





Sierra Leone MDTF
Fund Signature Page / Cover Sheet
(Note: this page is attached to the programme¹ document)

Participating UN Organization(s): UNICEF	Priority Area: JV: Equitable & Affordable Health Services
Programme Manager of Participating UN Organization: UNICEF Name: Augustin Kabano Address: UNICEF, Freetown Telephone: +232.76.302 3336 E-mail: akabano@unicef.org	Implementing Partner(s): 4 DHMTS/DMOs, National Programmes Name: Multiple Address: Multiple Telephone: Multiple E-mail: Multiple
Joint Vision Programme Number: Programme 6 (Malaria & HIV/AIDS)	Project Duration: 4 months Estimated Start-Up Date: September 2012
Project Title: Building capacity of PHUs to provide Integrated Management of Newborn and Childhood Illnesses (IMNCI) with emphasis on malaria case management	Project Location: National + 4 districts (Kambia, Pujehun, Tonkolili, Kailahun) currently implementing ICCM
Project Description: Train health personnel in IMNCI and the rational use of drugs and RDTs, using district and chiefdom based decentralized training sites in four districts that are implementing Integrated Community Case Management (ICCM) for Malaria, Diarrhea and Pneumonia (Kambia, Pujehun, Kailahun and Tonkolili). Strengthening the supply chain system in the four districts.	Total Project Cost: US\$ 117,500 SL- MDTF: US\$ 117,500 Government Input: US\$0 Other: US\$0 GRAND TOTAL: US\$ 117,500
Development Goal and Key Outcomes: To support the training of PHU staff in IMNCI. To improve the capacity of PHU staff in delivering IMNCI interventions, including diagnostic and treatment. To support the districts' capacity to deliver IMNCI drugs and other supplies	
Deliverables: <ul style="list-style-type: none"> • 300 Health Facility staff in will be trained in Integrated Management of Childhood Illnesses (IMNCI) including Rapid Diagnostic Tests (RDTs) for Malaria, and handling of referral cases • 300 Health Facilities will be provided with IMNCI updated guidelines • IMNI supplies will be transported from Central Medical store to Districts Medical Stores and PHUs during the month of October, November and December. 	

¹ The term "programme" is used for projects, programmes and joint programmes.

	<i>Signature</i>	<i>Date</i>	<i>Name/Title</i>
AGENCY	 _____	12/9/12 _____	Mr. Roeland Monasch UNICEF Representative
DEPAC Co-Chair	 _____	17/9/12 _____	Honorable Dr. Samura Kamara Minister of Finance and Economic Development
DEPAC Co-Chair	 _____	17/09/12. _____	Mr. Ato Brown Country Manager World Bank
DEPAC Co-Chair Executive	 _____	18.09.2012 _____	Mr. Jens Anders Toyberg-Frandzen Executive Representative of the Secretary General of the United Nations

Summary

Sierra Leone continues to have one of the highest infant and under-five mortality rates in the world, estimated at 217 per 1,000 live births (MICS 2010). The high number of deaths among children and pregnant women result from limited access to health care and high incidence of common childhood illnesses, including malaria, pneumonia and diarrhea.

The low coverage of essential health interventions is the result of multiple factors affecting the entire health delivery system. The health facilities have inadequate supplies of maternal and child health commodities. The health system also suffers from inadequate capacity in terms of human resources required for child, maternal and neonatal care. The number of trained skilled medical personnel to provide Integrated Management of Neonatal and Child Illnesses (IMNCI), especially at lower level health facilities is insufficient.

The Integrated Management of the Child and Newborn illnesses is one the powerful intervention likely to reduce the mortality of children under five by 70%. This cost effective intervention addresses the 3 main killer diseases in newborn and children under five. However, the 2011 Service Availability Readiness report has shown that 30% of health personnel providing IMNCI are not yet sufficiently trained. The study has also demonstrated that the gap is even higher in the peripheral facilities

The funds requested in this proposal from the MDTF will serve to increase the number of health personnel trained in IMNCI, and the rational use of medicines and the Rapid Diagnostic Tests (RDTs) in four districts (Kambia, Pujehun, Kailahun and Tonkolili). The project will also support the distribution of essential medicines and medical consumables.

Situation Analysis

In 2010, the Government of Sierra Leone (GoSL), in collaboration with health development partners (HDP) and civil society, conducted an evaluation of Sierra Leone's progress towards achieving the MDGs. The conclusion was that, while other MDGs could be met by 2015, it would be only 'with sustained effort' that MDGs 4&5 could be attained. Figures from past surveys (e.g. MICS 4 survey 2010: under 5 mortality = 217/1000; DHS 2008: maternal mortality = 857/100,000), confirm the need for further efforts in order to reach MDG 4 & 5. In terms of disease patterns and beneficiaries' behavior, the main underlying causes of death related to MDG 4 & 5 are: malaria and anemia, diarrhea & respiratory infections in children, mother & child malnutrition (which contributes to 57% of under-five mortality; 36% of children stunted, 10 % wasted; 1 woman out of 10 is underweight), adolescent pregnancy and incorrect knowledge and behavior regarding breastfeeding and infant care. Moreover, general poverty levels (SL is ranked 158th in the HDI) severely limit access to health care of both pregnant & lactating women, and children under 5. Regarding provision of health services, classic problems are encountered: poor physical access, low levels of staff both in terms of quantity and quality aggravated by low

motivation, unequal distribution of skilled staff, poor health infrastructure and equipment; poor management of commodities, weak oversight and supervision. In a very direct way, this has an important impact on maternal and child mortality.

Strategies including lessons learned and the proposed programme

Based on other health service delivery projects and previous experiences in the sector, the following lessons can be drawn:

Lesson 1: Drug supply is to be maintained in order to reach MDG 4&5. Past experience show that disruption in drugs provision has drastic consequences on services utilization. Since 2011, HDP channeled important amounts of drugs into the sector. While this presently allows coverage of needs, forecasts based on previous consumption show that without any further HDP support, important gaps in availability of drugs will occur in 2013. Sustained procurement of drugs by HDP should continue; the Government must also make a greater contribution in payment for FHCI drugs.

Lesson 2: Expanding and developing drugs management system has great impact on efficiency. Drugs supply in SL is presently moving from a push system to a pull system (central level responding to 2 sound peripheral unit orders). To fully succeed in this matter, great improvements have yet to be put underway in terms of drug management, monitoring and storage at peripheral levels. Continued support of this process will allow better matching of demand with supplies.

Lesson 3: Human Resources in health are to be strengthened (both in terms of quantity and quality).

Lesson 4: Investment should be made in preventing and reducing malnutrition and AIDS. In order to reduce under-five mortality, efforts should be made in terms of support to malnutrition and HIV regarding this target population. Important efforts should be put on training and supervision targeting the integrated continuum of care services from pregnant women to infants.

Lesson 5: Ownership, Coherence and Inclusiveness should be enhanced. Government ownership, following the principles set in the *Health COMPACT* as well as demonstrated commitment from the HDP to work within the "*Joint Program of Work and Funding* (2012-2014), must be sustained and expanded.

Results Framework

Joint Vision Priority Area	Equitable and Affordable Health Services
Joint Vision Programme 6	HIV/AIDS & Malaria
Key Result Areas	Building capacity of PHUs to provide Integrated Management of Newborn and Childhood Illnesses (IMNCI) including rational use of drugs and RDT kits.
Key output Targets	Specific Activity for DaO Funding
<ul style="list-style-type: none"> At least two members of each of the 4 DHMT are trained in IMNCI as trainers and supportive supervision At least one health staff in charge of IMNCI trained in the four target districts All health facilities are supplied with the health supplies All health facilities have updated treatment guidelines for IMNCI, including the use of RDT. <p>Indicators:</p> <ul style="list-style-type: none"> Number of PHU health personnel trained in the 4 respective districts (Kambia, Pujehun, Tonkolili, Kailahun) currently implementing ICCM Quantity of essential medicines and supply delivered to the 4 districts Number of PHUs utilization IMNCI treatment guidelines Number of DHMTs members trained as IMNCI trainers and supportive supervisors 	<ul style="list-style-type: none"> DHMTs will develop district specific proposals, plan and conduct the trainings, supervise Train district and chiefdom level based trainers Provide the standard training modules and treatment guidelines Training of Health Facility staff in Integrated Management of Childhood Illnesses (IMNCI) including Rapid Diagnostic Tests (RDTs) for Malaria, and handling of referral cases and rational use of IMNCI drugs at PHU level to achieve universal access to Artemisinin-based combination therapy (ACT) treatment and other IMNCI treatment. Strengthening of supply chain management, including distribution of essential drugs and medical consumables.

Management and coordination arrangements

The training of health workers in public health facilities will be implemented jointly by UNICEF, WHO, Ministry of Health and Sanitation, Division of Child Health and National Malaria Control Program and District Health Management Team. At central level, the activity will be coordinated by the MOHS, while at district and peripheral level; it will be coordinated by the DHMT.

UNICEF will be responsible for supporting the Central Medical Store (CMS) in the distribution to the 4 Districts and PHUs of the required essential supplies, including drugs and LLINs.

Fund management arrangements

UNICEF will manage the funds and will distribute them to the implementing partners mentioned above for utilization.

Monitoring, evaluation and reporting

The MDTF agreed upon reporting system will be followed by UNICEF. Project monitoring and reporting will be done as per the UN Vision monitoring mechanisms and the UNICEF integrated monitoring and evaluation plans for 2012.

UNICEF in collaboration with the NMCP and the CH/EPI Division will also provide support in supervision, oversight and technical backstopping during implementation.

At the end of the activity, the NMCP in collaboration with the 4 DHMTs will produce an implementation and financial report.

The impact of this project will be assessed as part of the Joint Vision programme 6 at least one calendar year after the end of the project. However, a report on the project's delivery will be issued in March 2013 as part of the MDTF reporting requirements.

Legal Context or Basis of Relationship

The Project falls with the broader 5 Priority Areas/ Benchmarks of the Joint Vision specifically 'Equitable and Affordable Health services'. Programme 6 of the JV Programmes is HIV&AIDS and Malaria which contribute to a national infectious disease control programme that will help control 2 of the most dangerous infectious diseases in Sierra Leone: HIV&AIDS and Malaria

Work Plan and Budget***Chronogram***

Activity	Geographic Coverage	Time Frame (2012)			
		Sep	Oct	Nov	Dec
Training of DHMT in IMNCI	4 districts	X	X		
Training of Health personnel from PHUs in IMNCI	4 districts		X	X	X
Production and distribution of IMNCI guidelines	4 districts		X	X	
Distribution of drugs and other essential supplies for IMNI	4 districts	X	X	X	X

New UNDG standard Budget

PROGRAMME BUDGET 2012		
CATEGORY ²		TOTAL AMOUNT (US\$)
1	Staff and other personnel cost	12,000
2	Supplies, Commodities, Materials	40,000
3	Equipment, Vehicles and Furniture including Depreciation	0
4	Contractual Services	0
5	Travel	0
6	Transfers and Grants to Counterparts	52,300
7	General Operating and Other Direct Costs	5,513
Total Programme Costs		109,813
	Indirect Support Costs (7%) ³	7,687
TOTAL		117,500

² The Finance and Budget Network approved the above harmonised expense categories for interagency reporting effective 1 January 2012 in decision 54 at the 12th FDN session [1]. This was further confirmed by the HLCCM and the CEB in their 20th sessions in later 2010. For detailed explanation on the definitions of each category, refer to Annex A.

³ 7% calculated based on total Project Costs. Indirect support cost should be in line with the MOU and SAA. Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. In accordance with the UN General Assembly resolution 62/209 (2008 Triennial Comprehensive Policy Review principle of full cost recovery), all other costs incurred by each Participating UN Organization in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.