

## Liberia 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:**

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#### Describe the process used for NCPI data gathering and validation:

Data for the National Commitments Policy Instrument (NCPI) Questionnaires Parts A and B were collected under the leadership of the National AIDS Commission (NAC). One international consultant and two data collectors were contracted to distribute questionnaire Part A to all government agencies involved in the HIV response. The NCPI Part B was completed by all major NGOs, civil society, UN agencies, people living with HIV (PLHIV) and other development partners/donors working in the HIV field. Following preparatory consultations with different constituencies, more than twenty stakeholders met on 30th of March 2012 at National AIDS Commission's office for a consensus meeting on the responses to the questionnaire.

#### Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were little disagreements around specific answers for both Parts A and B. Information gathered from NAC was used to resolve disagreement when opinions were different.

#### Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Internal Affairs	Victoria Dudely	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Agriculture	Barbara Quine	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Defense	Joseph Kowo	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education	Charsely Kumbly	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Gender and Development	Hh Zaizay	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Massa Johnson	No	No	No	No	Yes	No
Ministry of Labour	Emma Benson	No	Yes	No	Yes	No	No
Ministry of Planning and Economic Affairs	Mledio Freeman	Yes	Yes	Yes	No	No	No
Ministry of Youth and Sports	Henry Freeman	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS Commission	William Badio	Yes	Yes	Yes	Yes	Yes	Yes

#### 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
Clinton Foundation	Luke Rooney	Yes	Yes	Yes	Yes	Yes
Firestone Hospital	Salome Yargoldmer	Yes	Yes	Yes	Yes	Yes
International Labour Organization	Sam Quermorllue	Yes	Yes	Yes	Yes	Yes
Liberian National Student Union	Sam Wilson	Yes	Yes	Yes	Yes	Yes

Liberian Lutheran Church HIV and AIDS program	Moses Gobah	Yes	Yes	Yes	Yes	Yes
LIBNEP+	Dahg Gay	Yes	Yes	Yes	Yes	Yes
Save the Children	Oladeji Olusols	Yes	Yes	Yes	Yes	Yes
UNFPA	Maybe Livingstone	Yes	Yes	Yes	Yes	Yes
UNICEF	Fadumo Dayib	Yes	Yes	Yes	Yes	Yes
UNWomen	Allen Lincoln	Yes	Yes	Yes	Yes	Yes
WHO	Dr. Moses Jeuronlon	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:**

2010 - 2014

**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 current strategy inculcates all priority intervention that links many sectors to responding to the HIV epidemic in Liberia as compare to the prior one.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

National AIDS Commission

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

SECTORS

**Included in Strategy    Earmarked Budget**

Yes	Yes
Yes	Yes
Yes	Yes
Yes	No
Yes	No
Yes	No
Yes	No

**Other [write in]:**

Agriculture

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

No known earmarked budget under strategic framework but programs are implemented with funding from PEPFAR, DOD HIV/AIDS prevention program

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:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No  
**Women and girls:**  
 Yes  
**Young women/young men:**  
 Yes  
**Other specific vulnerable subpopulations:**  
 -  
**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 identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

MSM IDUs Migrant/Mobile population Women and girls Youth and adolescent Commercial Sex Workers Orphan and Vulnerable Children Pregnant women PLHIV

**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?:**

No

**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:**

All sector of civil society organizations were fully consulted and participated in the planning and drafting stage. •Through stakeholder contribution, county level, and rural population participation as well as workshops and validation leadership. • Regular meetings conducted with NAC involves government ministries and agencies, civil society group and other NGO and INGO. •The process involving civil society was so transparent in that every sector was invited to participate, and for those entities which were not directly involved, the document was shared for their inputs and comments

**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, all partners

**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 specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

-

**Other [write in]:**

-

2.2. IF YES, are the following specific 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:**

No

**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?:

No

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?:**

Monitored for orphans and vulnerable children, people living with HIV, infants born to HIV infected mothers, pregnant women through PMTCT, hospital attendees through sentinel site.

**Briefly explain how this information is used:**

This information is used to develop the level of incidence and prevalence for strategic planning and implementation. Furthermore, it is used to evaluate the program, to know whether the program is achieving its goals and purposes.

(c) Is coverage monitored by geographical area:

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

At all levels (County, District and Community)

**Briefly explain how this information is used:**

Information gather at this level are compiled together for report, documentation purposes, statistics and evaluation. This information is also used for national statistics.

#### 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:**

It impacted HIV activities through the Ministry of Health and Social welfare, which provides infrastructure, human resources and capacities, and deliver medications from funding and donation made by partner and donors. Furthermore, it has led to HIV being integrated into health related policy.

**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?:**

6

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

Building of focal persons capacity Development of work plan and budget Created awareness in government ministries and agencies concerning prevention, discrimination, treatment and support at the workplace. The establishment of a fully functional National AIDS Commission (NAC) and its secretariat, The provision of national strategies framework for 2010-2014 Reduction of prevalence rate Accessibility of ARVs and condoms The network of people living with and affected by HIV and AIDS (LIBNET+) was formed and financial and logistical support are being provided

**What challenges remain in this area:**

To include HIV/AIDS issues on the governmental or political agenda, in cabinet meeting, senior staff meeting, board meeting and in policy adoption. Accessibility of IDU and MSM Limited funding to implement programs Awareness of Public Health and Human Rights Laws to the public

## A - II. POLITICAL SUPPORT AND LEADERSHIP

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

**A. Government ministers:**

Yes

**B. Other high officials 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:**

A national partnership forum was recently held. Senior officials of government and other stakeholders publicly spoke on the prevention and control of HIV and provision of quality care for PLHIV. Additionally, the head of Government, President Ellen J. Sirleaf do chair the multi-sectoral committee responsible for HIV in her country (Liberia). This we see as a strong commitment from the government and officials in leadership. Meetings and workshop: 1. At the World AIDS day the minister of health and social welfare spoke of the effect of HIV/AIDS on the nation building. 2. The (former) minister of gender and development led the development of Liberia's operational plan for women, girls, gender equality and HIV.

**2. Does the country have an officially 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?:**

President of Liberia H.E. Ellen Johnson Sirleaf

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

30

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

6

**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:**

1. The information of the HIV/AIDS peer educator groups based in the Ministry of Labour 2. The information of the school HIV/AIDS strategy 3. Stabilization of HIV/AIDS prevalence and coordination

**What challenges remain in this area:**

1. inadequate Funding 2. The need to decentralized 3. Logistics (stationeries, etc.)

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

-

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?:**

No

**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?:**

6

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

Created awareness in government ministries and agencies concerning prevention, discrimination, treatment and support at the workplace. The establishment of fully functional NAC and its secretariat, The provision of national strategies framework for 2010-2014 1. Strengthened HIV prevention at workplace 2. The distribution of condoms have increased 3. The government has improved in their support and capacity building to train, communicate and monitor.

**What challenges remain in this area:**

To include HIV/AIDS issues on the governmental or political agenda, in cabinet meeting, senior staff meeting, board meeting and in policy adoption. Limited funding to implement programs

## 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:**

1. Workplace/The Model Law: Non-discrimination in workplace on the basis of perceived HIV and AIDS Status. Recognizing HIV and AIDS as a workplace issue. •Maintain confidentiality and a safe and healthy working environment

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

-

**Briefly comment on the degree to which they are currently implemented:**

-

**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?:**

No

**IF YES, for which subpopulations?**

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

-

**Briefly comment on how they pose barriers:**

-

## **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:**

-

**Avoid commercial sex:**

-  
**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:**

Yes

**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:**

There is a national communication strategy for HIV prevention with specific focus on key population segment. It includes:  
•Multisectoral involvements •Establishment of HCT around the country •Support of national government/UNAIDS to governmental and non-governmental organizations • Establishment of government ministries and agencies focal person groups.

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
No	No	Yes	Yes	No	-
No	No	No	No	No	-
Yes	Yes	Yes	No	No	-



No	No	No	No	No	-
No	No	No	No	No	-
Yes	Yes	Yes	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-

**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?:**

5

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

There has been a reduction in the country prevalence rate.

**What challenges remain in this area:**

The major challenge is accessibility to people who inject drugs and men who have sex with men due to cultural constraints.

**4. Has the country identified specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

These specific needs were determined based on the high level of teenage pregnancies, increase rate of STI/STDS, and increase in the number of commercial sex workers.

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:**

Strongly Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Strongly Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Strongly Agree

**Universal precautions in health care settings:**

Strongly 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:**

Provision of quality services Building Human Resource capacity Infrastructure enhancement Supply chain management - Uninterrupted supply of drugs

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Ensuring geographical and prevalence balance within locality. Network of facilities providing HIV counseling and Testing

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Agree

**HIV testing and counselling for people with TB:**

Strongly 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:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Disagree

**Psychosocial support for people living with HIV and their families:**

Strongly 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:**

Strongly 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:**

The people living with HIV (PLHIV) social protection bill that is being passed to Law by the government is to ensure that all contracts of cooperation between public and private institutions incorporate HIV programs as a pre-requisite for contract building. Moreover, the strategy is to ensure that more focus is placed on education and awareness programs for workforce. There are livelihood programs such as agriculture, training and awareness.

**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?:**

ARVs Condoms Cotrim Test Kits

**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?:**

7

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

14 new Care and Treatment sites established 49% increment in number of people placed on ART

**What challenges remain in this area:**

Human resource capacity Rapid staff turnover There is still a need for more awareness; however, limited funding is causing a major roadblock to achieving this goal

**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?:**

No

**IF YES, what percentage of orphans and vulnerable children is being reached? :**

9%

**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:**

Some key achievements in this area are: •600 AIDS orphans received support and care through Global Fund in at least five counties by placing them in family homes, and providing nutrition and legal support for them.

**What challenges remain in this area:**

The challenge is that more counties need to be included in the area of funding to enable AIDS orphans be given proper care and support. Moreover, there is a need for proper identification of OVC and HIV/AIDS affected children

## **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:**

There is no centralized database for community based interventions, for example OVCs, Peer education and other non health facility data.

**1.1 IF YES, years covered:**

2010 - 2014

**1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:**

Yes, all partners

**Briefly describe what the issues are:**

N/A

**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?:**

In Progress

**4. Is there a functional national M&E Unit?:**

Yes

**Briefly describe any obstacles:**

The main obstacle is decentralizing the M&E unit to each of the fifteen counties, hospitals, and health centers in the country.

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

**In the Ministry of Health?:**  
No

**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?
M&E Coordinator	1	-	-

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:**  
Data-sharing mechanisms include: Implementing partners will report key M&E data to the NAC (M&E unit) either directly or through NACP and/or Global fund PLU in accordance with the reporting guidelines to be developed as part of the plan.

**What are the major challenges in this area:**

The challenge is including M&E and research data into a national data base.

**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?:**

No

**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?:**

No, none of the above

6.2. Is there a functional Health Information System?

**At national level:**  
Yes

**At subnational level:**  
Yes

**IF YES, at what level(s)?:**  
County Facility Community

**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:**

Data are used for knowing the consumption of test kits and forecasting future purchase. Key challenge include late reporting in some facilities

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

**At national level?:**  
Yes

**IF YES, what was the number trained:**  
30

**At subnational level?:**

Yes

**IF YES, what was the number trained:**

15

**At service delivery level including civil society?:**

No

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

No

**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?:**

5

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

-

**What challenges remain in this area:**

-

## **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?:**

3

**Comments and examples:**

Civil society is represented in the Liberia coordinating mechanisms and also on its committees. This body is responsible for oversight, governance, advocacy, coordination and decision making for the Global fund Grants. The national AIDS commission is the coordinating body for the national response to HIV and AIDS. 2011: HIV and Human rights conference held in Monrovia, Liberia brought together CSOs and political leaders/government to discuss HIV and human rights policies/issues.

**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 is certainly involved in the process but will need to have its capacity built further to ensure it has a greater impact both on political commitment and national strategies. The National strategic framework was developed through stakeholders participation involving civil society groups HIV/AIDS organization, government ministries and agencies, bilateral and multilateral agencies, professionals and people living with and affected by HIV and AIDS. Current NSF 2010-2014 formulation/development meetings attended by CSOs.

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

2

**c. The national HIV reports?:**

4

**Comments and examples:**

Civil society is well represented in all of these areas particularly as most activities are funded by GFATM. Capturing of activities funded by other mechanism is not done so well because civil society organization are not providing treatment and there is no budget allocation from Government for civil society organization. In addition to the quarterly HIV and AIDS reports annual reports annual are generated defined existing national HIV strategy coordinated implementation to a high extent.

4.

**a. Developing the national M&E plan?:**

3

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

:

3

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

2

**Comments and examples:**

The capacity of civil society will need to be built further to fully achieve these goals. CSOs will also need to be included in more government processes. Major decisions are made at the LCM and NAC where civil society is represented M&E plan development brought together CSOs; however, not many CSOs participated in working committee

**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)?:**

4

**Comments and examples:**

Civil society leads most of these efforts but they are done in coordination with the government. Network of associations of PLHIV and faith-based organizations are represented in the LCM and are involved in quarterly review of the program; however, network of CSW have been mapped by government but are yet to be represented in national HIV response.

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:**

Most of the funding is through GFATM so very accessible but additional technical support is required. Technical supports at various levels are provided but funding is limited due to financial constraints on funding sources. Capacities building of implementing CS are not encouraged as technical consultants are brought from elsewhere to the CS.

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

**People living with HIV:**

<25%

**Men who have sex with men:**

<25%

**People who inject drugs:**

<25%

**Sex workers:**

<25%

**Transgendered people:**

<25%

**Testing and Counselling:**

51-75%

**Reduction of Stigma and Discrimination:**

25-50%

**Clinical services (ART/OI)\*:**

51-75%

**Home-based care:**

<25%

**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?:**

5

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

Established PLHIV network • GIPA framework, policy developed • Civil society represented at the high level meetings.  
• Increase in condoms promotion, ARV/ART. There have been effort made by government to involve members of civil society in meetings and several workshops. The LCM was restructured to increase civil society participation and involvement. Increasing and functioning number of peer-groups.

**What challenges remain in this area:**

There is still limited funding for civil society to implement projects remain inadequate. Limited capacity of the organizations to plan, implement and monitor projects effectively and efficiently. Limited capacity to expand programs to rural areas. Empowering networks of PLHIC, CSWs etc to appropriately respond to the communities/needs aimed at preventing/reducing new infection

## **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:**

PLHIV groups are included in discussions with the National AIDS commission. The Light Association and other support groups of PLHIV have been involved at all levels in the development and implementation of Global fund HIV/AIDs program as well as the development of the National HIV strategic framework (2004-2009). The establishment of the National AIDS commission government initiative to strengthen and coordinate multisectoral response to HIV and AIDS. This has included increasing involvement of civil society, PLHIV and other government, religious and community structures.

## 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:**

Yes

**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?:

-

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

The Public Health Law, title 33, Liberia code of laws revised (1976).

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

The Public Health Law, title 33, Liberia code of laws revised (1976).

**Briefly comment on the degree to which they are currently implemented:**

Implementation is limited due to the limited awareness in the general public on these laws, as well as limited awareness on or access to means of redress in case of violations of these laws.

**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:**

-

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs:**

-

**Prison inmates:**

Yes

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in]:**

-

**Briefly describe the content of these laws, regulations or policies:**

The law against sodomy and regulation against the distribution of condoms in prisons

**Briefly comment on how they pose barriers:**

The law against sodomy prohibits MSM/Gay from coming out openly to access HIV treatment services. The regulation against distribution of condoms in prisons infringe on the right of prison inmates to access condom despite the fact that sex is taking place there.

**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 country has a strong law on rape to the extent that rape is a non-billable offense. Also, sex with female less than 18 years old is a crime.

**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:**

Page II of the National workplace HIV and AIDS policy states that protection of workers' rights, including: employment protection, entitlement to benefit, and non-discrimination regardless of one's HIV status. Access to quality HIV related services including treatment are mentioned in the HIV and AIDs law as a functional human right. Discrimination on the basis of one's HIV status is described/mentioned as a human rights violation.

**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:**

It is unlawful and offense to discriminate not only based on HIV status but in general on the basis of religion, beliefs, ethnicity etc. The criminal count "E" do not allow names of rape victims to be exposed to public

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?:**

In Liberia, HIV and AIDS is generalized epidemic and the response to HIV and AIDS is designed and targeted generally, though women, girls, and other most at risk populations are specifically addressed.

**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:**

Integrated guidelines for prevention, testing, care and treatment of HIV/AIDS 3rd edition, prioritizes the availability of ART in rural areas. Key populations at risk or most at risk populations are addressed in the National strategic framework for the national HIV and AIDS response

8.1

<p><b>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?:</b></p> <p>Yes</p> <p><b>IF YES, briefly explain the different types of approaches to ensure equal access for different populations:</b></p> <p>Approach to HIV prevention, care and treatment include: •Organized peer groups to provide follow-up and to extend services to peers.</p>
--

**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:**

An act to amend the public health law title 33, Liberian code of laws revised (1976) to create a new chapter 18 providing for the "control of HIV/AIDS". •No one is subject to HIV screening for employment, enrollment in schools, travel, residency, occupancy etc. •HIV testing is not required for employment, admission in to school or universities. The National workplace HIV



and AIDS policy prohibits in all forms the denial of job by any company/ agency of any person based on his/her HIV status

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 National AIDS Commission and the Human Right Commission have been established by the government. Additionally, independent human rights bodies exist as well as human rights roles or Aid agencies and bodies.

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?:**

8

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

The act of the public health law title 33, Liberia code of laws revised (1976) now includes guidelines for HIV services. •HIV and Human Rights law signed. •National AIDS commission established. • Network of people living with HIV established

**What challenges remain in this area:**

While these laws exist, the challenge is implementation and awareness of the 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?:**

9

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

• The HIV and human rights conference held in 2011 focused on public awareness with commitment from government through the MOJ. •The national commission on human rights has been established to deal with human rights issue exclusively

**What challenges remain in this area:**

•The policies and laws are in place but the true challenge is in the implementation in a country that still suffers from huge stigma against HIV and specific vulnerable groups. •Resources for implementation are either inadequate or lack in some situation •Educating the public on human rights in the context of HIV and the empowerment of vulnerable/MARPS to know their rights (PLHIV network, CSWs, MSM etc).

## **B - IV. PREVENTION**

**1. Has the country identified the specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

These specific needs were determined through: •A prevention technical working group that is responsible for coordinating these efforts. • Data collected from sex estimates, the mode of transmission mobile populations. • Reports passed from the counties/data collection analysis. •Studies/survey statistics including behavioral surveys, HIV prevention services data, lessons learnt from past programs. •Resources to plan, implement planned activities. • MARP survey conducted with participation of targeted populations themselves.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly 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:**

Strongly Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

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:**

Strongly 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:**

The inclusion/empowerment of CBOs by the government • The MOH-NACP gives grant support to conduct HIV prevention programs/activities at the community levels through the involvement of the communities. •There condom distribution, counseling and testing has been scaled-upsignificant scale up in free condom distribution and counseling and testing. The reduction in MTCT. Condom use increased. •Prevention, treatment and care services are being scaled up and guidelines have been updated • Art cohort studies have been conducted • PMTCT services are being scaled up

**What challenges remain in this area:**

There is still a challenge to correctly tailor the BCC (behavior change communication) messaging for people to be aware of HIV but to also reduce stigma. •Funding constraints • Only 16% of population has been tested and know their HIV status. •PMTCT coverage remains low • ART coverage remains low •Diagnostic facilities and for follow-up are inadequate

## **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:**

All elements from PMTCT to ART including care for PLHIV, key populations, drugs medical supplies, capacity building and support services to organizations. •The treatment guidelines are comprehensive and it includes provision of quality ARV drugs and access by all people needing them including psychosocial support, OVC support and technical skills training for PLHIV.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Treatment, care and support services are scaled up through: •Infrastructure expansion to increase diagnostic and follow-up capacity, staff capacity, capacity for supplies management. •Certification/provision of HIV additional treatment, care and support services sites/centers (ART sites) across the country by MOH-NACP since 2010. •Health facilities offering these services continue to increase in member rapidly. •Constant available drugs and medical supplies • Nutritional and other logistical support •On site capacity building •Constant review of guidelines to meet international standards

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

**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:**

Disagree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

-

**Post-exposure prophylaxis for occupational exposures to HIV:**

-

**Psychosocial support for people living with HIV and their families:**

-

**Sexually transmitted infection management:**

-

**TB infection control in HIV treatment and care facilities:**

-

**TB preventive therapy for people living with HIV:**

-

**TB screening for people living with HIV:**

-

**Treatment of common HIV-related infections:**

-

**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?:

-

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

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

-

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?:

-

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

-

What challenges remain in this area:

-