Document up-dated in May 2009

Country: Sierra Leone

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	R'd	Time Period		Total Budget App. by Board USD	Approval Track	Total Amt Disb-ed up to last date USD	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
SLE	4	2008-2009	2007-2009	2,215,500	**First Submitted**: 10/2006 **App. W conditions**: 10/2006 **Not approved**: n/a **Resubmitted**: 05/10/2007 **First Approval**: 28/11/2007	1,154,000	09/12/08

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

Contribute to the improvement of the health status of the people of Sierra Leone through:

- Development, and implementation of National Health Policies;
- Fostering decentralization of health administration;
- Strengthening and expansion of the health facilities network;
- Environmental health promotion;
- Prevention and control of communicable diseases through strengthened MCH activities;
- Partnership Facilitation to influence health outcomes;
- Community participation promotion;
- Capacity building to facilitate service delivery;
- Development of planning, budgeting and financial management.

Proposal Goals

Improvement of health care delivery services to rural population in Sierra Leone with the goal of reducing mortality rates among children under five years and pregnant women.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Increase the number of staff trained in IMCI and B-EMOC from 0 in 2007 to 200 in 2009; • Increase the number of deliveries done through caesarean section from 450 in 2006 to 4000 in 2009.	• Increase the proportion of planned out-reach activities conducted by the community; • Increase Health Centre Staff from 32% in 2006 to 70% by 2009; • To increase the proportion of health facilities that received regular quarterly supervision from 33% in 2007 to 90% in 2009.

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • A significant proportion of the population reside more than 5km away from the nearest health facility; • Limited access to comprehensive emergency obstetric care (C-EMOC).			
Human Resource Development/Performance Management. • Most PHU staff have received little or no training in Basic-EMOC and IMCI; • Irregular and inadequate supportive supervision from Central to District level and from District to PHUs.	• Outreach allowances to PHU staff; • Training of 26 trainers in IMCI and B-EMOC; • In service training to 200 peripheral health care staff in IMCI and B-EMOC; • Inclusion of IMCI into the health care staff curriculum.	517,320	23
Drugs, Equipment, Supplies, Facilities	• Motorbikes for 70 community health centres; • Ambulances to districts for referral cases transport; • Fuel for ambulance and hospital generator; • Transport for monitoring and supervision of district and PHU activities; • Provision for allowances.	1,586,000	72
Monitoring and Evaluation		68,000	3
Overheads	Management of HSS (audit and management costs)	43,500	2
TOTALS		**2,214,820**	**100.00**

** These figures are based on the budgets provided by the country

Health financing Gap: not stated

SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2006	Final Targets 2009	Expected Source of Data/Information
Outcomes/Outputs:			
• % National DPT/Penta 3 coverage	59%	80%	EPI report
• # of districts achieving ≥80% DTP3 coverage	1	11	
• Under 5 mortality rate (per 1000)	194 (2004)	150	Census report
• % Births attended by skilled health personnel	42% (2007)	60%	CWIQ report
• % Deliveries conducted through caesarean section	0.5%	3%	RH report
• % Underweight prevalence rate	27.4% (05)	16.1%	Vulnerability assessment
• % of health centers visited 4 times in last year using quantified check list	22% (2007)	75%	DPI supervision report
• % health facilities without stock outs of ACTs, SP, measles vaccine, ORS and cotrimoxizole in last three months	30% (2007)	90%	HMIS
• # of CHC staff trained in IMCI and B-EMOC	0 (2007)	200	CWIQ report
• % under 5 sleeping under ITNs	63% (2007)	80%	DPI supervision Report
• % of planned outreach services conducted by CHC staff	33% (2007)	90%	MICS Survey
• % Contraceptive prevalence rate	5% (2005)	7%	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: The Health Task Force (comprising representatives of all stake-holders in the health sector) was accepted as the Health Sector Coordinating Group (HSCC) is involved in implementing and monitoring the activities in the GAVI HSS proposal.
Channelling/Management of funds: Through a special local currency account managed by the Director of Financial Resources in collaboration with top Management Team of the Ministry of Health and Sanitation.
Strategies proposed for sustainability of activities: Increase in Government budgetary allocation to health from 8% to 13%, more resources allocated to local council to achieve Abuja targets of 15%.
Collaboration with/ Involvement of other organisations in *i)* *Proposal Design & Planning*: Through a consultative process including the Ministry of Health and Sanitation (Directorate of Planning and Information), National and International Non-Governmental organisations, civil society groups, donors and UN agencies. ii) *Proposal Management*: MOHS and partners iii) *Proposal Implementation:* MOHS and partners.
Other Financial Support for HSS: Government of Sierra Leone, UNICEF, WHO and NGOs.