

Sierra Leone

Health

Sectoral and OR+ (*Thematic*) Report

January – December 2018



©UNICEF/Sierra Leone 2018/Apun

Prepared by:

UNICEF Sierra Leone

March 2019

unicef  | for every child

Table of Contents

A. Executive Summary 4

B. Strategic Context of 2018..... 5

C. Results Achieved in the Sector 7

D. Financial Analysis..... 13

E. Future plans 16

F. Expression of Thanks 17

G. Annexes 17

Abbreviations and Acronyms

ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Bacillus Calmette-Guérin
CHIS	Community Health Information System
CHW	Community Health Worker
CSO	Civil Society Organizations
DHMT	District Health Management Team
DHS	Demographic Health Survey
DPPI	Directorate of Policy Planning and Information
EmONC	Emergency Obstetric and Neonatal Care
ENC	Essential Newborn Care
EPI	Expanded Programme of Immunization
EVD	Ebola Virus Disease
FHC-I	Free Health Care Initiative
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GoSL	Government of Sierra Leone
HMIS	Health Management Information System
iCCM	Integrated Community Case Management
IMNCI	Integrated Management of New-born Childhood Illnesses
IPC	Infection Prevention and Control
IPTi	Intermittent Preventive Malaria Therapy for infants
IPV	Inactivated Polio Vaccine
LLIN	Long Lasting Insecticide Treated Net
M&E	Monitoring and Evaluation
MCHW	Maternal and Child Health Week
MICS	Multiple Indicators Cluster Survey
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal and Child Health
MoHS	Ministry of Health and Sanitation
NGO	Non-Governmental Organizations
NID	National Immunisation Day
ORS	Oral Rehydration Solution
PHU	Peripheral Health Units
PS	Peer Supervisor
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SBCU	Special Baby Care Unit
SDG	Sustainable Development Goal
SLENAP	Sierra Leone Every Newborn Action Plan
U5MR	Under Five Mortality Rate
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNAIDS	Joint United Nations Programme on HIV and AIDS
WHO	World Health Organisation

A. Executive Summary

Sierra Leone's health statistics are alarming. A newborn in Sierra Leone has amongst the lowest chance in the world of surviving until their fifth birthday. Malaria, acute respiratory infection (ARI) and diarrhoea account for 20 per cent, 12 per cent, and 10 per cent of the under-five mortality, respectively. Maternal mortality is the highest in the world with 1,360 per 100,000 live births, caused primarily by haemorrhage, sepsis, hypertensive disorders and unsafe abortion and prolonged or obstructed labour. Progress in neonatal mortality reduction is stagnant with the current rate at 34 per 1,000 live births. The leading causes of neonatal deaths are: preterm birth (30 per cent), asphyxia (27 per cent), sepsis (23 per cent), pneumonia (seven per cent), congenital (seven per cent), and others (seven per cent). Most neonates in Sierra Leone are dying in the first six days of life; these "early" neonatal deaths make up 81 per cent of the overall neonatal mortality. Almost one fifth (19 per cent) of neonatal deaths take place in the first day of life. Many of the maternal, neonatal, and child deaths due to these conditions are preventable if they are timely managed by skilled health providers.

Limited access to high quality health services by skilled providers is further compounded by high disease burden caused by environmental-related communicable diseases aggravated by poor nutrition, traditional and cultural beliefs, and low demand for health services by communities and families, altogether adversely affecting child survival and development in Sierra Leone.

Although the maternal, neonatal and child health (MNCH) target set for the Sustainable Development Goal (SDG) 3 will be hard to meet in Sierra Leone, it is achievable if evidence-based approaches are combined with high-level political commitment, resources (financial, human, and institutional capacity), and strong leadership and governance.

The Government of Sierra Leone (GoSL) has launched several initiatives, including the Free Health Care Initiative (FHCI), to improve health service access and utilization, and from 2008 to 2013, there was marked improvement in child and maternal health coverage indicators. However, the Ebola Virus Disease (EVD) outbreak in 2014-5 stalled the progress and many of the gains made in the years leading up to the EVD outbreak were lost.

With extensive efforts to curb the spread of EVD and to support early recovery, in which UNICEF played a significant role in collaboration with the Ministry of Health and Sanitation (MoHS), other UN agencies and NGO partners, now the negative trend observed in health indicators is fully reversed. Delivery by skilled birth attendants, measles vaccination coverage, treatment of diarrhoea with oral rehydration solution (ORS) and zinc, and pneumonia treatment with antibiotics all increased in 2018, compared to the 2013 level.

In 2018, UNICEF support to the GoSL continued to focus on rebuilding a stronger and more resilient health system, ensuring children and women are taken into consideration in the agenda. UNICEF provided high impact interventions through an integrated approach, with special attention on hard-to-reach communities in line with the National Health Sector Recovery Plan (2015-2020), National Health Sector Strategic Plan 2017-2021, National Reproductive, Maternal, Neonatal, Child, Adolescent Health (RMNCAH) Policy and Strategy 2017-2021 and the National Community Health Worker (CHW) policy (2016).

Some of the key achievements made by UNICEF in 2018 include: improved quality of level II newborn care services for sick newborns established in four sites, which helped save the lives of 4,000 sick newborns; strengthened cold chain system with 220 additional units of solar refrigerators procured for periphery health units (PHU) across the country; improved human resource capacity in the areas of newborn care, integrated management of neonatal and childhood illness (IMNCI), integrated community case management (iCCM), and effective vaccine management; increased national capacity to effectively implement the CHW

programme through technical assistance at the national level and direct implementation support in four districts; minimized stock outs of essential drugs and supplies for pregnant women, lactating mothers and under-five children through the timely procurement and distribution of FHCI drugs and commodities; enhanced health management information system (HMIS); and inoculation of 1.5 million children aged 0-59 months against Polio through an oral Polio Vaccines campaign.

In 2018, the country experienced sporadic disease outbreaks. UNICEF supported the response to the diarrhoea outbreak through provision of ORS; and the measles outbreak response through a reactive campaign. During the campaign, UNICEF supported the distribution of measles vaccines, printing of vaccination cards as well as other materials, and communication/demand creation activities, including the mobilization of 400 CHWs to engage families and radio programmes. Communication materials on measles earlier printed and pre-positioned as part of the emergency preparedness became handy to enhance interpersonal communication during the outbreak. While successfully controlled, these outbreaks highlighted the need to further strengthen the health system resilience.

B. Strategic Context of 2018

Sierra Leone reduced its under-five mortality rate (U5MR) from 262 per 1000 live births in 1990 to 236 in 2000, and further down to the current rate of 111¹; however, this current rate is still more than four times higher than the Sustainable Development Goal (SDG) target of 25 under-five deaths per 1,000 live births by 2030. When it comes to neonatal and maternal mortality, there is less progress: neonatal mortality rate currently stands at 34 per 1000 live births, accounting for 31 per cent of U5MR. Maternal mortality ratio (MMR) at 1,360 per 100,000 live births (2015) is the highest in the world². To achieve SDG target of 12 neonatal deaths per 1,000 live births and global MMR of 70 per 100,000 live births by 2030, Sierra Leone must significantly accelerate its efforts to improve MNCH.

In response to dire health situation with some of the worst MNCH indicators in the world, in 2010 the Government of Sierra Leone launched the Free Health Care Initiative (FHCI) to ensure free preventive and curative health services for pregnant women, lactating mothers and children under five years of age in all government facilities in the country as a first step toward universal health coverage (UHC) attainment. Given the high out-of-pocket expenditure in health, the benefits of FHCI implementation were visible, with major gains in utilization and coverage with basic services including immunization, antenatal care and facility delivery.

However, the unexpected and unprecedented EVD outbreak in 2014-5 stalled the progress made. Recorded as the worst-ever disease outbreak in recent history, it killed over 3,800 people and infected more than 12,000 in Sierra Leone. The health workers were amongst hardest hit: 296 were infected, out of whom 221 lost their lives. This further weakened the already fragile health system in the country.

Following the Ebola crisis which placed considerable strain on the Government's ability to provide essential services, the then Government presented the recovery plans³ representing

¹ Levels & Trends in Child Mortality Report 2018. Estimates developed by the UN Inter-Agency Group for Child Mortality Estimation (UN IGME), UNICEF, 2018.

² Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank and the UN Population Division, WHO, 2015.

³ President's Recovery Plan (a 10 to 24- month plan with recovery priorities); and National Health Sector Recovery Plan (2015-2020). One of the priorities of the President's Recovery Plan was to save the lives of 600 women and 5,000 children by 2018. This goal was set in the context where an estimated 3,100 women and 26,000 children aged under five died in 2015 in Sierra Leone largely from preventable causes related to complications of pregnancy and childbirth; and neonatal conditions and common childhood illnesses.

the high-level political commitment to improving Maternal Neonatal Child Health (MNCH). Serial health facility assessments conducted in 2014 and 2015 and Health Management Information System (HMIS) data in subsequent years suggest a reversal of negative trends in health service coverage indicators.

The recently-published Multiple Indicator Cluster Survey (MICS 2017) in Sierra Leone has confirmed a relatively high coverage of key MNCH interventions: delivery by skilled birth attendants at 82 per cent; minimum four antenatal care visits at 78 per cent; postnatal care for newborns at 92 per cent; care seeking for Acute Respiratory Infections (ARI) at 74 per cent; measles vaccination coverage at 81 per cent; and treatment with Oral Rehydration Salts (ORS) for children 0-59 months with diarrhea at 78 per cent. MICS data also highlights some interventions requiring improved coverage such as diarrhea treatment with not only ORS but also zinc currently at 43 per cent; and pneumonia treatment with antibiotics at 28 per cent. Inequalities also persist in health service utilisation with significant geographical disparities across all indicators.

The increased service utilisation has not been fully translated into positive health outcomes. Poor quality of services is reported to be a significant challenge, linked to lack of functional equipment and supplies; absence of basic enablers such as electricity, water and sanitation facilities; inconsistent dissemination of standards, guidelines and job aids; weak supervision, mentoring and monitoring systems in health facilities; and absence of quality improvement mechanisms. Above all, critical shortages in human resources and drug supply, which characterize many government health facilities, remained a challenge for the health system to meet the increased demand for quality of services. Despite FHCI, households continued to bear a large burden in carrying the cost of health care. Out of the total health expenditure of approximately US\$95 per capita, 13 per cent is from donors, 16 per cent from government, and 71 per cent from private out-of-pocket household contributions. Sierra Leone allocates 12.3 per cent of its annual budget in health, which falls short of the Abuja Declaration of 15 per cent⁴. As such, there is a need to further strengthen the existing policies and their implementation to address financial and non-financial barriers to access quality services.

In May 2018, the newly elected Government of Sierra Leone (GoSL) set a strategic objective to make the health system a high quality, efficient, reliable, cost-effective, affordable and sustainable, and increase access to quality health services for all, particularly mothers, children and the elderly in an equitable and efficient manner.

UNICEF has been providing strategic and catalytic support in enhancing the country's policy environment. Most recent support provided in 2018 was for launching the Sierra Leone Every Newborn Action Plan (SLENAP) 2017-2030, which contributed significantly to the mobilization of political commitment toward newborn care. In addition to the policy-level technical assistance, UNICEF's focus is on scaling-up evidence based MNCH interventions through capacity building support for service delivery; strategic and timely procurement and distribution of supplies and equipment, including FHCI drugs, vaccines, cold chain equipment and neonatal equipment; and health system strengthening, including enhancement of community-based health systems, routine immunization services, and continuum of care for Reproductive, Maternal, Neonatal, Child, Adolescent Health (RMNCAH).

UNICEF's Health programme covers the entire country for most of the components, while intensified support for some interventions such as special baby care service provision and CHW programme implementation is provided in the selected districts. The primary beneficiaries of the programme are newborn and infants less than one year (estimated at 287,529), children under five years (estimated at 1,186,056), pregnant and breastfeeding women (estimated at 617,000), and women of child bearing age (estimated at 1,595,785).

⁴ Sierra Leone National RMNCAH Strategy 2017-2021

Parallel to the support provided to strengthen the health system, UNICEF also assists the country to respond to emergencies based on its comparative advantage in the areas of community interventions, communication for development (C4D) and logistical support.

During 2018, the country experienced sporadic disease outbreaks. The response to the diarrhea outbreak was supported through the provision of ORS; and measles outbreak response was through a reactive campaign. While successfully controlled, the outbreaks highlighted the need to further strengthen the health system resilience.

The MoHS and the District Health Management Teams (DHMT) form the main collaborative and implementing partners of UNICEF. The programme also works closely with the World Health Organization (WHO) and United Nations Population Fund (UNFPA). As part of the H6 partnership, the Joint United Nations Programme on HIV and AIDS (UNAIDS), UN Women and the World Bank also collaborate with UNICEF in the implementation of the national health programme. In addition, the Health Programme continues to partner with International and National Non-Governmental Organizations (NGO), Civil Society Organizations (CSO), local governments and universities. Major external supporters of the health sector include The Global Fund to Fight AIDS, TB and Malaria (GFATM), the UK Government (UKAid), World Bank and GAVI.

C. Results Achieved in the Sector

UNICEF's outcome, "Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours" contributes to the country's efforts to achieve SDG 3, particularly the following MNCH targets: "By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births" and "By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births." The health outcome is also aligned with the GoSL's National Health Sector Strategic Plan 2017-2021, National RMNCAH Policy and Strategy 2017-2021, the National CHW Policy (2016) and the SLENAP, 2017-2030.

The Health programme aims to address the following major bottlenecks to achieving its outcome: 1) lack of availability of quality MNCH services due to policy gaps and resource constraints (human, financial, and physical (supplies, equipment, and infrastructure)); 2) lack of access to existing MNCH services due to physical and financial barriers; 3) poor family care knowledge and practices, including pregnancy care, care for sick children, feeding, health-seeking, and hygiene and sanitation; 4) lack of community empowerment; 5) weak health sector leadership, stewardship and governance with ineffective monitoring, oversight, regulation, and coordination as well as lack of transparency and accountability; and 6) lack of health systems resilience, increasing vulnerability to the public health consequence of emergency/disaster.

Four strategies applied to address the above bottlenecks are: 1) strengthening health system capacity to deliver improved quality of facility-based essential MNCH services for free (as part of FHCI); 2) empowering community to improve family care practices and to bring most essential primary health care services to people's doorstep; 3) strengthening health system capacity to monitor and evaluate the health interventions; create the feedback loop and translate evidence into practice; be responsive to population needs; and ensure transparency and accountability; and 4) emergency preparedness and response.

Consequently, the Health programme is structured as follows:

OUTCOME 1: IMPROVED AND EQUITABLE USE OF HIGH-IMPACT MATERNAL AND CHILD HEALTH INTERVENTIONS FROM PREGNANCY TO ADOLESCENCE AND PROMOTION OF HEALTHY BEHAVIOURS

Output 1.1 Increased capacity of health facilities to deliver a package of high impact health interventions for mothers, newborn and under 5 children with special focus on gender equality and the most vulnerable in all 14 districts by 2019.

Output 1.2 Increased capacity to deliver high impact community-based health interventions for women, newborn and under 5 children, including promotion of healthy behaviours, with special focus on gender equality and the most vulnerable, in all 14 districts by 2019.

Output 1.3 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislation, plan and budget for scaling-up maternal and child health interventions for children, adolescents and women of child bearing age by 2019.

Output 1.4 Health emergency preparedness and response with special focus on children and women of child bearing age is implemented by the Government of Sierra Leone, UNICEF and its partners in a timely manner during the country programme cycle.

In a bid to improve quality of care, UNICEF's support in 2018 placed an emphasis on supportive supervision, mentoring and coaching across different areas, including newborn care, integrated management of neonatal and childhood illness (IMNCI), integrated community case management (iCCM) and immunization. In particular, on-the-job training provided by embedded technical assistance, quarterly review meetings and joint supportive supervisions conducted for four Special Baby Care Units (SBCU) resulted in the high survival rate at 78 per cent.

Effective supply chain management to prevent stock outs of essential drugs, supplies, and vaccines is a prerequisite for quality of care. In 2018, UNICEF supported: the timely procurement and distribution of free health care (FHC) drugs and commodities to all public health facilities nationwide; malaria, HIV and TB commodity distribution; and the initiation of immunization supply chain system design process and a capacity assessment of supply chain human resources.

As effective use of data for decision making is important to improve coverage, equity, and quality of care, UNICEF provided technical and financial support towards HMIS strengthening, which resulted in significant improvement in data quality and report timeliness across districts.

To address equity concerns in accessing health services, UNICEF continued to provide technical and financial support in management of the national Community Health Worker (CHW) programme, which deploys nearly 15,000 CHWs to deliver high impact MNCH interventions across hard-to-reach areas.

More detailed description of the major activities supported and achievements made in 2018 per output area is provided below.

Output 1.1: Increased capacity of health facilities to deliver a package of high impact health interventions for mothers, newborn and under 5 children with special focus on gender equality and the most vulnerable in all 14 districts by 2019

- SBCUs in Ola During Children's Hospital, Bo, Kenema and Makeni Government Hospitals, establishment of which UNICEF supported in 2017, continued to be functional as referral centres for sick newborns. In 2018, 5,095 sick newborns (2,902 male and 2,193 female) were admitted at the SBCUs with the survival rate at 78.1 per cent; nearly 4,000 sick newborns' lives were saved. The survival rate of 42 per cent among extremely low birth

weight neonates (< 1000 gm) was particularly encouraging as the newborns would never have survived without care provided within these units. Of the admitted sick newborns, 68 (1 per cent) were babies exposed to HIV, and promptly received antiretroviral treatment. This demonstrates that SBCUs also serve as a good platform to identify the HIV exposed babies for necessary treatment and care. The admission rate (51 per cent) of out-born babies referred from periphery health units (PHU) and communities exceeded the admission from the same hospitals, an indication of increased community awareness and service utilization. Because of its outstanding performance, SBCUs received significant attention from senior Government officials, including the President and Minister of Health and Sanitation, and UNICEF was requested to support its nationwide scale-up. Quarterly review meetings and joint supportive supervision of the SBCUs by MoHS and partners, which UNICEF supported throughout the year, along with on-the-job training provided by embedded technical assistance (international paediatricians) for SBCU staff and equipment support are amongst the success factors.

- In a bid to enhance monitoring and supervision and thereby improve quality of services, the Integrated Management of Neonatal and Child Health Illness (IMNCI) registers for sick children under-five were updated with UNICEF and WHO's support. Following the orientation for focal points and others, the registers are now in use. UNICEF also supported printing various child health registers and cards in response to the stock-out over six-months in many facilities across the country.
- UNICEF assisted the MoHS in scaling up IPTi, which reduces clinical malaria, anaemia and severe malaria among the children under one years of age - the most susceptible to infection, illness and death. In 2018, a total of 644 health workers in 10 districts gained knowledge and skills to provide IPTi for malaria treatment in infants, resulting in its nationwide roll-out.
- UNICEF continued to support malaria commodity distribution (3,415,480 Artesunate Combination Therapy (ACT) doses; 1,495,300 SP tablets; 169,300 Artesunate Injection; 4,316,420 Rapid Diagnostic Test (RDT) kits and 652,550 Long Lasting Insecticide Nets (LLIN)). Timely and effective commodity distribution helped the MoHS maintain less than 5 per cent stock-out of malaria commodities at health facilities.
- UNICEF supported the procurement of 220 units of solar refrigerators, 95 per cent of which were installed in PHUs nationwide as of December 2018. As a result, 58 per cent of PHUs now have functioning refrigerators compared to 45 per cent in 2017. Temperature mapping of the walk-in cold rooms at the central cold store was also conducted for safer storage of vaccines.
- To improve efficiency and reliability of immunisation supply chain, UNICEF supported the supply chain system design process and conducted a capacity assessment of supply chain human resources.
- UNICEF also supported the MoHS to initiate immunisation coverage and equity assessment with a view to defining the categories of high risk communities or underserved populations and identifying strategies to address the inequity. This was supported in the context where large disparities exist in immunization coverage rates between children in different social and economic groupings as evidenced by MICS 2017, as well as measles outbreaks in 2018.
- In the framework of FHCI, UNICEF supported the procurement and distribution of essential medicines and medical consumables to all PHUs and hospitals, with an emphasis on ensuring adequate stocks of materials for infection prevention control (IPC). UNICEF also procured traditional vaccines (BCG, Polio, Measles, and TT) for all infants and pregnant women, and MNH medical equipment and commodities. With a view to strengthening the supply chain/logistic management system capacity of the MoHS, UNICEF continued to support the MoHS in deploying district logistics officers.
- In 2018, UNICEF supported the construction and completion of a new maternity and paediatric hospital complex in Kailahun district with 40 maternity beds and 60 paediatric beds. The hospital is strategically located offering services to pregnant women and

children from Sierra Leone, Liberia and Guinea. During the rainy season, due to road access, Kailahun is isolated from other parts of Sierra Leone. Therefore, this hospital is playing a vital role in providing health services to previously hard-to-reach populations and saving many lives. During the year, UNICEF assisted furnishing the hospital with some equipment, basic furniture, including beds, IPC materials and other commodities. (See **Annex 2 – Photos**).

Output 1.2: Increased capacity to deliver high impact community-based health interventions for women, new-born and under 5 children, including promotion of healthy behaviours, with special focus on gender equality and the most vulnerable, in all 14 districts by 2019.

- For the effective implementation of national CHW programme as per the revised policy (2016-2020), UNICEF continued to provide technical support to the national CHW hub and District Health Management Teams (DHMT) in training, monitoring and supportive supervision of CHWs. In 2018, a total of 7,191 CHWs in six additional districts were equipped their knowledge and skills on iCCM of malaria, pneumonia and diarrhoea, reproductive maternal, neonatal and child health (RMNCH), and community-based surveillance. As such, by the end of 2018, CHW training was completed across 13 of the 14 districts in Sierra Leone. A total of 124 staff, including national and regional CHW programme coordinators, implementing NGO partners, PHUs, and DHMTs in four UNICEF-supported districts, improved the capacity in planning, coaching and mentoring of CHWs. Nationwide supportive supervision and mentoring exercise was conducted in September.
- In 2018, CHWs in four districts conducted visits to 30,510 pregnant women (antenatal) and 18,990 mother-baby pairs (postnatal), treated 84,562 children for malaria, 15,481 for pneumonia, 10,281 for diarrhoea, and screened 104,793 children for acute malnutrition. Of these 1,654 children had severe acute malnutrition and were referred to health facilities for treatment. CHWs also referred 32,143 children to PHUs for further care. Peer supervisors supervised 95 per cent of the active CHWs monthly; 95 per cent of those supervised could accurately count respiratory rates. Payment of monthly incentives contributed to keeping them motivated to improve service delivery.
- Additionally, 110 CHWs and 11 peer supervisors increased awareness and knowledge about protection risks and the well-being of adolescents and available health services. As a result, an average of 338 parents, caregivers and safe space mentors were sensitized on health services for adolescents monthly; and an increasing number of adolescent girls were referred by CHWs to an appropriate point of health care.
- To strengthen information system, UNICEF supported the assessment of a national Community Health Information System (CHIS). UNICEF also supported the CHW hub to establish a national CHW database with iHRIS Manage platform. For timely decision making based on real-time data, RapidPro was introduced to CHW programme as pilot, through training of 30 national/district coordinators and supervisors and IPs, who cascaded training to 1,945 CHWs and peer supervisors in two UNICEF-supported districts. CHWs began using SMS to reply to polls from the MoHS e-health hub, with responses analysed and used for programme decision making.
- UNICEF also supported the MoHS in implementing one polio National Immunization Day (NID) which was integrated with the Vitamin A supplementation and deworming. A total of 1.5 million children 0-59 months were vaccinated with oral Polio Vaccine and over one million children aged 6-59 months were reached with Vitamin A and Albendazole. Similar round of Maternal and Child Health Week including Vitamin A supplementation, deworming and routine immunization defaulter tracing targeting children under-five in seven selected districts was supported in November. In both exercises, the CHWs played a critical role in the mobilization of communities.

Output 1.3: Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan and budget for scaling-up maternal and child health interventions for children, adolescents and women of child bearing age by 2019

- UNICEF provided technical and financial support towards HMIS strengthening at the district and national levels. At the district level, mentoring support was provided to 14 districts during supportive supervision visits and M&E Officers capacity building sessions, whilst funding support was provided to three districts for PHU in-charges meetings, facility-level supportive supervision, and data review meetings. At the national level, UNICEF provided technical support to MoHS during the reviews of the HMIS tools, and the National Health Sector Strategic Plan Monitoring and Accountability Framework and Indicator Matrixes.
- To bolster national data quality improvement, UNICEF introduced all M&E Officers to the WHO Data Quality App, which was newly set up in DHIS2. On data consistency over time, data from the App show that, in December 2018, 11 districts (compared with nine districts in December 2017) reported ANC1, ANC4, institutional delivery, and measles dose values that are within +/-12 per cent of the average of the previous 11 months. On data consistency between indicators, in December 2018, eight districts (compared to five districts in December 2017) had ANC 1 - IPTp1 ratios that are within +/-10 per cent of the average of the previous 11 months. In December 2018, three districts (against the target of three) reported accurately on all four data quality tracer indicators, whilst four out of 14 districts recorded report timeliness rates above 85 per cent. District report timeliness rates were significantly affected when the DHIS2 server went down for about two months and districts could not input data in the system on time. A funding cut for activities, including PHU in-charges meetings (during which reports are submitted), also negatively impacted report timeliness rates in several districts.
- Different MoHS directorates made extensive use of RapidPro with eight use cases deployed – two more than the six targeted. The Directorate of Drugs and Medical Supplies (DDMS) used RapidPro to monitor Free Health Care distributions on four occasions and the Human Resources Directorate to communicate with health workers on numerous occasions. Demand for the use of RapidPro increased with requests from new directorates/partners including the Directorate of Food and Nutrition and Helen Keller International. Although UNICEF used a mentoring model to engage ministry staff, the risk of the MoHS losing the transferred capacity surfaced with the recent reassignment of the ICT Manager, who was the RapidPro infrastructure focal point to another Ministry. To mitigate this the new ICT Manager has begun his work with RapidPro and will also ensure a wider capacity within the ICT Department.

Output 1.4: Health emergency preparedness and response with special focus on children and women of child bearing age is implemented by the GoSL, UNICEF and its partners in a timely manner during the country programme cycle.

- In the diarrhoea outbreak, a total of 12 suspected cholera cases were reported from Laiya village, Sanda Loko chiefdom, Bombali district in early May 2018. Out of a total population of 635 and 100 households in that community, about 28 pregnant women and 112 children under-five were reached during the outbreak response activity. In responding to the diarrhoea outbreak, UNICEF provided ORS and basic water sanitation and hygiene (WASH) materials including hand washing soaps and Aqua tabs to the affected population.
- In response to measles outbreak in Koinadugu/Falaba districts, UNICEF supported the planning for reactive campaign. The vaccination campaign targeted children aged six months to under 15 years in Koinadugu/Falaba districts. UNICEF also supported the distribution of 260,000 doses of measles vaccines, printing of 300,000 vaccination cards as well as other materials, and communication/demand creation activities. As a result, a total of 197,111 children aged six months -15 years were vaccinated out of an estimated target of 187,707 (exceeded target).

- UNICEF continued to participate in the weekly emergency update meetings held at the Directorate of Health Security and Emergencies (DHSE) of the Ministry of Health and Sanitation (MoHS), where surveillance pillars present key issues and all members present collectively take decisions. In the event of the measles outbreak in Pujehun and Kambia districts (December 2018), the Ministry, supported by UNICEF and other partners, developed a response plan to vaccinate at least 95 per cent of the children from six months to 14 years of age in two affected districts. UNICEF provided support, including vaccine procurement, logistics and social mobilization activities, for the campaign, which was conducted in January 2019.

The flexibility of the Global Thematic Funds for Health in Sierra Leone played a pivotal role in achieving the above results by bridging the gaps and complementing the specific donor-funded projects to create linkages between the interventions and enabled leveraging of further resources for the Government to scale up proven interventions. For example, the Global Thematic Funds helped bridge the funding gaps between two phases of a donor-funded project and ensured the continuity of critical services for sick newborns at SBCUs. In another case, furniture and supplies essential to make the newly constructed maternity and paediatric hospital in Kailahun functional was supported by the Global Thematic Funds. This relieved a critical bottleneck. Further, visibility materials were developed by Global Thematic Funding were instrumental in mobilising external resources for critical programmes run by the government, including the CHW programme and SBCUs.

Results Assessment Framework

Outcome 1 - Improved and equitable use of high impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours			
OUTCOME INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	2018 STATUS (% OR #)
Per centage of pregnant women attending four or more antenatal care (ANC) sessions	76% (2013 DHS)	80%	97% (2018 HMIS) 77.5% (2017 MICS)
Per centage of births attended by a skilled health personnel	60% (2013 DHS)	75%	94% (2018 HMIS) 81.6% (2017 MICS)
Per centage of one-year old children immunised against measles	79% (2013 DHS)	90%	76% (2018 HMIS) 74.5% (2017 MICS)
Per centage of children under-five with symptoms of acute respiratory infection (ARI) who were treated with antibiotics from a health facility/provider	45% (2013 DHS)	90%	27.8% (2017 MICS)
Per centage of children under-five with diarrhoea who received treatment of oral rehydration salts (ORS) from a health facility/provider	85% (2013 DHS)	90%	77.7% (2017 MICS)
Per centage of pregnant women aged 15-49 who sleep under insecticide-treated nets (ITN)	42% (2013 DHS)	70%	60.0% (2017 MICS)

D. Financial Analysis

Table 1 and Table 2 below indicate the available funding per Output and the thematic contributions received in 2018, respectively.

Table 1: Planned Budget for Health Sector in Sierra Leone

Outcome Area 1: Health - Sierra Leone	
Health Programme Outputs	Planned Budget ²
<u>Output 1.1 Facility Health</u> : Increased capacity of health facilities to deliver a package of high impact health interventions for mothers, new-born and under 5 children with special focus on gender equality and the most vulnerable in all 14 districts by 2019	11,002,050
<u>Output 1.2 Community Health</u> : Increased capacity to deliver high impact community-based health interventions for women, new-born and under 5 children, including promotion of healthy behaviours, with special focus on gender equality and the most vulnerable, in all 14 districts by 2019	2,493,798
<u>Output 1.3 Health Systems, Policy, Research</u> : Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan and budget for scaling-up maternal and child health interventions for children, adolescents and women of child bearing age by 2019	880,164
<u>Output 1.4 Health Emergency</u> : Health emergency preparedness and response with special focus on children and women of child bearing age is implemented by the GoSL, UNICEF and its partners in a timely manner during the country programme cycle	293,388
HEALTH - Programme Support	0
Grand Total	14,669,400

Table 2: Sierra Leone Thematic Contributions Received for Health in 2018 (in USD)

Donors	Grant number	Contribution Amount
German Committee For UNICEF	SC1899010013	948,672.20
Total		948,672.20

In 2018, the overall expenditure for programme activities and interventions related to Health Outcome amounted to US\$ 29,033,991. The expenditures are summarized in the table 3.

Table 3: Expenditures in Health in 2018

Organisational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	3,907,138	10,546,205	248,250	14,701,594
21-02 Immunization	(4,844)	786,410	300,047	1,081,614
21-03 Child Health	855,016	7,011,064	506,328	8,372,407
21-04 Prevention of stunting and other forms of malnutrition	147,402	1,145,729	67,269	1,360,401
21-05 Treatment of severe acute malnutrition	332,088	745,219	887,723	1,965,030

21-06 Treatment and care of children living with HIV	(1,676)	124,551	13,422	136,296
21-07 HIV prevention	521	134,108	295,911	430,540
21-08 Early childhood development	222,621	321,618	441,871	986,110
Grand Total	5,458,266	20,814,904	2,760,821	29,033,991

The table below shows a breakdown of expenditures of Thematic contributions by programme area.

Table 4: Thematic Expenses in Health in 2018

Row Labels	Expense
Other Resources - Emergency	1,149,320
21-01 Maternal and newborn health	529,969
21-03 Child Health	220,158
21-04 Prevention of stunting and other forms of malnutrition	164,794
21-08 Early childhood development	234,400
Other Resources - Regular	755,158
21-01 Maternal and newborn health	228,149
21-02 Immunization	963
21-03 Child Health	179,001
21-06 Treatment and care of children living with HIV	40,861
21-08 Early childhood development	306,185
Grand Total	1,904,478

Table 5: Expenses by Intervention Codes

Row Labels	Expense
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	13,963,691
21-02-02 Immunization supply chain, including cold chain	997,425
21-02-12 Continuous social mobilization and communication	9,471
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	3,054,689
21-03-02 IMNCI facilities	289,220
21-03-10 HSS - Health systems procurement and supplies management	99
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	144,350
21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict	336,925
21-03-15 HSS - implementation research in Health	74,006
21-03-16 HSS - Management Information Systems	643,154
21-03-18 Public health emergencies, including disease outbreaks	355,586
21-03-98 Technical assistance - HSS	1,398,395
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	23,980
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	235,386

21-04-03 Vitamin A supplementation in early childhood (children under 5)	522,497
21-04-06 Salt iodization and other large-scale food fortification	441
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	372,432
21-05-01 Care for children with severe acute malnutrition	1,322,666
21-05-02 Capacity building for nutrition preparedness and response	341,852
21-06-01 Infant and child HIV diagnosis (PITC)	79,567
21-06-02 Pediatric ART	70
21-06-03 HIV health and community system strengthening to improve access and adherence	21,624
21-06-04 HIV and AIDS monitoring and bottleneck analysis	4,987
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming	5,063
21-07-01 ART for PMTCT	56,095
21-07-05 HIV and sexuality education for adolescents	16,107
21-07-08 Maternal HIV testing and counselling (PITC)	33,795
21-07-99 Technical assistance - HIV prevention	258,268
21-08-03 ECD advocacy and communication including campaigns	8,108
21-08-04 ECD data, evidence, and knowledge generation and dissemination	91,371
21-08-06 Parenting Programme to promote nurturing care and early stimulation	682,552
26-01-01 Country programme process (including UNDAF planning and CCA)	14,325
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	3,185
26-01-03 Humanitarian planning and review activities (HRP, RRP, UNICEF HAC)	12,109
26-02-01 Situation Analysis or Update on women and children	32,741
26-02-02 MICS - General	43,903
26-02-04 Stimulating demand for and capacity to use data	4
26-02-07 Data dissemination	2,357
26-02-08 Programme monitoring	2,784
26-03-01 Advocacy and partnership-building for social behaviour change	496,620
26-03-02 Capacity and skills development for social behaviour change	246,877
26-03-04 Community engagement, participation and accountability	60,644
26-03-05 Innovation, multi-media content production and dissemination	45,276
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	9,405
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	107,032
26-03-99 Technical assistance - Cross - sectoral communication for development	5,053
26-04-01 CO/RO Supply - technical assistance and collaboration in supply chain, procurement of goods and services, and logistics	189,220
26-06-02 Innovation activities	-776
26-06-04 Leading advocate	57,469
26-06-05 Leading voice	181,348
26-06-07 Leading brand	321
26-06-08 Emergency preparedness (cross-sectoral)	2,513
26-06-13 Joint programmes/pooled funding/inter-agency agreements	2,773
26-07-01 Operations support to programme delivery	2,547,419
27-01-15 CO programme coordination	286,593
27-01-16 CO advocacy and communication	127,976
28-07-04 Management and Operations support at CO	-787,054
Grand Total	29,033,991

Table 6: Planned Budget for 2019

Outputs	Funded Type	Planned amount
Output 1.1 Increased capacity of health facilities to deliver a package of high impact health interventions for mothers, new-born and under 5 children with special focus on gender equality and the most vulnerable in all 14 districts by 2019	RR	800,000
	ORR	2,250,000
	ORE	0
	Sub-Total	3,050,000
Output 1.2: Increased capacity to deliver high impact community-based health interventions for women, new-born and under 5 children, including promotion of healthy behaviours, with special focus on gender equality and the most vulnerable, in all 14 districts by 2019	RR	0
	ORR	3,037,896
	ORE	0
	Sub-Total	3,037,896
Output 1.3 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislation, plan and budget for scaling-up maternal and child health interventions for children, adolescents and women of child bearing age by 2019	RR	0
	ORR	1,364,148
	ORE	0
	Sub-Total	1,364,148
Output 1.4 Health emergency preparedness and response with special focus on children and women of child bearing age is implemented by the GoSL, UNICEF and its partners in a timely manner during the country programme cycle	RR	0
	ORR	0
	ORE	325,000
	Sub-Total	325,000
Total		7,777,044

E. Future plans

UNICEF will continue to support the implementation of National Health Sector Recovery Plan (2015-2020), National Health Sector Strategic Plan 2017-2021, with a special emphasis on the National RMNCAH Policy and Strategy 2017-2021, the National CHW policy (2016) and SLENAP (2017-2030).

The priorities for 2019 will include the following:

- Continue to invest on improving quality of the continuum-of-care for MNCH through coaching, mentoring, supportive supervision, on the job trainings, and refresher trainings for SBCU staff, PHU staff and CHWs.
- Improve quality and scale up level II newborn care services for sick newborns, including:
 - Establishing new SBCUs in five additional districts
 - Strengthening SBCUs at four existing regional hospitals
 - Establishing Kangaroo Mother Care (KMC) units / corners as part of SBCUs
 - Fostering the SBCU network for peer support and cross fertilisation
 - Enhancing data recording and reporting system

- Implementing Continuous Quality Improvement approach including the Maternal and Perinatal Death Surveillance and Response in all the SBCU network hospitals
 - Establishing a biomedical equipment maintenance and repair system
 - Developing a newborn care training package and its rollout
- Baseline assessment on the quality of IMNCI service delivery at facilities and develop road map for improving quality of IMNCI practices
- Strengthen capacity of the national CHW hub, DHMTs and PHUs for effective coordination, supportive supervision and mentoring of CHWs, performance reviews, incentive payment to CHWs and PS to improve quality of community-based interventions
- Revise primary health care handbook
- Develop national standard supportive supervision and mentoring guide and tools for CHWs and PSs
- Update national iHRIS database through periodic verification of active CHWs and PSs
- Provide technical assistance for CHW assessment (cost-effectiveness, quality of services, and labour market study)
- Strengthen community health information system and gradual integration into HMIS.
- Continue support for immunisation programme (Measles and Rubella (MR) vaccine and HPV introduction, polio campaigns integrated with MR campaign and nutrition interventions; switch from TT to Td vaccine; effective vaccine management (EVM) self-assessment; procurement of vaccines and related devices; completion of immunisation equity assessment to identify a strategy for reaching the unreached; and immunisation supply chain system design).
- Procure FHCI drugs and commodities and maternal and neonatal care equipment and supply
- Provide relief support to affected populations in case of emergencies.

As the country transitions from an immediate recovery phase to longer-term recovery and development for prosperity, the development assistance modality needs to shift from the currently predominant 'quick-fix' approach to the 'system' approach to build a more equitable, resilient, and sustainable health system, which requires medium to long term investment. However, at present, donor funding is typically short-term (one to two years), which makes it difficult for UNICEF to provide consistent and strategic support to the Government. The projected impact of funding shortfalls on the achievement of planned targets is significant, ranging from disruption in service provision, including stock out of essential medicines and commodities in the country, scaling down the proven interventions, to withdrawal of technical assistance. UNICEF is therefore working to mitigate these risks by expanding partnerships, intensifying resource mobilisation efforts, and prioritising its intervention areas.

F. Expression of Thanks

UNICEF wishes to express its sincere appreciation to all the donors that have supported the work to save the lives of pregnant women, children and adolescents in Sierra Leone in 2018 and have made possible the results described in this report. In particular, UNICEF is grateful to all National Committees for UNICEF, who provided critical support to UNICEF Sierra Leone.

G. Annexes

Annex 1 - Human Interest Story (below)
 Annex 2 – Photos (below)
 Annex 3 – [Donor Feedback Form](#) (click link)

Annex 1 – Human Interest Story

Saving lives with specialised baby care

by Tapuwa Loreen Mutseyekwa

Sixteen-year-old Mayatu Kamara sits quietly on a bench at the Makeni District Hospital's Special Baby Care Unit. Her youthful form makes her conspicuous among the other six mothers in the room, while a show of discomfort draws the immediate attention of the nurse in the unit.

"I am now fine, it was just a bit of pain here," says Mayata, as she signals to the stitched incision from the caesarean operation of four days ago, which resulted in her becoming a mother of two boys.



Mayata affectionately cradling one of her baby boys. ©UNICEF/Sierra Leone 2019/Mutseyekwa

Before long, Mayatu says she feels much better and is ready to attend to her babies, who are both receiving specialised care having been born premature with jaundice and with low birth weights of only 1.6 kg and 1.9 kg.

"When I found out that I was pregnant, I was expecting only one child, but now I have two. But I am happy to be a mother to my two babies. I need to learn a lot

from the nurses so that the children grow well," shared Mayatu, her brave demeanor apparent despite the challenges of a first-time young mother. Braver still, she explains that her boyfriend and father of her twins will be unable to support them.

The nurses at the unit are conscious of her situation, like many other young mothers in the unit, attend to her and give her valuable advice to ensure Mayatu's babies can survive and grow well.

Attending to sick babies who require special care and attention is the daily job of doctors and nurses at the Special Baby Care Unit in Makeni District Hospital. Each month, between 50 to 60 sick babies are admitted to the unit with conditions of prematurity, including low birth weight, infections and birth asphyxia. In all cases, these babies require close monitoring, specialised care and treatment.

The Chief Pediatrician at the Unit indicates that low birth weight babies are common among teenage mothers, such as Mayatu, who make up 80 per cent of the mothers whose babies are admitted to the unit. Without regular specialised treatment and support, there is very little

chance of the babies surviving beyond their first month of life. Mayatu and her two babies will therefore spend not less than two weeks at the hospital while the babies are monitored for growth and while the mother is given lessons on how to look after the delicate lives.

According to the United Nations Inter-Agency Group for Child Mortality estimates of 2018, Sierra Leone has one of the highest infant mortality rates globally with 82 deaths per 1,000 live births. Neonatal mortality stands at 34 per 1,000 live births with prematurity accounting for most of these deaths.

Since 2017, UNICEF has been supporting the Government of Sierra Leone to reduce infant and neonatal mortality rates through the operationalization of the Special Baby Care Units.



*Mayatu regularly receives lessons on how to adopt Kangaroo Mother Care.
©UNICEF/Sierra Leone 2019/Mutseyekwa*

These unit now established in three Regional Government Hospitals in Bo, Makeni and Kenema districts and in one Tertiary Hospital in Western Urban district. They are equipped with incubators, phototherapy machines, resuscitators, oxygen concentrators and other specialised equipment that help save and care for babies born prematurely, with low birth weight, asphyxiation from birth or who are sick.

One paediatrician head the Specialised Baby Care Units in each hospital. The Ministry of Health and Sanitation has also appointed nurses to the units, the majority of whom are trained volunteers given a special allowance.

Apart from relying on sophisticated machinery, once babies are stabilised, mothers of premature babies such as Mayatu are introduced to Kangaroo Mother Care, a technique which encourages mothers to keep the babies rested close to their bare chest. This provides the infants with warmth from the mother, immediate access to breastmilk and is an ideal way of creating an emotional bond between the mother with her babies.

Mayatu is now receiving lessons on how and why to breastfeed and on basic hygiene methods to minimise infections in her baby sons.

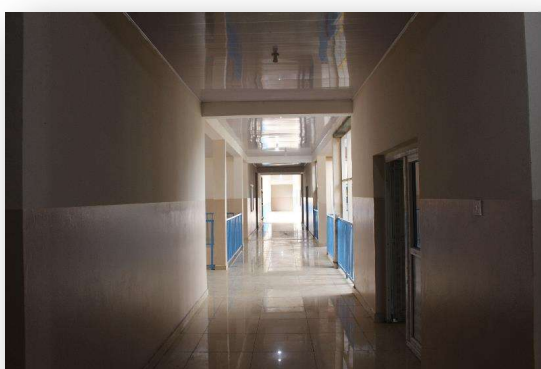
“Through the collaboration we have had with the Ministry of Health and Sanitation, progress has been made to reduce the number of newborn babies dying from complications of prematurity,” says UNICEF Chief of Child Survival and Development, Dr. Yuki Suehiro.

Looking ahead, Mayatu is determined to see the survival and good growth of her boys. The stories of other mothers who have passed through the same Special Baby Care Unit and whose babies are doing well, are great encouragement for her. She smiles, knowing a bright future with her sons awaits.

Annex 2 – Photos



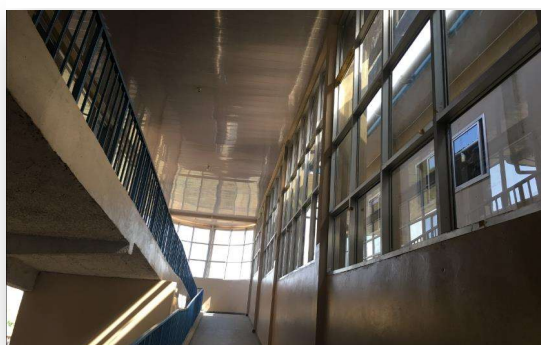
Maternity and paediatric hospital complex in Kailahun. ©UNICEF/Sierra Leone 2018/Pun



Corridors inside the building. ©UNICEF/Sierra Leone 2018/Pun



Spacious corridors for clients and families to move around. ©UNICEF/Sierra Leone 2018/Pun



Ramps allowing for disability-friendly access. ©UNICEF/Sierra Leone 2018/Pun