

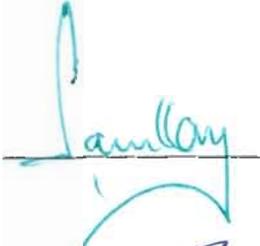
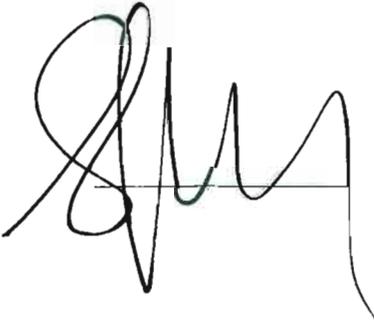
Sierra Leone MDTF

Fund Signature Page

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

Participating UN Organisation(s): WHO	Priority Area: JV: Equitable & Affordable Health Services AFC Chapter: Promoting Human Development Child & Maternal Health
Programme Manager of Participating UN Organization: WHO Name: Dr. Louisa Ganda Address: WHO, Freetown Telephone: +232.77.608.048 E-mail: gandal@sl.afro.who.int	Implementing Partner(s): Ministry of Health and Sanitation, National HIV/AIDS Secretariat, NETHIPS, National AIDS Control Programme, Name: Dr Momodu Sesay Address: Kingharman Road, Freetown Telephone: +232.76.666960 E-mail: sesaydu59@yahoo.com
Joint Vision Programme Number: 6 HIV/AIDS & Malaria	Project Duration: Twelve Months (1yr) Estimated Start-Up Date: November 2011
Project Title: Strengthening quality of Prevention of Mother Child Transmission (PMTCT) Services	Project Location: National
Project Description: Provide technical assistance in strengthening the quality of PMTCT service delivery	Total Project Cost: US\$150,000 SL- MDTF: US\$ Government Input: US\$0 Other: US\$0 GRAND TOTAL: US\$ 150,000
Development Goal and Key Outcomes: Development Goal: To prevent MCT of HIV and improve the health of women and children Key Outcomes: Improved quality of PMTCT service delivery	
Deliverables: <ul style="list-style-type: none"> • Revised and updated guidelines on PMTCT & Pediatric HIV Care • 28 DHMTs and 12 national staff of the National AIDS control programme staff trained as trainers on PMTCT & Pediatric HIV Care • 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 Kamara Minister of Finance and Economic Development
DEPAC Co-Chair		<u>Nov 29, 2011</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:

Reaching the MDG Goal on HIV/AIDS by 2015 – to halt and reverse the spread of the epidemic of HIV/AIDS and the incidence of malaria - also makes reference to commitments made by Governments in the Political Declaration on HIV and AIDS adopted in June 2006, to scale up their response to AIDS towards universal access to HIV prevention, treatment, care and support by 2010. The UN will support the national multisectoral response to AIDS based on the priorities set in the National Strategic Plan on AIDS (2010-15). It includes providing support to the National AIDS Secretariat and the National HIV/AIDS Control Program to work towards achieving universal access to HIV prevention, treatment care and support by 2015 through a coordinated multisectoral response. Support goes to the decentralised national AIDS response to strengthen the District AIDS Committees to ensure a coordinated response at the various constituencies and Chiefdom levels. UN support also includes promoting the meaningful involvement of People Living With HIV in the national response through capacity building programmes.

Situation analysis:

HIV and AIDS are fast becoming threats to social and economic development in Sierra Leone. The national sero-prevalence survey conducted in 2005 estimated a rate of 1.53% compared to 0.9% in 2002. The Demographic and Health survey conducted in 2008 reveal a prevalence of 1.5%. The highest prevalence among women occurred in the 20-24 years age group (1.5%) whereas males between 35-39 years had the highest prevalence (1.4%). From the same DHS, the sero-prevalence in urban areas was 2.5% as compared to 1.0% in rural areas, and about 47% of the total number of infections was new infections. According to the 2010 modes of transmission study, of all new HIV infections in adults (15-49 years) in 2008, commercial sex workers, their clients and partners of clients contributed 39.7% of new infections.

The Antenatal (ANC) sentinel survey of 2009 revealed a prevalence rate: 3.2% compared to 4.4% in 2007. It is also noteworthy that the prevalence of HIV and AIDS is about two times higher among those with tertiary education; ranging from 1.4% among those with no education to 2.6% among those with tertiary education.

According to the 2011 report of the joint review of the PMTCT and pediatric HIV care programmes, even though PMTCT and Pediatric HIV Care programmes in Sierra Leone had been established and the services available, neither programme was on track to attain the set targets that had been aligned to the Millennium Development Goals. Only 64% of the identified HIV infected women received antiretroviral drugs for PMTCT, which is far below the set national target of 90% and accounting for only 38% of those estimated to be in need. The number of health facilities actually providing pediatric antiretroviral treatment was less than 15 despite reports that training had been conducted for about 115 health facilities in the country.

Strategies including lessons learned and the proposed project

Technical assistance will be provided to the Ministry of Health and Sanitation for strengthening the quality of PMTCT service delivery through revision and updating of guidelines on PMTCT & Pediatric HIV Care and building the National capacity for planning, implementing and monitoring PMTCT & Pediatric HIV Care

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 : malaria and HIV/AIDS through Universal access to cost effective malaria control interventions including effective vector control interventions.

Management and coordination arrangements

The Joint programme will be managed under the overall coordinating responsibility of the UNAIDS Country Office (UCO) in close collaboration with the National AIDS Secretariat and Ministry of Health & Sanitation. Both the development and implementation of the proposed activities will be conducted by the Joint UN Team on AIDS .Regular consultations will be organized by the UCO in collaboration with the National AIDS Secretariat, Ministry of Health and the Joint UN Team on AIDS. WHO will provide technical assistance in strengthening the quality of PMTCT service delivery.

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: quality of PMTCT service delivery will be improved through technical assistance for establishment of systems

Deliverables

- Revised and updated guidelines on PMTCT & Pediatric HIV Care
- 28 DHMTs and 12 national staff of the National AIDS control programme staff trained as trainers on PMTCT & Pediatric HIV Care
- 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: quality of PMTCT service delivery improved	<ul style="list-style-type: none"> • Number of health service facilities strengthened •
Outcome 2: DHMTs staff trained on District approach to planning, implementing and monitoring PMTCT & Pediatric HIV	<ul style="list-style-type: none"> • Number of service providers trained
Outcome 3: National Capacity for	<ul style="list-style-type: none"> • Number of reports on surveillance,

surveillance, monitoring and evaluation of PMTCT and pediatric HIV interventions built.	monitoring & evaluation
DELIVERABLE	
<ul style="list-style-type: none"> Revised and updated guidelines on PMTCT & Pediatric HIV Care 	- Number of guidelines revised/updated.
<ul style="list-style-type: none"> 28 DHMTs and 12 national staff of the National AIDS control programme staff trained as trainers on PMTCT & Pediatric HIV Care 	- Number of staff trained as trainers on PMTCT & Pediatric HIV Care
<ul style="list-style-type: none"> 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

Workplan

Activity	Geographic coverage	Timeframe					Budget (US\$)
		2011		2012			
		Nov	Dec	Jan - Mar	Apr- June	Jul-Sept	
Revision and updating of the guidelines including TA	national		x	x			22,187
Training Of Trainers for DHMTs including TA	Districts/national		x	x			26,000
Capacity building for Monitoring and Evaluation including TA	Districts/national	x	x	x	x	x	41,000
Support to the WHO country office to facilitate the implementation of the programme management, surveillance monitoring and evaluation	national						51,000
		x	x	X	x	×	
Sub-total							140,187
Indirect costs (7%)							9813
Grand Total							150,000

UNDG standard Budget

Line #	Line description	Definition of figure to be reflected
1	Supplies, commodities, equipment and transport	10,000
2	Personnel (staff, consultants, travel and training)	50,000
3	Training of counterparts	39,500
4	Contracts	
5	Other Direct costs	40,687
	Subtotal Project Costs	140,187
6	Indirect Costs	9813
	<i>TOTAL</i>	150,000