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**SL-MDTF**

**Final programme[[1]](#footnote-1) NARRATIVE report**

**REPORTING PERIOD: 1 january 2010 – 31 DECEMBER 2012**

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| --- | --- | --- |
| Programme Title & Project Number |  | Country, Locality(s), Priority Area(s) / Strategic Results[[2]](#footnote-2) |
| Programme Title:*) :* ***HIV and AIDS and Malaria Programme*** Programme Number*:* ***Joint Vision Programme 6**** MPTF Office Project Reference Number:[[3]](#footnote-3)
* UNAIDS Response to HIV:00080507
* UNICEF Elimination HIV: 00080506
* UNICEF Malaria Care: 00084002
* UNICEF malaria control: 00075571
* WHO PMTCT services: 00080538
* WHO malaria vector control: 00075573
* WFP Nutritional support: 00075575
 | *(if applicable)**Country/Region:* **Sierra Leone** |
| *Priority area/ strategic results* **Joint Vision: Priority Area 4 ‘*Equitable and Affordable Health Services’*** |
| Participating Organization(s) |  | Implementing Partners |
| * Organizations that have received direct funding from the MPTF Office under this programme

**UNAIDS, UNICEF, WHO, WFP** | * National counterparts (government, private, NGOs & others) and other International Organizations

**Ministry of Health, National HIV/AIDS Secretariat, Network of HIV Positives, Voice of Women, National AIDS Control Programme, National Malaria Control Programme** |
| Programme/Project Cost (US$) |  | Programme Duration |
| Total approved budget as per project document: MPTF /JP Contribution[[4]](#footnote-4): * *by Agency (if applicable)*
 | UNAIDS: 339,100UNICEF (Malaria): 117,500UNICEF (Malaria): 431,442UNICEF (HIV):206.600WHO (malaria): 1,191,664WHO (HIV): 250,000WFP (Nutrition) : 662,246Total Amount Received: **USD 3,188,552** |  | Overall Duration *(30 months)* |  |
| Agency Contribution* *by Agency (if applicable)*
 |  |  | Start Date[[5]](#footnote-5) *(June 2010 )*  |  |
| Government Contribution*(if applicable)* |  |  | Original End Date*[[6]](#footnote-6)* *(****31:12:12****)* |  |
| Other Contributions (donors)*(if applicable)* |  |  | Current End date[[7]](#footnote-7)*(****28/02/13****)* |  |
| TOTAL: $ |  |  |  |  |
| Programme Assessment/Review/Mid-Term Eval. |  | Report Submitted By |
| Assessment/Review - if applicable *please attach* Yes No Date: *dd.mm.yyyy*Mid-Term Evaluation Report *– if applicable please attach* Yes No Date: *dd.mm.yyyy* | * Name: Bockari Samba
* Title: National Programme Officer
* Participating Organization (Lead): UNAIDS
* Email address: sambab@unaids.org
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# NARRATIVE REPORT

# 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 support the national multisectoral response to AIDS based on the priorities set in the active National Strategic Plan on AIDS. 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 through a coordinated multisectoral response. In decentralisation, District AIDS Committees are strengthened to ensure a coordinated response at the various constituencies and Chiefdom levels. Promoting the greater and meaningful involvement of People Living with HIV in all spheres of the national response are of critical importance to the UN.

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. Support enhanced all-out efforts to ensure that 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 required universal access to Artemisinin-based combination therapy (ACT) treatment; area focused integrated vector control management; and mass campaigns to quickly scale up ITN distribution, sustained by a well designed routine distribution system and by promotion of rational use using community based approaches

**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. This report will however focus on recipient agencies od the MDTF funds: Four agencies receiving MDTF funds for HIV acxtivities and 2 agencies receiving funding in support to the national malaria response.

The projects covering this report with the recipient agencies include the following:

1. ***UNAIDS support to National HIV Response (UNAIDS)***

This project was in support of the national HIV response by strengthening the UNAIDS country office to:

1. ***Provide technical assistance to NAS for the targeting of key populations (IDUs, MSM and CSWs) contributing to new infections in Sierra Leone***.

**Development Goal**: To provide strategic information for an effective HIV prevention programme for key populations.

**Key Outcomes**: Enhanced coordination and improved HIV prevention programme targeting key populations

**Deliverables**: Consultant hired and size estimation of key populations conducted

1. ***Strengthening coordination of the National Response to HIV&AIDS in Sierra Leone***

**Development Goal*:*** To provide technical assistance to critical networks and umbrella bodies to coordinate and advance the national response to HIV in Sierra Leone

**Key Outcomes:** Enhanced coordination and delivery of the multi-sectoral national response to HIV in Sierra Leone

**Deliverables**:

1. Technical Assistance provided to National AIDS Secretariat, Network of HIV Positives, Business Coalition Against AIDS and Coalition of NGOs Against AIDS, Sierra Leone Youth Coalition on HIV&AIDS, Sierra Leone Inter-religious AIDS Network in support to the effective implementation of the National Strategic Plan
2. Key networks Action-Plans aligned to the National Strategic Plan on HIV/AIDS 2011-20153
3. Key networks participating in national forums on HIV and AIDS
4. ***Strengthening quality of Prevention of Mother Child Transmission (PMTCT) Services (WHO)***

**Development Goal:** To prevent the transmission of mother to child transmission of HIV and improve on the health of women and children

**Key Outcomes:** Improved Quality of PMTCT service delivery

**Deliverables:**

1. Revised and updated guidelines on PMTCT & Paediatric HIV Care
2. 28 DHMTs and 12 national staff of the National AIDS control programme staff trained as trainers on PMTCT & Paediatric HIV Care
3. Quarterly surveillance, monitoring and evaluation report available
4. ***Elimination of Mother to Child Transmission (UNICEF)***

**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:**

i) Technical Assistance provided for strengthening quality PMTCT service delivery

ii) TechnicalAssistance provided for improving access to PMTCT services

iii)Programme coordination, implementation and monitoring improved

1. ***Build Capacities of PHUs to provide integrated Management of Newborn and childhood Illness (IMNCI) with emphasis on Malaria Case Management (UNICEF)***

**Development Goal:** Improved capacity of PHU staff in delivering IMNCI interventions, including Rapid Diagnostics Test (RDT) for Malaria and handling of referral cases

**Key Outcome**:

1. To support training of PHU staff in IMNCI
2. To support the district capacity to deliver IMNCI drugs and other supplies

**Deliverables:**

1. 300 health facility staff trained in IMNCI including RDT for malaria and handling of referral cases
2. 300 health facilities provided with IMNCI updated guidelines
3. IMNCI supplies transported from central medical stores to district medical stores and PHUs
4. ***Malaria Control, Long Lasting Insecticide-treated Nets (LLINs) Universal Coverage (UNICEF)***

.

**Development Goal**: Improved utilization of Long Lasting Insecticide treated Nets (LLINs) by all persons in Sierra Leone with great emphasis on under five and pregnant women

**Key Outcome:**

* 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.

**Deliverables:**

* + Procuring and distribution of 1.8 millions treated nets and
	+ Social mobilization campaign on the correct utilization of the insecticide treated bed nets conducted
1. ***Technical and operational support to malaria vector control interventions (WHO)***

**Development Goal:** To support the Ministry of Health and Sanitation 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

**Key Outcomes:**

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

**Deliverables:**

* LLINS procured and distributed
* Staff trained in surveillance, monitoring and evaluation of malaria control interventions
1. ***Nutritional Support to People living with HIV and TB – WFP***

**Development Goal:** Improve nutrition and health of vulnerable people living with HIV (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.

**Key Outcomes:**

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

**Deliverables:**

* Food procured and distributed in 2 districts to PLHIV
* Monitoring conducted to ensure targeted beneficiaries are reached

All 7 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: HIV/AIDS. and Malaria

# Results

***1) Support to National HIV Response (UNAIDS)***

a) **Size Estimation of Key Populations:** Measuring and understanding the impact and magnitude of the HIV especially among hard to reach populations can present a number of challenges to partners working in the national response. The UCO provided the much needed support to comprehensively map for the first time in the country key populations namely; IDUs, MSMs and CSWs. The report investigated the sources of risk and vulnerability for those risk groups, analyzed the drivers of the epidemic as these may account for geographic and socio-demographic differences in HIV rates. This has provided the much needed information for commodity quantification, design and implementation of appropriate activities targeted at the key populations.

An international consultant was recruited accompanied by 2 national consultants, 3 Supervisors (Lead entry to each of the 3 key population memberships) and 12 data collectors (4 for each key populations) to conduct the exercise. Key partnerships were established with members of the targeted populations and civil society organizations working with them. The overall exercise was conducted under the leadership and authority of the National AIDS Secretariat with UNAIDS providing technical backstopping where and when necessary.

1. **Strengthening coordination of the National Response to HIV&AIDS in Sierra Leone:** Five coordinating bodies produced and disseminated action plans aligned to the national strategic plan. The UCO provided technical assistance from conceptualization, development of action plans, validation and dissemination of the plans. In addition, the Voice of Women (Network of HIV Positives were provided financial support to support the implementation of some activities in their action plans. Specifically with co-funding, the Voice of Women in collaboration with the Office of the First Lady, National AIDS Secretariat (NAS) and the National AIDS Control Programme (NACP) launched the ‘Give Birth to Life without HIV’, a prevention of mother to child transmission campaign aimed at increasing service demand among pregnant women in 2 communities in the western area. The immediate outcome of the intervention include:
2. greater visibility of women living with HIV in the national response and a show case of their potential in prevention specifically mother to child transmission of HIV
	1. Increased attendance in the beneficiary communities of pregnant women in ANC, and girls of reproductive age seeking family planning services
3. Willingness of HIV positive women to gain membership to the Voice of Women
4. Involvement of the First Lady outstanding in consolidating the collaboration between the Voice of Women, NAS and NACP.

 2) ***Strengthening quality of Prevention of Mother Child Transmission (PMTCT) Services (WHO)***

The 2006 national PMTCT guidelines were revised in line with the new WHO 2010 recommendations. The revision process was completed with support from the WHO inter-country support team in West Africa. The process included

i) Consultations with the main stakeholders (The National AIDS Control programme, UNICEF, UNAIDS, CDC, Network of Hiv Positives and the Society of Women and AIDS in Africa) involved in PMTCT programme in the country to develop a roadmap

ii) A two days validation workshop was organized by the NACP. Forty participants were targeted from national and sub-national officials of the Ministry of Health, districts, NGOs and other civil society organisation partners. The main outcome of the validation meeting was that a consensus was obtained to move from option A to option B and B+ which will enable the country to progress towards the elimination of MTCT by 2015

iii) To enhance the revised national PMTCT guidelines to be implemented nationwide, the PMTCT training manuals were also updated in line with the revised guidelines. The revision process was also supported from the WHO inter-country support team in West Africa and the recruitment of a national consultant. A core team of trainers were trained to cascade the training in all districts nation wide.

***3) Elimination of Mother to Child Transmission (UNICEF)***

Prior to mid-2011, the rapid HIV testing technology was used to test children for HIV. This technology confirms the HIV status at the age of eighteen months. The delays in confirming the status of the child caused a corresponding delay in putting the HIV positive children on early treatment. It also contributes to wastage of resources as the child is confirmed after more than one test.

 UNICEF collaborated with its partners including the National AIDS Control Programme and the Central Public Health Reference Laboratory and introduced and piloted the early infant diagnosis (EID) programme using the polymerachase chain reaction technology (PCR) which tests and confirms the HIV status of children as early as six weeks of age. The EID therefore has the advantage of ensuring that children are put on treatment early. The EID was piloted in five health facilities in Kailahun and Bombali Districts and Western Area. The MDTF funds were used to conduct a review of the pilot phase of the EID. The review provided important guidance on the scale up of the programme in the country. Some of the key findings of the review are limited skills in EID in Sierra Leone, long duration of time between the collection of blood samples from the child and access to treatment by the child (turn- around time) and, poor coordination of the programme.

Part of the MDTF fund was used to support an institutional contract with the Ramsey Medical Laboratories (RML) to facilitate the scale up of EID in 14 hospitals in the country. Specifically RML provided technical assistance in the planning, coordination, implementation and monitoring of the EID services; increase the capacities of 130 health workers from 13 district hospitals and 104 district staff to provide effective integrated EID services and provide quality assurance in sample collection, packaging, storage and transportation to the Central Reference Laboratory and dissemination of results. It also sensitized communities in which each of the hospitals are located on EID and the roles they play in the programme.

In collaboration with the national AIDS Control Programme and the District Health Management Teams (DHMT), RML has scaled up EID in 19 hospitals nationwide. In each of the hospitals, nine health workers have been trained and provided EID services while a total of 425 community leaders around the 19 facilities support the EID programme through mobilization of women and children to access the services. Each hospital is now equipped with updated EID registers, plans and other tools (eg operational workflows, EID report linking mother and child) in which proper data on EID are entered. The registers, tool and plans are inspected at each monthly supervisory visit by staff of RML, NACP and UNICEF. The maintenance of the registers and tools has improved on the data management at the facilities.

The regular monthly meetings of the PMTCT and Paediatric Technical Working Group and the core group on EID have improved on coordination and information sharing. The groups discuss the progress of the programme and provide guidance on its implementation. Coordination meetings are also held at the project sites to discuss progress and challenges.

The results of the scale up of EID include the reduction in the turn -around time from more than 48 days to less than 30 days, reduction in the samples that are rejected for testing from 40% to less than 2%, and average duration of time children are initiated on treatment upon receipt of results reduced from over seven months to about seven days. A total of 350 children less than one hundred weeks have been tested for HIV through the EID programme. With the introduction and scale up of EID, there has been an increase in infants receiving treatment for HIV from 29 to 480. Generally the introduction and scale up of EID has made the identification of infants and early initiation of antiretroviral treatment as recommended by the World Health Organization (WHO), more feasible

The uptake of PMTCT services by HIV infected pregnant women in Sierra Leone is relatively low. The access to the services is hampered by high stigma, limited outreach services and poor coordination of activities. In order to improve on the quality and access to the services by pregnant women, the MDTF fund have been used to support the integration of HIV testing for pregnant women into the bi-annual week long mother and child health campaign (MCHW). During each of the campaigns, health workers are orientated and provided with HIV test kits to test pregnant women for PMTCT at their health facilities. The women are referred to the facilities nearest to them as part of the house to house mobilization of women and children to access high impact health services. Through collaboration with one of the women HIV positive support groups (Voice of Women), all women that test positive during the campaign are followed up to ensure that they receive the PMTCT services at the nearby health facilities. The MCHW campaign has a strong social mobilization and sensitization as part of its components.

The first campaign in which PMTCT was integrated in May 2012 resulted in the testing of 43,034 pregnant women nationwide. A second round of the campaign, targeting 60,000 pregnant to be tested, was planned to take place in November 2012 but has been postponed to January 2013 due to the general elections that took place in November. The campaign has contributed to an increase in the national uptake of ARVs by HIV positive pregnant women from 74% in 2011 to 84% by the end of 2012. This has far exceeded the target set in the rolling work plan.

The elimination of mother to child transmission of HIV is now a national priority in Sierra Leone. However the implementation of the programme is challenged by a lack of a strategic direction. Although the national strategic plan on HIV 2011-2015, captured some elements of PMTCT, the content is not comprehensive to meet the elimination agenda. Support was therefore provided to the National AIDS Control Programme to organize a workshop on bottleneck analysis on PMTCT. The bottlenecks identified include low male involvement in PMTCT, high stigma, inadequate national capacity to deliver PMTCT services, vertical nature of the HIV/AIDS prevention programme including EID and ineffective coordination of the PMTCT programme. Further support was provided to develop a national strategic plan for the elimination of mother to child transmission in Sierra Leone based on the bottlenecks. The strategic plan provides guidance and strategic direction to the national efforts in achieving the elimination of mother to child transmission in 2015. Its guiding principles include right based approach, equity in both service delivery and access, evidence based intervention and results based management. The goal of the plan is to contribute to improved maternal health and child survival through accelerated provision of comprehensive services to eliminate mother to child transmission of HIV in Sierra Leone. The plan has been validated and now awaits dissemination and implementation by all partners.

***4) Build Capacities of PHUs to provide integrated Management of Newborn and childhood Illness (IMNCI) with emphasis on Malaria Case Management (UNICEF)***

With regard to the project deliverables agreed by the Ministry of Health and Sanitation (Child Health/EPI), 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".*

During this reporting period a total of 300 health care workers were trained in Integrated Management of Newborn and Childhood Illnesses (IMNCI), increasing the coverage of PHUs with staff trained in IMNCI from 49.6%[[8]](#footnote-8) in September 2012 to 100% in December 2012 in the four districts selected (Kambia, Tonkolili, Pujehun and Kailahun).

 These health workers included 20 District Health Management Team (DHMT) members (4 per district), 11 hospital staff and 269 PHU Staff. The DHMT members trained included among others the malaria focal persons, who support in collaboration with the District Health Sisters (DHS) the implementation of IMNCI related activities at district level.

Prior the actual training, a bottleneck analysis workshop was organized in the four districts with the DHMT, in collaboration with the NGO International Rescue Committee (IRC), to assess the situation of implementation of high impact interventions in the four districts, agree on the indicators and a monitoring plan.

Also prior to the trainings, guidelines were reviewed and updated by a team comprising of MoHS, WHO and UNICEF. They were printed and disseminated to approximately 300 health facilities ensuring that all the PHUs and facilities represented were supplied with updated treatment guidelines, including the use of RDTs for malaria diagnosis and job aides for the implementation of IMNCI.

The trainings were coordinated by the Child Health/EPI Programme of the Ministry of Health and Sanitation (MoHS) in close collaboration with the National Malaria Control Programme (NMCP) and the 4 DHMTs. The abridged case management set of modules was used for this training. The training was conducted mainly by 2 clinical instructors and eight facilitators (one for 4 - 6 participants). The training methodology included: Classroom sessions with individual and group feedbacks, video sessions, clinical sessions (out and in- patients), drills and role plays as well as daily assessments.

IMNCI and other health supplies were distributed from the central medical stores (CMS) to the 4 district medical stores (DMSs) and the peripheral health units (PHUs) in all 4 districts.

The trainings were conducted in 2 central locations (Bo and Makeni) rather than taking the trainings to the 4 districts. This reduced the time span needed to complete all the trainings. It also had a major benefit because the hospitals and clinics in the selected training sites were regional hospitals, therefore equipped to accommodate the clinical sessions in terms of logistics and a sufficient number of patients. DHMT trainers who had been previously trained as IMNCI facilitators were recruited from the 4 districts and other districts to facilitate the trainings.

All the trainings supported by this grant were monitored by MoHS and UNICEF. The trainings were conducted as planned for 7 days commencing at 7:00 am and finishing late in evening. All facilitators were certified IMNCI trainers. Participants received the modules and all other essential training materials to facilitate learning and practice.

***5) Malaria Control, Long Lasting Insecticide-treated Nets Universal Coverage (UNICEF)***

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.

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.

In an effort to keep up the momentum generated from the MCHW LLIN distribution and focus on utilisation, UNICEF continued to support all 13 District Health Management Teams to undertake communication and social mobilisation activities. Communication activities included the broadcast of radio jingles, radio discussions, the installation of billboards in districts, advocacy meetings with community members and the revitalisation of district social mobilisation committees to ensure better coordination and planning. In addition civil society organisations were mobilised to work with chiefs and elders in each of the 149 chiefdoms across the country to develop LLIN use bye-laws. These activities have increased coverage, access and utilization of the nets in most communities in the country thereby contributing significantly to the reduction of children dying to malaria.

***6) Technical and Operational Support to Malaria Vector Control Interventions (WHO)***

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 (up to a maximum of 3 nets per household based on an average household size of six people). “Hang Up” post campaign activities 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. To ensure effective monitoring and evaluation of progress at national and district level a baseline malaria survey was conducted.

85% of the population in the targeted areas was covered by IRS. An impact survey to assess the effect of the 2010 mass LLINs campaign on malaria cases and death was conducted. Estimates of LLIN ownership and use from this survey were substantially higher when compared to estimates from the MIS conducted just one year ago.

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

Routine timely and complete reporting of malaria morbidity and mortality data to ensure effective monitoring and evaluation of progress in all districts monitored quarterly and reports produced.

Based initially on entomological and morbidity data available the following districts were selected as the areas where the IRS pilot project was undertaken: Bo, Bombali, Kono and Western Area Rural Districts. To assist in the decision on which insecticide to use susceptibility tests were carried using WHO methods.

In addition SOPs for IRS and management of sentinel sites, Data collection protocols for the district and for the sentinel sites (IRS Pilot and Non IRS for control) were developed, IRS Bioassay efficacy report and validated analytical report on activities carried out in comparison with expected targets were prepared. In all districts, malaria stakeholders’ forum /partnership were established; the spraying was completed according to plan with 85% of structures sprayed.

***7) Nutritional Support to People living with HIV and TB – WFP***

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).

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). WFP procured and shipped 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.

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 17,500 (3,900 individuals and 15,600 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 in Q4 2010 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

**ii) Indicator Based Performance Assessment:**

Using the **Programme Results Framework from the Project Document** **/ AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Achieved Indicator Targets** | **Reasons for Variance with Planned Target (if any)** | **Source of Verification** |
|  |  |  |  |
| **Outcome 1.1: Enhanced coordination and improved HIV prevention programme targeting key populations*****Output 1.1*:** Consultants recruited***Output 1.2*** Size estimation report produced | 3 (1 International; 2 Nationals)3 Supervisors and 12 Data collectors  | Special populations that are hard to reach and therefore needs its membership to talk to them. Also sample size increased and therefore need to recruit more data collectors | Contract reports and payment vouchers |
| Size estimation report finalised | Recruitment of international consultant took sometime delaying printing and dissemination | Report available |
| **Outcome 1.2:** **Enhanced coordination and delivery of the multi-sectoral national response to HIV in Sierra Leone*****Output 1.2.1*.:** Technical Assistance provided to National AIDS Secretariat, Network of HIV Positives, Business Coalition Against AIDS and Coalition of NGOs Against AIDS, Sierra Leone Youth Coalition on HIV&AIDS, Sierra Leone Inter-religious AIDS Network in support to the effective implementation of the National Strategic PlanAIDS ***Output 1.2.2***: Key networks Action-Plans aligned to the National Strategic Plan on HIV/AIDS 2011-20153 ***Output 1.2.3***: Key networks participating in national forums on HIV | 1. 2 Consultants recruited to provide support to the networks
2. All Networks functional and supporting the implementation of the national response
 |  | 1. Recruitment process and contracts available
2. Existence of networks
 |
| 5 action plans developed |  | Action plans available |
| 7 networks actively participating in regional and national partnership forum |  | Attendance register of partnership meetings |
| **Outcome 2****Improved quality of PMTCT delivery** ***Output 3.1:*** Revised and updated guidelines on PMTCT and paediatric HIV care produced***Output 3.2*:** 28 DHMTs and 12 national staff of the National AIDS Control Programme (NACP) trained as trainers on PMTCT and paediatric HIV care***Output 3.3:*** Quarterly surveillance , monitoring and evaluation reports produced | Guidelines produced and disseminated  |  | Report available  |
| 28 DHMT and 12 national staff trained as TOTs |  | Participant training list and report available  |
| Quarterly surveillance conducted |  | Quarterly reports available with NACP |
| **Outcome 3****Improved quality PMTCT service delivery and increased access to PMTCT services by pregnant women infect with HIV and their infants** |  |  |  |
| ***Output 3.1:*** Technical assistance provided to strengthen quality PMTCT service delivery**Indicator 4.1.1** Number of health service facilities strengthened (EID)**Baseline: 5****Planned Target: 14****Indicator 4.1.2** Number of service providers trained (EID)**Baseline: 10****Planned Target:130** | 19 | The implementation of the programme is in progress and there is high demand for EID services. | Partner’s implementation report and monitoring reports |
| 171 | More sites were targeted than planned  | Monitoring report; training report. |
| ***Output 3.2****:* Technical assistance provided for improving access to PMTCT services**Indicator 4.2.1** Number of pregnant women counseled and tested for HIV and received their test results**Baseline: 138,006****Planned Target: 252,000*** **Indicator 4.2.2** Number of pregnant women infected with HIV accessing ART and ARV prophylaxis

**Baseline: 74%****Planned Target: 80%*** **Indicator 4.2.3** HIV infected infants accessing paediatric ART

**Baseline 29****Planned Target: N/A** | 201,600 | Only 687 of the 1200 health facilities provide PMTCT services. | NACP programme data, UNGASS 2012 Report |
| 84% | Accelerated scale up of PMTCT | NACP programme Report, UNGASS 2012 Report |
| 480 infants are on treatment | Scale up of EID in progress | UNGASS 2012., NACP report |
| ***Output 3.3:*** Programme coordination, implementation and monitoring improved | 1. Consultant recruited providing technical assistance to planning, monitoring and coordination of EID services
2. Regular monthly meetings of technical working group held on PMTCT and paediatric care
 | None | Consultancy process report and monthly minutes of meetings |
| **Outcome 4:** **Support the district capacity to deliver integrated management of newborn and childhood illness (IMNCI)** |  |  |  |
| **Output 41** All Health facilities are supplied with the health supplies**Indicator 5.1.1 Quantity of essential medicines and supplies delivered to the 4 districts****Baseline:****Planned Target: All health facilities****Target: 300** | All health facilities in the 4 districts were supplied with Free health care supplies, including IMNCI essential medicines |  | Distribution Invoice/Waybills |
| **Output 4.4** All Health facilities have updated treatment guidelines for IMNCI including use of RDTs**Indicator 5.2.1 No of PHUs utilizing IMNCI treatment guidelines****Baseline: 0****Planned Target: All health facilities** | All health facilities (in the 4 targeted districts now have updated IMNCI guidelines including RDTs for use. |  | Programme Reports |
| **Outcome 5.1**: **Attain universal coverage by distributing on average three Long lasting insecticide treated nets (LLINs) per household to all households in SL during the Child and Maternal Health Week****Output 5.1.1:** No of LLNS distributed**Baseline: 2,780,000** | 2,780,000 | None | Distribution report |
| **Outcome 5.2**: **Increase community awareness on the usage of LLINs.** **Output 5.2.1**Social Mobilisation meetings held ( No baseline)**Output 5.2.2:** Billboard produced ( No baseline) | 1. Social mobilization meetings held with community stakeholders in partnership with civil society
2. Billboards produced
 |  | Meeting and procurement reports |
| **Outcome 5.3****Universal coverage (80% of population at risk of malaria possess LLINS) of LLINs achieved** **Output 5.3.1**:LLINS procured and distributed | 80 % coverage reported |  | Post assessment report |
| **Outcome 6:****Capacity for surveillance, monitoring and evaluation of malaria control interventions built*****Output 6.1*:** Staff trained in surveillance, monitoring and evaluation of malaria control interventions**(No baseline)** | 1. 3 quarterly reports produced
2. National Malaria Control programme (NMCP) and district M&E personnel trained
 |  | Training reports |
| **Outcome 6.2:** At least 80% of the population in the target area covered by IRS **Baseline: 80%** | 85% |  | Coverage report |
| **Outcome 7.1**Improved survival of adults and children with HIV after 6 to 12 months of ART***Out put***:Food procured ( No Baseline)No. of beneficiaries ( National target: 17,500)Stakeholders trained (No baseline)Equipments procured (No baseline0 | 680 metric tones ( Cereals, sugar, vegetable oil, pulse etc) |  |  |
| 1594 | Funding inadequate but funds raised elsewhere to fill the gap | Distribution report |
| NACP, M&E, key health staff and PLHIV trained |  | Training report |
| 7 motor bikes; 30 weighing scale and 7 computers to support oversight and monitoring  |  | Procurement report and receipts |
| **Outcome 7.2**Improved success of TB treatment of targeted cases**Output**Institutional Assessment  | Joint institutional assessment of TB facility for nutritional support conducted | None | Report available |

**iii) A Specific Story (Optional)**

* This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
* In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

|  |
| --- |
| **Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions? **Result (if applicable):** Describe the observable ***change*** that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem? **Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions? |

**III. Other Assessments or Evaluations (if applicable)**

• Report on any assessments, evaluations or studies undertaken.

**IV. Programmatic Revisions (if applicable)**

• Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

**V. Resources (Optional)**

• Provide any information on financial management, procurement and human resources.

• Indicate if the Programme mobilized any additional resources or interventions from other partners.

1. **Abbreviations and Acronyms**

ART Anti-retroviral therapy

CSW Commercial Sex Workers

DHMT District Health Management Team

EID Early Infant diagnosis

EMTCT Elimination of Mother to child transmission

FHC Free Health Care

HFAC Health For All Coalition

IDUs Injecting Drug Users

IMNCI Integrated Management of Newborn and Childhood Illness

IRC International Rescue Committee

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

MSM Men having sex with men

NACP National AIDS Control Programme

NAS National AIDS Secretariat

NETHIPS Network of HIV Positives in Sierra Leone

NMCP National Malaria Control Programme

PMTCT Prevention of mother to child transmission

PPE Personal Protection Equipment

RDT Rapid Diagnostic Test

TOT Training of Trainers

UNAIDS Joint United Programme of HIV and AIDS

UNICEF United Nations Children’s Fund

WHO World Health Organisation

WFP World Food Program

1. The term “programme” is used for programmes, joint programmes and projects. [↑](#footnote-ref-1)
2. Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document; [↑](#footnote-ref-2)
3. The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-3)
4. The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-4)
5. The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](http://mdtf.undp.org/) [↑](#footnote-ref-5)
6. As per approval of the original project document by the relevant decision-making body/Steering Committee. [↑](#footnote-ref-6)
7. If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. [↑](#footnote-ref-7)
8. From MOHS, EPI/CH program database for trained personnel, 2012 [↑](#footnote-ref-8)