
MINISTRY OF HEALTH AND SANITATION

# SERVICE LEVEL AGREEMENT

**A guide for implementing partners supporting the public health sector in Sierra Leone**
**03 JULY 2015**

**UPDATED: 25 OCTOBER 2016**

This SERVICE LEVEL AGREEMENT was launched by the President of the Republic of Sierra Leone, His Excellency Dr. Ernest Bai Koroma, at the Miatta Conference Hall on 03 July 2015.

3/7/2015

HE DR ERNEST BAI KOROMA

DATE

# TABLE OF CONTENTS

# KEY TERMS

| TERM | DEFINITION |
|---|---|
| **Service Level Agreement** | An SLA is a document (a form of a Memorandum of Understanding) that will be signed by the Ministry of Health and Sanitation and the IP prior to implementing activities in the health sector. A Service Level Agreement shall be signed at the level of Chief Medical Officer and above and countersigned by the District Medical Officer at the receiving district. |
| **Project Plan** | This is a detailed plan on how the IP intends to provide services to an identified district, chiefdom or facility. The plan should contain the goals and objectives of the project, the intended outcomes and outputs. A format will be provided. |
| **Detailed and Summary budgets** | The IP is required to submit to the Ministry of Health and Sanitation, a summary of the entire budget by cost categories as well as a detailed budget to enable review. The detailed and summary budget should be submitted along with the project plan. MoHS will provide a format for the summary budget but there will be no specific format provided for the detailed budget. The IP can use its own format for the detailed budget. |
| **Annual Performance Plan** | An annual performance plan shall contain all the indicators that will be measured for the specified year with targets. The indicators proposed shall be aligned to those contained in the Ministry of Health and Sanitation's Results and Accountability Framework, as revised. |
| **Package of Services** | These are determined by the Ministry of Health and Sanitation and are arrange as sub-packages arranged by area (infrastructure and rehabilitation, program delivery etc.) and interventions within a sub-package should be implemented in full without cherry-picking. When an IP can only provide parts of the sub-package of services, it should form partnerships with others that can deliver the remaining ones. |
| **Service Standards** | The Ministry of Health and Sanitation will revise and/or develop service standards and work with relevant Ministries, Departments and Agencies (MDAs) to determine standards on works. Once these standards are finalized, all implementing partners will be required to adhere to the minimum standards prescribed. |
| **Institutional Support** | This is a negotiated amount between the MOHS and the Implementing Partner – on a case by case basis – to help the MOHS with enhanced oversight, monitoring and evaluation as well as build the capacity of Government to directly implement health care services, thus removing the dependency on partners to implement. |

# FOREWORD

As you will recall, His Excellency, the President of the Republic of Sierra Leone, Dr. Ernest Bai Koroma launched the Service Level Agreement (SLA) Approach for the health sector on the 03rd of July 2015. Since the launch of the SLA Approach, the Ministry of Health and Sanitation (MOHS) has seen very positive outcomes including improved engagement between the Ministry of Health and Sanitation at all levels with the implementing partners. The SLA approach also strengthened our interaction with the Ministry of Local Government and Rural Development through the engagement of local councils who are mandatory signatories to all Service Level Agreements that are signed with implementing partners

A little over one year has passed since the Ministry started implementing the SLA approach in the health sector. We have learned a lot of valuable lessons and these are documented in the various reports on the implementation of the 6-9 months plan as well as the recent SLA verification report by the Ministry of Health and Sanitation. These lessons are valuable and will inform and help shape how we collectively implement the 10-24 months phase of the recovery plan, a plan launched by His Excellency, Dr Ernest Bai Koroma, on 20th June 2016. The SLA approach will maintain its primary objective, which is to ensure that health sector programme implementation is aligned with the national priorities and contribute toward achieving better health outcomes, particularly maternal and child health outcomes – a key priority of the Ministry of Health and Sanitation.

As with the initial SLA development process, the revision of the Service Level Agreement was done in consultation with a broad range of stakeholders following the SLA verification exercise. My Ministry and I are excited about the overwhelming support we received at each of those consultative forums. We welcome all the feedback received which helped to further refine the thinking on how to make the Ministry both responsive and results-driven. The mechanism for managing and reviewing the SLA documents has been improved significantly to ensure both predictability as well as quality of review. The Ministry is still committed to providing feedback on SLA submissions within the stipulated 6 weeks period. In addition to an expanded SLA Management Team, we have also broadened the Programme Review Committee to include the DHMTs, Medical Superintendents, Local council Representatives, Subject Matter Specialists as well as other MDAs. As we release the revised SLA guidance document, I would like to reassure all of you of the commitment of my Ministry in responding to your SLA submissions in a timely manner.

I thank you all for your support to the Ministry and look forward to a successful implementation of the 10-24 months period of the health sector recovery plan using the SLA approach.

Dr Abu Bakarr Fofanah
Minister of Health and Sanitation
Freetown
25 October 2016

# ACKNOWLEDGEMENTS

In May 2015, the Ministry of Health and Sanitation assigned a small team to develop a draft SLA document. In March 2016, the Ministry conducted an SLA verification exercise to take stock of implementation of projects for which IPs signed SLAs. It has always been the intention of the Ministry to document lessons learned to inform the revision of the SLA approach. As with many of the strategic and policy documents that the Ministry develops, consulting internally to ensure Ministry ownership as well as consulting with all our development partners were the logical next steps in the SLA guidance revision process. Many of you have provided individual and organization inputs to the SLA approach over 12 months ago and have continued to provide feedback that shaped the revised version. All inputs received were considered. I would like to thank you individually and as groups as the limited space will not allow me to list all of you.

I would like to particularly acknowledge the following:

- The MoHS' Health Systems Strengthening Hub for developing the initial draft of the SLA and for leading the SLA guidance document review process.
- The MoHS senior management team, Directors and Program Managers for providing inputs to the first draft of the SLA guidance document and providing inputs during internal consultative meetings.
- The District Medical Officers and Medical Superintendents for providing solid comments during the consultation meetings.
- The District Mayors, Council Chairs and Chief Administrators for their support to the SLA approach and for providing additional comments.
- Members of the Health Sector Coordinating Committee and the Health Sector Steering Group for their comments on the new requirements for SLA.
- Our Health Development partners for providing comments in various forms for MOHS consideration.

The SLA template replaced the MOUs and Project Agreements that implementing partners used prior to 01 May 2015 to engage with the Ministry of Health and Sanitation. It is my hope that all implementing partners in the health sector will continue to engage the Ministry on new projects as well as extension of existing projects when additional funding become available. The road to recovery is still long and I look forward to working with all stakeholders as we together navigate through toward the vision of the Ministry of Health and Sanitation.

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Dr Brima Kargbo
Chief Medical Officer
Ministry of Health and Sanitation
25 October 2016

# 1. INTRODUCTION

With the support of partners, the Ministry of Health and Sanitation has developed a post-Ebola Health Sector Recovery Plan (HSRP) covering the period 2015 – 2020. The Ministry is aware of the growing interest among donors, implementing partners, private sector, advocacy and other groups in either entering into, or increasing scale of operations in the health sector. While the Ministry recognizes that significant effort is required to rebuild the health system in the country and that to succeed, strategic and mutually beneficial partnerships are necessary, it is also cognizant of the fact that the increased interest among partners demands improved mechanism for better coordination and to ensure that the highest standards of quality in health care provision are met.

The Service Level Agreement (SLA) is an approach that is used by the Ministry of Health and Sanitation (MoHS) – a Government institution that is mandated with the overall responsibility to ensure provision of health care services in Sierra Leone – to delegate parts of this mandate to non-Government entities. It will ensure that the Ministry captures which partner is implementing which activities in what locations. It will also restore the lead role of the Ministry in setting health priorities in the health sector and ensuring equity through a more equitable distribution of partners and types of interventions across the 13 districts.

The SLA will serve a multitude of purposes:

- Enables the MoHS to capture all projects implemented in the health sector into one database that can generate reports to inform decision making;
- Ensures that all proposed projects are aligned with the MOHS priorities and responds to the gaps identified in the district plans;
- Ensures that all partner support is rationed across the 13 districts, contributing toward equitable service provision for the Sierra Leonean population;
- Ensures adherence to quality service standards for goods, services and works;
- Improves coordination of health care interventions at the district and lower levels and avoid duplication of partner efforts;
- Strengthens monitoring of partner interventions at the district and local levels and ensures that a significant proportion of donor investments reach the beneficiaries (value for money); and
- Ensures that interventions (by type) at the lower levels are prioritized and that support to the 13 districts is equitable.

It became necessary to establish a mechanism to ensure coordination, maintain standards and comprehensiveness across focus areas among others. The picture below shows a noble intervention at a Peripheral Health Unit (PHU) that is not comprehensive in the area of focus (rehabilitation/works). The SLA emphasizes comprehensiveness by area of focus.


*21/06/2015: A PHU in Bombali district captured during a field mission by MoHS and the World Bank*

The Ministry of Health and Sanitation appreciates the support of development partners and understands that donor investments are, more often than not, earmarked for specific focus areas. It is for this reason that the Ministry consulted and will continue to engage with the donor community to ensure that all of us are on board on the new approach by the Ministry to avoid a scenario like the one above, where the ablution facilities are renovated/build but the living quarters and cooking facilities remain dilapidated. If the objective of such a project is infection prevention and control, the cooking facility and the living quarters will continue to be sources of infections if not addressed as well.

## 2. SLA DEVELOPMENT PROCESS

During the development of the health sector recovery plan, MoHS floated the idea of formally delegation some aspects of its mandate, including delivery of goods, provision of services and works to non-Government entities. These initial discussions led to further refinement of the thinking along with learning lessons from countries that have instituted similar approaches in the past for the health sector. Similar approaches in Afghanistan, Cambodia and Liberia were

reviewed to learn more lessons. In all three countries, some form of agreement between the Government and the implementing partners were found to have led to better coordination and ensure standards are maintained.

In early May 2015, a small team within the Ministry of Health and Sanitation developed the first drafts of the SLA guiding document and the SLA template. These initial drafts were shared with the Ministry's top management team as well as Directors and Program Managers for review prior to consultation forums described below.

### 2.1 Consultation with the DHMTs, Directors and Program Managers

On 02 June 2015, the Chief Medical Officer and the entire top management team of the Ministry of Health and Sanitation presented the SLA approach to the District Medical Officers, Ministry Directors as well as Program Managers. In revising the SLA Guidance documents, the SLA verification report was presented internally along with recommendations. Some of the recommendations were translated into policy by the MOHS Senior Management Team.

MOHS top officials and a cross section of the DMOs, Director and Program Managers during the SLA consultation, 02 June 2015

### 2.2 Consultation with development partners

On 03 June 2015, MoHS presented the SLA for the first time to the heads of agencies and institutions represented in the Health Sector Coordinating Committee (HSSC). All present at the meeting welcomed the idea and provided initial feedback that helped the Ministry refine the approach. DFID coordinated the inputs from multiple health development partners and forwarded to the Ministry of Health and Sanitation. On 10 June 2015, the Chief Medical Officer presented the SLA to members of the Health Sector Steering Group (HSSG) where additional comments were received. At the end of the meeting, MOHS shared with all members of HSSG the electronic version of the draft SLA document along with other meeting documents asking for comments. MOHS received written comments to the SLA document from some members of HSSG and those were incorporated into the revised document. At a Health Sector Coordinating meeting in June 2016, the SLA verification report, along with recommendations and policy decisions of the Ministry were presented. Feedback from this meeting informed further revisions of the SLA guidance document.

### 2.3 Consultation with the District Councils and Medical Superintendents

At a meeting of District Mayors, Local Council Chairs and Chief Administrators that took place on 12 June 2015 in Freetown, the Ministry of Health and Sanitation presented the Service Level Agreement Approach. To ensure that all relevant stakeholders participated and provided input, MOHS brought to the meeting, Medical Superintendents and some District Medical Officers to participate and further refine the approach. The approach received overwhelming support from the audience with all looking forward to supporting its full implementation.

## 3. GUIDING PRINCIPLES

The Government of Sierra Leone fully understands and appreciates the importance of partnerships in the rebuilding of the health sector. The fundamental principles that underpin the implementation of this agreement are:

### 3.1 Country Ownership

The Government of Sierra Leone is the ultimate body that is responsible for ensuring the health for all Sierra Leoneans and this responsibility is assigned to the Ministry of Health and Sanitation, with some of the health functions devolved to local councils. Government leadership, by extension, the leadership from the Ministry of Health and Sanitation on the provision of health care in the country, including its oversight role for the devolved functions, is key sub-principles that ensure country ownership. Development partners, in particular, the Government's donor partners, finance health sector projects that are implemented either by the Ministry or by the IPs on behalf of the Ministry of Health and Sanitation. Therefore the approach to, implementation arrangements for and branding on any health project should reflect and promote country ownership.

### 3.2 Comprehensiveness

The Ministry of Health and Sanitation has developed a minimum package of services that should be provided at each level. Support to Government facilities should be comprehensive within the specific area of focus. For instance, if an IP intends to support Government facilities with refurbishment, the expectation is that all structures within the facility will be refurbished. Refurbishing one building and leaving others does not do justice to the needs of the targeted facility. Government preference is that IPs select fewer facilities and refurbish all buildings as opposed to refurbishing one of several buildings in many facilities. In the area of programme support, IPs **SHOULD** support specific interventions within the context of strengthening the health system to enable it to deliver high quality services across all diseases and interventions. In instances where an IP has no comparative advantage one component of a specific area of focus, the IP should form partnerships with other IPs that can implement and/or support those areas to ensure area-specific comprehensiveness.

### 3.3 Accountability and Transparency

Funds, regardless of source, that are transferred to IPs are allocated to Sierra Leone on the basis of the needs among Sierra Leoneans and therefore should be used for its intended purpose and adequately accounted for to the public and the relevant statutory bodies in addition to accounting to the funding source. The Government of Sierra Leone's Ministry of Health and Sanitation is keen to see value for donor partner investments. Therefore, review of the budget, both detailed and summary budgets, will provide to the Government of Sierra Leone, a better understanding of which cost categories are big tickets for the project. A Summary Budget template will be provided to help the Ministry determines the percentages spent on HR, Other support costs, Training, Travel etc. to help determine the percentage that reach the beneficiaries – the Sierra Leonean people.

### 3.4 Appropriate prioritization

The Ministry of Health and Sanitation, as the Government entity responsible for health in the country, is accountable to the people on health care services provided to them. Therefore the Ministry of Health and Sanitation has the Government of Sierra Leone's delegated authority to determine priorities in terms of areas of focus, specific interventions within the identified areas of focus and geographic locations for implementation. Implementing partners can propose specific geographic locations for implementation; however, the final decision on such proposals shall rest with the Ministry of Health and Sanitation and shall be based on assessments conducted either by or in collaboration with the Ministry of Health and Sanitation. Where such assessments are not feasible, the best available data, acceptable to the Ministry of Health and Sanitation shall be used to prioritize interventions, districts and implementation sites within districts. The Ministry of Health and Sanitation is thriving toward equitable access to health care and encourages taking health care and other services to under-served districts and locations as a priority to saturating an over-subscribed district.

### 3.5 Efficiency and value for money

IPs will uphold the principles of cost efficiencies and ensure value for money during implementation of funded interventions. In addition to the budget review at the beginning of the project, IPs will be required to submit expenditure reports as part of their quarterly reports. As the Ministry frequently receives donations as well as requests to enter into agreements with new partners, such information will enable the Ministry to make decisions on funds still available in the health sector and how much of it could be reallocated. For instance, if an implementing partner has funds to procure a specific drug on behalf of the Government and the Ministry of Health receives a donation of that particular drug, then the Ministry can engage with the implementing partner to reallocate the funds that were meant for the procurement of the donated drug. This will enable the health sector to stretch the investments much broader to benefit the Sierra Leonean population.

### 3.6 Quality Standards of health care service provision

MOHS is aware that resources are limited. However, the Ministry believes that there are minimum standards that implementing partners should adhere to when supporting the health sector. To this end, the MoHS will compile a list of standards for goods, services and works and communicate with implementing partners the expected quality. The Program Review Committee (PRC), an integral structure of the SLA review process, will ensure that proposed interventions adhere to the quality standards. When the expertise required for reviewing and ensuring that the standards for proposed interventions is lacking among PRC members, (i.e. building works etc.) the required expertise will be secured from the relevant units within MOHS and the relevant MDAs. In addition, MOHS will assess the capacity of Implementing Partners to ensure that IPs have appropriately qualified staff and resources to make a significant contribution to the delivery of quality health services in the public health sector.

### 3.7 Alignment with Government priorities

The Health Sector Recovery plan for the period 2015 – 2020 along with the operational plans (initially the 6-9 months and now the 10-24 months plans) provide a blueprint on priority health care activities for the period ending December 2017. All interventions proposed should be directly linked to the overall Health Sector Recovery Plan, from which operational plans were derived. In addition, Implementing Partners applying for SLA must be a registered NGO and must have an Attestation Letter from the Ministry for the project executing year, which is expected to be renewed every year for subsequent implementing year/s. SLAs for previous health programmes will be reviewed to guide MOHS on letters of attestations.

### 3.8 Transition and Sustainability

The parties understand that the delegated responsibility to the IP is temporary. The intention of both parties is for the implementing partner to develop a sustainability and transition plan defining how the gains from project implementation will be sustained as well as a clear plan for transitioning direct service provision and activity implementation back to the MOHS.

## 4. REQUIRED DOCUMENTS

The implementing partner will deliver the general and specific project deliverables and services described in the following Annexes to the Service Level Agreement. The SLA which is short should be accompanied by the following mandatory documents.

### 4.1 Project Plan

Annex A of the SLA documents is the Project Plan. This provides a short description of the project including Goals, Objectives, Outcomes, Outputs and required Inputs. The project plan should capture strategies that will be used to implement the project and should always include

a sustainability plan as well as an exit strategy. The exit and sustainability plans should focus on how the IP will exit from its role as described in the project plan and how the activities which the IP was implementing will continue after the IP has wrapped up, particularly when donor funds dry up.

The cover page of the Project Plan summarizes the project and should include institutional support to MOHS, % of direct costs and % of indirect costs and the funding agency. Each implementing partner is expected to submit Annex A to enable MOHS to review the programme approach, activities and the exit/sustainability plans from an individual IP. Consortium members should submit separate Project Plans.

### 4.2 Results Framework

One of the documents that should be submitted as part of the SLA documents is Annex C: The Results Framework. This should contain the project indicators along with their intended targets by quarter for the duration of the project. As much as possible, MoHS will provide a template with drop down lists. As the MoHS is currently developing the Health Sector Strategic Plan along with the Results and Accountability Framework for the period 2015 - 2020, a combination of the Results and Accountability Framework 2011 – 2015 and the one developed for the 10-24 months recovery plan should be used to select impact, outcome and some output indicators. This will ensure that all interventions proposed are linked to the health sector recovery plan as well as contribute to the overall health sector goals and objectives. Impact and Outcome Indicators that are not aligned to the MoHS results and accountability framework will not be accepted.

Each implementing partner is expected to submit Annex C to enable MOHS to review the expected results from an individual IP against the budget and planned activities of that IP. Consortium members should submit separate Results Framework.

### 4.3 Summary and Detailed Budget

Another important part of the SLA documents IPs submit to MOHS is Annex B: Summary and Detailed Budget. The Ministry is aware that the funding agencies have put in place mechanisms for reviewing IP-proposed budgets. However, the level of scrutiny is not always robust sometimes as a result of funding agencies handling multi-million dollar grants involving many partners in multiple sectors. MoHS would like to assure both the donors and the beneficiaries that a significant proportion of the donor investments reach the beneficiaries and that collectively, we realize value for money. Both the Detailed and Summary Budget must be submitted to the Ministry of Health and Sanitation in excel format for review.

The IP can use its own template to develop a detailed budget. All formulas used to arrive at totals should be within the cells. Detailed budgets that are not in Excel format and excel sheets that do not show the formulas used will not be accepted as it will not be possible for MoHS to review unit costs and assess reasonableness. This will result in delays in signing the SLA, with

consequences on project implementation. MoHS is ready to provide additional guidance to the IP upon request. Institutional support to MOHS should be included in the detailed and Summary Budget prior to submission of SLA for review.

Each implementing partner is expected to submit Annex B to enable MOHS to review the budget from an individual IP against the planned activities and expected results of that IP. Consortium members should submit separate budgets.

### 4.4 Implementation arrangements

The IP is required to provide a description of the implementation arrangements including a monitoring and evaluation plan. The implementation arrangements should include description of all sub-partners that will partake in the implementation of the project. The monitoring and evaluation plan should include the supportive supervision for project personnel on the ground as well as frequency of monitoring visits, the reporting schedule and data sources.

For consortium members, one document describing implementation may be submitted. The implementation plan should be comprehensive enough to cover the capacity statements of all IPs that are part of the consortium.

## 5. REPORTING REQUIREMENTS

The implementing partner shall submit quarterly reports to the Ministry of Health and Sanitation at the central level through the SLA Management Unit. MOHS shall send a copy of the report should be sent to the Ministry of Local Government and Rural Development through the local council of the implementing district if implementation involves devolved health care services. The reports shall be submitted to the SLA Team addressed to the Chief Medical Officer. When submitting such reports, the IP shall always copy the funding partner to ensure that the same report is received by both parties. The Ministry of Health and Sanitation may call on the implementing partner to provide face to face reports or clarify submitted reports.

One of the new requirements is that all implementing partners should include a dedicated budget line for stakeholder briefing meetings that should be held on a quarterly basis to keep the communities/beneficiaries informed of project implementation in their localities. These community engagement events should be used to solicit feedback from beneficiaries on how the health care services impact their lives overall. The SLA review process will look out to ensure that such a budget line is included in the budgets submitted as part of the SLA documents to the MOHS for review.

Failure to report as agreed within the agreed timeframes constitutes a breach to this Agreement.

## 6. USE OF GOVERNMENT LOGO AND BRANDING

The use of the Government of Sierra Leone logo requires permission from the Ministry of Health and Sanitation. For the devolved functions, permission should be sought from the Ministry of Local Government and Rural Development. Upon the written approval of either of the Ministries, the IP shall insert the logo of the Government of Sierra Leone at the top of the document cover page. The logos of the implementing partner as well as that of the funding agency (donor) shall be at the bottom of the cover page and should appear smaller than that of the Government of Sierra Leone.

Branding of Government facilities with colours associated with the IP is not allowed. The health facilities and all immovable infrastructures remain Government property and therefore neutral colours, ensuring that all building match are acceptable. The IP is allowed to use sign posts either at the entrance of the facility that says “This facility was supported by implementing partner X”.

## 7. JOINT MONITORING/OPERATIONAL SITE VISITS

A joint monitoring team made up of the Ministry of Health and Sanitation, representatives from the IP as well as the funding partner will conduct joint field monitoring visits to the project sites to ensure that interventions are implemented per plan and are on schedule. Where the implementation involves local councils, the Ministry of Local Government and Rural Development will also be part of the joint visit.

The joint field trips indicated above shall be conducted every 6 months at a minimum and shall follow the submission of two subsequent quarterly reports. The Ministry of Health and Sanitation may still carry out the field visit in cases where the other two parties are absent. Ad-hoc monitoring of project performance are also possible although care will be taken to ensure that these are kept as reasonable as possible. At the end of each field trip, a management letter shall be sent to the IP indicating areas that needs further strengthening. Tools for monitoring visits will be jointly developed.

## 8. SUSTAINABILITY AND EXIT STRATEGY

The provision of health care services including the functions that are associated with (and are meant to enhance) the safe and efficient delivery of health care services to Sierra Leoneans will remain the responsibility of the Government of Sierra Leone. While Government recognizes capacity challenges within its Ministries, Departments and Agencies (MDAs) and is using the SLA approach to delegate parts of its responsibilities, it should be noted that delegating these responsibilities to non-Government entities is not a permanent undertaking. As such, each SLA that will be signed with the implementing partner is expected to outline a plan to ensure

sustainability and an exit strategy. The exit strategy should be specific on means to sustain the gains (health outcomes), gradual transition as well as the disposal of project assets.

### 8.1 Sustainability plan

The primary intention of implementing the SLA approach is to ensure better and improved health outcomes for the Sierra Leonean people. Therefore the MoHS places huge emphasis on ensuring that health gains are sustained. When reviewing the submitted project documents, MoHS will pay attention to the sustainability plan described by the implementing partner. Such a plan could include 8.2 and/or 8.3 below. Strengthening Government/national institutions including capacity building of MoHS personnel at implementation sites will be key to ensuring sustainability and safeguard project gains beyond the lifetime of the project and/or funding availability.

### 8.2 Gradual transition

At the stage of developing the project, the implementing partner should include in the project plan, an exit strategy. The Ministry of Health and Sanitation would like to see a gradual transition from direct implementation by implementing partners to technical support, with Ministry at the district and local councils gradually taking over implementation. This gradual transition should be adequately captured in the project plan. During the review of the project documents, the Program Review Committee will assess the merits of the exit strategy and either accept or make recommendations.

### 8.3 Disposal of project assets

The Government of Sierra Leone believes that project assets are purchased to help implement projects that serve the needs of Sierra Leoneans and therefore believes that as long as those needs still exist, project assets should either continue to be used for that purpose or reallocated to serve another similar need. In many instances, donor agreements with implementing partners define how project assets should be disposed. In cases where this is not clearly specified, the Ministry of Health and Sanitation will expect that this be decided in consultation with the Ministry at the front end of the project development process.

## 9. NOTICES AND DOMICILIA

Both the Ministry and the implementing partner will be required to communicate their respective addresses for all purposes arising out of or in connection with this agreement at which addresses all processes and notices arising out of or in connection with this agreement, its breach or termination, may validly be served upon or delivered.

## 10. SIGNATORIES

The Service Level Agreement will be signed on behalf of the Ministry of Health and Sanitation at the level of the Chief Medical Officer and above. The Implementing Partner may elect a representative that will be authorized to sign the SLA on their behalf. From the Government side, the District Medical Officer for the implementing district as well as a representative of the local council will be required to counter-sign.

The name of the person signing the SLA must be specified, along with the designation at the institutions they are representing. Date of signature as well as place will also be captured.

## 11. REVIEW AND AMMENDMENT OF THE AGREEMENT

The Agreement will be reviewed by both the Ministry of Health and Sanitation and the implementing partner after the first 12 months and annually for each subsequent year or earlier upon receipt of a written application by either party. Within the Ministry, the review of the Agreement will be done at the level of the Director with recommendations made to the Chief Medical Officer for action. The Funding Agency may participate in such a review.

Should the need arise for the agreement to be amended; amendment is possible by mutual consent. The requirements for amending the agreement are:

- ***Details of the amendment:*** These should be documented in a separate template that MOHS will provide.
- ***Reason for the amendment:*** These should also be outlined in the amendment template.
- ***Process for amendment:*** The process followed to amend the agreement should be summarized, including the names of people consulted.
- ***Authorized representative signature:*** An authorized signatory to the SLA should sign the amendment template to ensure validity. In the Ministry, CMO and above will sign the amendment. The DMO and the local council representative will also be required to counter-sign the amendment along with the IP signature.
- ***Date of amendment:*** This should be included next to each of the signatures.

Agreed amendments following a review will be deemed effective on the day the amendment is signed or on day 7th following agreement of such amendments as evidenced in minutes of meetings where such amendments were agreed upon.

## 12. TERMINATION

The Agreement will take effect from the date stated and will remain in place until terminated or modified by either party.

The Ministry of Health and Sanitation and the implementing partner shall give written notice should either wish to terminate the Agreement. Such notice shall not be less than three months and the funding agency shall be copied on all communication. Areas of concern or disagreement in the application of the Agreement that are unable to be settled at review stages to the mutual satisfaction of both parties will be referred for consideration to the Minister of Health and Sanitation and the Head of the IP for a solution. Any amendments will be recorded as appropriate.

Falsifying information or disclosing part of the full information in order to gain an unfair advantage will be grounds for MoHS to initiate termination of the SLA. It is important to note that termination of the SLA, by either of the two parties, also terminates access to public health facilities by the implementing partner. Upon termination, all public health facilities will be informed of the termination through the District Management Teams and Local Council and access to public health facilities will subsequently be denied.

## 13. INSTITUTIONAL CAPACITY STRENGTHENING SUPPORT

The Government of Sierra Leone, and the Ministry of Health and Sanitation, recognizes that the SLA initiative is a government initiative launched by the Head of State and strongly backed by Government at all levels. The responsibility to deliver health care services in Sierra Leone lies with the Government of Sierra Leone, delegated to the Ministry of Health and Sanitation. Due to limited (sometimes lack of) capacity within the Ministry, the Government allows health development partners, including NGOs and CSOs to directly implement health care services on its behalf. The Government of Sierra Leone is keen to see the capacity challenges identified by donors and other health development partners addressed to avoid dependency on non-state actors to implement health care services instead of Government officials.

It is the desire of Government of Sierra Leone to sustain the SLA initiative. Since inception, the SLA initiative has been donor-funded as a project. Recognizing that the SLA approach is not a project but a way of doing business in the Ministry, the Ministry realized that it had to be self-sustaining. In order to sustain the SLA initiative and build sufficient capacity within the Ministry to take over direct implementation, the Ministry of Health and Sanitation devised a mechanism whereby implementing partners are required to pay a negotiated Institutional Support amount to the Ministry. The institutional support is negotiated with the Implementing Partner or the Donor on a case by case basis using parameters like size of the IPs budget, nature of the intervention, geographic spread, etc. These parameters help to guide on the degree of oversight responsibility on the sector ministry and the capacity building required for long term sustainability.

## 14. SCOPE OF APPLICATION

The Ministry of Health and Sanitation is aware that implementing partners have projects that are currently ongoing. The SLA applies to all active projects on a differentiated approach. For ongoing projects that were signed before 01 May 2015 using the MOU, the implementing partner should submit part of the required documents (SLA template, Update on expenditure to date vis a vis the budget, the Project Plan, Annual Performance Plan and Results Framework for the remaining period). The submitted documents will not undergo PRC review. Instead, the SLA will be screened for completeness and details of the project will be entered into the SLASLA database and filed for future references. All projects that were not endorsed by MOHS in one form or the other by 01 May 2015, an SLA is mandatory prior to implementation. It should be noted that extension of signed SLAs is possible without substantial review if the scope remains the same and it is no cost extension. If there is additional funding to support the extension, then the new/revised budget should be submitted to the SLA Team for review.

For all projects whose SLAs were not signed by 22nd of September 2016 when MOHS communicated the Cabinet decision on institutional support, it is mandatory for the IP to pay the SLA institutional support prior to the review and approval of the SLA. Implementing partners are encouraged to book an SLA institutional support negotiation appointment with the SLA Team using the email address: SLA2015.MOHS@gmail.com and a member of the SLA Team will book the appointment. There are several options for IPs and these include: (i) IP negotiating directly with the MOHS; or (ii) The donor negotiating on behalf of the IP. It should be noted that MOHS will not sign SLAs with the donors as SLAs is meant to hold IPs accountable for services they provide at the implementation sites. It is the MOHS' preference for an IP to engage the SLA Team on the institutional support prior to developing and/or finalizing the budget prior to formal submission to minimize back and forth.

## 15. MOHS CAPACITY TO MANAGE THE SLA

To ensure continuity of the SLA approach, the management of the SLA will eventually be an institutionalized function within an existing permanent MoHS unit. Implementation of SLA closely fits in with the responsibilities of the Partner Liaison Office (PLO). In 2015, the Ministry of Health and Sanitation set up an SLA Management team and the Partner Liaison Officer was seconded to manage the SLA activities under the Team Lead for HSS Hub. With the increased scope of work from the review to the monitoring of SLAs, the SLA Team has been restructured.

The SLA Team will continue to be headed by the SLA Senior Programme Manager who is on secondment from his primary role of Partner Liaison Officer, to ensure a smooth transition in the future. The Senior Programme Manager will be supported by three Managers as follows: Pogramme Quality Manager; Monitoring & Evaluation Manager as well as the Database Manager. The team will have support staff and will benefit from the support of a Team Lead at

15% of his/her time. The Team Lead support is meant to build the additional capacity needed within the SLA Team to negotiate the institutional capacity strengthening support, review curriculum and CVs of trainers etc. The 15% support from the Team Lead is expected to subside within 12-18 months.

## 16. THE SLA REVIEW PROCESS

MOHS commits to a maximum of a 6-week turn-around time from the date of submission of a complete set of SLA documents by the implementing partner to signing the SLA. The 6-week turn-around time commitment shall only apply when all required documents are complete and the review process does not recommend major revisions to the project documents. A checklist will be put in place to ascertain completeness of the submitted documents. The SLA Secretariat will return incomplete documents and only log them as received when a complete set of documents required as part of the SLA is submitted.

Annex 1 below shows the SLA review process in a snapshot. On the day of submission, the implementing partner will receive an email confirmation of receipt of the email submission. Within 24 hours of receipt, the SLA Management sub-unit will assess all documents submitted against a checklist. The implementing partner will receive a second email by Day 2 confirming whether the documents submitted are complete or not. If documents are incomplete, the SLA Management sub-unit will inform the IP on which documents are still pending or needs revisions. The SLA documents submitted at that point will be rejected and will not be logged as received. Should the SLA and supporting documents be complete, the IP will receive an email confirming completeness of the documents and outlining the next step in the review process.

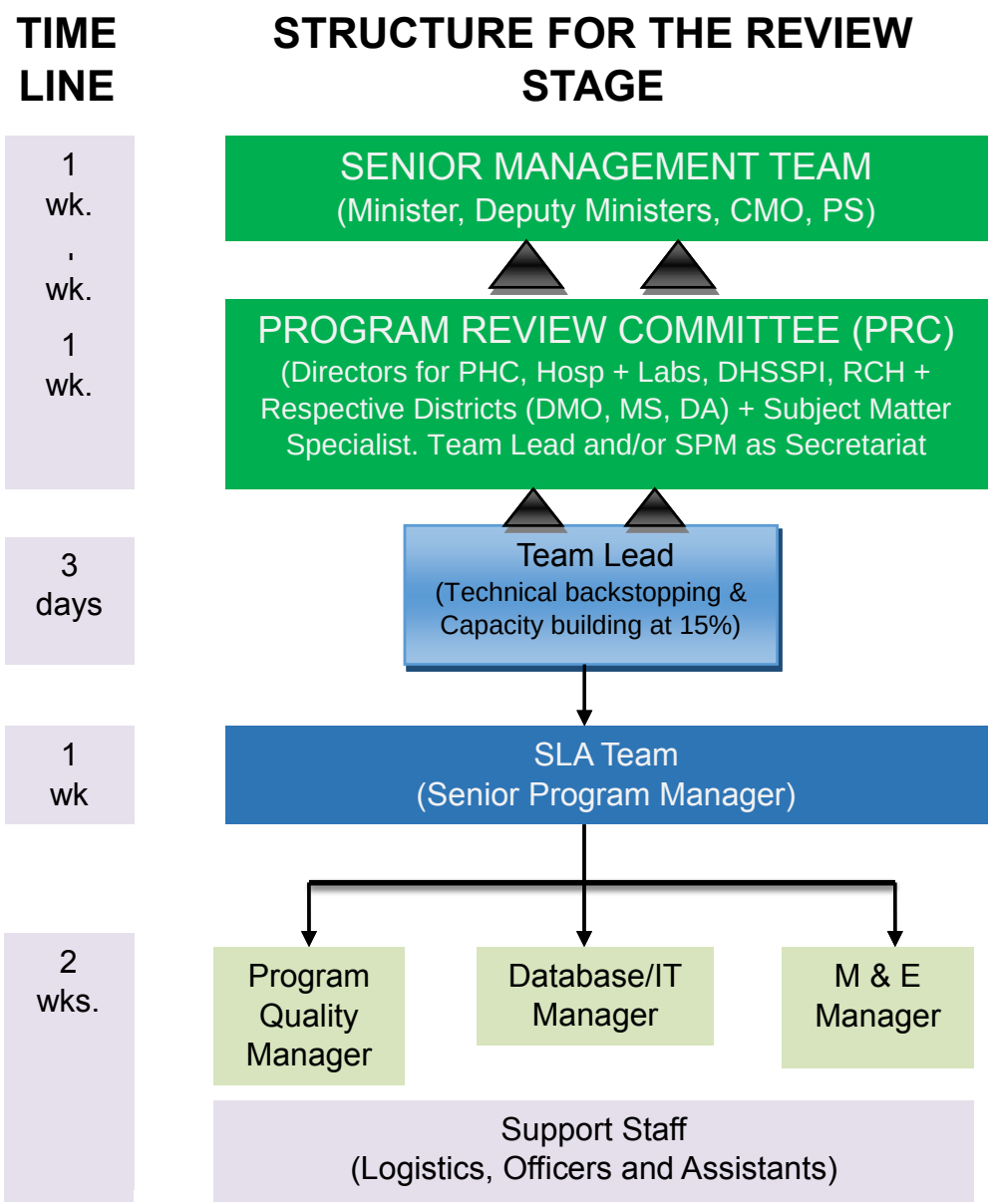
The next step in the review process is a comprehensive review of the detailed and summary budget as well as the results framework. MoHS expects that this step of the process will take no more than one week. This process will be overseen by the SLA Senior Program Manager who will take no more than 2 days to review the work of the Managers plus review aspects of implementation arrangements, sustainability and exit strategy. The next review stage will be by Team Lead. This process will take 2-3 days to complete. At this stage, recommendations will be developed and sent to the Program Review Committee (PRC) for consideration. PRC membership has been revised. In addition to the original four Directors, the respective districts where programme implementation will be implemented will be invited to participate in PRC meetings. PRC membership is indicated below:

| Permanent Members | Non-Permanent members |
|---|---|
| 1. Director for Hospitals and Labs<br>2. Director for Policy, Planning & Information<br>3. Director for Reproductive & Child Health<br>4. Director for Primary Health Care | 1. DMO (only those whose districts are proposed for implementation on SLAs to be reviewed)<br>2. Medical Superintendent (only those whose hospitals are proposed for implementation on SLAs to be reviewed)<br>3. District Administrator (only those whose districts are proposed for implementation on SLAs to be reviewed)<br>4. Subject Matter Specialist (e.g. National IPC Coordinator if SLA is on IPC, CHW Hub Team Lead if the SLA is on CHW work etc.)<br>5. Other MDAs as relevant |
| **Conveners and Secretariat:** Team Lead (15%) and SLA Senior Programme Manager | |

To accommodate the schedule of the members of the PRC and ensure maximum participation, there will be one PRC review meeting per month, preferably the last Friday of the month. The SLA Team will be required to submit to PRC, all recommendations for that month one week prior to the meeting. The PRC will make a decision on whether to recommend the SLA and supporting documents for approval and signature by the senior management team of the MOHS or reject the SLA and supporting documents after considering recommendations from the SLA Team. The PRC can totally reject the SLA and supporting documents, request the implementing partner to re-submit with after revisions or propose other implementing sites and districts in an effort to ensure equity of health care service. The IP will be notified in writing of the timeline to resubmit the documents in cases of resubmission.

The next stage of the process is review of PRC recommendations at the senior management team meeting. This meeting is held every week and in cases where there is no meeting during a particular week due to competing priorities; email concurrence will be sought from members in order not to delay signing of the SLAs. Once there is concurrence at the senior management team, any of the authorized MOHS representative will sign the SLA.

**Annex 1: Schematic diagram of the SLA Review and approval process**




## ROLES

- ✓ Reviews recommendations from PRC.
- ✓ Email approval (if no meeting) possible.
- ✓ CMO & above signs based on SMT approval.

- ✓ Reviews findings, discuss recommendations
- ✓ Adopts/modify recommendations and present to SMT for approval
- ✓ Recommends project/SLA revisions through the SLA Team to IPs

- ✓ Provides additional layer of review of the budget, programmatic, results framework. and implementation arrangements
- ✓ Prepares recommendations for PRC
- ✓ Prepares a presentation for PRC.
- ✓ Team Lead or SLA Senior Program Manager presents findings from review, issues identified with budget, programmatic and performance framework and recommendations to PRC. Also serves as Secretariat to PRC and write minutes of meeting

- ✓ Program Quality Manager reviews the budget in detail
- ✓ M & E Manager reviews the performance framework in detail
- ✓ Database Manager confirms there is no duplication, captures the SLAs into a database and customize reports (by districts, program area etc.