**SL-MDTF**

**ANNUAL programme NARRATIVE progress report**

**REPORTING PERIOD: 1 january – 31 December 2010**

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| Programme Title & Number |  | Country, Locality(s), Thematic Area(s) |
| Programme Title: HIV/AIDS and Malaria ProgrammeProgramme Number UN Joint Vision Programme 6 MDTF Office Atlas Number:* *00075575 Nutritional Support WFP:*
* *00075571 Malaria Control UNICEF:*
* *00075573 Technical and operational support WHO*
 | * Sierra Leone, Country wide
* Joint Vision Priority Area 4: Equitable and affordable access to health
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| Participating Organization(s) |  | Implementing Partners |
| WFP (World Food Programme) WHO (World Health Organization)UNICEF (United Nations Children Fund)  | * Ministry of Health and Sanitation (National Malaria Control and Environmental Health programs, Food and Nutrition Unit and the National AIDS Control Programme)
* DHMTs,
* Local councils
* IFRC
* Network of HIV Positives in Sierra Leone
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| Programme/Project Cost (US$) |  | Programme Duration (months) |
| MDTF Fund Contribution: * WFP $652,246
* UNICEF $431,442
* WHO $841,664
 |  |  | Overall Duration | 31 December 2012 |
| Agency Contribution* *by Agency (if applicable)*
 |  |  | Start Date of Projects | 24 June 2010 |
| Government Contribution*(if applicable)* |  |  | Revised End Date of Projects  | 31 March 2011 |
| Other Contribution (donor)*(if applicable)* |  |  | Operational Closure Date of Programme | 31 December 2012 |
| TOTAL: 1,925,352 |  |  | Expected Financial Closure Date | 30 April 2013 |

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| Programme Assessments/Mid-Term Evaluation |  | Submitted By |
| Assessment Completed - if applicable *please attach* Yes No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mid-Evaluation Report *– if applicable please attach* Yes No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Name: Neil Tobin
* Title: Programme Officer
* Participating Organization (Lead): UNAIDS
* Email address: tobinn@unaids.org
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1. **Purpose**

The overall purpose of the UN Joint Vision ‘Programme 6 HIV/AIDS & Malaria’ is to halt and reverse the spread of the epidemic of HIV and the incidence of malaria in Sierra Leone. Programme 6 represents the responsiveness and harmonized integration of all UN agencies’ HIV and Malaria activities in Sierra Leone and contributes towards achieving national targets and the MDG of stopping and reversing the spread of HIV and incidence of Malaria by 2015, as well as assisting in the attainment of the other MDGs in reducing poverty, hunger, and child and maternal mortality.

In total, Programme 6 captures the work of 10 UN agencies’ HIV/AIDS activities and 2 UN agencies’ Malaria activities, however this report will focus on three agencies’ MDTF ‘Delivering as One’ supported activities, including UNICEF and WHO’s support to the national malaria response and WFPs support to the national response to HIV/AIDS.

In doing so the report will provide details on the resources allocated, implementation arrangements, objectives and results achieved and finally, the report will highlight future activity plans. Specifically the report will focus on three key activities including;

## Malaria Control, Long Lasting Insecticide-treated Nets (LLINs) Universal Coverage – UNICEF

1. Technical and operational support to malaria vector control interventions – WHO
2. Nutritional Support to People living with HIV and TB – WFP

All three projects are designed and implemented in support of the broader UN Joint Vision Development Goal:

* 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.

## Malaria Control, LLINs Universal Coverage – UNICEF

Project Objective:

Improved utilization of Long Lasting Insecticide treated Nets (LLINs) by all persons in Sierra Leone with great emphasis on under five and pregnant women. More specifically the provision of Long lasting Insecticide-treated Nets (LLINs) to ensure universal coverage. The project has two main components: Procuring and distribution of 1.8 millions treated nets and social mobilization campaign on the correct utilization of the insecticide treated bed nets.

The expected outcome with this support to the Government of Sierra Leone through the Ministry of Health and Sanitation are:

* Outcome 1: Attain universal coverage by distributing on average three LLINs per household to all households in SL during the Child and Maternal Health Week (November 2010).
* Outcome 2: Increase community awareness on the usage of LLINs.

Technical and operational support to malaria vector control interventions – WHO

Project Objective:

To support the Ministry of Health and Sanitation to ensure delivery of malaria vector control interventions particularly LLINs and indoor residual spraying (IRS) within the context of integrated vector management and strengthening of capacity for surveillance, monitoring and evaluation of malaria control interventions and their impact

* Outcome 1: Universal coverage (80% of population at risk of malaria possess LLINS) of LLINs achieved
* Outcome 2: At least 80% of the population in the targeted areas covered by IRS
* Outcome 3: Capacity for surveillance, monitoring and evaluation of malaria control interventions built

Nutritional Support to People living with HIV and TB – WFP

Project Objective:

Improve nutrition and health of vulnerable PLHIV and TB patients and their families to ensure they are able to fulfill their potential as outlined in the national response to HIV/AIDS and the MDGs.

* Outcome 1: Improved survival of adults and children with HIV after 6 and 12 months of ART.
* Outcome 2: Improved success of TB treatment for targeted cases.
1. **Resources**

All funding allocated to support the projects outlined above was sourced from the Delivering as One fund through the Sierra Leone-MDTF. The Joint Vision Programme 6 HIV/AIDS & Malaria received a total of US$1,925,352.

Malaria Control, LLINs Universal Coverage – UNICEF

*Financial Resources*

## The Malaria Control project supported through MDTF received a total of $431,442 primarily the funds were used to support the national campaign to distribute 3.2 million insecticide bed nets to an estimated 1 million households. The MDTF support complemented the broader campaign cost which is estimated at $21,390,000

The funds received from MDTF were allocated to support logistic and social mobilization activities, more specifically logistical support consisted of supporting port clearance and transport of 2,780,000 LLINs procured by UNICEF to 12 districts, excluding Kono and Kailahun district where the transport and distribution was supported by International Federation of the Red Cross (IFRC).

The funds also supported the implementation of social mobilization activities during the malaria campaign in order to promote uptake of LLINs and promote use and community ownership for malaria prevention.

* The budget was disbursed in time as planned, but there was a need to extend the period for the use of the funds up to March 2011.

*Human Resources*

* The project was implemented through partnership with the Ministry of Health and Sanitation, WHO and the District Health Management Teams and many other partners at national and district levels.
* The funds were not used to directly hire either national or international staff, but supported paying for per-diems and transport of implementers.

Technical and operational support to malaria vector control interventions – WHO

*Financial Resources*

The malaria vector control interventions within the context of the Integrated Vector Management Policy and Plan were supported through MDTF received a total of $841,664. Primarily, the funds were used for procurement of supplies and equipment for indoor residual spraying (IRS) and the recruitment of an international M& E officer to build the monitoring and evaluation capacity of the National Malaria control programme. WEFCO from South Africa was contracted to do procurement of equipment and supplies, (including insecticide, spray equipment, PPE and transport vehicles purchased in line with WHO procurement procedures)

*Human Resources*

* The project was implemented with support from Five (5) National Professional officers each with a designated responsibility including a) malaria and HIV/AIDS (ATM); b) Protection of the human environment (PHE); c) finance; d) procurement; e) storage.
* Also in support of the project were 5 International Staff including a) An M&E officer; b) WHO Regional vector control officer; c) IRS (indoor residual spraying) Consultant; d) An administrative officer; e) Procurement officer.

Nutritional Support to People living with HIV and TB – WFP

*Financial Resources*

The Nutritional Support to People living with HIV (PLHIV) and TB project received a sum total of $ 652,246. Primarily the funds were used for procurement and shipping of food commodities for the provision of nutritional support to PLHIV and TB patients including their families for a period of 4 months (July to October 2010). There is no committed fund for 2011 and beyond,leaving an estimated resource gap of $1,760, 297 million to complete the project.

*Human Resources*

* The project was implemented with support from Four (4) national staff referred to as the project Implementation Team, including 1 National Programme Officer and 3 Senior Programme Assistants, including One-Nutritionist in charge of HIV/AIDS and Gender.
1. **Implementation and Monitoring Arrangements**

UN Joint Vision - Programme 6 HIV/AIDS & Malaria, represents the responsiveness and harmonized integration of all UN agencies HIV and Malaria activities in Sierra Leone, it does so by identifying and aligning each agency’s comparative advantage to add the greatest value to the UN’s contribution to Sierra Leone.

While Programme 6 identifies the work to be undertaken by UN agencies, most, if not all outcomes are achieved through working in partnership with government, civil society, multilaterals, bilateral organizations and their implementing partners.

Malaria Control, Long Lasting Insecticide-treated Nets (LLINs) Universal Coverage – UNICEF

*Implementation*

The project was managed under the overall coordinating responsibility of UNICEF in collaboration with the Ministry of Health and Sanitation and the District Health Management Teams. It was thought strategic to implement the project as part of an integrated campaign rolled out during the Maternal and Child Health Week (MCHW) campaign during the period of November and December 2010.

The MCHW received Government commitment from all levels, with the President of Sierra Leone Dr. Ernest Koroma a key supporter of the launch of the insecticide bed-net campaign. Due to the high profile and visibility for LLINs distribution, health partners and other stakeholders were fully involved in the distribution campaign.

Project Implementation focused on two interrelated strategies including procurement and supply of bed-nets complemented by social mobilization activities to increase uptake of bed-nets. Social mobilization activities included:

* Communication activities in Tonkolili and Koinadugu districts, including radio jingles, radio panel discussions on the MCHW, LLIN distribution and use; advocacy meetings with community stakeholders at district and chiefdom levels and street to street and house to house announcements.
* Integration of MCHW, Long Lasting Insecticide-treated Nets (LLINs) use and malaria prevention messages in “***Atunda and Ayenda***” radio drama show which addresses a range of social issues.
* Civil society organizations conducted district level orientation of the members of Farmers Associations, Traders and Market Women Associations and Bike and Motorcar Drivers Associations. A total of 660 people were oriented on the MCHW, LLIN use and malaria prevention.
* 60 Community Theatre/Social Drama performances were conducted in Western Area and Port Loko districts using a popular folk media form to inform, allay fears, clarify doubts and encourage adoption of favourable behaviours such as daily LLIN use for malaria prevention.
* 149 Paramount Chiefs were oriented on MCHW, LLIN use and malaria prevention.
* Campaign jingles in Krio, its translation in Temne, Limba, Mende and Fula were aired on 30 radio stations throughout the country on 6 slots per day for 14 days.
* Press Orientation on MCHW campaign and strategy for 30 media houses in Freetown.
* Officers of Health Education Division of the MoHS provided supervision of social mobilization planning and implementation.
* Production and broadcast of TV spot on LLIN use and malaria prevention on Sign Africa video billboards in Freetown.
* 610 Community Motivators were oriented on the MCHW campaign, malaria prevention and LLIN use and provided with a small incentive to visit houses in their catchment areas to inform and counsel households on the campaign and facilitate behaviour change on LLIN use.
* Popular local musician Felicia Turay (Lady Felicia) and popular comedian “Sara the Great” were contracted to develop songs and conduct 8 music performances in Port Loko, Bo, Moyamba, Kono, Kenema, and the entire Western Area.
* A social mobilization self-assessment tool was also developed and finalized by District Social Mobilisation Coordinators and stakeholders to conduct rapid in-campaign assessments and take corrective measures, if needed.

*Monitoring and Evaluation*

The monitoring of LLIN distribution during MCHW was integrated into the overall campaign monitoring system, which was carried out by the distributors of the LLINs using daily tally sheets to collect data and by independent monitors using rapid survey technique. 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.

Technical and operational support to malaria vector control interventions – WHO

*Implementation*

The project was managed under the overall coordinating responsibility of WHO in collaboration with the Ministry of Health and Sanitation (National malaria control and Environmental Health programs).

Project Implementation focused on two interrelated strategies; procurement and supply of spray equipment, insecticides and PPE (Personal Protection Equipment), complemented by activities to strengthen partners capacity for surveillance, monitoring and evaluation of malaria control interventions.

Insecticide Residual Spraying was carried out throughout selected chiefdoms in the Western Urban area, Bombali, Kono and Bo districts, reaching 34,476 homes.

*Monitoring and Evaluation*

Throughout the project’s implementation monitoring visits were conducted by WHO teams including the WHO Representative visits to project sites. Regular monitoring was also conducted by programme managers from the Ministry of Health ‘Malaria control, environmental health and neglected tropical diseases’. The monitoring and evaluation methodologies adopted and rolled out were designed to strengthen partners’ capacity for malaria surveillance. More specifically they included;

* Routine and complete reporting of malaria morbidity and mortality data to ensure effective monitoring and evaluation of progress in all districts.
* The malaria indicators of the routine health management information system were revised and updated.
* A malaria baseline survey was conducted to obtain baseline data on malaria-related cases and deaths. The baseline data will be tracked to determine whether there will be associated reduction in malaria morbidity and mortality as a result of the campaign.
* Laboratory Tests were carried out to evaluate the susceptibility of four insecticides for potential use in the Indoor Residual Spraying (IRS) Pilot programme, with a corresponding baseline data and collation survey conducted.
* Group discussions were held within the beneficiary communities at intervals after operations of two weeks and two months.

Nutritional Support to People living with HIV and TB – WFP

*Implementation*

The project was managed under the overall coordinating responsibility of WFP in collaboration with the Ministry of Health & Sanitation – MOHS (Food and Nutrition Unit and National AIDS Control Programme).

WFP was responsible for the procurement and shipping of food commodities to the designated final delivery points including centres of Anti-retro viral treatment (ART), Directly Observed Treatment (DOTS) and Prevention of Mother-to-Child (PMTCT) and to WFP warehouse storage facilities. Food was procured locally and internationally.WFP worked closely with care and support groups and TB Peripheral Health Units (PHUs) who were responsible for the identification of the beneficiaries and final distribution of the food to the beneficiaries. WFP also provided technical assistance to government and trained partners in the implementation of the nutrition programme.

The Network of HIV Positives in Sierra Leone (NETHIPS) was fully involved in the delivery process of the food to the beneficiaries through designated care and support institutions.

A tripartite agreement was signed between WFP, MOHS and NETHIPs.

*Monitoring and Evaluation*

Throughout the project’s implementation quarterly supervision and monitoring visits were conducted jointly with WFP, MOHS and NETHIPS and in addition, both MOHS and NETHIPS conducted joint monthly monitoring visits as well as individual monitoring. Both partners were reporting jointly on the programme achievements. WFP in partnership with AFRICARE worked closely with the partners in order to complement our effort for the provision of livelihood.

1. **Results**

With regard to the project deliverables agreed by the agencies UNICEF, WHO and WFP, the early indications prove the projects to be successful in implementation, with particular reference to the UN Joint Vision Development Goal; *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.*

Malaria Control, LLINs Universal Coverage – UNICEF

The Maternal and Child Health Week (MCHW) distribution campaign was comprehensive and logistically challenging and required a high level of commitment from all partners.

The distribution campaign itself extended far beyond the period of the MCHW, and includes a number of initiatives which will ensure that community members know how to properly use the bed-nets. UNICEF and partners will continue following up on communities to make sure that people continue to use bed-nets long after the initial distribution.

The key output results of UNICEF’s campaign included:

* Distribution in collaboration with WHO of over three million long-lasting insecticide-treated mosquito nets (LLINs) to every household in Sierra Leone. The 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) was achieved.
* Organisation of district and national micro-planning activities
* Organisation of trainings for:
	+ Warehouse staff
	+ National supervisors
	+ Team supervisors
	+ Vaccinators/distributors
	+ Independent monitors
	+ Hang-up campaign volunteers
* Mobilization of implementation resources
* Launching of a ‘Health Fair Day’ at national, district and chiefdom levels
* Organisation of social mobilization activities to spread messages about malaria and disease prevention
* Implementation and delivery of MCHW service package (LLINs distribution, OPV immunization, Vitamin A supplements, and de-worming tablets)

*Outcomes*

* According to monitoring reports, as a result of strategic social mobilization and communication activities and closer monitoring of funds allocated to districts for implementation, parents’ awareness of the campaign nationwide was very high at 88%.
* Bombali district reported the highest awareness levels with 100% while Western Area (rural) was the lowest at 70%. Campaign awareness was low in Kono, Bo, Moyamba and Western Area (Rural and Urban) districts.
* Independent monitoring reports also found that 84% of people surveyed nationwide had the correct knowledge on how to hang the LLINs. While it was highest in Bombali district at 100%, it was lowest in Western Area (rural) at 66.7%.

Technical and operational support to malaria vector control interventions – WHO

Universal coverage of LLINs has been achieved in a joint effort with UNICEF through which over three million long lasting insecticide-treated mosquito nets (LLINs) were distributed to every household in Sierra Leone with a national target of one net for two people. WHO supported “Hang Up” poster campaign activities which were undertaken immediately after the distribution exercise, to demonstrate and promote net usage and to ensure that over time the LLINs would be used properly and consistently.

85% of the population in selected chiefdoms in the Western Urban area, Bombali, Kono and Bo districts benefited from Indoor Residual Spraying (IRS) reaching a total of 34,476 homes.

The capacity for surveillance, monitoring and evaluation of malaria control interventions has been strengthened through training of National Malaria Control Programme M&E team, the revision of the M&E tools and the completion of Global reports and supportive supervision through the support of the M& E officer recruited.

Nutritional Support to People living with HIV and TB – WFP

From the $ 652,246 received through the MDTF ‘Delivering as One’ the entire budget was utilized to purchase food, more specifically a total of 680 Metric-tonnes (Mt) of assorted food commodities was bought namely -cereals (407 Mt), pulses (102 Mt), vegetable oil (51Mt), CSB (100 Mt) and sugar (20 MT).

As the MDTF funding was the only funding available to support this project, the provision of family support was put on hold so as to expand and maintain treatment adherence for the individual beneficiaries identified. From the total 17,550 (3,900 individuals and 15, 650 families) beneficiaries to be supported, WFP distributed assorted commodities to 1,594 persons on treatment malnourished. The above figure only comprises individual nutritional support.

In addition to food distribution, WFP worked closely with partners (Food and Nutrition, NACP of MOHs and Network for HIV positives) to conduct joint institutional-based assessment of TB health facilities / Care and support Groups for nutritional food assistance.

In line with this WFP developed and pre-tested nutritional M&E tools for alignment with National M&E tools.

To support this alignment WFP conducted capacity building training of the National AIDS Control Programme on M&E. The trainings focused on food by prescription for effective food-assistance and HIV programming. In addition, WFP provided to NACP logistical equipments (7 motor –bikes, 30 weighing scale and 7 computers and accessories) to effectively implement and monitoring the nutritional supported programme

Key health staffs were trained on strengthening Food and Nutrition Interventions in response to HIV/AIDS at national and district level, and PLHIV care and support groups were trained on food rationing and beneficiary identification

*Lessons Learnt*

Malaria Control, LLINs Universal Coverage – UNICEF

The UNICEF Sierra Leone partnership with the Inter Religious Council of Sierra Leone and the ongoing engagement of the Paramount Chiefs, civil society and community based organisations played a big role in the success of the campaign.

Traditional and religious leaders are key influencers in communities in Sierra Leone and have the ability to not only mobilise people but also ensure compliance, which is key for the adoption and maintenance of favourable health behaviours such as the utilisation of bed-nets.

Technical and operational support to malaria vector control interventions – WHO

The total population of the four selected districts could not be covered because of limited quantities of insecticides procured due to under budgeting. Number of chiefdoms was therefore reduced but still remains significant for decision making.

Partners included local councils, civil society movement, traditional leaders, NGOs and CBOs. The active involvement of all partners contributed immensely to the success of the operations in the field e.g. in promoting social mobilization and provision of logistical support.

Nutritional Support to People living with HIV and TB – WFP

Meaningful involvement of partners (NACP, Network for HIV Positives, communities) in the inception of the project development and implementation has created the basis for country –led ownership.

The resource mobilization for nutritional support to PLHIV and TB patients has been very slow due to the absences of evidence-based study.

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1. **Future Work Plan**

Malaria Control, LLINs Universal Coverage – UNICEF

In 2011, UNICEF Sierra Leone will support the Ministry of Health and Sanitation to design and implement a LLIN “Keep Up” Campaign in order to reinforce key messages on LLIN use and malaria prevention and strengthen community support and monitoring for their daily use in households. The communication strategy has been designed using the Health Belief model and uses a mix of approaches, including radio, key influencers within the community, interpersonal communication channels to inform, encourage, and reinforce messages to facilitate adoption and maintenance of positive behaviours on ITN ownership and utilisation.

UNICEF will also support the reinforcement of health personnel capacity to correctly diagnose and report promptly malaria cases and deaths. In addition a post LLIN campaign and utilization survey will be implemented in June-July 2011, to measure the progress of LLINs utilization in the population.

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| NO | ACTIVITY | TIME FRAME | RESPONSIBLE PERSON/ORGANIZATION | BUDGETIn USD |
| **1** | Coordination meeting with partners at national level | Twice monthly per annum | MoHS (National Level Social Mobilisation Committee) | 00.00 |
| **2** | District Social Mobilisation Coordination meetings | Twice monthly per annum | District Social Mobilisation Committee | 20,000 |
| **3** | Development production and distribution of Advocacy packs at all levels | 1 day meeting to dev. March 2011 | Nat. Soc. Mob Committee | 10,000 |
| **4** | Development, production of IEC materials on LLINs (jingles, flyers, songs and side wall painting) | Four days March 2011  | National Soc. Mob Committee | 20,000 |
| **5** | Sensitization of Stake holder and Policy makers at all levels | April -June | MOHS, Dec Sec., Dist. councils | 25,000 |
| **6** | Chiefdom Social Mobilisation Committee meetings and orientations (Local council, traditional leaders, religious leaders, teachers etc.) | One meeting per chiefdom starting March | MOHS, Dec. Sec. Dist. Councils/soc mob committees | 20,000 |
| **7** | Press Orientation on the use and benefit of ITNs at National level | Two press briefing per year April & Oct. | SLAJ, Soc. Mob. Committee | 4,000 |
| **8** | Radio and TV panel discussions- phone-in-programs at National and District level | 2/month throughout the year | Soc. Mob Committees, DHMT, Dist. Councils, Dist Malaria Focal points  | 9,000 |
| **9** |  Airing of jingles at National and district level. | Throughout the year | 20 radio stations | 3,000 |
| **MONITORING AND SUPERVISION**  |
| **10** | Review and produce monitoring tools and supervisory protocol – (Soc. Mob Assessment tools. | March to Dec 2011 ( one visit per month) | MOHS, M & E, Dist. Councils, Nat. Soc. Mob. Committee  | 4,000 |
| **11** | Train CORPs on monitoring the usage of ITNs at community level. | Train 2 CORPS per c/dom | NMCP, DHMT, Soc. Mob. Committee | 4,500 |
| **12** | Quarterly supervision visit from National to districts | Four visits per year | NMCP/MOHS | 6,000 |
| **13** | Monthly supervision visit from district to PHUs and community. | 10 visits per year | NMCP/MOHS | 5,000 |
| **14** | Training of PHU health personnel in adequately manage and report malaria cases  | April-May | NMCP/MOHS | 150,000 |
| **15** | Post LLIN campaign and utilization survey | June-July | NMCP/MOHS | 100,000 |
| **GRAND TOTAL** | **380,500** |

Technical and operational support to malaria vector control interventions – WHO

There is a funding gap between the work done on so far on IRS and the expected support from Global Fund to sustain IRS piloted in the four districts and scale up to other districts. Support will go to catalyze IRS activities, ensure availability of enough evidence to demonstrate the impact of IRS on malaria control as in other countries and to support resource mobilization from financiers such as the Global Fund.

The LLINs universal access campaign conducted in November 2010 with support from the UN and other partners resulted in Sierra Leone attaining the Abuja target for LLINs coverage.( 80% of population at risk of malaria have LLINs). This coverage needs to be maintained and sustained through 2015.

WHO will acquire technical assistance through Global Fund financing for an international M & E officer but for this to be effective a national officer will provide support for 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. An impact survey to assess the effect of the 2010 mass LLINs campaign on malaria cases and death will be conducted.

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| NO.  | ACTIVITY  | COVERAGE | RESPONSIBLE PERSON/ORGANIZATION | BUDGETIn USD |
| **1** | Procurement of supplies (insecticide, spray pumps etc) to scale up IRS  | National | MOHS (National Malaria Control Programme)  | 200,000 |
| **2** | IRS operations | Districts | MOHS (NMCP) | 85,000 |
| **3** | Monitoring and evaluation of IRS implementation and outcome | Districts | MOHS (NMCP) | 25,000 |
| **4** | Recruitment of M&E officer to support NMCP | National | MOHS (NMCP) | 265,000 |
| **5** | Impact assessment of LLINs coverage | National | MOHS (NMCP) | 100,000 |
| **6** | **GRAND TOTAL** | **650,000** |

Nutritional Support to People living with HIV and TB – WFP

WFP is the lead agency for the provision of nutrition and food support to PLHIV under treatment, care and support. Thus, WFP’s will continue to provide nutritional support to PLHIV and TB patients, and mitigate the impact of the diseases on those households that are food-insecure.

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| **NO** | ACTIVITY | TIME FRAME | RESPONSIBLE PERSON/ORGANIZATION | BUDGETIn USD |
| **1** | Conduct Nationwide assessment on Nutritional status and Socio- economic profiling of PLHIV | May | WFP | 75,345 |
| **2** | Continue baseline assessment and nutritional support to PLHIV and TB patients in two districts( Western Area and Port Loko)  | Continuous process | Care and support Groups, NACP, AFRICARE and WFP | 879,000 |
| **3** | Distribution of non food items(Weighing Scales; Harmonized Registers; Adult Height Boards; Measuring tapes; Abridge version nutritional guidelines; Beneficiary Ration cards/ration entitlement cards)  | April | WFP/Partners/ | 50,000 |
| **4** | Design National HIV/TB database information system for HIV nutrition reporting  | March | WFP | 2,500 |
| **5** | Identify and establish partnership with partners for livelihood provision and support |  | Government, UN-agencies, NGOs/CBOs | 43,000 |
| **Grand Total**  |  |  | **$ 1,049,845** |

1. **Abbreviations and Acronyms**

DHMT District Health Management Team

FHC Free Health Care

HFAC Health For All Coalition

IFRC International Federation of the Red Cross

IRS Indoor Residual Spraying

ITN Insecticide Treated Nets

LLINs Long Lasting Insecticide treated Nets

MCHW Maternal and Child Health Week

MOHS Ministry of Health and Sanitation

NETHIPS Network of HIV Positives in Sierra Leone

NMCP National Malaria Control Programme

PPE Personal Protection Equipment

UNICEF United Nations Children’s Fund

WHO World Health Organisation

WFP World Food Programme