**SL-MDTF**

**FINALrogramme NARRATIVE report**

**REPORTING PERIOD: 1 JANUARY 2010 - 31 DECEMBER 2011**

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| Programme Title & Number |  | Country, Locality(s), Thematic Area(s) |
| Programme Title: HIV/AIDS and Malaria Programme  Programme Number UN Joint Vision Programme 6  MDTF Office Atlas Number:  *:*   * *00075571 Malaria Control UNICEF:* | * Sierra Leone, Country wide * Joint Vision Priority Area 4: Equitable and affordable access to health |

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| Participating Organization(s) |  | Implementing Partners |
| UNICEF (United Nations Children Fund) | * Ministry of Health and Sanitation (National Malaria Health Education program) * DHMTs, |

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| --- | --- | --- | --- | --- |
| Programme/Project Cost (US$) | |  | Programme Duration (months) | |
| MDTF Fund Contribution:  UNICEF $431,442.00 |  |  | Overall Duration | 1 year |
| Agency Contribution   * *by Agency (if applicable)* |  |  | Start Date of Projects | 01 July 2010 |
| Government Contribution  *(if applicable)* |  |  | Revised End Date of Projects | 30 June 2011 |
| Other Contribution (donor)  *(if applicable)* |  |  | Operational Closure Date of Programme | 1. June 2011 |
| TOTAL: $431,442.00 |  |  | 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: Augustin Kabano * Title: Health Manager * Participating Organization :, UNICEF * Email address: akabano@unicef.org |

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 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 (MDG 6), 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 UNICEF’s MDTF ‘Delivering as One’ supported activities.

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

The project is 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 treatment and control of Malaria and HIV/AIDS.

## Malaria Control, LLINs Universal Coverage – UNICEF

Project Objective

The project objective is to improve utilization of Long Lasting Insecticide treated Nets (LLINs) by all persons in Sierra Leone with focus on under five and pregnant women. More specifically, it will provide LLINs to this target group to ensure universal coverage[[1]](#footnote-1). The project has two main components: Procuring and distribution of 2.78 million treated nets and a social mobilization campaign on the correct use of the insecticide treated mosquito bed nets.

The expected outcome with this support to the Government of Sierra Leone through the Ministry of Health and Sanitation (MoHS) were:

* 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 of November 2010.
* *Outcome 2:* 80% of the general population and 85% of children under five under five and pregnant women sleep under an insecticide treated mosquito net.

1. **Resources**

All funding allocated to support the projects outlined above was received from the Delivering as One fund through the Sierra Leone-MDTF. The Joint Vision Programme 6 HIV/AIDS and Malaria received a total of US$1,925,352. UNICEF has received a total of 431,442 US$ out of this sum.

Malaria Control, LLINs Universal Coverage – UNICEF

*Financial Resources*

The financial resources were provided through the Sierra Leone-MDTF to complement funds from other sources including the World Bank, Methodist Church and UNICEF through UN fund and International Federation of the Red Cross (IFRC). In total 3.2 million nets were procured and distributed through these above mentioned sources of funding.

The funds received from MDTF were allocated to support logistic and social mobilization activities. The logistical support consisted of supporting port clearance and transport of 2,780,000 LLINs procured by UNICEF to 12 districts, excluding Kono and Kailahun districts (428,000 LLITNs) where the transport and distribution was supported by the 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 the use of LLITNs and community ownership for malaria prevention activities.

*Human Resources*

Programme 6 was used to improve capacity of human resources to adequately support the LLITN campaign through:

* Orientation/training for health workers on Malaria Prevention and LLITN use,
* Orientation/training for 610 Community Mobilizers for house to house visits for malaria prevention and
* Recruitment of a consultant to support community mobilization activities.

1. **Implementation and Monitoring Arrangements**

While Programme 6 supports the work to be undertaken by UN agencies, outcomes are achieved through working in partnership with government, civil society, multilaterals, bilateral organizations and their implementing partners. The project was implemented through a network of partners including the MoHS, WHO, the Inter Religious Council of Sierra Leone, District Health Management Teams (DHMT), district councils, NGOs operating in their districts, the army, Red Cross Society volunteers and community volunteers at national and district levels.

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

*Implementation*

The project was implemented by UNICEF in collaboration with the MoHS and the DHMT. The project was implemented 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 was supported by the Government of Sierra Leone at all levels. The President of Sierra Leone Dr. Ernest Koroma was a key supporter of the launch of the insecticide bed-net campaign which raised the profile and created visibility for the LLINs distribution campaign. All 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 the utilization 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 traditional folk media such as song, dance and drama to provide information and clarification and encourage adoption of correct practices such as daily LLIN use for malaria prevention.
* 149 Paramount Chiefs were sensitized on MCHW, LLIN use and malaria prevention.
* Campaign jingles were aired in Krio, Temne, Limba, Mende and Fula languages and were aired on 30 radio stations throughout the country, six slots per day for 14 days.
* Press orientation on the MCHW campaign and strategy was conducted for 30 media houses in Freetown.
* Officers of Health Education Division of the MoHS provided supervision of social mobilization planning and implementation.
* TV spots on malaria prevention using LLIN were produced and aired on Sign Africa video billboards in Freetown.
* 610 Community Motivators were trained/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.
* Logistical distribution of LLINs to all districts, PHUs and distribution points in the 12 districts (excluding Kono and Kailahun districts)

In 2011, in an effort to maintain momentum generated from the MCHW LLIN distribution and focus on utilisation, UNICEF continued to support all 14 DHMTs 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.

*Monitoring and Evaluation*

The monitoring of LLIN distribution during MCHW was integrated into the overall campaign monitoring system. Daily tally sheets were used to collect data and by independent monitors. The impact of this project was evaluated as part of the 2011 LLITN national household coverage report and tracking of under five children malaria case fatality rate as part of the Health Sector Performance Reports 2010/11 and 2011/12 (HMIS). A summary of the results from the June-July 2011 LLITN household coverage survey is presented below and the full report is annexed to this report.

1. **Results**

The June –July 2011 national LLITN survey results provide evidence regarding the availability and utilization rates against the project deliverables agreed by the agencies UNICEF, WHO and WFP.

The MCHW distribution campaign was comprehensive and logistically challenging and required a high level of commitment from all partners. Additional challenges were encountered in the demand creation domain which entailed re-enforced social mobilization and advocacy activities. The key output results of the campaign included:

* Distribution of 2.78 million LLINs[[2]](#footnote-2) to every household in Sierra Leone. 36% of households had at least one LLIN for every two household members, and 83 % of households had at least one member sleeping under an LLIN against 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) (National LLITN household survey 2011).
* According to monitoring reports conducted, parents’ awareness of the campaign nationwide was 88% against a target of 100%. Bombali district reported the highest awareness levels with 100% while Western Area (rural) was the lowest at 70%. Campaign awareness was low (bellow 80%) in Kono, Bo, Moyamba and Western Area (Rural and Urban) districts (MOHS and partners monitoring reports).
* 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%, and was lowest in Western Area (rural) at 66.7%.

The report of the post campaign coverage survey conducted in June-July 2011, indicates that ‘six months after the universal access campaign, 87 percent of households had at least one LLIN, and 67 % had more than one LLIN. 73 % of children under five, and 77 % of pregnant women slept under an LLIN the night before the survey. These coverage rates were achieved against the originally set targets of 80% of children under five and pregnant women sleeping under an insecticide treated mosquito net. Despite the high coverage rates when comparing to other countries in the region coverage rates of similar campaigns, the Sierra Leone targets were not fully achieved. This was largely due to an inaccurate projection of households; an increased number of households created unrealistic targets which could not be met in a context like Sierra Leone. However, these results represent a substantial improvement in LLIN coverage rates, compared to the Demographic Health Survey (DHS) conducted in 2008, which found that only 36.6 % of households had at least one LLIN, and that 25.8 % of children under-five and 27.2 % of pregnant women slept under an LLIN the night before the survey.

*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 organization’s played an important role in the success of the campaign, demonstrated in the three fold increase in LLITN utilization rate, since the DHS 2008 results.

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

1. **Future Work Plan**

Malaria Control, LLINs Universal Coverage – UNICEF

In 2012, UNICEF Sierra Leone will maintain its support to the MoHS 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.

Through DFID funds, UNICEF will procure and distribute nationwide 250,000 LLITNs each year for the next four years starting in the third quarter of 2012.

UNICEF will also continue to support the MOHS/NMCP in the area of monitoring and evaluation. The following activities will be supported:

1. Strengthen the capacity of NMCP for surveillance and supportive supervision.
2. Conduct an impact study based on trend analysis for malaria cases, using the same methodology of the baseline study.
3. Develop a plan for reaching the populations that have been missed, especially older children and young adults.
4. Develop and implement social mobilization and behaviour change messages for sustained LLIN utilization for malaria prevention.
5. **Expenditure summary**

Table 1 below provides a summary of the project expenditure against planned budget.

**Table 1: Actual expenditure against planned budget**

| **EXPECTED outcome and indicators of performance** | **PLANNED ACTIVITIES** | **RESPONSIBLE PARTY** | **SOURCE OF FUNDS** | **PLANNED BUDGET in US$** | **Actual Expenditure** |
| --- | --- | --- | --- | --- | --- |
| OUTCOME 1: Increased ownership of LLINs after the mass distribution in November;  *Performance indicators*:  %of household owning at least one LLIN per 2 people | 1. Offshore Procurement of LLINs | UNICEF, | WB | 0.00 | 0.00 |
| 1. Clearing and handling and transport from Port to all 13districts | UNICEF, MoHS, | MDTF | 150,000.00 | 134,969.14 |
| 1. Distribution of LLINs during MCHW | WHO  UNICEF, MoHS, |NGOs, DHMT | MTF (WHO) | 0.00 | 0.00 |
| OUTCOME 2: Increased utilization rate of LLINs after the mass distribution in November;  *Performance indicators*:  Proportion of person sleeping under a LLINs  Number of community based volunteer trained.  Proportion of villages with community volunteers trained. | 1. Hire a consultant in program communication for 3 months | UNICEF | MDTF | 40,000.00 | 46,902.85 |
| 1. *Project agreement with NGO working in districts to perform community sensitization at chiefdom level* | UNICEF, NGO | MDTF,  UNCEF | 120,000.00 | [[3]](#footnote-3)141,307.60 |
| 1. Train CHW in all villages | UNICEF, WHO, NGO | MDTF | 50,000.00 | 52,793.49 |
| 1. Produce IEC material | UNICEF, MOHS | UNICEF | 0.00 | 0.00 |
| 1. Socio mobilization campaign for the use of LLINs in all chiefdoms for 3 months | UNICEF, WHO, MOHS, DHMT | MDTF | 0.00 | 0.00 |
| 1. Project monitoring | UNICEF,  WHO | MDTF | 32,242.00 | 27,250.35 |
|  | Indirect cost 10% |  |  | 39,200.00 |  |
| **Funds received** |  |  |  | **Received** | **Spent** |
|  | Programmable funds received |  |  | 403,225.63 | 403,223.43 |
|  | Indirect cost 7% |  |  | 28,216.37 | 28,216.37 |
|  | Balance |  |  |  | 2.20 |
|  | Grand total |  |  | 431,442.00 | 431,442.00 |

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

LLITNs 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Performance Indicators** | **Indicator Baselines** | **Planned Indicator Targets** | **Achieved Indicator Targets** | **Reasons for Variance**  **(if any)** | **Source of Verification** | | **Comments**  **(if any)** |
| **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) | | | | | | | | |
| **Output 1.1**  Under five and pregnant women sleep under ITNs by end of 2011 | Indicator 1.1.1  Proportion of under-fives sleeping under a LLINs | 26% (DHS 2008) | 85% | 73% | Strong partnership with timely availability of required funds (around 25 million US$) and a combination of integrated delivery strategies contributed to the success of the campaign | | Sierra Leone LLIN Universal Access Campaign Post Campaign Ownership and Use Survey, MOHS June 2011 | Several other donors contributed the LLIN national distribution campaign including DFID, WB, UNF UMC, IFRC) |
| Indicator 1.1.2  Proportion of pregnant women sleeping under a LLINs | 27.2% (DHS 2008) | 85% | 77% | Strong partnership with timely availability of required funds (around 25 million US$) and a combination of integrated delivery strategies contributed to the success of the campaign | | Sierra Leone LLIN Universal Access Campaign Post Campaign Ownership and Use Survey, MOHS June 2011 |  |
| **Outcome 2:** Increase community awareness on the usage of LLINs | | | | | | | | |
| **Output 2.1**  All communities and chiefdoms reached with sensitization messages on rational use of ACTs and use of ITNs. | Indicator 2.1.1  Number of Community Health Workers/ Community motivators trained and operationalized for house to house visits for LLITN use | 0% | 100% (target=600) | 126%  (trained=759) | Strong partnership with Sierra Leone Red Cross Society and support from Ministry of Health. Variance is due to increase in Community Health Workers trained in border districts. | | Programme Cooperation Agreement reports |  |
| Indicator 2.1.3 No. of Chiefdoms with LLITN bye-laws developed and disseminated | 0% | 100% | 100% | Strong partnership with Health for All Coalition, with timely availability of required funds | | Programme Cooperation Agreement | Ongoing dissemination of bye-laws and continued advocacy with the traditional leaders needed to ensure LLIN use compliance |
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1. 1. Universal coverage of LLIN ownership in Sierra Leone is when every household has adequate number of LLINs at the rate of at least one LLIN per two people sharing a sleeping space.

   [↑](#footnote-ref-1)
2. The distribution of additional 428,000 LLITNs were supported by the IFRC as part of the MCHW in Kono and Kailahun districts, totaling 3.2 million LLITNs. [↑](#footnote-ref-2)
3. The actual expenditure of USD 141,307.60 was USD20,000 higher than what was planned. This was because the scope of the communication activities carried out were greater than what was originally projected in the budget. The community awareness campaign which included radio and television spots, traditional media, and house to house visits extended into January, following the November/December distribution. This was to ensure focus on utililisation at community level through strong follow up messages and community mobilisation. [↑](#footnote-ref-3)