

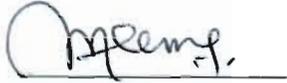
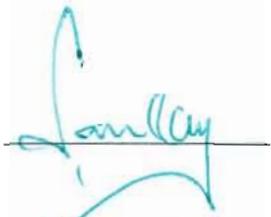
Sierra Leone MDTF

Fund Signature Page

(Note: this page is attached to the programme¹ document)

Participating UN Organisation(s): WHO	Priority Area: JV: Equitable and Affordable Health Services AFC Chapter seven – Human Development
Programme Manager, Participating UN Organization: WHO Name: Dr Louisa Ganda Address: WHO Freetown Telephone: +232 77 608048 E-mail: gandal@sl.afro.who.int	Implementing Partner(s): Ministry of Health and Sanitation, National Malaria control Programme Name: Dr Samuel Smith Address: National Malaria Control Programme, New England Telephone: +232 76611042 E-mail: samueljuana@yahoo.com
Project Number: Joint Vision Programme Six	Programme Duration: 2011-2012 Estimated Start-Up Date: Nov 2011
Project Title: Technical and operational support to indoor residual spraying (IRS)	Programme Location: Bo, Bombali ,Kono and Western Area Rural districts.
Project Description: The Ministry of Health and Sanitation will be supported to consolidate Indoor residual spraying (IRS) in previously sprayed districts and provide evidence to demonstrate the effect of combining Indoor residual spraying (IRS) with LLINS on malaria control.	Total Project Cost: \$350,000 [SL- MDTF]: Government Input: 0 Other: 0 GRAND TOTAL: \$350,000
Development Goal and Key Outcomes: Developmental Goal: to support the Ministry of Health and Sanitation to demonstrate the effect of combining Indoor residual spraying(IRS) with LLINS on malaria control Outcome 1: At least 80% of the population in the targeted areas covered by IRS Outcome 2: the impact of combining Long Lasting Insecticide treated Nets (LLINs) and Indoor residual spraying (IRS) of insecticides documented. Outcome 3: National capacity for surveillance, monitoring and evaluation of malaria control interventions built.	
Deliverables: <ul style="list-style-type: none"> - 25,000 households resprayed - Documentation of the impact of combining Long Lasting Insecticide treated Nets (LLINs) and Indoor residual spraying (IRS) of insecticides at household level. - Quarterly surveillance, monitoring and evaluation report 	

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

	<i>Signature</i>	<i>Date</i>	<i>Name/Title</i>
WHO		<u>17. 11. 2011</u>	Dr. Alemu Wondimagegnehu Country Representative
DEPAC Co-Chair		<u>24/11/11</u>	Honorable Dr. Samura Kassa Minister of Finance and Economic Development
DEPAC Co-Chair		<u>Nov. 29, '11</u>	Mr. Vijay Pillai Country Manager World Bank
DEPAC Co-Chair		<u>24/11/11</u>	Mr. Michael von der Schulenburg Executive Representative of the Secretary General of the United Nations

Project Document

Executive Summary:

To achieve the goal of halting and beginning to reverse the incidences of malaria by 2015 requires concerted efforts by all stakeholders. The availability of tools to bring about a major reduction in deaths and illness from malaria, and the political commitment as shown in several resolutions and declarations globally and regionally, enforces the need for scaling up cost-effective malaria interventions in all high malaria transmission areas. The UN, as part of the Roll Back Malaria (RBM) partnership, will work with public and private sectors as well as communities to improve malaria control and treatment services throughout the country. Complementing the funding made available through the global fund and other sources, the UN's support will enhance the all-out efforts to ensure that the comprehensive package of malaria control interventions are implemented progressively in the same geographical area and eventually cover the whole country, in order to make an impact on people's lives. This accelerated control will require: universal access to Artemisinin-based combination therapy (ACT) treatment; implementation of integrated vector management; particularly undertaking mass campaigns to quickly scale up LLINs ownership and use, sustained by a well designed routine distribution system and by promotion of rational use using community based approaches. Also piloting of IRS in selected districts in view of scaling up for quick impact on malaria mortality and morbidity.

WHO will support the capacity building for effective surveillance, monitoring and evaluation. and strengthening programme management. In context of scaling up universal access to malaria control interventions, technical support will be provided to the NMCP to scale up Home based management of malaria (HMM) with emphasis on confirmatory diagnosis. To provide evidence to demonstrate the impact of IRS in combination with LLINs on malaria control, IRS activities will be documented and research including an impact assessment will be conducted

Situation analysis:

Malaria and poverty represent a vicious circle. For most endemic countries, the high burden of malaria is responsible for an estimated average annual reduction of 1.3 percentage point in economic growth and serious social disruptions arising from absence from work or school (7-12 days) due to acute disease episodes. Evidence from countries showed that in 2003, the direct cost of a single episode of malaria to household was US\$ 6.87 in Ghana, US\$ 4.80 in Uganda, US\$ 4.50 in Mali. In Sierra Leone, malaria is the leading cause of morbidity and mortality in children under five years, accounting for about 50% of outpatient visits and 38% admissions. Malaria-related illnesses contribute 38% and 25% child and all-ages mortality rates respectively. Effective tools and methods to combat malaria including is Artemisinin-based combination therapy (ACT), long-lasting insecticidal nets (LLIN) and intermittent preventive treatment in pregnancy (IPT) are available.

The country has adopted the ACT treatment policy in 2004 and is implemented nation-wide. Since 2006, over a million LLINs were distributed to under fives through Measles and Malaria mass campaign, improving LLIN coverage to 78% and 61% for under fives and pregnant women respectively. Routine distribution of LLINs is ongoing through antenatal and child immunization services. In 2007, 50% of all health facilities had a functioning diagnostic tool (microscopy or rapid diagnostic test)

Sierra Leone, in partnership with WHO, UNICEF and other development partners including World Bank, DFID, ALMA, IFRC & UMCOR launched a one-week campaign on 26th November 2010 to improve health indicators and reduce the high incidence of malaria-related deaths. The health campaign, the largest ever undertaken in the country, included the distribution of Long lasting

Insecticidal Nets (LLINs) to all households in the country and achieved universal access of (LLINs), a significant milestone towards attainment of the 2015 Millennium Development Goals (4,5 and 6) and the Roll Back Malaria targets.

3,254,927 insecticide-treated mosquito nets (LLINs) were distributed to every household with a national target of one net for two people (up to a maximum of 3 nets per household based on an average household size of six people).

Of the 1.2 million people estimated to require malaria medicines this year, there are available products for approximately 300,000. Effective distribution and utilization of medicines and use of vector control interventions is fundamental to ensure expected impact.

Long Lasting Insecticide treated Nets (LLINs) have been the main vector control intervention applied in Sierra Leone for malaria control. Integrated Vector Management (IVM) has been adopted as a policy approach for the control of malaria and other vector borne diseases in order to diversify the vector control strategy. In line with, IRS was piloted in selected areas to gradually expand based on outcomes of the assessment and as capacity is built and experience is gathered.

Strategies including lessons learned and the proposed project

The WHO recommended strategies of malaria control include case management, vector control including LLINs, IRS; and intermittent preventive treatment for pregnant women (IPT). The Ministry of Health and Sanitation will be supported to consolidate Indoor residual spraying (IRS) in previously sprayed districts and provide evidence to demonstrate the effect of combining Indoor residual spraying (IRS) with LLINs on malaria control. The National capacity for surveillance, monitoring and evaluation of malaria control interventions and their impact will be strengthened.

Results framework

Joint Vision framework and benchmark

As part of the Joint Vision programme 6 on HIV/AIDS and malaria, this project contributes to the UN Joint Vision's broader effort to improve the national health services and in particular, a national infectious disease control programme that will contribute to the control of the most dangerous infectious diseases for Sierra Leone: through providing universal access to cost-effective malaria control interventions including long lasting insecticide treated nets; a national response to AIDS that can provide universal access to HIV prevention, treatment, care and support.

Management and coordination arrangements

WHO will provide technical support to build the capacity of the national malaria control staff for effective monitoring and evaluation of malaria control interventions and intensive support to planning, preparation implementation and monitoring and evaluation of Indoor residual spraying (IRS) to the households.

The Ministry of Health and Sanitation, the main counterpart will be responsible for implementation and coordination at the districts with technical support of WHO.

Outcomes

At the end of the project at least 80% of the population in the targeted areas will be covered by IRS, the impact of combining Long Lasting Insecticide treated Nets (LLINs) and Indoor residual spraying (IRS) of insecticides will be documented and the national capacity for surveillance, monitoring and evaluation of malaria control interventions will be built.

Deliverables

- 25,000 households resprayed

- Documentation of the impact of combining Long Lasting Insecticide treated Nets (LLINs) and Indoor residual spraying (IRS) of insecticides at household level.
- Quarterly surveillance, monitoring and evaluation report

Fund management arrangements

WHO has signed the necessary MoU with the AA at the MDTFO to be a recipient of funds channelled through the SL-MDTF.

Monitoring, evaluation and reporting

Monitoring, evaluation and reporting will be done in accordance with the UNJV M&E framework.

Elements of the logical framework

Results chain	Performance indicators
Joint Vision Priority Area: Equitable and Affordable Health Service	
JOINT VISION BENCHMARK	
A national infectious disease control programme that will help control the two of the most dangerous infectious diseases for Sierra Leone : malaria and HIV/AIDS	
OUTCOME	
Outcome 1: At least 80% of the population in the targeted areas covered by IRS	Number of households covered with IRS in targeted areas
Outcome 2: the impact of combining Long Lasting Insecticide treated Nets (LLINs) and Indoor residual spraying (IRS) of insecticides documented.	malaria intervention impact report
Outcome 3: National Capacity for surveillance, monitoring and evaluation of malaria control interventions built.	<ul style="list-style-type: none"> • Number of staff trained on surveillance, monitoring & evaluation • Number of reports on surveillance, monitoring & evaluation
DELIVERABLE	
- 25,000 households resprayed	Number of households resprayed
- Documentation of the impact of combining Long Lasting Insecticide treated Nets (LLINs) and Indoor residual spraying (IRS) of insecticides at household level.	Malaria intervention impact report
-	
- Quarterly surveillance, monitoring and evaluation report	<ul style="list-style-type: none"> • Number of reports on surveillance, monitoring & evaluation
-	

Legal Context or Basis of Relationship

Signatory to the Joint Vision as the UN's contribution to the GoSL Agenda for Change.

Work plans and budgets

Activity	Geographic coverage	Timeframe					Budget (US\$ 000)
		2011		2012			
		Nov	Dec	Jan-Mar	Apr-Jun	Jul-Sept	
Impact assessment of IRS/LLINs in reduction of deaths and illness in the 4 pilot districts	4 districts	x	x	x	x	x	77,102.8
Procurement of insecticides, maintenance of spray pumps including Technical assistance for maintaining and consolidation of IRS in the villages sprayed in the first round	National	x	x	x	x	x	100,000
IRS operations	Districts	x	x	x	x	x	100,000
Support to the WHO country office to facilitate the implementation of the programme management, surveillance monitoring and evaluation	national	x	X	x	X	x	50,000
Sub-total							327,102.8
Indirect costs							22,897
Grand Total							350,000

UNDG standard Budget

	Description	Amount US\$
1	Supplies, commodities, equipment and transport	100,000
2	Personnel (staff, consultants, travel and training)	100,000
3	Training of counterparts	61,000
4	Contracts	
5	Other Direct costs	66,102.8
6	Indirect Costs	22,897
	TOTAL	350,000