

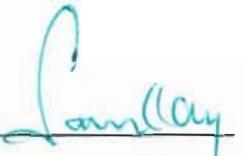
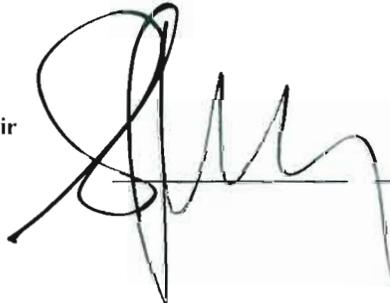
Sierra Leone MDTF

Fund Signature Page / Cover Sheet

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

Participating UN Organisation(s): UNICEF	Priority Area: JV: Equitable & Affordable Health Services AFC Chapter: Promoting Human Development Child & Maternal Health
Programme Manager of Participating UN Organization: UNICEF Name: Dr Dorothy Ochola-Odongo Address: UNICEF, Freetown Telephone: +232.76.638 987+ E-mail: dochola@unicef.org	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: Six	Project Duration: 12 months Estimated Start-Up Date: November 2011
Project Title: Elimination of Mother to Child Transmission of HIV	Project Location: National
Project Description: Provide technical assistance in strengthening quality PMTCT service delivery and improve access to PMTCT services by positive pregnant women and their infants	Total Project Cost: US\$206,600 SL- MDTF: US\$ Government Input: US\$0 Other: US\$0 GRAND TOTAL: US\$ 206,600
Development Goal and Key Outcomes: Development Goal: To prevent HIV infection in infants and young children and provide treatment, care and support to women living with HIV and their families Key Outcomes: Improved quality of PMTCT service delivery and increased access to PMTCT services by pregnant women infected with HIV and their infants	
Deliverables: <ol style="list-style-type: none"> 1. Technical Assistance provided for strengthening quality PMTCT service delivery 2. Technical Assistance provided for improving access to PMTCT services 3. Programme coordination, implementation and monitoring improved 	

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

	<i>Signature</i>	<i>Date</i>	<i>Name/Title</i>
UNICEF		14/Nov/11	Mr. Mahimbo Mdoe Country Representative
DEPAC Co-Chair		24/11/11	Honorable Dr. Samura Kamara Minister of Finance and Economic Development
DEPAC Co-Chair		Nov 29, '11	Mr. Vijay Pillai Country Manager World Bank
DEPAC Co-Chair		24/11/11	Mr. Michael von der Schulenburg Executive Representative of the Secretary General of the United Nations



Project Document

Executive Summary

In response to the persistent unmet need for PMTCT despite clear opportunity to make significant gains, PMTCT is recognized as a priority within maternal, newborn and child health initiatives in order to reach the Millennium Development Goals (MDGs) 4, 5 and 6. Key global health initiatives including the UN Secretary General's Global Strategy for Women's and Children's Health, PEPFAR, the Global Fund and UNITAID have prioritized PMTCT. Further, many global partners and national governments have committed to work together to eliminate mother-to-child transmission of HIV. MTCT elimination is included in the African Union Outcome Framework.

A recent review of the National PMTCT and paediatric care programme in Sierra Leone (June 2011) revealed a number of gaps and challenges in access and quality of PMTCT services provided. Some of the critical areas to be addressed include; strengthening management, integration and coordination of PMTCT and paediatric HIV care services into maternal and child health service at national and district levels, improving the quality of services, demand creation and utilization and development and implementation of a strong advocacy and social mobilization/campaign strategy for the elimination of mother to child transmission.

With support from the MTFD the UN Joint team with UNICEF as the lead agency will provide technical assistance to the National AIDS Control programme and the DHMTs to increase access to services thus working towards the elimination of mother to child transmission of HIV as well as establish and strengthen systems for early infant diagnosis of HIV/AIDS. The goal of the project will be to prevent HIV infection in infants and young children and provide treatment, care and support to women living with HIV and their families. Key deliverables will include;

- 100 service providers trained to deliver PMTCT and paediatric HIV services
- 50 providers trained in sample collection and referral for early infant diagnosis
- 150 trained service providers followed up and monitored to improve performance
- Sample referral network for CD4 cell counts and early infant diagnosis established
- Community mobilized to access and utilize PMTCT services

Context

Many of the HIV & AIDS priority areas call for urgent and effective actions which save lives including preventing the transmission of HIV from mothers to their children and providing ongoing care and treatment for women, their partners and their children. Evidence shows that timely administration of antiretroviral drugs to HIV-positive pregnant women significantly reduces the risk of HIV transmission to their babies. It is a proven, inexpensive, and effective intervention.

Sierra Leone has an estimated population of 5.5 million people and the HIV prevalence among pregnant women attending antenatal clinics in 2009 was about 3.2%. With approximately 241,000 pregnant women delivering each year in the country, about 3,300 pregnant women are expected to be HIV positive. Mother-to-Child Transmission (MTCT) is the main source of HIV infections in children and virtually the only way that young children acquire the virus. Without intervention, 1,200 of these infants will be infected with HIV (assuming a 35% transmission rate), one third of them would die by their first birthday and up to half would be dead by their second birthday. This makes prevention of vertical transmission of HIV one of the critical pillars for attaining the Millennium Development Goals 4 (child mortality), 5 (maternal health) and 6 (HIV and AIDS, malaria).

Situation Analysis

It is estimated that about 2,900 children in Sierra Leone are living with HIV, and up to 1,700 of them are already in need of antiretroviral treatment (ART). Even though antiretroviral treatment services are currently available from 119 health facilities, only few health facilities provide HIV-related care for children.

HIV testing of children started in 2004 using rapid test kits but molecular testing from 6 weeks of age that is based on the Polymerase Chain Reaction (PCR) methodology has recently been established in Freetown and the modalities to roll-out and make the services available all over the country are being worked out.

The May 2011 PMTCT and paediatric HIV review identified the following priority actions to address findings:

- Strengthen management, integration and coordination of PMTCT and paediatric HIV care into RH, MCH at National and District levels
- Improve quality of services and demand creation & utilization of services
- Strengthen the integration of procurement and distribution of HIV related commodities and supplies into overall PSMS and integrated LMIS
- Develop/implement a strong advocacy and social mobilization strategy E-MTCT campaign.
- Support efficiency, resources optimization: reprogramming, mobilization of internal resources and efficient use
- Provide a framework to set goals and targets, track progress and performance monitoring at national and district levels
- Strengthen capacity of districts to monitor performance & measure progress, towards elimination of MTCT. Improve district ownership and accountability for results.

Strategies including lessons learned and the proposed programme

There is a proactive and committed National AIDS Control Programme (NACP) of the Ministry of Health and Sanitation leading and coordinating the treatment response to HIV in the country. Such commitment, leadership and partnership is translated into the reduction in the prevalence from 4.4% in 2006 to 4.1% in 2008 to 3.5% by 2010. The thrust of the expected impact of this intervention lies in the anticipated leadership and commitment from the NACP.

Thus NACP will take leadership in the implementation of proposal activities whereas UNICEF, WHO and the overall Joint UN Team on AIDS will provide oversight, supervision and technical backstopping.

Results framework

Joint Vision Priority Areas	Equitable and Affordable Health Services
Joint Vision Programme 6	HIV/AIDS
Key Result Areas	<ol style="list-style-type: none"> 1. Improve Quality of PMTCT service delivery 2. Increase Access to PMTCT services by pregnant women infected with HIV and their infants 3. Coordinate and strengthen the monitoring and implementation of UN Joint Team activities
Key Output Targets	Specific Activity for DaO Funding
<p>2. Access to PMTCT services by pregnant women infected with HIV and their infants increased</p> <p>Indicators</p> <ul style="list-style-type: none"> • Number of pregnant women counseled and tested for HIV and received their test results • Number of pregnant women infected with HIV accessing ART and ARV prophylaxis • HIV infected infants accessing paediatric ART 	<p>Technical Assistance to support Service delivery</p> <ul style="list-style-type: none"> • Training of 100 service providers • Monitoring performance of 100 service providers & tracking progress • Mobilization of mothers and male involvement for service utilization <p>Technical assistance for establishment of systems for EID</p> <ul style="list-style-type: none"> • Development of sample and results referral network including for CD4 cell count • Development of tools and registers for EID • Training of service 50 providers in sample collection and referral • Identification and follow up of exposed children at community level

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, National AIDS Control Programme and Ministry of Health & Sanitation. Both the development and implementation of the proposed activities will be conducted by WHO and UNICEF. 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.

Fund management arrangements

As per SL-MPTF MOU signed by UNICEF, WHO and UNAIDS respectively will receive the funds directly for the activities they are leading. Funds will then be disbursed to the respective implementing partner, in this case NACP or NAS.

Monitoring, evaluation and reporting

The Joint UN Team on AIDS led by UNICEF, WHO and UNAIDS will directly be responsible for the monitoring and oversight of project activities. The lead agencies will give feedback, updates and progress in implementation during Joint Team meetings and via emails. In addition Joint UN Team members will participate in the joint monitoring exercise of project activities. Indicators will be developed as per the Joint Vision M&E framework.

All 3 lead agencies of each sub activity will provide interim, progress in implementation and project completion report including financial reports to UNAIDS. The UCO will compile the

report and fit it into the appropriate reporting format of the SPU.

Legal Context or Basis of Relationship

The Project falls within 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. UNICEF will manage the project in accordance with the signed MOU of the SL-MPTF.

Work plan and budget

Activity	Geographic coverage	2012				Budget (US\$)
		Jan-Mar	Apr-June	Jul-Sep		
A.						
Training of 100 service providers on EID and eMTCT	National/District	X			56,000	
Follow up and monitoring performance of 100 trained service providers and tracking of progress	District/National	X	X	X	18,542.05	
Mobilization of mothers and male involvement for service utilization	National/District	X	X	X	18,542.05	
Sub-total A:					93,084.11	
B.						
Development of sample and results referral network including for CD4 cell count	National/District	X			46,800	
Development of tools and registers for EID including printing		x			18,800	
Training of service 50 providers in sample collection and referral	National/District	X			18,800	
Identification and follow up of exposed children at community level	National/District	X	x	x	15,600	
Sub-total B					100	
Total A+B					193,084.11	
Indirect costs					13,516	
GRAND TOTAL					206,600	

UNDG standard Budget

Line #	Line description	Definition of figure to be reflected in US\$
1	Supplies, commodities, equipment and transport	50,000
2	Personnel (staff, consultants, travel and training)	20,000
3	Training of counterparts	80,000
4	Contracts	42,180
5	Other Direct costs	904.11
	Subtotal	193,084.11
	Indirect Costs (7%)	13,516
	Total	206,600