Sierra Leone Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
Moi-Tenga Sartie
Postal address:
National AIDS Secretariat 15A Kingharman Road Brookfields Freetown Sierra Leone
Telephone:
+232 33 310952
Fax:
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E-mail:
msartie@nas.gov.sl

Describe the process used for NCPI data gathering and validation:
A total of 15 Institutions consisting Civil Society organizations, Faith-based organizations, Bilateral organizations and 8 Government line ministries. A validation workshop was also conducted, in which 45 institutions and other development partners participated. The following steps were followed in preparing the report: 1. Review of secondary data from data sources and reports on HIV and AIDS – SLDHS, ANC SS, Studies, Program data; 2. Interviews with relevant stakeholders – Government, CSOs, UNJT, Bilateral Organizations, etc for the NCPI; 3.Task-force was overseeing process & development of roadmap; 4. Validation Workshop for final reports
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
All the scoring rates were agreed upon by all stakeholders.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
No concerns were raised relating to data quality or potential misinterpretation. The only concern raised was on mobile populations to include fishing communities and miners.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
District AIDS Committee East	Charles B. Kaikumba/ HIV Focal Point	Yes	Yes	Yes	Yes	Yes	Yes
District AIDS Committee North	Nyuma Maningo/HIV Focal Point	Yes	Yes	Yes	Yes	Yes	Yes
Waterloo Rural Dist Council	Abioseh Mansaray	Yes	Yes	Yes	Yes	Yes	Yes
MoEST	Mabel Gamanga	Yes	No	No	No	No	No
HR Commission	Jamesina King	Yes	Yes	Yes	Yes	Yes	Yes
Coalition of Public Sector Against HIV in Sierra Leone	Sheku Kutubu	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS Secretariat	Dr. Brima Kargbo	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS COntrol Programme (MoHS)	Dr. Momodu Sesay	Yes	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Voice of Women	Musu A. Jimmy/National Coordinator	Yes	Yes	Yes	Yes	Yes
Society for Women and Aids in Africa in Sierra Leone	Marie Benjamin	Yes	Yes	Yes	Yes	Yes
CARE International	Rose Kamara	Yes	Yes	Yes	Yes	Yes

Restless Development	James M Fofanah/Programme Specialist	Yes	Yes	Yes	Yes	Yes
Sierra Leone Inter Religious on AIDS Network	Alhaji Teslim Alghali/	Yes	Yes	Yes	Yes	Yes
Business Coalition Against AIDS in Sierra Leone	Joyce Abu/National Coordinator	Yes	Yes	Yes	Yes	Yes
National HIV/AIDS Coalition Sierra Leone	Marilyn Palmer/National Coordinator	Yes	Yes	Yes	Yes	Yes
UN Joint Team	Ratidzai Ndlovu/UN Theme Chair	Yes	Yes	Yes	Yes	Yes
Sierra Leone Association of NGOs	Hudson Tucker/National Coordinator	Yes	Yes	Yes	Yes	Yes
Coalition of Civil Society Human Rights Association	Charlse Mambu/Chairman	Yes	Yes	Yes	Yes	Yes
Sierra Leone Youth Coalition on HIV & AIDS	Idrissa Conteh/National Coordinator	Yes	Yes	Yes	Yes	Yes
HIV and AIDS Reporters' Association	Abu Bakarr Kargbo/Secretay	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2011-2015
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
The NSP 2011-2015 has six thematic areas (i.g. 1) Coordination, 2) Policy & Advocacy, 3). Prevention, 4). Treatment, 5). Care & Support, 6). Research & M&E. The priority areas in the NSP are; 1). Strengthening of coordination at lower level of national response, 2). Targeting the key drivers of the epidemic such as FSW, MSM, IDU and Prison inmate with appropriate interventions, 3) increasing number of general population that have comprehensive knowledge of HIV/AIDS as well as those get tested HIV status, 4) Increasing level of support for PLHIV and OVC particularly skill training and economic empowerment, 5). Gender consideration, 6) enactment and review of appropriate laws and policies that would reduce stigma and discrimination

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
National AIDS Secretariat

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	No
Yes	Yes
Yes	No
Yes	No
Yes	No
Yes	Yes
Yes	Yes

Other [write in]:
Agriculture, Fisheries, Mines
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
Global Fund

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes

Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Sex workers, Clients of sex workers, Men sex with men, Injection drug users, Prison inmates, Fisher folks, Military/Police – uniform personnel, Miners, Mobile migrants, Pregnant women, Youth, Women and girls, People living with HIV
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement
IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
Civil societies were fully involved in development of National strategy. All established civil society coordinating entities have developed their work plans aligning to new NSP 2011-2015

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

Some civil society agencies receive funds but carry out activities without reference to NAS or the NSP.

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

3

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Pregnant women, sex workers, MSM, Uniformed personnel, fisher folks, women and men (age 15-49) and children (age 0-14)

Briefly explain how this information is used:

Information is used for programme planning; secure funding through proposal writing, projecting future needs, and proper monitoring and evaluation of programme for targeted populations.

(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
National, District and Community levels
Briefly explain how this information is used:
Information is used for programme planning, projecting future needs and commodity supply, and proper programme monitoring for targeted areas.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
Health system strengthening (HSS) under Ministry of Health and Sanitation captures and impacted HIV related infrastructure human recourse and capacities including data collection and management quality, quality of laboratory, support of human resources and their capacity strengthening. Logistic Management Information System (LMIS) also help to strengthening an effective supply system for HIV related activities.
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
Completion of national key pillar activities with full involvement of government, civil society, private and development partners. Development and roll out of communication strategy for key pillar activities. Establishment of seven coordinating entities and development of their 2-3 year action plan aligning to the NSP 2011-2015. Scaling up of facilities and staff capacity enhanced particularly at district level and in civil society.
What challenges remain in this area:
Remaining challenges are; Government allocation of resources for infrastructure and service provision; Heavy reliance of Global Fund; and sustainability of AIDS response at decentralized level

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
• The H.E. President of Sierra Leone chaired National AIDS Commission Meeting consecutive years in 2010 and 2011. • Sierra Leone received MDG award in 2010 for their high level commitment. • First Lady of Sierra Leone and key ministers attended High Level Meeting in NY in 2011. • The NSP 2011-2015 was launched by the H.E. President of Sierra Leone at World AIDS Day World AIDS Campaign in 2010.
2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes
2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:
Dr Ernest Bai Koroma, H.E. The President of Sierra Leone
Have a defined membership?:
Yes
IF YES, how many members?:
14 permanent and at least 10 observers

Include civil society representatives?:
Yes
IF YES, how many?:
2
Include people living with HIV?:
Yes
IF YES, how many?:
2
Include the private sector?:
Yes
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
• The H.E. President of Sierra Leone chaired National AIDS Commission Meeting consecutive years in 2010 and 2011 and all commission members participated. • District AIDS Committees • National Partnership forum • Expanded technical working group of partners
What challenges remain in this area:
Inadequate funding and government budget allocation for HIV is remaining challenges
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
40%

5.

Capacity-building:
Yes
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
Yes
Technical guidance:
Yes
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
Yes
IF YES, name and describe how the policies / laws were amended:
• National Workplace Policy on AIDS and National HIV policy were amended based on National HIV Control policies through cabinet and parliament approvals.
Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
• Education policy does not allow to distribute condoms in schools; this keeps children below 18 aged away from access to condoms. • National Constitution states that sodomy is crime and this obstructs key populations including MSM and prisons inmates to access to the HIV related services. HIV law promotes access of services to everyone irrespective of sexual orientation.
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
7
Since 2009, what have been key achievements in this area:
• National AIDS Commission Meeting held consistently in 2010 and 2011 chaired by the H.E. President. • Sierra Leone's MDG award received in 2010 for high level Government political commitment. • Attendance of the First Lady and key ministers at the High Level Meeting in NY in 2011. Active involvement of the First Lady in launching of Elimination of Mother to Child Transmission agenda
What challenges remain in this area:
• Heavy reliance to external funding. Insufficient funding for HIV in national financial budget. • Unsustainable funding for NAS. • Inadequate HIV mainstreaming in public sector.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
Child Rights Act 2007, Three Gender ACT 2007, and Disability Bill protect rights of discrimination of the women, children, and disability populations.
Briefly explain what mechanisms are in place to ensure these laws are implemented:
Together with development partners, MWSGCA, police through Family Support Unit, and NGO coalition of Child rights and Gender issues are working to ensure implementation of these laws.
Briefly comment on the degree to which they are currently implemented:
The stakeholders particularly CSOs are united for Gender and child protection issues, however implementation of the laws are limited.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
No
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs :
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No

Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
The constitution prohibits same sex relationship, MSM, Drug use and Commercial sex work
Briefly comment on how they pose barriers:
These ban prevents key populations from accessing HIV related information and services, and adopt and adhere to positive behaviour change. This contributes to the spread of HIV new infections.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
Yes
Be faithful:
Yes
Be sexually abstinent:
Yes
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
Yes
Use condoms consistently:
Yes
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
Yes
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
Yes
Secondary schools?:
Yes
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
• National Prevention Strategy 2011-2015, the first comprehensive strategy on prevention of HIV in country, reflects the priority set in the NSP and provides strategic guidance for implementing HIV Prevention and BCC programmes. • National Behaviour change and communication and Advocacy strategy 2011-2015 is a framework for programme planning and advocacy towards behaviour change for preventing new infections, uptake of treatment, and reducing HIV related stigma and discrimination.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	Fisher folks, mobile population
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	Fisher folks, mobile population
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	Fisher folks, mobile population
Yes	Yes	Yes	Yes	Yes	Fisher folks, mobile population
Yes	Yes	Yes	Yes	Yes	Fisher folks, mobile population
No	No	Yes	No	No	Orphans, PLHIVs

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
7
Since 2009, what have been key achievements in this area:
• Development and roll out of communication strategy for key pillar activities. • Development and popularization of new Prevention, BCC and Advocacy strategies 2011-2015. • Scale up of HCT sites and launching of EMTCT agenda. • Strengthen of the capacity of the media (HARA) in HIV reporting and strategic planning development (e.g. NSP) • Revision of Condom Programming Strategy
What challenges remain in this area:
Slow pace in operationalization of the strategies and laws. Effective utilization of existing information for positive behaviour change.
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Specific needs were determined through Mode of Transmission study conducted in 2010, consultations of stakeholders, and community conversations applied for key populations.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Strongly Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Strongly Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Strongly Agree
Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Strongly Disagree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
7

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
• HCT, ART, PMTCT, TB/HIV co- infection • Skill training and legal aid for people infected and affected HIV • Palliative and nutrition care and support for PLHIV
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Comprehensive care and support programme for OVC and PLHIV including Medical, education, nutrition, shelter, protection of human rights and psychosocial support. Provision for increased demand for PMTCT created by Free Health Care initiative started in 2010.Roll out of Early Infant Diagnosis. Scale up of Home based care programme by involvement of PLHIVs and community health volunteers. HIV/AIDS related protocols to be developed and rolled out within existing health care services including trainings of health care personnel on HIV treatment protocol. Commitment of all stakeholders including community and legal entities and meaningful involvement of PLHIVs in treatment particularly in treatment and care and support programmes.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Disagree
HIV care and support in the workplace (including alternative working arrangements):
Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Agree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:

Agree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
Yes
Please clarify which social and economic support is provided:
• Development and dissemination of relative policies and guidelines • Provision of means of livelihood and IGA • Sensitization of communities and linkage to others poverty alleviation agencies
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
N/A
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
Yes
IF YES, for which commodities?:
ARV, test kits, condoms (male and female), laboratory reagents, STI and OI drugs
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
• Support groups expanded to 40 country wide and national network strengthened • Livelihood opportunities to 23 our of 40 support groups • Scale up of nutritional and OVC support • Scale up of treatment site • PEP kit training conducted for health site, HIV counsellors and FSU. • EID piloted and ready to be rolled out • ART access increased • CD4 count machines available in all regions
What challenges remain in this area:
• Treatment adherence • Weak HBC services • Entry and exit strategy criteria for OVC and PLHIVs • Drug resistance and toxicity
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
No
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes
IF YES, what percentage of orphans and vulnerable children is being reached? :
18%
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
5
Since 2009, what have been key achievements in this area:
• Database of OVC set-up • Mapping for organization dealing with OVC care and support conducted • Nutritional support for PLHIV and OVC increased • Educational support for OVC increased
What challenges remain in this area:
Limited stakeholders and resources for OVC care and support programmes Development of action plan and updating of guidelines Three ministries are implementing activities for OVC and therefore there isn't any specific ministry assigned to lead the portifolio

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
Yes
Briefly describe any challenges in development or implementation:
Routine reporting and reporting flow not strictly being followed some partners. M&E capacity at district level including difficult IT environment at regional offices. Limited budget allocation to M&E related activities.
1.1 IF YES, years covered:
2011-2015
1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the

national M&E plan?:
Yes, some partners
Briefly describe what the issues are:
Inadequate capacity of civil society to align their action plans to national M&E plan

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
Yes
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
11%
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
• There is no LAN connection between national office and regional office • Regular use of strategic information in programme planning and implementation • Inadequate M&E staff capacity at decentralized levels

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
Yes
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Int. M&E Advisor	-	X	2009
Sr. M&E officer	X	-	2008
M&E officer	X	-	2004
M&E officer	X	-	2004
M&E officer	X	-	2009
M&E officer	X	-	2011
M&E officer	X	-	2011

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

• Quarterly epidemiological and programme reviews and report sharing with GF, CCM, and partners • Monthly coordinating meeting within M&E unit • Quarterly M&E TWG meeting

What are the major challenges in this area:

• Some partners are not complying to the data collection flow • Timelines of data collection • Poor infrastructure (e.g. road) for timely data collection • Weak data management skill including IT and software management skill • Competing demand on sub-national M&E unit (e.g. MoHS)

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

• CSPro (Census and Survey Processing System)- managed by NAS • HMIS- managed by Ministry of Health and Sanitation

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

General population, sex workers at national and subnational levels for major HIV services

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

District

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

M&E data are used for programme planning, funding proposal writing, reports for donors Capacity of CSOs to use data decision making and programme improvement is still low

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

50+

At subnational level?:

Yes

IF YES, what was the number trained:

41

At service delivery level including civil society?:

Yes

IF YES, how many?:

50+

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

• IT procurement for district HIV focal points • On-site mentoring, motioning and joint supervisory visit with key partners

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

• Development of the national M&E Plan • Integration of HIV indicators in the HMIS • Setting up data base at district level •

Development of M&E tools to assess performance • Capacity of M&E staff increased in HIV projection • Improvement of quality of data and reports because of the supervisory visit and on-site monitoring

What challenges remain in this area:

• Weak utilization of existing data and tools • Timely submission of programme data by all partners especially at sub-national level • Few available skilled M&E personnel in-country

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

Civil society is represented on National AIDS Council. Civil society including PLHIVs are always at the centre of the formulation of national strategies and policies as well as enactment of National HIV commission Law. CSO including PLHIVs actively conduct radio and TV talk shows and press conferences. Four representatives from CSO including PLHIV attended High Level Meeting held in NY in 2011. Two civil society coordinating entities newly established (Youth coalition and Inter faith coalition) and work plan developed aligning to NSP. The chair of Global Fund Country Coordinating Mechanism (CCM) is from private sector and the vice chair is representative of PLHIVs.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

Civil society was fully involved in development of key HIV strategic documents such the NSP, OP and M&E Plan

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

4

c. The national HIV reports?:

4

Comments and examples:

• CSO's needs and ideas were reflected in NSP, OP and M&E plan. • CSO were actively participated in NASA 2008-2009 process

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities? :

4

c. Participate in using data for decision-making?:

4

Comments and examples:

Civil society is a part of members of M&E TWG. They fully participate in development of national M&E frameworks and tools, and participating national studies and surveillances.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

• CSO is a member of National M&E Technical Working Group • Fully involved in consultative process in development of National M&E plan and of national core indicators • CSOs share their M&E reports with DHIS installed at the Government hospitals at district level

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

Technical support is available but adequate funds to scale-up HIV services still remains challenge.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
51-75%
Men who have sex with men:
<25%
People who inject drugs:
<25%
Sex workers:
51-75%
Transgendered people:
<25%
Testing and Counselling:
25-50%
Reduction of Stigma and Discrimination:
51-75%
Clinical services (ART/OI)*:
<25%
Home-based care:
51-75%
Programmes for OVC:**
51-75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
8
Since 2009, what have been key achievements in this area:
• Formation of new civil society coordinating entities (e.g. Youth coalition and Inter faith collation) and active participation of NSP implementation particularly prevention area. • Development of 2-3 years action plans of 8 coordinating entities aligning to NSP.
What challenges remain in this area:
• Limited Programmatic , financial and procurement capacity of CSO • CSO's involvement needs to be scale up in the area of HCT and HBC. • Coordination among CSOs need to be enhanced to standardized the services for beneficiaries and avoid duplications of the interventions.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
NSP was developed with consultation of key populations including PLHIVs, MSM, OVCs, women's groups, and youth group through participation of programme and strategy review, validation of draft reports, and suggestion of recommendations.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes

Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
Child Rights Act 2007, Three Gender ACT 2007, and Disability Bill protect rights of discrimination of the women, children, and disability populations.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
Together with development partners, MWSGCA, police through Family Support Unit, and NGO coalition of Child rights and Gender protection are working actively to ensure implementation of these laws.
Briefly comment on the degree to which they are currently implemented:
The stakeholders particularly CSOs are united for Gender and child protection and rights issues, however implementation of the laws are limited.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
In-school

Briefly describe the content of these laws, regulations or policies:
• Education policy does not allow distribution of condoms in schools; this keeps children below 18 aged away from access to condoms. • National Constitution prohibits sodomy among MSM, injecting drugs and commercial sex work as they are considered to be illegal. This obstructs key populations to access HIV related information and services, and adapt and adhere positive behaviour change.
Briefly comment on how they pose barriers:
• This obstructs key populations to access HIV related information and services, and adapt and adhere positive behaviour change. Also keep school age children away from prevention services including access to condoms and age appropriate sexual reproductive health.
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes
Briefly describe the content of the policy, law or regulation and the populations included:
• The devolution of estate ACT (2007), The domestic Violence ACT (2007), and The registration of customary Marriage and divorce Act (2007) refers protection of girls from early marriage for girls and domestic violence against women, and women's rights to access to property after divorce and death of spouse. • Sexual offences bill which is waiting to be acted protect sexual based violence against women and girls.
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
• National HIV Commission ACT 2011 enacted which clearly protect human rights of PLHIVs stating that "No person shall be

discriminated in the workplace, schools, restriction on travel and inhibition from public service, exclusion from creditor insurance services, health institutions and denial of burial services." • The NSP 2011-2015 interventions are premised on i) Protection and promotion of the rights and access of PLHIV to comprehensive prevention, treatment, care and support services, il) Commitment to protecting rights of PLHIV, reduction of stigma and discrimination and ensuring greater involvement of PLHIV in the AIDS response at all levels, and iii) Commitment to promoting and protect the rights of women, children, young people and marginalized groups and reduce their vulnerability to HIV infection.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

PLHIV networks use incident report form and collect cases of stigma and discrimination more specifically where, when, by whom and action taken. The reports are then submitted to relevant authorities such as the Human Rights Commission, NAS and/or legal agencies for further follow up and action.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

• PLHIV – ART, HBC, Livelihood, physiological and nutritional support • Pregmant women- PMTCT services • OVC- Education, shelter and nutritional support • Care Givers – Livelihood and physiological support

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

The NSP interventions are premised on the following principles and commitments: i) Strong political leadership of the national HIV/AIDS response as currently demonstrated by The President and judicious utilisation and management of financial resources, ii) Multi-sectoral approach which engenders collaboration with different actors, iii) Protection and promotion of the rights and access of PLHIV to comprehensive prevention, treatment, care and support services, iv) Commitment to protecting rights of PLHIV, reduction of stigma and discrimination and ensuring greater involvement of PLHIV in the AIDS response at all levels, v) Commitment to promoting and protect the rights of women, children, young people and marginalized groups and reduce their vulnerability to HIV infection, and vi) Scaling up of HIV prevention among the most-at-risk populations (MSM, Migrant, IDU, Prison inmates, CSW, Miners, Fisher folks, and Pregnant women)

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

To ensure equal access for different populations, different BCC approach are applied for NSP implementation. These include down stream approaches such as interpersonal communication between clients and health providers, decision makers, social mobilization at community level and by mass media, group discussion particularly among key populations and vulnerable populations. Up steam approaches include institutional arrangements such as youth coalitions and inter religious groups for their coordination to capture different populations.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

Yes

IF YES, briefly describe the content of the policy or law:

NAC ACT 2011 (Part VII) prohibits compulsory testing for HIV but rather consent to HIV testing and the result to be confidential.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV

efforts:
Yes
IF YES on any of the above questions, describe some examples:
The Human rights commission, legal reformed commission and the ombudsman are well established in Serra Leone

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
Yes
Other [write in]:
-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
5
Since 2009, what have been key achievements in this area:
National HIV Commission ACT 2011 enacted which clearly state that protection of human rights of PLHIVs
What challenges remain in this area:
Roll out and dissemination of the strategies and laws.
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
5
Since 2009, what have been key achievements in this area:
• The National AIDS Commission ACT 2011 enacted with much emphasis on the protection of Human rights of PLHIVs and vulnerable people
What challenges remain in this area:
• Roll out and dissemination of the strategies and laws • Lack of awareness on Human rights and laws for law enforcement agencies, decision makers and service providers • Weak monitoring and reporting system of human rights violations particularly HIV related.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Specific needs were identified through Mode of Transmission study, Joint Programme review conducted in 2010, and behaviour surveillance and studies of key populations. These needs were confirmed through consultations of stakeholders and community conversations applied for key and vulnerable populations.

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Strongly Agree

Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Strongly Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Strongly Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Strongly Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
• Increase number of male and female condom distributed • Increase VCCT and PMTCT sites • Scale up PMTCT agenda-launching of EMTCT campaign • EID pilot study completed, roll out pan developed and ready for implementation
What challenges remain in this area:
• Inadequate fund allocation for Prevention activities • Roll out and dissemination of Prevention and BCC strategies • Existing laws that inhibit access of HIV service for key populations because the activities are considered illegal by law

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
• HCT, ART, PMTCT, TB/HIV co- infection • Skill training and legal aid for people infected and affected HIV • Palliative and nutrition support for PLHIV
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Comprehensive care and support for PLHIV and OVC including Medical, education, nutrition, shelter, protection of human rights and psychosocial support. Roll out of Early Infant Diagnosis. Monitoring of drug resistance. Scale up of Home based care programme by involvement of PLHIVs and community health volunteers. HIV/AIDS related protocols to be developed and rolled out within existing health care services including trainings of health care personnel on HIV treatment protocol. Commitment of all stakeholders including community and legal entities and meaningful involvement of PLHIVs in treatment particularly in treatment and care and support programmes.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Disagree
HIV care and support in the workplace (including alternative working arrangements):

Agree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Agree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
• Support groups expanded to 40 country wide and national network strengthened • Livelihood opportunities to 23 our of 40 support groups • Scale up of nutritional and OVC support • Scale up of treatment site • PEP kit training conducted for health site, HIV counsellors and FSU. • EID piloted and ready to be rolled out • ART access increased • CD4 count machines available in all regions
What challenges remain in this area:
• Treatment adherence • Weak HBC services • Entry and exit strategy criteria for OVC and PLHIVs • Drug resistance and toxicity
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
No
2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes
2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :
18%
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
5
Since 2009, what have been key achievements in this area:
• Nutritional support for OVC increased • Educational support for OVC increased • OVC policy and guidelines established • Committee on Children on HIV established • Children conference held in 2010 and OVC's needs were submitted to the H.E President. • Funding for OVC increased
What challenges remain in this area:
• Limited stakeholders and resources for Care and Support programmes for OVC. • Action plan for OVC is not developed yet. • Lack of comprehensive national OVC data.
