

# Liberia Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 01/01/2013

**To date:** 12/31/2013

**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

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**Describe the process used for NCPI data gathering and validation:** Data for the National Commitments Policy Instrument (NCPI) Questionnaires Part A and B were collected under the leadership of the National AIDS Commission (NAC). A team of 6 data collectors were contracted to distribute questionnaires Part A to all government agencies involved in the HIV response. The NCPI Part B was completed by all NGOs, civil society, UN Agencies, people living with HIV and other development partners/donors working in the HIV field. Following preparatory consultations with different constituencies, more than 30 stakeholders met on march 25, 2014 at the Ministry of Health and Social Welfare for a consensus meeting on the response to the questionnaire.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** Some level of disagreements concerning some of the responses but after several minutes of deliberation, consensus was reached. The National AIDS Commission and the Ministry of Health and Social Welfare were providing clarity and resolving discrepancies when the situation arose.

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

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

Organization	Names/Positions	Respondents to Part A
Ministry of Health and Social Welfare	Moses Badio	A1,A2,A3,A4,A5,A6
National AIDS Commission	Clarence Pearson	A1,A2,A3,A4,A5,A6
National AIDS Commission	Julius Togba	A1,A2,A3,A4,A5,A6
National AIDS Control Program	SONPON B. Sieh	A1,A2,A3,A4,A5,A6
National AIDS Control Program	M. Janjay Jones	A1,A2,A3,A4,A5,A6
National AIDS Commission	Julia Lysanders	A1,A2,A3,A4,A5,A6
National AIDS Commission	Juanita Ramirez	A1,A2,A3,A4,A5,A6
National AIDS Commission	Solomon Hinneh	A1,A2,A3,A4,A5,A6
Ministry of Education	Zoe Kanneh	A1,A2,A3,A4,A5,A6
Ministry of Education	Mercy J. Manson	A1,A2,A3,A4,A5,A6
Ministry of Youth and Sports	Ruth S. Bonah	A1,A2,A3,A4,A5,A6
Ministry of Gender and Development	James Kolubah	A1,A2,A3,A4,A5,A6
Ministry of Transport	Debbie G. Randall	A1,A2,A3,A4,A5,A6
Ministry of Land, Mines and Energy	Miatta R. Yoryor	A1,A2,A3,A4,A5,A6
Ministry of Land, Mines and Energy	Roseline Outland	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
UNAIDS	Patricia Ongpin	B1,B2,B3,B4,B5
UNHCR	Miatta Tubee Johnson	B1,B2,B3,B4,B5
Stop AIDS in Liberia	Reuben Willie	B1,B2,B3,B4,B5
BSL	Tamba Johnson	B1,B2,B3,B4,B5
People Associated for People Assistance	Ignatius Nah	B1,B2,B3,B4,B5
Population Services International	Gerald Hodges	B1,B2,B3,B4,B5
Stop AIDS in Liberia	Stephen McGill	B1,B2,B3,B4,B5

### A.I Strategic plan

**1. Has the country developed a national multisectoral strategy to respond to HIV?:** Yes

**IF YES, what is 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 Compared to the NSF I the NSF II is a much more comprehensive document with clearly articulated mandates. Partnerships and coordination were strengthened in the NSF II. It called for one plan, one coordinating body and one national M&E plan. Additionally, greater efforts have been made to decentralize the national HIV response to all counties and communities. As oppose to the NSF I, the NSF II serves as a blueprint for actors in the area of HIV. Strategic areas of intervention with clearly identified intervention strategies and outcome indicators are provided to guide and inform program planning and implementation.

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:**

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

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Other:** Internal Affairs

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**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?:**

### **1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

#### **KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** No

**Elderly persons:** No

**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

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

#### **SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

#### **CROSS-CUTTING ISSUES:**

**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?**

**People living with HIV:** Yes

**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

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** Infants born to mothers living with HIV and Clients of Sex worker

: Yes

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

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. 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

**1.8. 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.:** CSOs actively participated in the stakeholders meetings, steering committee meetings and technical working group sections and the final validation of the NSF II.

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

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

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** Yes, all partners

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

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

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

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** N/A

**Other [write in]:**

:

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

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** Yes

**HIV impact alleviation (including palliative care for adults and children):** 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 protection or other schemes):** Yes

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

**Other [write in]:**

:

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** No

**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?:**

**4. Does the country have 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 and children:**

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many

**b) HIV Counselling & Testing and Tuberculosis:** Many

**c) HIV Counselling & Testing and general outpatient care:** Many

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** Few

**g) ART and chronic Non-Communicable Diseases:** None

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration: :**

**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 your country’s HIV programmes in 2013?:** 5

**Since 2011, what have been key achievements in this area:** 1. The establishment of partnerships forum has contributed to increasing engagement and coordination of partners in the national response 2. Establishment of Line Ministries/Agencies HIV Focal Points Platform has facilitated mainstreaming of HIV into the sectoral plan and programmes of the public sector. 3. The Mid-term review of the national response has been completed. 4. Several studies including IBBSS, NASA, stigma Index and ART adherence studies have been conducted to enhance better understanding of the epidemic and response in Liberia. Evidence generated from these studies will be used to develop new national strategic plan for 2014-2019

**What challenges remain in this area::** • Limited funding for coordination and implementation of sectoral plans and workplace HIV programmes

## **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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** • The President of Liberia chaired two meetings of the National AIDS Commission Board of Directors • Ministers of State actively participate in public events to commemorate World AIDS Day • Minister for Education, Chairs the Global Fund CCM • Minister of Gender and Development officially launched the HIV Human Right Platform and Partnership Forum

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:** Yes

**IF NO, briefly explain why not and how HIV programmes are being managed::**

**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?:** H.E President Ellen Johnson Sirleaf, President of the Republic of Liberia

**Have a defined membership?:** Yes

**IF YES, how many members?:** 29 members

**Include civil society representatives?:** Yes

**IF YES, how many?:** 12 members

**Include people living with HIV?:** Yes

**IF YES, how many?:** 2 persons

**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 coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** • National HIV Partnership Forum has been established to facilitate coordination and information sharing among government, CSOs, private sector, FBOs, bi-lateral and multi-lateral partners. Regular meetings have been held to discuss collaboration and implementation of the national HIV response.

**What challenges remain in this area::** The challenges of collaboration and coordination of partners include inadequate financial resources, human resource capacity building, relationship building and ineffective coordination constituency organization and Agencies

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

**5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**



**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** No

**Technical guidance:** Yes

**Other [write in]:**

: No

**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:** An Act to Amend the Public Health Law, Title 33, Liberia Code of Laws Revised (1976) to Create a new Chapter 18 providing for the "Control of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome" – Approved May 15, 2010

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::** Lack of understanding and inconsistencies in the application of the national rape law Laws criminalizing sex worker and sodomy

**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 2013?:** 7

**Since 2011, what have been key achievements in this area::** • The National AIDS Commission(NAC) fully operationalized in 2012 with relevant Commissioners and personnel • Semi-annual NAC Board of Director meeting held • Government leadership on the conduct of several studies and mid-term review that will inform the design of a new NSF/P and the allocation of resources • Coordination and Management of National Response decentralized to 8 counties

**What challenges remain in this area::** • Inadequate domestic financing of the national response

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**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

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

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

: No

**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::** The Constitution guarantees the rights of all Liberians without discrimination. The National Human Right Action Plan provides one of several mechanisms to operationalize and prevent all forms of discrimination.

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** The National Human Right Action Plan provides one of several mechanisms to operationalize and prevent all forms of discrimination. The Independent Human Right Commission has been established to protect and promote the rights of all Liberians irrespective of social, economic, political, religious, ethnic etc. status

**Briefly comment on the degree to which they are currently implemented::** Implementation of the various laws against discrimination is ongoing. However, there are challenges of limited public awareness of rights and responsibilities of individuals and state institution covered under the 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 vulnerable groups?:** Yes

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** 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:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

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

: No

**Briefly describe the content of these laws, regulations or policies:** • Law on sodomy criminalizes men having sex with men • National laws criminalizes sex work • National drug laws that will provide opportunities for harm reduction strategies is yet to be passed by national legislature

**Briefly comment on how they pose barriers:** Laws on sodomy make it difficult for men who have sex with men to be identified and provided with HIV prevention, treatment, care and support services. Similarly, sex workers are hard to reach with reproductive and HIV services.

## **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?:**

**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]:**

: No

**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**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) 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: 1. Multisectoral involvements 2. Establishment of HIV counseling and testing 3. Support of national government/UNAIDS to governmental and non-governmental organizations 4. 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?**

**People who inject drugs:** HIV testing and counseling, Stigma and discrimination reduction

**Men who have sex with men:** Condom promotion, HIV testing and counseling, Stigma and discrimination reduction

**Sex workers:** Condom promotion, HIV testing and counseling, Stigma and discrimination reduction

**Customers of sex workers:** Condom promotion, HIV testing and counseling

**Prison inmates:**

**Other populations [write in]:**

:

**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 2013?:** 5

**Since 2011, what have been key achievements in this area::** To determine the prevalence, related risk behavior, knowledge and attitude of HIV among key population groups identified to be most at risk.

**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?:** Limited information on key populations has been a major bottleneck for effective programming. The first Integrated Biological Behavioural Sentinel Survey (IBBSS) has just been completed. Evidence from the IBBSS and other studies will inform the development of a national prevention strategy, with greater focus on key populations and drivers of the epidemic. IF YES, what are these specific needs?

**IF YES, what are these specific needs? :** The IBBSS indicates that HIV prevalence is much higher in key populations than among the general populations. Yet the NASA (2013) shows that less than 1% of the total AIDS spending was made on key populations. Hence the need to design specific high impact interventions targeted at key populations.

#### **4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Agree

**Economic support e.g. cash transfers:** Disagree

**Harm reduction for people who inject drugs:** Strongly 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:** 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:** Agree

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

**Risk reduction for sex workers:** Agree

**Reduction of gender based violence:** Agree

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

**Treatment as prevention:** 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 2013?:** 8

## **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::** Upgrading of Laboratory services especially CD4 and chemistry, human resource development, supply chain management and infrastructure development

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** HIV treatment services are scaled up based on the population in need, the facility infrastructure, human resource capacity, and the accessibility of treatment services.

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

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

**Early infant diagnosis:** Strongly agree

**Economic support:** Agree

**Family based care and support:** Agree

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

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

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Disagree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Strongly agree

**Palliative care for children and adults:** Agree

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

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

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

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

**TB screening for people living with HIV:** Strongly 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 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?:** Yes

**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?:** No

**IF YES, for which commodities?:**

**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 2013?:** 8

**Since 2011, what have been key achievements in this area?:** Scale up of point of care CD4 machine for determining ART eligibility and other laboratory procedure

**What challenges remain in this area?:** High rate of lost to follow up, poor data quality and reporting high staff turnover and poor supply chain management system. 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 needs of orphans and other vulnerable children?:** Yes

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**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 2013?: 4**

**Since 2011, what have been key achievements in this area::** 7,570 orphans received education, medical and psychosocial support through the Global Fund in at least 2 years by placing them in family homes

**What challenges remain in this area::** The lack of a comprehensive package for OVC care. Nutritional support is not part of the current care for the disadvantaged OVC in Liberia. Coverage is also a challenge. Less than 10% of the estimated OVC in Liberia is currently benefiting from services

## **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 system for data collection, reporting and analysis for the non-health component of HIV at the National AIDS Commission. Institutions implementing non-health component of HIV has a fragment system of information management and reporting.

**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, some partners

**Briefly describe what the issues are::** There is no standardized data collection and reporting tools

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address::**

**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

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:**



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

**Briefly describe any obstacles::** There is a need to conduct a capacity assessment for M&E at national level using the system strengthening tool as a road map to rolling out the non-health component of HIV.

**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?:** No

**If elsewhere, please specify:**

**4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E Commissioner	Full-time	2012
M&E Coordinator	Full-time	2009
Database Manager	Full-time	2014

POSITION [write in position titles]	Fulltime or 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?:** No

**Briefly describe the data-sharing mechanisms::** Ad hoc data are reported to the central M&E unit for inclusion in the annual report

**What are the major challenges in this area::** There is not define mechanism for electronic or paper based data collection and reporting system. As such, gathering the requisite indicators for the national report is difficult.

**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

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

**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?:**

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

**6.2. Is there a functional Health Information System?**

**At national level:** Yes

**At subnational level:** Yes

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

**7.1. 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

**7.2. Is HIV programme coverage being monitored?:** Yes

**(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?:** Children (age ≤15) and Adult (age >15)

**Briefly explain how this information is used::** This information is used to measure the program achievements and strategic direction on which sub population group is being covered.

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** Facility, district, county and national levels

**Briefly explain how this information is used::** This information is used to compare the level of achievement by the 15 counties over time in relations to their resource needs, number of service delivery points, and disease burden and support forecasting and quantification on drugs, reagents and other consumables for uninterrupted treatment services.

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

### **9. 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]::**

: No

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

### **10. In the last year, was training in M&E conducted**

**At national level?:** No

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

**At subnational level?:** No

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

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

**IF YES, how many?:** 12

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

**IF YES, describe what types of activities:** There were specific M&E technical working group and discussion forum where surveillance and other related M&E topics were elaborated on

**11. 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 2013?:** 4

**Since 2011, what have been key achievements in this area::** There are numerous achievements in defining the HIV epidemic in Liberia. A second Demographic and Health Survey (DHS) was conducted, an Integrated Biological and Behavioral Surveillance Survey (IBBSS), Retention rate and reason for lost to follow up study for patients enrolled into HIV care and treatment, Stigma Index study and program evaluation amongst other.

**What challenges remain in this area::** The setting up and rolling out of a paper based or an electronic data collection and reporting system.

## **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::** - Challenges in communication with the government - Civil society is ready and waiting, but need further support / commitment from government

**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)?:** 2

**Comments and examples::** - Government makes decision with little to no CSO consultation - Budget that is made isn't shared with CSO, thus CSOs need to follow up with government to get a copy - UN has been involved with planning and budgeting, but limited CSO presence

**3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?:** 3

**b. The national HIV budget?:** 2

**c. The national HIV reports?:** 3

**Comments and examples::** - Large events such as WAD have CSO incorporated - Unclear if CSO reports are reflected in the national reports, CSO reports are shared with donors

**4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?:** 0

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:** 0

**c. Participate in using data for decision-making?:** 1

**Comments and examples::** - There is no M&E plan. M&E is a large problem area. NACP is involved solely in this work with little to no involvement from others - There is no M&E technical working group specific to HIV - Data sharing conferences are available, but very limited presence by CSO

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?:** 4

**Comments and examples::** - Diverse group is present in meetings, especially in WAD

**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?:** 2

**b. Adequate technical support to implement its HIV activities?:** 3

**Comments and examples::** - CSO rely heavily on international donors - Staff support available at HCT events, tech events available for training

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

**Prevention for key-populations:**

**People living with HIV:** 25-50%

**Men who have sex with men:** 51-75%

**People who inject drugs:** 25-50%

**Sex workers:** 25-50%

**Transgender people:** <25%

**Palliative care :** <25%

**Testing and Counselling:** <25%

**Know your Rights/ Legal services:** 25-50%

**Reduction of Stigma and Discrimination:** 25-50%

**Clinical services (ART/OI):** <25%

**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 2013?:** 5

**Since 2011, what have been key achievements in this area::** - Increase in OVC programming, awareness of HIV prevention, and CSO presence

**What challenges remain in this area::** - Access to ARV for PLHIV, stock outs occur, poor youth friendly services, reported access to confidential services (privacy no respected), insufficient trained counsellors, lack of follow up with clients, lack of

vehicles to go into counties - Key populations do not have targeted messaging and care / support services

## **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::** - There is limited involvement; key populations are mentioned in studies, but designing of programming does not have them represented - PLHIV participate in government programmes, but unsure about their involvement in policy design / implementation - Lack of budgeting to support the political commitments (ie: Abuja declaration not fulfilled)

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]::** LGBT - no protection for sexual minorities Women who have sex with women (wsw) - no regulations

: Yes

**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::** - Constitution and HIV law says rights should be respected, but discrimination occurs - Violations, assault, abuse occur

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::** Not aware of any

**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?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE 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:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

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

: No

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

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

**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.:** HIV and Rape law

**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::**

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

**IF YES, briefly describe this mechanism:** CSO are documenting the abuse, which is referred to Ministry of Justice, IHRC, and police, NAC

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** for the general population

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:** No

**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?:** No

**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?:** No

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

**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?:** No

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

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** No

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

**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:** No

**IF YES on any of the above questions, describe some examples::** IHCR, CSO (SAIL, Law Reform Commission, Constitutional review commission)

**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<sup>46</sup> 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:** No

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** No

**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]:** UN Cares

: Yes

**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 2013?:** 3

**Since 2011, what have been key achievements in this area::** - more media coverage regarding discrimination - stigma index has been conducted, but yet to be finalized

**What challenges remain in this area::** - educating general population on stigma - lack of compliance with HIV law and protection of rights - unable to bring access and care to those in need due to stigma and discrimination faced within communities - cultural and traditional practices prohibit human rights



**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 2013?: 3**

**Since 2011, what have been key achievements in this area?:** - HIV human rights platform co-chaired by Ministry of Justice and NAC - NARA

**What challenges remain in this area?:** - Lack of follow up with the policy implementation

## **B.IV Prevention**

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

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

**IF YES, what are these specific needs? :** Care, treatment and support Decentralization PMTCT PLHIV

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Harm reduction for people who inject drugs:** N/A

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Disagree

**IEC on stigma and discrimination reduction:** 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:** Strongly disagree

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

**Risk reduction for sex workers:** Strongly agree

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

**Universal precautions in health care settings:** Agree

**Other [write in]:** Screening blood for transfusion

: Agree

**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 2013?:** 5

**Since 2011, what have been key achievements in this area?:** - PMTCT has improved by integrating HIV services into ANC facilities - Many studies have supported the prevention programming (ie: IBBSS, cohort studies)

**What challenges remain in this area?:** - Designing targeted programming for key populations - Lack of youth friendly clinics - Limited funding - Stigma and discrimination is challenge

## **B.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?:** - PMTCT - HIV counselling and testing - Psychosocial counselling - Provision of ARV - Follow up programs for lost to follow up

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** - PMTCT scale up plan - Site scale up for HIV related services (ART, HCT, PMTCT)

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** 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:** Strongly 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):** 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:** 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 2013?:** 7

**Since 2011, what have been key achievements in this area::** - Establish new care and treatment sites - Increased amount of people on care and treatment - Follow up on most clients lost to follow up

**What challenges remain in this area::** - Denial of status and adherence of treatment - Lost to follow up - Fatalist sentiments - Cultural and traditional practices - Attitudes of health workers providing services

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** No

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**3. 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 2013?:**

**Since 2011, what have been key achievements in this area::**

**What challenges remain in this area::**