitate the roll-out of training for the front line health workers in PHUs. Within that context, WHO is also supporting the training of 510 HCWs in 8 districts. The aim is to contribute to the scaling up of IMNCI national coverage to at least 60 percent.

MATERNAL HEALTH

Sierra Leone still remains one of the countries with the highest Maternal Mortality Ratio (MMR) of 1165/100,000 live births (DHS 2013).[2] With the support of partners, the Government is making every effort to reduce this maternal death rate. During the reporting period, WHO Sierra Leone has continued to support the MoHS in its efforts to scale up the availability of quality maternal health services at all levels of the health care delivery system. This in turn contributes to the recovery from the EVD outbreak and re-accelerates progress in the reduction of maternal mortality. In particular, this approach has provided technical guidance for the development of Maternal Death Surveillance Response guidelines, in collaboration with other partners, which will be used as a programmatic tool for collecting data on maternal deaths and using the information for strategic informed decisions and actions.

WHO has also provided technical guidance in reviewing and updating a midwifery curriculum which is one of the strategies for improving quality and relevance of pre-service education for maternal health providers. Plans are underway to review all midwifery curricula and strengthen accreditation systems for health professions.

1 United Nations Population Division, World Population Prospects, 2015

2 Demographic Health Survey 2013

HUMAN RESOURCES FOR HEALTH

HUMAN RESOURCE INFORMATION SYSTEM (HRIS)

The Ebola epidemic has had a heavy toll on the health services delivery in the country. Many health workers have either died due to the Ebola outbreak or left the services due to fear of the disease. It is therefore critical that the health workforce of Sierra Leone be revitalized. Even before the Ebola epidemic, improving the number of qualified health workers, their levels of training, and their distribution across the country was a matter of great urgency. Now, in the aftermath of Ebola, improving the state of Sierra Leone's health workforce is a priority.

To ascertain the true picture of the level of the health workforce in the country, more data on health worker numbers, geographical distribution and skills level is needed to enable strategic decisionmaking. This need has never been more acute, as the MoHS works to bring health facilities back online, scale-up services through the newly finalized BPEHS and absorb additional health workers that played key roles in the Ebola response.

In order to achieve this objective, WHO has provided technical and financial resources to the MoHS to do a head count of all the health workers in the country and use the data to populate the existing HRIS. The exercise will be carried out by the Directorate of Human Resources for Health.

The initial preparatory work has already started with sensitisation of the district leadership to the planned enumeration of the health workers. Subsequent activities will include advertisement and recruitment of supervisors, data managers, enumerators, and data entry clerks. This will be followed by training of all the different cadres of staff participating in the study. When all the arrangements are completed, a pilot study will be conducted in one district and then rolled out in all the remaining districts. It is expected that the report of the study will be ready by the end of December, 2015.

SUPPORT TO THE DONOR COORDINATION OFFICE

In order to further strengthen the coordination mechanisms and foster increased alignment of partner support to national systems, the MoHS developed the Country Health Compact. As part of the process of operationalising the Country Health Compact, the MoHS and key stakeholders further developed and launched the Service Level Agreement (SLAs) that spells out the implementation modalities and responsibilities of MoHS, Implementing Partners (IPs) and districts in the delivery of the health services in Sierra Leone. The MoHS has created the Directorate of Donor/NGO Liaison Office (Donor Coordination Office) to coordinate all the partners in the health sector and also coordinate the implementation of SLAs in the country.

WHO, working closely with the Donor Coordination Office assessed the capacity of the directorate, reviewed its organisational structure, identified the needs to make it fully functional and developed an improvement plan.

COORDINATION OF THE SERVICE MAPPING OF ACTIVITIES

A number of IPs are providing health services in the many districts. MoHS would like to know which IPs are carrying out what activity and where. The MoHS, supported by WHO, agreed on some key activities in the nine months recovery plan that will be used for monitoring. These key activities were then shared with the UN Office for the Co-ordination of Humanitarian Affairs (UNOCHA) for mapping of the activities and IPs. Maps of the whole country, individual districts and chiefdoms can now be generated indicating where the IPs are operating and the activities they are implementing. Thus, answering the question of the Who is doing What and Where (3Ws).

OUTCOME 4

PLANNING AND MANAGEMENT AT DISTRICT AND NATIONAL LEVEL

EFFECTIVE LEADERSHIP AND SUPPORT OF NATIONAL HEALTH SECTOR PLANNING

In line with WHO's goal of supporting the Government of Sierra Leone in establishing effective leadership and coordination of the health sector at the national level, WHO has continued to support the National Health Strategic Planning meetings. WHO co-chairs and supports the health development partner meeting along with the Department for International Development (DfID) and convenes technical UN agency working groups. In this capacity, WHO provides advisory, technical and administrative support during these meetings.

In addition, WHO also participates in technical working groups of different MoHs directorates, providing policy advice and financial support in coordination with other partners. WHO played a role in the development of the 6-9 months early recovery plan, which is targeted at ensuring resilient zero and re-activation of essential health services at all the levels of health care delivery.

WHO is also supporting the current transition process from the Ebola response phase to the early health system recovery phase, ensuring a seamless transfer of health responsibilities from the current Ebola response mechanisms NERC and DERCs to the MoHS and DHMTs.

APPROPRIATELY RESOURCED AND FUNCTIONING DISTRICT HEALTH MANAGEMENT TEAMS (DHMTs)

In order to maintain the momentum of the Ebola response and also to ensure that the delivery of routine health services is restored in the districts, WHO continues to provide technical, human resource, financial and logistical support to the DHMTs.

WHO has field offices in all the 14 districts, with key staff members such as a field coordinators, epidemiologists/surveillance officers, social engagement officers and administrative staff. Over the past months, the field teams have been instrumental in promoting the objectives of the DERCs and DHMTs in helping to manage relationships, providing logistical supports, facilitating meetings, and conducting trainings.

Specifically, the WHO field teams have continued to facilitate meetings with the Pillar Heads, DERCs and DHMTs for district operational planning on EVD.

The WHO Field Coordinators are supporting the DHMTs in facilitating the monthly coordination meetings with all partners at the district level. The field coordinators continuously assist in the implementation of monthly goals set forth in key meetings.

WHO also supported the District Planning Workshop held in Makeni from 27 to 29 August 2015. The workshop focused on supporting the DHMTs in finalizing the six- to nine-month operational plans for the Health Sector Recovery Plan and also reviewing the key performance indicators that would be used to measure progress of the plan. During the workshop, WHO Field Coordinators provided on-the-ground technical support to their respective DHMTs.

OUTCOME 5

MAKING THE ORGANZATION WORK

EFFECTIVE AND EFFICIENT HUMAN RESOURCE

WHO continues to provide best practice and evidence-based technical advice in key areas as the country pushes towards the goal to reach and maintain a 'resilient' ZERO while implementing the early recovery plan and building towards a return to essential health services. The human resources has been restructured – a new organigram, new positions and revision of terms of reference - into five clusters so as to remain nimble to fully support the Government during this critical phase. The EVD cluster will continue to drive Ebola response and transition from Ebola-focused healthcare delivery to the restoration of essential services that include: reproductive, maternal, neonatal and child health; immunization services; and HIV, TB and malaria treatment as well as support of the National Health Sector Recovery Plan being rolled out through the BPEHS and Health Systems Strengthening (HSS) clusters.

A District Coordination Cluster has been put in place to better align WHO support to the DHMT through the WHO district offices in all 14 districts of Sierra Leone. The district Ebola response teams will be transitioned towards longer-term roles, with Field Coordinators taking on public health advisory profiles and the Ebola epidemiologist taking IDSR profiles. The Management and Operations clusters continue to provide leadership, strategic planning, coordination and enabling functions to the technical clusters. Significant progress has been made towards having the new organigram fully functional through filling of vacant and new positions.

EFFECTIVE FINANCIAL MANAGEMENT AND OVERSIGHT

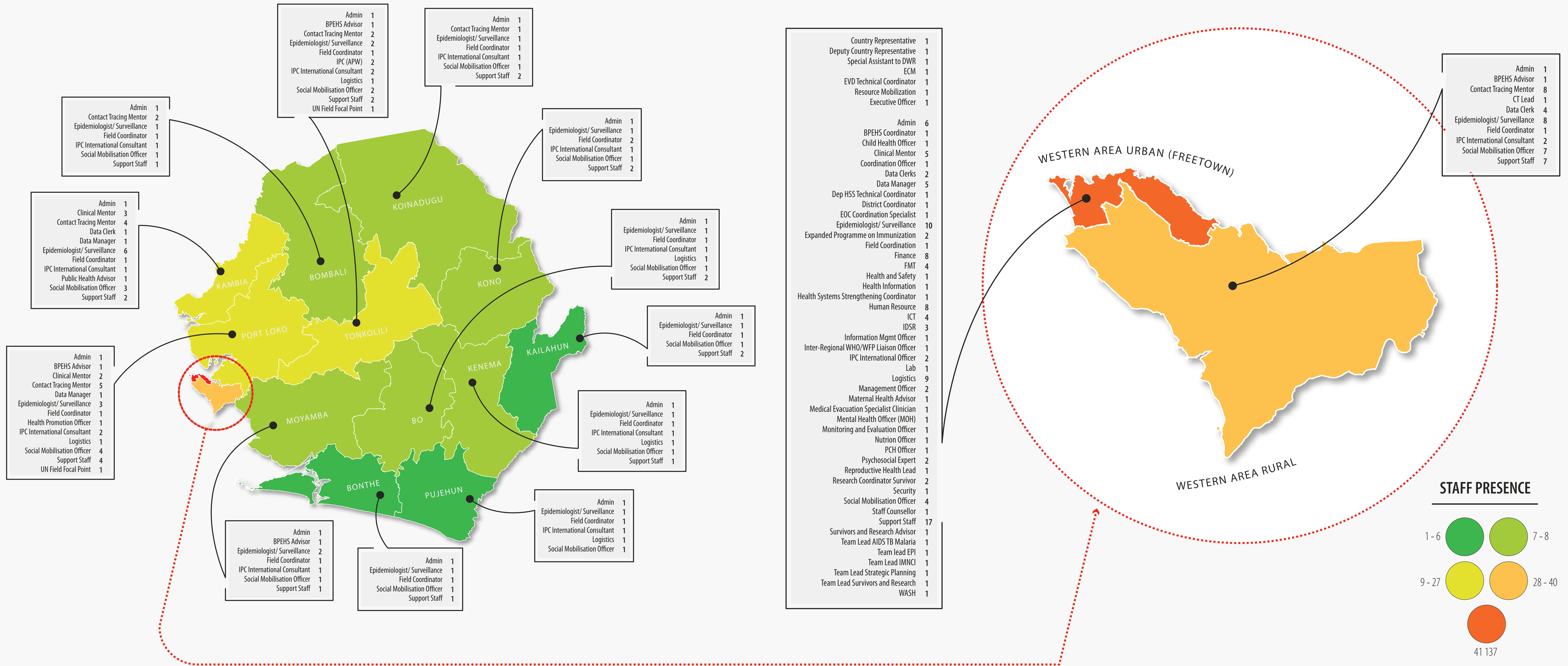
A weekly funding status report is produced by the budget and finance team. The report is reviewed for balances on available resources for each area of work helps monitor expiring awards and feeds into resource mobilization overviews. A total of 13 administrative assistants have been deployed to each district to increase the account-

ability of funds deployed to the district offices for operational needs and programme activities implementation i.e. trainings and workshops. Financial field operations Standard Operating Procedures (SOPs) have also been developed and implemented to ensure correct use and accountability of funds.

PROVIDE OPERATIONS AND LOGISTICS SUPPORT FOR HEALTH ACTIVITIES

Operations and logistical support remains essential. WHO operations team continues to maintain a reliable supply of consumables and equipment to bolster the country's needs and field operations. A Logistics Officer has been seconded to PTS1 and 34 Military hospitals, where the main ETCs in Western Area were located, to build long-term capacity in medical supply chain management and stock management. WHO also continues its vehicle support to the DERC and DHMT throughout the country. The operationalisation of the WHO and the World Food Programme (WFP) joint operations platform has seen a marked improvements in the lead time and quality of logistics support provided during emergency response situations. For the last 2 EVD events in Tonkolili and Kambia, working through the joint platform, within 72 hours WHO/WFP was able to provide logistics such as generators, tents for accommodation and office space, prefab ablution facilities, emergency telecommunications (internet), satellite phones and air services to the EVD response teams working on the ground.

WHO'S FIELD PRESENCE IN SIERRA LEONE



ACHIEVEMENTS AGAINST WHO'S WORK PLAN

OUTCOME 1: GETTING TO AND SUSTAINING ZERO

	Activity	Q2	Q3	Q4	Milestones	Status (as at end 08/2015)	Indicator	Baseline	Target 2015	Achievement (end 08/2015)
1.1 Enhanced surveillance, contact tracing and case investigation	1.1.1 Support ongoing active surveillance with "zero weekly reporting" of suspected Ebola cases from key facilities and community leaders	×	×		Excepted to continue until zero Ebola cases plus 42 days	Excepted to continue until zero Ebola cases plus 42 days	Proportion of new confirmed cases arising from known contact lists (over the past four weeks)	41% (as at 10/05/15)	100%	71%
	1.1.2 Enable integrated epidemiological case investigations to identify transmission chains and identify contacts	×	×		Excepted to continue until zero Ebola cases plus 42 days	Excepted to continue until zero Ebola cases plus 42 days	Proportion of contacts seen daily by contact tracers	99%	100%	100%
	1.1.3 Support the systematic monitoring of contacts for 21 days, across national and international borders where required	×	×		Excepted to continue until zero Ebola cases plus 21 days	Excepted to continue until zero Ebola cases plus 21 days	Proportion of the 7 border districts with functional community surveillance systems documented in a MoU	1	7	7
	1.1.4 Support the management of data systems to reliably record and share epidemiological data as part of monitoring the Ebola response	×	×	×	Will continue to be done on a daily basis throughout the year	Will continue to be done on a daily basis throughout the year	Percentage of Ebola laboratory test results released within 24 hours of receipt of sample	79%	100%	100%
	1.1.5 Support and ensure high quality laboratory diagnostic capacities for Ebola	×	×	×	Will continue to be done on a daily basis throughout the year	Will continue to be done on a daily basis throughout the year				
1.2 Community engagement	1.2.1 Support the development and implementation of adapted community engagement strategies and messaging to address resistance and socio-cultural barriers	×	×		Already commenced and will be finetuned as needed	District-based Field Coordinators and social mobilisation officers have are developing workplans for endorsement by national team leads and Districts Coordinator	Number of district community engagement workplans that that specifically take into account social and cultural contexts	2	13	5
	1.2.2 Contribute to the training of response teams in trust building and communication skills so they are sensitive to and can adapt to the community context when responding	×	×		Already commenced and will be finetuned as needed	Training programme delivered by NORCAP group for four districts. Another set of training done for the same four districts by the FMT training coordinator	Number of districts where training in communication and trust building skills was delivered to frontline staff	2	5	4
	1.2.3 Enable local community engagement taskforces to support Ebola response activities including engaging community leaders and traditional healers to carry out safe practices, case identication and noti cation	×	×		Already commenced	Ongoing activity	Number of security incidents relating to health activity reported in any district in Sierra Leone in the past month	1	0	1
	1.2.4 Support national and district capacity to provide psychosocial support to affected communities and Ebola survivors	×	×		Ongoing and will need to continue at least until October 2015	Chiefdom level engagement has been increased, especially under Operation Northern Push	Percentage of chiefdoms with community engagement taskforces in place per district	50%	100%	50%
							Number of unsafe burials reported	1 (10/05/15)	0	N/A
	1.2.5 Support the development and implementation of strategies to address stigma affecting Ebola survivors at both healthcare facility and community levels	×	×		Work on the strategy has commenced and implementation will take place throughout the year	Ongoing activity	Number of psychosocial staff trained at the district level across Sierra Leone	275 (10/14 - 01/15)	150	12 ToTs
1.3 Optimised case management	1.3.1 Manage deployment of foreign medical teams	×	×		Will be ended September 2015	Ongoing liaison with multiple FMTs to troubleshoot and ensure coordinated case management	Number of ETCs present in the country	13	2	10
	1.3.2 Support and coordinate the decommissioning/repurposing of Ebola Treatment Centres and Community Care Centres while maintaining contingency capacity	×	×		Plan is place, and implementation will take place over the next 3 months	Plan is in place, implementation is ongoing	Proportion of health facilities implementing the Minimum Standards for effective screening, triage, and quality assured case management of suspected and probable Ebola cases	N/A	100%	0%
	1.3.3 Advsise on and promote the Minimum Standards in Mainstream Health Facilities to ensure that all health facilities maintain effective screening, triage, and quality assured case management of suspected and probable Ebola cases	×	×	×	Expected project duration of six months	Ongoing support to implementing and funding partners. Training during Operation Northern Push focusing on triage and isolation. 1024 health workers trained, covering 108 health facilities in 6 districts. Revised Ebola screening form has been finalised.	Development and piloting of protocols and training package on Minimum Standards in Mainstream Health Facilities, and roll out of train the trainers program in all districts	N/A	13	6
	1.3.4 Develop protocols to safely optimise the care of pregnant women and neonates recognising the protracted risk of transmission associated with pregnancy	×	×		Expected project duration of six months	Protocols have been developed in close liaison with Geneva. Careful rollout in districts has commenced	Training programme for Midwife Master Trainers developed + training of 80 Master Trainers complete	0	80 master trainers trained	Master training planned for 10/15 x 3 sessions
	1.3.5 Ensure case management quality improvement by supporting the training and mentoring of healthcare workers in mainstream healthcare facilities	×	×		Expected project duration of six months	ToTs and mentoring completed as part of Operation Northern Push. 1024 health workers trained, covering 108 health facilities in 6 districts.	# HCWs, facilities, districts covered	0	13	1,024 HCWs, 108 facilities, 6 districts
	1.3.6 Develop and support the implementation of best practices guidelines for managing the care of Ebola survivors	×			Expected project duration of six months	Development of guidelines well advanced	Guidelines updated by clinical team in SL awaiting final input from WHO HQ	Previous guidelines	100% (updated)	100% guidelines updated by clinical team
	1.3.7 Develop a reporting framework for lessons nal input from WHO learnt from Ebola FMT response		×		Report to be presented by end September	Ongoing, on schedule	Framework developed and populated	0%	100%	75%
	1.3.8 Contribute to the maintenance of referral services for Ebola cases	×	×		Already commenced	Ongoing support of implementing partners providing healthcare to quarantined individuals	Healthcare for and monitoring of quarantined households is provided	50%	100%	95%
1.4 Strategic communiction for getting to and sustaining zero	1.4.1 Recruit a crisis communication expert to manage and communicate critical outbreak response messages to the public and the international community			×	Commence recruitment process	Recruitment in progress	Recruitment of international communications expert	0	100%	50%
	1.4.2 Implement interpersonal communication activities in communities and homes with ongoing EVD transmissions to combat challenges with interventions and diffuse stigma			×	Ongoing activity	Ongoing activity				
	1.4.3 Review EVD messaging in line with the current context of the outbreak response			×	Ongoing activity	Ongoing activity				
	1.4.4 Provide continuous messaging to the community using simulcast			×		Ongoing activity				
	1.4.5 Increase WHO's profile on different media platforms (website, Facebook, Twitter, and print) locally and internationally		×		Liaison with WHO AFRO Regional Office communications team commenced	WCO-SLE Facebook page has been developed	Increase visits to WHO website and social media platforms by 100%	0%	100%	45%
	1.4.6 Support public health advocacy and health 0% 100% 45% campaigns in collaboration with MoHS		×		Ongoing activity	Ongoing activity				
	1.4.7 Improve media reportage on WHO and health events within Sierra Leone by conducting workshops with media partners		×		Pending activity	Pending activity				

OUTCOME 2: SUSTAINED ZERO & SAFE HEALTHCARE FOR PATIENTS AND HEALTH WORKERS

	Activity	Q2	Q3	Q4	Milestones	Status (as at end 08/2015)	Indicator	Baseline	Target 2015	Achievement (end 08/2015)
2.1 Ensured safety of patients and healthcare workers	2.1.1 Support the strenghtening of national IPC structures through establishment of the National IPC Committee, monthly committee meetings, and quarterly IPC Partners Coordination meetings	×	×	×	Ongoing activity	Policy review meeting approved the national IPC policy and waiting the final signature from the CMO	Number of IPC technical and coordination meeting minutes shared with stakeholders and partners	0	6	0
							Assignment of international IPC	0	1	1
	2.1.2 Support the process of nalization, validation, printing and distribution of the National IPC Guideline, training modules and educational	×	×		End on October 2015	The national IPC-GL reviewed by MoHS and partners and now in the editing phase for final printable version	Validated, printed and distributed National IPC Guideline	0	4,000	0
	2.1.3 Facilitate e ective IPC practices at healthcare facilities through a continuous improvement program with asssessments, HCWs training, and the development of supply chain management to ensure adequate IPC supplies	×	×	×	Ongoing activity	Approximately 9,500 healthcare workers have been trained	Number of trained health workers on validated guideline	0	5,000	0
							Proportion of ECCs scored above	74%	90%	100&
	2.1.4 Support the monitoring of the implementation of standardized triage and isolation in all healthcare facilities including referral capacity	×	×	×	Ongoing activity	Ongoing assessment of hospital facilities have been conducted; improvement activities have commenced	Percentage of the assessed secondary and tertiary governmental hospitals which have a functional triage and referral system in place	N/A	100%	87%
	2.1.5 Support local production of alcohol-based handrubs in 5 government hospitals		×	×	Ongoing activity	MoHS identi ed the hospitals and waiting the Swiss agency to propose the traing dates the logistic departments is working to source the production tools and ingediants	Number of Hospitals with supply of ABHR at point of care	0	5	0
	2.1.6 Support IPC with improvements to WASH and waste management at healthcare facilities		×	×	Ongoing activity	WASH specialist started working at the WCO-SL on Septmeber	Proportion of facilities provided with WASH and waste management support	0%	25%	0%
2.2 Strengthened emergency preparedness and response capacity	2.2.1 Support the strengthening and implementation of IHR 2005 core capacities	×	×	×	Ongoing activity	Ongoing activity	Number of districts which have functional IDSR systems	0	13	3
	2.2.2 Support the implementation of Integrated functional IDSR systems guidelines at health facility, district and national levels (including CBDS)	×	×	×	Expected implementation by December 2015	Trainings on IDSR have commenced with expected roll out across all districts				
	2.2.3 Support the development of electronic tools for implementation of IDSR	×	×	×	Commenced the process of convening partners to develop electronic IDSR tool	Concept note has been produced in conjunction with Ministry of Health and Saniatation (DPC) and partners (CDC, eHealth Africa)	Number of districts which have access to and are reporting using the electronic IDSR tool	0	13	0
	2.2.4 Support the MoHS in the design, development and implementation of the Emergency Operations Centre		×		Ongoing activity	Transition from National Ebola Response Centre (NERC) to new permises at Emergency Operations Centre (EOC) has taken place				
	2.2.5 Support the coordination, development and implementation of cross border strategies for prevention and control of EVD and other priority epidemic prone diseases within the MRU framework		×	×	Ongoing activity	Memorandum of Understanding has been signed by border districts to enable more coordinated surveillance activity				
	2.2.6 Establish a functional national laboratory network with adequate capacity for biosafety, quality assurance, information systems, and specimen referral	×	×	×	Functional components to be in place by November 2015	Ongoing activity	Percentage of laboratories scoring >80% in the national quality assurance programme	N/A	100%	N/A
	2.2.7 Support the development and implemetation of capacity building activities for emergency preparedness and response through training and supervision			×	Expected implementation by December 2015	Ongoing activity				

OUTCOME 3: ESSENTIAL HEALTH SERVICES

	Activity	Q2	Q3	Q4	Milestones	Status (as at end 08/2015)	Indicator	Baseline	Target 2015	Achievement (end 08/2015)
3.1 Reestablishment of essential health services	3.1.1 Support the planning and implementation Polio and measles supplemental immunisation activities (SIA)		×		Availability of training manuals by August and SIA funds to be available by September	African vaccination week were conducted in May, and integrated measles and polio campaign was conducted in June	Number of national immunisation campaigns held	0	4	2
	3.1.2 Support the RI acceleration plan		×	×	Identify and provide technical support to poorly performing districts	Defaulter tracing incoperated in the vaccination campaign strategy in May and June	Inactivated Polio vaccine introduced in all districts	0	13	IVP to be intrduced in January 2016
	3.1.3 Support the introduction of inactivated Polio vaccine					Training guidelines and materials are being developed. Vaccines expected in December 2015, and introduction in January 2016				
	3.1.4 Develop and update the Sierra Leone Nutrition Strategy, and commence a quarterly Nutrition Surveillance Report		×	×	Infant and young child feeding programme implemented	First quarter nutrition surveillance report produced and disseminated; capacity building of nutrition officers on data analysis interpretation and reporting has taken place	Number of PHU sta trained on Growth Monitoring and Promotion	0	650	Activity to commence in July 2015
	3.1.5 Support the strengthening of reproductive, maternal and neonatal healthcare together with UNFPA and UNICEF	×	×	×	Commence working group with UNFPA and UNICEF	Standing meetings of UN Health Agencies have been convened and ongoign work of the H4+ consortium has been supported	Proportion of women delivering at a healthcare facility	31%	54%	N/A
							Number of districts with 60% healthcare workers trained in IMNCI	4	8	2
3.2 Adequate, well trained, and well distributed health workforce	3.2.1 Enable a skilled district/facility workforce with an emphasis on underserved areas and community based delivery		×	×	Due to commence in July	Due to commence in July	Number of facilities with healthcare workers receiving refresher training on Life Saving Skills, Immunisation In Practice, and Injection Safety training	0	125	N/A
3.3 Community ownership of health activity	3.3.1 Ensure key policies, strategies and guidelines on community engagement are developed to support the implementation of the BPEHS		×	×	Work with MoHS has commenced and implementation will take place throughout the year	Ongoing activity	Availability of RI/SIA/new vaccine guidelines and vaccine communication strategies	0	1	0
3.4 Optimised Heath Information and Management Systems	3.4.1 Strengthen and develop Health Management Information Systems including HRMIS		×	×	Work to commence in 2015 and continue into 2016	A draft proposal for the study was submitted to WHO for discussion	Develop policies, guidance and standards for Emergency Preparedness and Response and surveillance	0	complete	10%

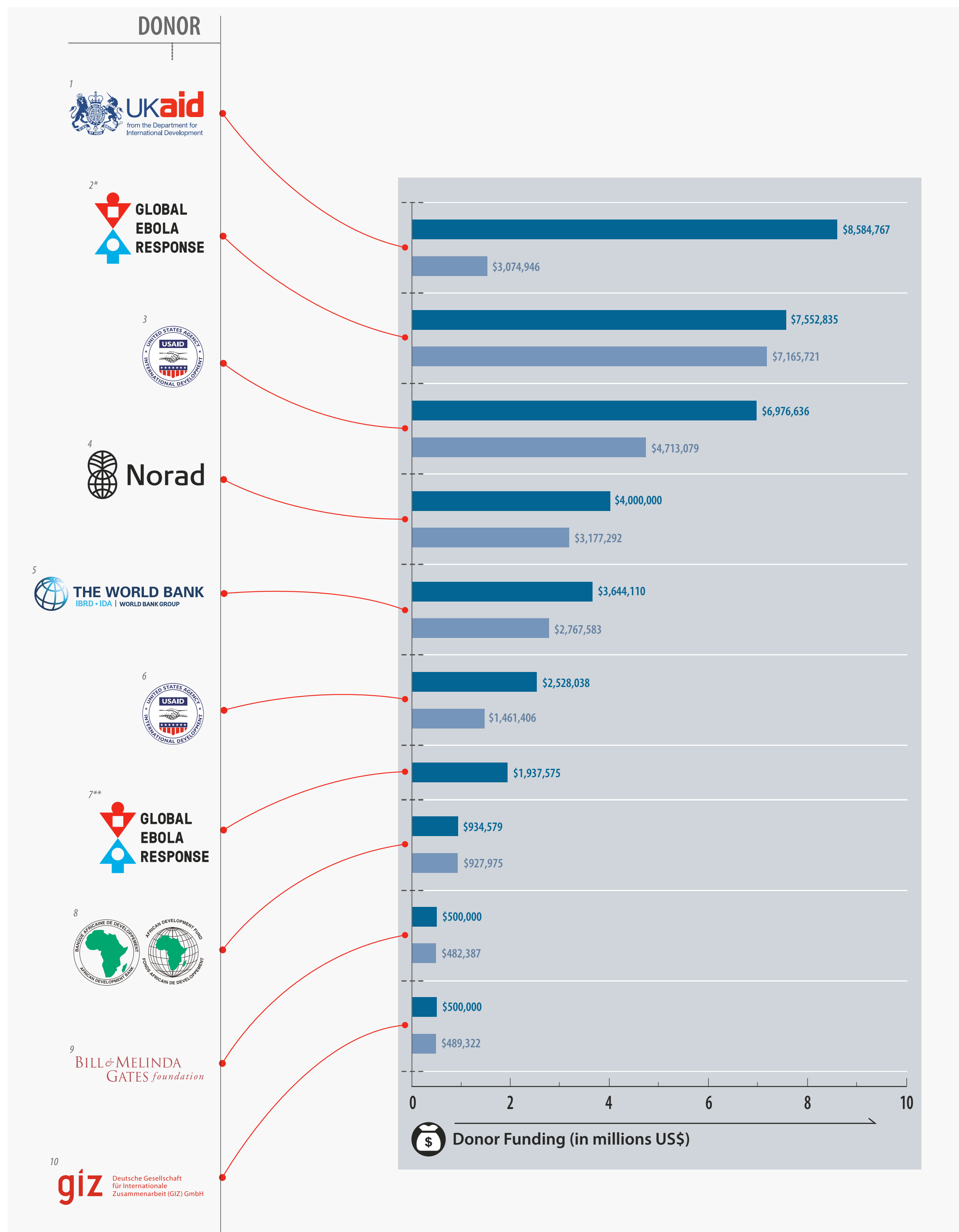
OUTCOME 4: PLANNING AND MANAGEMENT AT THE NATIONAL AND DISTRICT LEVEL

	Activity	Q2	Q3	Q4	Milestones	Status (as at end 08/2015)	Indicator	Baseline	Target 2015	Achievement (end 08/2015)
4.1 Effective leadership and support of national health sector coordination	4.1.1 Support National Health Sector strategic planning, engage Health Development Partners, and convene other technical UN agencies working on health	×	×	×	Participate in HSCC meetings each month and UN Health Agencies meetings every second week	Health Development Parters met regularly to harmonise e ort towards the implementation of the work plans. A series of joint UN health agencies meetings were held.	Demonstrated leadership role in development partner coordination and advocacy within Sierra Leone at the national level	0	100%	80%
4.2 Appropriately resourced and functioning District Health Management Teams	4.2.1 Support District Health Management Teams with planning, training, and service provision, reporting, and information management	×	×	×	Activity has commenced and will be ongoing	Ongoing activity	Number of districts with agreed upon workplans	13	13	4
							Percentage of districts reporting on planned and implemented activities in a timely manner	0	100%	100
	4.2.2 Contribute to strengthening the operational capacity of the District Health Management Teams in rolling out the BPEHS		×	×	Due to commence in June and to continue throughout the year	Ongoing activity	Monthly coordination meetings at district level with all partners, support the collation of meeting minutes and follow up actions, and assist the implementation of monthly meeting goals	0	100%	N/A
	4.2.3 Support e ective management and coordination of health service delivery activities at the district level, together with District Health Management Teams		×	×	Activity has commenced and will be ongoing	Ongoing activity	Maintain zero incidents affecting the security of staff and their belongings while on duty	2	0	1

OUTCOME 5: OPERATIONAL SUPPORT

	Activity	Q2	Q3	Q4	Milestones	Status (as at end 08/2015)	Indicator	Baseline	Target 2015	Achievement (end 08/2015)
5.1 Effective and effcient human resources management	5.1.1 Monitor sta ng by ensuring an adequate, qualifed and motivated workforce in the country office	×	×	×	HR plan and database tool has been developed. Planning and monitoring will take place at weekly senior management review meetings	HR Tool has been implemented and is being used on an ongoing basis	HR plan in place and updated and performance report submitted	In progress	complete	complete
5.2 Effective financial management and oversight	5.2.1 Implement the nance control framework and ensure compliance with WHO's administrative policies and regulations at the country level	×	×	×	Weekly nancial review meetings have commenced and the recent recommendations by the Internal Auditors are being implemented	Financial review meetings have commenced and will take place on an ongoing basis	Manage expenditure tracking and reporting at the country level in a timely manner	Ongoing	Ongoing	Ongoing
5.3 Provision of operations and logistics support for health activities	5.3.1 Supplies and equipment	×	×	×	Ongoing activity	Ongoing activity	Manage building maintenance works and establish functional amenities	In progress	complete	In progress
	5.3.2 District and national office costs	×	×	×	Ongoing activity	Ongoing activity	Ensure rational use of staff transport vehicles	Ongoing	Ongoing	Ongoing
	5.3.3 Vehicles and fuel	×	×	×	Ongoing activity	Ongoing activity	Maintain zero incidents affecting the security of staff and their belongings while on duty	2	0	1

DONOR SUPPORT, FUNDING AND EXPENDITURES



Donors: (1) United Kingdom - Department for International Development (DfID); (2) UN - Multi Partner Trust Fund; (3) United States Office for Disaster Assistance (OFDA); (4) Norwegian Agency for Development Cooperation (NORAD); (5) World Bank Group; (6) United States Agency for International Development (USAID); (7) UN - Multi Partner Trust Fund; (8) African Development Bank Group (ADB); (9) Bill and Malinda Gates Foundation; (10) German Agency for International Cooperation (GIZ).

** MPTF (2): Consists of four proposals*
*** MPTF (7): Strenghtening EVD surveillence and community engagement*

Total Funding(US$)
Expenditures as of 27 August 2015

PREVENT
World Health Organization