

評価調査結果要約表（英文）

I. Outline of the Project	
Country : The Republic of Sierra Leone	Project title : Project for Strengthening Supportive Supervision System
Issue/Sector: Health	Cooperation scheme : Technical Cooperation
Division in charge: JICA Human Development Department Health Group 1	Total Estimated cost : 630 million Yen
Period of Cooperation 1 June, 2013 – 31 May, 2019 (R/D signed on 12 Oct. 2012)	Partner Country's Implementing Organization : Ministry of Health and Sanitation (MoHS) and four target District Health Management Teams (DHMTs) (Bombali, Tonkolili, Moyamba, Pujehun)
	Supporting Organization in Japan : -
1. Background of the Project	
<p>Due to the prolonged conflicts that had lasted from 1991 to 2002, the Republic of Sierra Leone (hereinafter referred to as “Sierra Leone”) extensively suffered and the government structure and public services were also devastated in many areas, including the health sector.</p> <p>Sierra Leone’s current health situation is not favourable: its under-five mortality rate (156 per 1,000 live births) and maternal mortality rate (1,165 per100,000 live births) are one of the highest in the sub-Sahara Africa [they were 185 and 860 (2008) respectively at the time of the Project planning]. In this situation, the Free Health Care Initiative for pregnant women, lactating women and under-five children was introduced in 2010. Since then, the access to the mother and child health service has been tremendously improved. For example, the number of children who use the health facilities increased by 2.5 times. Now, the quality of the service needs to be improved. In order to provide quality health care services to meet the increased demands at health facilities, regular supportive supervisions to the facilities and an effective system to conduct such supportive supervisions are necessary.</p> <p>The Ministry of Health and Sanitation (MoHS) aims to improve the quality of health service, using the supportive supervision. The importance of strengthening the supportive supervision, by the District Health Management Teams (DHMTs) to health facilities, and by the Ministry to the DHMTs, is also broadly recognized. Recently, among the Government of Sierra Leone (GoSL) and development partners (DPs), the importance of establishing and strengthening “an Integrated Supportive Supervision (ISSV)” system has been advocated, in order to supervise the health facilities in integrated manner and to reduce their burden, rather than conducting vertical program supervisions.</p> <p>Japan International Cooperation Agency (hereinafter referred to as “JICA”) has supported health systems strengthening under the “Project for Strengthening District Health Management” in Kambia District from 2008 to 2011, followed by the “Technical Support for Strengthening Supportive Supervision System” at the MoHS. Upon the request by the GoSL, the Record of Discussion (R/D) was signed by the ministries concerned including MoHS and by JICA, and the “Project for Strengthening Supportive Supervision” (hereinafter</p>	

referred to as “Project”) has started in June 2013 for four years.

The first Ebola Virus Disease (EVD) case was identified in May 2014 in Sierra Leone and the Government declared state of emergency in July 2014. Due to this outbreak, JICA suspended the Project activities in August 2014. Observing the declining trend of the EVD cases in 2015, the four-month project activities were implemented from June 2015. The MoHS members implemented the Integrated Supportive Supervision (ISSV), and the support was provided remotely through the e-mail and phone communications by a Japanese expert.

The end of EVD outbreak was declared in Sierra Leone in November 2015. The Project has resumed from January 2016. The Project activities which aim to strengthen the implementation and quality of ISSV cycle have been conducted, aligned with the Post-Ebola Recovery Plan which aims to recover and strengthen the holistic health system.

2. Project Overview

The Project aims to strengthen ISSV cycles by both of MOHS and 14 DHMTs through: 1) strengthening the capacity of MOHS to provide support to 14 DHMTs; 2) Strengthening ISSV cycle by four target DHMTs to PHUs; and 3) improving MCH services provided by selected PHUs in four target districts. Ultimately, the Project is expected to contribute to improvement of MCH services in all PHUs.

(1) Overall Goal

Health services at the Peripheral Health Units (PHUs) are improved.

(2) Project Purpose

The integrated supportive supervision (ISSV) cycle* by the MoHS and the 14 DHMTs is strengthened in order to improve health services at the PHUs.

*The ISSV cycle is an iterative circle-wise management consists of pre-visit meeting; supervisory visit; post-visit meeting; establishing and implementing action plan; giving feedback on the follow-up actions during next round of supervision; and reflecting relevant issues identified in the following year's annual plan.

(3) Outputs

Output 1: The capacity of MoHS to provide support to the 14 DHMTs is strengthened.

Output 2: The ISSV cycle by 4 target DHMTs to the PHUs is strengthened.

Output 3: Project management capacity of 4 target DHMTs is strengthened through mini-project implementation for the PHUs.

(4) Inputs (at the time of evaluation)

Japanese side: Total Estimated cost 6.3million USD

Japanese Experts:

1 Long-term Expert (Health Planning Advisor), 12 M/M

9 Short-term Experts (Chief Advisor, MCH, M&E, Health System Strengthening, Health Information Analysis, Training Management, and Project Coordinator), 151.86 M/M

Equipment:	247,873 USD Training in Japan: 19 participants	
Local cost:	599,734 USD	
Sierra Leone side		
Counterparts:	MoHS: 9 persons, MoHS supervisor 370 persons (accumulated) DHMT: 4 persons, DHMT supervisor 380 persons (accumulated)	
Facilities:	Project office in the Youyi Building (Government compound) in Freetown	
Local cost (DSA, accommodation for ISSV, etc.):	223,412 USD	
II. Evaluation Team		
Members of Evaluation Team	Ritsuko Yamagata	Team Leader (Director, Health Team 2, Health Group 1, Human Development Department, JICA)
	Maki Masutani	Cooperation Planning (Associate Expert, Health Team 2, Health Group 1, Human Development Department, JICA)
	Michiru Suda	Evaluation Analysis (TAC International Inc.)
	Elizabeth Tejan	Cooperation (Senior Public Health Sister, Directorate of Policy, Planning and Information (DPPI), MoHS)
Period of Evaluation	23 November, 2018— 7 December, 2018	Type of Evaluation: Terminal Evaluation
III. Results of Evaluation		
1. Project Performance		
1-1. Input and Activities		
<p>In July, 2014, due to the EVD outbreak and the declaration of state emergency, JICA suspended the Project activities in August 2014. The four-month project activities were implemented from June, 2015. The activities under Output 1 started in 2013, while the activities under Output 2 and 3 started in 2016.</p> <p>Since 2016, the Project activities have been conducted mostly, although the progress of some activities has been delayed affected by external factors such as late disbursement of the operational costs by the Sierra Leone side, obstructed participation of National C/Ps to the project activities due to the competing activities, and appointments of new counterparts after the general election in March 2018.</p>		
1-2. Outputs		
<p>Output 1: The capacity of MoHS to provide support to the 14 DHMTs is strengthened. <almost archived></p> <p>It is in progress that the achievement of indicator 1 “80% of 42 core supervisors (= 33) attend at least 60% of capacity building training programs organized by the Project” (achieved 85% over the target value), and indicator 2 “2/3 of 42 core supervisors (= 28) participate in 75% of the ISSV cycles throughout the post-Ebola project period” (achieved 60% over the target value). Indicator 3 “80% of the follow-up action plans to solve priority issues (= issues identified through ISSV and prioritized in Action Plans Management Matrix (APMM) as urgent and important issues) are initiated” has been achieved. Although the progress is affected by obstructed participation of national C/Ps to the Project activities due to the competing activities, the Project is working on countermeasures.</p>		

Output 2: The ISSV cycle by 4 target DHMTs to the PHUs is strengthened. <almost archived>

The DHMT members of the four target (pilot) districts received the training on PDCA cycle of ISSV (pre-meeting, supervisory visit, post-meeting, establishing and implementing action plan, giving feedback on the follow-up actions during next round of supervision, reflecting relevant issues identified in the following year's annual plan), and conducted all the process. It is in progress (16.4% in Bombali District, 32.0% in Moyamba District, 14.3% in Pujehun, 40.0% in Tonkolili, at the time of evaluation) that the achievement of indicator 1 "All the PHUs in the 4 target districts receive supervisory visits twice a year". For indicator 2 "75% of the prioritized action plans at the district level are implemented", it has been achieved in three districts among the four. Indicator 3 "Unsolved issues identified are reflected in the annual plan if the required resources are not available at the district level" has been achieved as of November 2018.

For indicator 1, besides the delayed disbursement of the budget for implementing the activities, the amount of funding, logistics and human resources are not sufficient to implement the ISSV physical visits to all PHUs twice a year (average number of PHUs in the four pilot districts: 98 PHUs), and the seasonality matters (e.g. travelling is rather problematic during rainy season). In response to a number of constraints mentioned above, the DHMT applies strategic selection to target facilities for physical visits and as a result some of the weak PHUs are receiving more visits than others. The capacity of DHMTs to implement ISSV cycle can be improved as they conduct ISSV cycle continuously and establish them as an institution. Thus, conducting ISSV as a cycle twice a year is more important than All the PHUs receive supervisory visits twice a year. For this reason we regraded that the output 2 will be almost archived even though the Indicator 1 is hard to be archived.

Output 3: Project management capacity of 4 target DHMTs is strengthened through mini-project implementation for the PHUs. <almost archived>

The capacity development has been done on proposal writing, resource mobilization, and monitoring & evaluation of mini-projects and it has been continued through the implementation of the mini-projects. For indicator 1 "Prioritized issues identified through the ISSV from at least ten PHUs are reflected in the mini-project proposals per year per district", it was achieved in three districts for 2017, and was achieved in two districts for 2018 as of October 2018. This indicator is substantially influenced by the unit cost of the mini-project (e.g. construction or rehabilitation of PHU building requires considerable amount of budget compared with procuring motorbikes, and number of PHUs covered would be smaller in number). Indicator 2 "80% of the mini-projects are funded from partners" has been achieved. For indicator 3 "80% of the funded mini-projects achieve selected success indicators in the proposals", it has been achieved in one district. "Increase of number of deliveries during night" is one of the selected success indicators in the proposals. Such indicator is not always achievable, because some factors are beyond control of the PHU staff's effort. Therefore achievement of these indicators does not necessarily indicate the achievement of the Project's output. As the four target DHMTs have been capacitated through the mini-project implementation for the PHUs, it is considered that the output 3 has been nearly achieved.

1-3. Project Purpose

The project purpose is likely to be achieved by the end of the Project for the following reasons. Indicator 1 is expected to be archived and indicator 2 can be archived by enough budget allocation. Indicator 3 is also expected to be archived by the end of The project. Overall, the project purpose is expected to be archived while indicator 4 is hard to be archived and continuous commitments of key stakeholders are necessary.

Indicator 1: The MoHS implements the ISSV cycle completely two times a year.

< In progress → Achieved for 2016 and 2017 >

Two National-level ISSV cycles have been conducted in 2016 and 2017, and once in 2018. There are limitations include: delayed disbursement of DPs fund for implementation of ISSV physical visits; challenges on scheduling due to competing priority activities by directorates and programs, frequent training programs, workshops, meetings outside Freetown, national campaigns such as Maternal and Child Health (MCH) and National Immunization Days (NID) weeks. However, The MoHS is going to introduce the ISSV week⁴ to ensure implementation of the ISSV cycles twice a year which would decrease the above limitations partly.

Indicator 2: Four target DHMTs implement the ISSV cycle completely to all the PHUs at least twice a year.

< In progress >

All 4 DHMTs almost conducted complete ISSV cycle activities twice a year in 2017, though some PHUs were missed for the second supervisory visits due to limited resources on finance, logistics and human resources, and the seasonality matters. In response to a number of constrains mentioned above, the DHMT applies strategic selection to target facilities for physical visits and as a result some of the weak PHUs are receiving more visits than others. Since the Project supports capacity building of DHMTs to implement ISSV cycle, conducting ISSV as a cycle and its continuation is important. Thus, the evaluation team recognizes that completion of the two ISSV cycles should be more important than covering all PHUs. Furthermore, DHMT's strategic selection of target PHUs for the visits can be said effective, in order to improve health services at the PHUs. Therefore it can be considered that the intended target is met in 2017. For 2018, two ISSV cycles have been implemented in one district, while the rest conducted one ISSV cycle, due to the delayed disbursement of the budget to implement activities.

Indicator 3: Six out of the other ten DHMTs have established the ISSV cycle.

<In progress >

DHMTs have been conducting the ISSV physical visits before introducing the systematic ISSV cycle. Then, the non-pilot ten DHMTs started establishing the ISSV cycle from February 2018. They received ISSV orientation and trainings, and joined the district ISSV activities by the target DHMTs for experience sharing. After receiving these trainings, some non-pilot DHMTs have shown interests to implement the ISSV cycle. Implementation of the first systematic ISSV cycles in the ten DHMTs was delayed due to the late

⁴ Conducting the national ISSV physical visits intensively as a ISSV week, the MoHS would be able to request the relevant directorates and DPs not to organize their special activities concurrently and it would enable the MoHS and the district level related personnels to devote themselves to the ISSV activities.

disbursement of DP funding. As the fund have been made available in November 2018, with the technical support of national ISSV facilitators and the Project, it can be anticipated that six or more DHMTs complete the ISSV cycle once by the end of the Project.

Indicator 4: Ten out of 14 DHMTs score 80% in the ISSV checklist for the last three ISSV cycle.

< In progress >

From the 6th to 8th National ISSV, five districts achieved over 80% score successively.

The indicator's value decreased from nine districts (5th to 7th National ISSV, source: Project monitoring sheet, June 2018) to five districts (the 6th to 8th National ISSV). The fluctuation is due mainly to the delayed access to annual budget: the first annual budget was disbursed only in September 2018 and for only 25% of the total budget. The general election in May 2018 led the change of leaders and personnel in the districts and this might have caused the decrease of the score of 8th National ISSV in July 2018.

2. Summary of Evaluation Results

2-1. Relevance: High

Relevance is high in terms of necessity and policies of Sierra Leone and Japan.

“Integrated supportive supervision” is an essential aspect of health system, to ensure efficient and equitable delivery of health services with quality of care, as stated in the “National Health Sector Strategic Plan (NHSSP) 2010-2015”. “Integrated supportive supervision visits” is also mentioned as a part of monitoring and evaluation in the “NHSSP 2017-2021”.

The Project is also coherent with “Country Assistance Policy for Republic of Sierra Leone” (2012) and Japan’s ODA strategy to the Sierra Leone (2017). Health systems strengthening is reiterated in “JICA's Operation in Health Sector –Present and Future” (2013).

In Sierra Leone, most DHMTs have been conducting Integrated Supportive Supervision physical visits, but after the supervision physical visits, identified issues and challenges were left without taking any necessary actions to improve the health services by the DHMTs. Therefore the need was observed to establish the ISSV cycle as effective tools for solving the issues and to improve the health services at the PHU levels.

2-2. Effectiveness: Possibly high

It is expected that effectiveness of the Project will be high at the end of the Project. Continuous commitments of key stakeholders are necessary.

The achievement of the project purpose is expected to be high by the end of the Project as described in “1-3. Project Purpose”.

The achievement of Output 1, 2, and 3 have contributed to achieve the project purpose.

Under output 1, national ISSV facilitators and supervisors have been trained; ISSV secretariat has been appointed, and the MoHS has been implementing the complete ISSV cycles. Some issues are observed such

as delayed disbursement of fund for implementing ISSV activities, weak District Advisors (DAs) activities, and delayed implementation of the district-level ISSV cycles in non-pilot districts. However, the MoHS is going to introduce the “ISSV WEEK” to ensure implementation of the ISSV cycles twice a year from 2019. The fund has been disbursed to implement district-level ISSV cycle in non-pilot district in November 2018, and they have started conducting the systematic ISSV cycle.

For output 2, the four pilot DHMTs have been completing the ISSV cycles by applying strategic selection to target facilities for physical visits. Through implementing the ISSV cycles, some identified issues have been solved and the unsolved issues have been reflected in the annual plan at the district level.

For output 3, the capacity development has been done on proposal writing, resource mobilization, and monitoring & evaluation of mini-projects and it has been continued through the implementation of the mini-projects.

2-3. Efficiency: Moderate

Most inputs from Japan side and some inputs from the GoSL side have been provided as planned and in a timely manner. For operational cost from GoSL side, some funding were delayed due to the complex procedure of the DPs fund and affected the timing of activities.

Affected by the EVD outbreak and other factors (e.g. limited technical transfer to the C/Ps in some area, as a result of overloaded work of C/Ps general work and insufficient personnel in the MoHS), the Project duration is extended from four years to four years and eight months excluding suspended period during the EVD outbreak (from August 2014 to November 2015) and the total project cost has increased compared to the original plan. These changes were made appropriately based on the findings and recommendations from the mid-term review.

2-4. Impact: Moderate

The Project would contribute to achieve the overall goal to some extent, while the influence of fund availability is significant. Through the implementation of the ISSV cycle in the districts, some of the issues identified in the PHUs were solved with the support of NGOs or of the MoHS, which have contributed to produce positive impacts. For indicator 1 of the overall goal, general service readiness index in SARA indicators shows the increasing trends. On the other hand, according to the C/Ps both at the national and district levels, solving the issues identified has been the major challenge, due to the unavailability of support or fund. For indicator 2 “Scores of the ISSV checklist (for the PHUs) is increased”, the scores are only available for the four pilot districts, as district-level ISSV cycles have been conducted in the four districts. The trends were analyzed for these districts due to the data availability. The scores for PHUs have been fluctuating and particular trends were not observed

The following impacts have been observed as a consequence of the Project implementation.

Operational costs for ISSV cycle implementation both at national and district levels have been funded and secured for four years by the World Bank (WB) as a result of the Project’s efforts.

Integration of ISSV scores into District Health Information System 2 (DHIS-2) has been discussed with

Directorate of Policy, Planning and Information (DPPI) and a data entry format has been developed in 2018. Currently, data is not reflected into the database and the discussion is continued.

National ISSV system has been incorporated into the hospital. The ISSV checklist for the secondary hospital was developed based on the Project and has been utilized.

2-5. Sustainability:

Political sustainability is high. Organizational capacity at the national level is moderate and that at the district level is high. Financial sustainability is high. The budget for ISSV activities is secured at least up to 2021 by the WB fund. Technical sustainability is high.

Policy aspects: High

ISSV activities are stated in the MoHS official documents such as the “NHSSP 2017-2021”, and they are in line with the Sierra Leone’s health policy.

Organizational aspects: Moderate for national level, and high for district level

After the general election, there have been discussions about which office to take responsibility over the ISSV activities, and it was decided the Directorate of Primary Health Care (DPHC).

For ISSV secretariat, five ISSV secretariat members [two persons from DPHC, two persons from DPPI and one person from the office of Deputy Chief Medical Officer (DCMO)] are appointed and one staff is exclusively working for the ISSV. In order for the ISSV secretariat to function effectively and autonomously, the MoHS may clarify the secretariat’s organizational position.

At the national level, a sufficient numbers of trained National ISSV Facilitators (NIFs) (16) and National ISSV Supervisors (NISs) (43) are pooled and they can organize 14 National ISSV teams to cover 14 districts. Follow-up of action plans both at national and district levels by the MoHS needs to be further strengthened by District Advisers those who are appointed from managing staff of MoHS to give advisories for DHMTs. As the national ISSV involves the cross cutting and concerned directorates, the strong leadership of the Chief Medical Officer (CMO), the responsible person for whole technical aspect of MoHS is critical.

In the four pilot districts, organizational aspect is observed to be high, as they work as a team led by District Medical Officer (DMO) and this organizational work system may work well for ISSV implementation. In the DHMTs, there are five to eight ISSV core members and 18 to 30 supervisors per district have received the Project Cycle Management (PCM) training and have been involved implementing the ISSV cycles. Therefore number of skilled and experienced supervisors is sufficient. For the non-pilot DHMTs, three DHMTs members have received the introductory ISSV training, approximately 15 DHMT members and two DC members have received the PCM trainings. As mentioned before (see “1-3. Project Purpose”), DHMTs have been conducting the ISSV physical visits, numbers of supervisors are considered to be sufficient, although the implementation of the systematic ISSV cycle would be their first experience and their understanding and skill on the ISSV cycle implementation needs to be confirmed after the first ISSV cycle. In addition, M&E officers, one of the ISSV core members, tend to be quite busy and they have not been

on the government payroll, which create a concern to keep their commitment.

Financial aspects: Considered to be high from the incorporation into the government budget and the availability of external funds.

For the four target districts, the regular ISSV activities are incorporated in the District Annual Working Plan for FY 2019. Also unsolved issues identified through the ISSV are reflected in the Annual Working Plan for FY2019, according to the DHMTs. Although delay of budget allocation due to general election affected to implementation of ISSVs in district, certain budget can be expected in usual.

district ISSV and

Funding for ISSV implementation has been supported and will be supported by the WB up to 2021.

Obtaining budget for implementing action plans poses the biggest barriers. At the moment, the WB's "District Challenge Fund" of Regional Disease Surveillance Systems Enhancement Project, support by local partners or by the MoHS may be utilized.

Technical aspects: Considered to be high by the system construction including tools and the training of human resources.

16 NIFs have obtained their communication and analytical skills sufficiently and will be able to continue transferring the skills to DHMTs and colleagues in the MoHS.

Tools are well institutionalized and utilized at all levels as most of the tools have been jointly developed and revised by both Japanese experts and Sierra Leonean C/Ps. The C/Ps are likely to update the tools after the Project to meet the changing needs and situations. The C/Ps are involved in these processes and have obtained the capacity to revise some tools such as ISSV checklists.

Technical transfer on ISSV information management tool needs to be done before the completion of the Project as the Japanese expert developed these tools.

In the four target districts, DHMTs are capacitated well to conduct the ISSV cycle as a team.

3. Factors that Promoted Realization of Effects

(1) Concerning the project design

None in particular.

(2) Concerning the implementation process of the Project

1) Factors associated with the post-Ebola recovery plan

- ISSV constitutes a part of the presidential post-Ebola recovery plan, and the effectiveness of ISSV has been broadly recognized among some stakeholders in the health sector. It may broaden the acceptance by DPs funds for MoHS and DHMT to apply for the implementation of ISSV activities.

2) Other factors

- Due to continuous encouragement by the Project, Leadership and commitment for the ISSV activities by the CMO has greatly increased.
- JICA assigned the Health Planning Advisor to the MoHS in June 2016, who worked closely with the District Advisors Committee and as part of the President Delivery Team (PDT). This fact influenced positively to

promote ISSV physical visit as a monitoring tool for EVD response activities.

4. Factors that Impeded Realization of Effects

(1) Concerning the project design

None in particular.

(2) Concerning the implementation process of the Project

1) Factors associated with the EVD outbreak and post-Ebola recovery

- The EVD outbreak and the post-Ebola recovery activities have increased the workload of C/Ps both at national and district levels. The engagements have decreased.
- The outbreak accelerated reallocation of human resources. Nearly a half of the Project C/Ps have changed. The achievement of the Project reduced due to the transfer of trained C/Ps in the first year.
- According to the JICA regulation under the state of emergency in Sierra Leone, the Project experts had to stay out of Sierra Leone for more than a year. This fact influenced negatively the cooperative relationship with C/Ps and DPs
- There was the change of priorities of the DPs. The expected collaboration was cancelled.

2) Other factors

Difficulties due to organizational structure in the MoHS for the cross cutting activities

- National ISSV is cross cutting activities that involve personnel from various key directorates and programs. Activities of the vertical programs which have their own mandate are more common in the MoHS. Therefore coordination at the national level for implementing the ISSV cycles with their understanding, cooperation, and involvement requires considerable time and efforts, together with strong leadership and commitment from the top management in the MoHS.

Obstructed participation of the C/Ps

- Competing priorities affected the smooth implementation of the Project due to, the unavailability of Steering Committee (SC, the committee which consists of the head of each department of the MoHS and decides the operation policy of ISSV as the Ministry.) members in terms of project management. When it is difficult to hold a meeting with all SC members together, communication with each personnel has been done individually. Not only SC members, but also NIFs and NISs are occupied with competing programs.

Time-consuming and delayed financial transaction for the operational costs by the Sierra Leone side

- Delays in financial transactions have been observed frequently. For example, initial fund request was done in February 2018 for the ten non-pilot districts, but the procedure was delayed and it was disbursed only in mid-November.
- Since the Sierra Leone side's operational cost for ISSV activities is mainly provided by DPs as is mentioned in the important assumption, the Project needed to support C/Ps for the fund application and follow up for the timely disbursement considerably.

Pose of the MoHS Top Management Team meetings

- It was originally planned that the results of ISSV were reported to MoHS Top Management Team (TMT).

The MoHS TMT meetings had been stopped. Therefore, it was necessary to consider another approach regarding to activities in MoS for results of ISSV.

Reallocation and appointment of new managers both national and district level

- After the general election in March 2018, the vacant period of the directors and managers occurred. That affected the effective management of the ISSV secretariat and assignment of DAs. The current list of DAs was approved officially in late November, 2018.
- All DMOs in the pilot four districts have been changed after the general election. DMOs leadership is critical and the absent of DMO made the ISSV cycle less active.

Key issues outside the MoHS's control

- Some key issues related to financial management, human resources management, and logistics management are dependent on other organizations' control.

5. Conclusion

Relevance is high in terms of necessity and policies of Sierra Leone and Japan. The effectiveness of the Project is possibly high. Efficiency is observed to be moderate. Impact is moderate, as the Project would contribute to achieve the overall goal, while the influence of fund availability is significant to improve the health services at PHU level in the context of Sierra Leone. Political sustainability is high. Organizational capacity at the national level is moderate and that at the district level is high. Financial sustainability is generally high. The budget for ISSV activities is secured at least up to 2021 by the WB fund. Technical sustainability is high. Overall, the project purpose is expected to be achieved by the end of the Project and the current project period is considered appropriate.

6. Recommendations

Within the Project period

- (1) Establishment of ISSV secretariat which consists of the members from different directorates is one of the remarkable progresses for national roll out of the complete ISSV cycle. In order for the ISSV secretariat to function effectively and autonomously, the MoHS is recommended to clarify the secretariat's organizational position (e.g. to place it in the ministry's organogram) and to define the responsibilities of the members of the secretariat (e.g. timeline management, preparative activities, dissemination, etc.). It is also recommended to consider assignment of dedicated staff.
- (2) ISSV WEEK should be well prepared (e.g. to clarify timeline and roles of members for preparatory activities, disseminate in advance, etc.) as it will orient the effective and efficient ways of ISSV cycle especially in non-pilot districts. MoHS can support this preparation with an official letter, requesting National ISSV Supervisors (NISs) to avail themselves for ISSV field visit.
- (3) Usefulness of ISSV information management tools is recognized among DHMTs. Although the Project has transferred technical knowledge to utilize them, the knowledge to improve them to meet the changing needs still remains to be strengthened. The Project is recommended to consider capacity building.

After the completion of the Project period

- (1) ISSV WEEK should be regularized as a national campaign week in order for the complete ISSV cycles to

be implemented continuously. The MoHS is recommended to summarize experiences from past ISSV WEEKs, reflect it into the functions of ISSV secretariat, and advocate ISSV WEEK continuously.

- (2) DA system has resumed. However, challenges still remain to make the best of their activities. Following the recent minister's remark stating that directors should visit districts and give technical advises, activities of DA should be reconsidered beyond ISSV by the MoHS so that DA system can be reactivated within the whole national M&E mechanism as well as with ISSV systems.
- (3) The Project and the MoHS should emphasize the importance of establishment of ISSV cycle in the non-pilot districts so that the NIFs and NISs can support it more consciously. Based on the experiences in establishing ISSV cycle in the pilot districts, it is recommended that the MoHS encourages to strengthen the cooperation between District Council and DHMT in establishment of ISSV cycle in the non-pilot districts.
- (4) APMM is now well recognized as a useful tool to analyze issues and to plan activities in an evidence-based manner. It can be a good tool to mobilize resources from DPs for the prioritized issues. The MoHS is recommended to promote it (e.g. to hold coordination meeting between DPs and DHMTs by using their APMM, etc.)
- (5) The timely disbursements of the funds from DPs are indispensable for continuous implementation of the complete ISSV cycle. Although the Project continuously follows the disbursement status of the funds, delays of disbursements due to organizational complexities are observed. MoHS is recommended to streamline fund disbursement process.
- (6) Some cases of effective collaboration between ISSV and vertical supervisions have been observed. Complementarities of these supervisions should be emphasized and the MoHS should promote such effective collaborations continuously. For example, snapshot from ISSV can help focused identification of issues in vertical programs.

7. Lessons learnt

- (1) The operational cost for implementing ISSV cycle in districts was originally planned to be provided by a DP. Due to the influence of EVD outbreak, however, the partner had to cancel the planned fund. Although the Project attained alternative resources with considerable efforts, the difference in disbursement modalities and conditions affected and delayed the implementation significantly. From this experience, external conditions should be examined more carefully in a project formulation phase. For example, the potential influences and risks caused by unmet external condition should be recognized by both counterparts and JICA.
- (2) The Project was affected heavily by the EVD outbreak which occurred in 2014. Because the health systems were seriously damaged by the outbreak, the Project duration was extended longer than its suspension (i.e. 24 months extension vs. 16 months suspension). JICA and the Project sought for possible solutions and effective alternatives flexibly. These flexible countermeasures can be a good practice in case of unexpected circumstance.
- (3) Capacity building of the Project's national staff in pilot districts is one of the contributing factors of the Project. On the other hand, a concern still remains about sustainability of implementation of ISSV both at district and national levels. In order to maximize the capacity building of C/Ps, it is necessary to consider an exit strategy from early stage of technical transfer.
- (4) Despite a number of difficulties such as timely financial transaction, ISSV cycle has been established to a certain extent. It can be attributed to the remarkable ownership of counterparts, which is enhanced through the effective communication and good relationship among counterparts and the Project experts. The approach of the Project to use the existing systems also contributed to raise the Project's effectiveness.
- (5) The Project has made dedicated efforts and successfully mobilized DPs fund for ISSV implementation including implementation of mini-projects. This process might have shown effective ways of fund acquisition to counterparts.