

Sierra Leone 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

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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: The NCPI document was divided into part A & b. 2 teams was form. 1 comprising of Civil society organisations and other partners and the other comprising of Government officials in Ministries Department and government institutions associated with HIV. Each team met to discuss the respective forms and representatives from the team were asked to complete specific areas within their scope and domain. A consensus meeting was held for both teams to discuss and reach an agreement on the final response to the respective documents. Each team had a rapporteur who highlights the answers and documented additional deliberations in relation to the requested answers. The final document was circulated and acknowledged by the team members.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: In most of the questions were there are disagreements, some of it stemmed from the fact that members are not aware of the existence of either a certain document or were not part of an activity that was conducted, or are ignorant of the fact, in which case evidences are cited to convince the rest of the team. When disagreements occur, the matter is thoroughly discussed and a consensus reached. If no concrete example can be cited, or relevant proof or evidence presented during the discussion to convince the majority, then the answer reached is no, but if otherwise, and majority (at least over two third of the members are convinced then the answer is yes. The tem is referred to relevant documents to get the information sought. In some cases, additional narrative explanation is provided to support the answers.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): As far as the team members are concerned, the Information provided in the NCPI is of high quality with a great deal of certainty. Where there are doubts with insufficient evidences this was clearly stated to prevent misinformation. In some other instances where little or nothing is known about the issue, the spaces were left blank.

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

Organization	Names/Positions	Respondents to Part A
National HIV/AIDS Secretariat	Victor S. Kamara-Senior M&E Officer	A1,A4,A5,A6
Ministry of Tourism	Patrick M. Sama- Senior Asst, Secretary	A2
Ministry of Health and Sanitation/National AIDS Control Program	Lamin Bangura-Senior M&E officer	A4,A5
Republic of Sierra Leone Armed Forces	Foray Thoranka- M&E	A1,A2,A4,A5
Ministry of Health and Sanitation/National HIV/AIDS Secretariat	Alimamy Sesay-IEC/BCC Officer	A3
Ministry of Health and Sanitation/National AIDS Control Program	Dr. V E. Mattleby- Program. Manager	A1,A4,A5
Ministry of Health and Sanitation/National AIDS Control Program	Francis Tamba- M&E Officer	A1,A4,A5
National HIV/AIDS Secretariat	Abu Barkarr Koroma -IEC/BCC Coordinator	A3
National HIV/AIDS Secretariat	Kemoh Mansaray-M&E Officer	A1,A6
National HIV/AIDS Secretariat	Dilys Thompson	A1,A6
Ministry of Youth Affairs	Philip Y. Maheyini	A1

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

Organization	Names/Positions	Respondents to Part B
Focus 1000	Mohammad F. Jalloh, Program Officer	B1,B4,B5
UNICEF	Edmund Makiu, HIV Specialist	B1,B2,B3,B4,B5
Solthis	Laure Gigout, Head of Mission	B1,B4,B5
Solthis	Kenneth R. Katumba, Health Systems Information Officer	B1,B4,B5
Focus 1000	Mimi Bangali, CEO	B1,B4,B5
PPASL	Denis S. Simbo, Project Officer	B1,B4,B5
Centre for coordination of youth activities	Abdul K Samura, Project Officer	B1,B2,B3
Women in crisis movement	Mohamed Sellu, Project Officer	B1,B3,B4,B5
SWAASL	Marie Benjamin, National Program Manager	B1,B2,B3,B4,B5
OREINT	Denis S Gbla, Project Officer	B1,B2
AMNET	Michael P Kempesa, Programme Officer	B1,B2
The Shepherds Hospice - SL	Theresa Cooper, Health Officer	B1,B4,B5
HIV AIDS Care and Support Association	Harry Ben Alpha, Director	B1,B2,B3,B4,B5
SLIRAN (Faith based Organization)	Sheikh Alhassan Kargbo, Project Coordinator	B1,B2,B3,B4,B5
NECHRAS (Faith based organizatio)	Pastor Francis T Farma, Project Coordinator	B1,B2,B3,B4,B5
Child Fund - SL	Sulaiman B Timbo	B1,B2,B3,B4,B5
SLADA	Robert Mansaray, Program Manager	B1,B2,B4,B5
CARE-SL	Yvonne M H	B1,B2
AIDS Health Care Foundation	Marion Dumbuya	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: 2011 - 2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:

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?: National HIV/AIDS Secretariat

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

Education:

Included in Strategy: No

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: No

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: No

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

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: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

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: Yes

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]::

: No

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)?: No

1.6. Does the multisectoral strategy include an operational plan?: No

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?:

b) Clear targets or milestones?:

c) Detailed costs for each programmatic area?:

d) An indication of funding sources to support programme implementation?:

e) A monitoring and evaluation framework?:

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.: Most of the HIV related interventions are implemented by specialized civil society organizations with expertise in specific thematic areas. These bodies are coordinated by the Principal Recipient (National HIV/AIDS Secretariat); a body that does not implement but solicit funds on behalf of the country for HIV activities. Through consultative forum, programs are collectively reviewed, policies, developed and strategies designed, and programs implemented

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?: N/A

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: No

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: No

Sector-wide approach: No

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: No

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: Yes

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: Few

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

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Few

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?: 6

Since 2011, what have been key achievements in this area: • development of policy guidelines for task-shifting as well as adult and paediatric policy ART • Development of training curriculum on paediatric ART care, recruitment and training of staff to man the increasing number of ART sites, • scaling-up of ART sites from less than 113 in 2010 to 131 in 2013 (this is however short of the anticipated 150 ART sites). • Number of adults and children on ART increased from 5,978 in 2010 to 8,529 in 2012. • Increase in the number of CD 4 count machines from about 4 in 2011 to 11. Two of these machines are owned by one non-governmental organization and one private sector organization. • Better coordination of ART activities due to the semi-vertical nature of the programme. • Procurement and distribution of basic equipment, standard precautions and anti-retroviral drugs leading to increased availability of these items in all ART sites. The medical stores are integrated as HIV drugs are stored together with drugs for other diseases and programs like malaria and family planning. • There is also increased access to the basic care. • Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings increased from 23% in 2010 to 89.4% in 2013.

What challenges remain in this area: • Semi-vertical Nature of HIV and AIDS Programme in health facilities: • Inadequate office space of HIV and AIDS Unit in health facilities: • Limited coverage of ART clients: The ART coverage rate is 42% meaning less than half of those who need ART services are accessing it. • Low Retention rate @ 12 months: Retention of PLHIV in treatment stands at about 70% with the possibility of it getting lower as we put more people on treatment. • Ineffectiveness of task-shifting Policy: The task-shifting being currently practiced appears not in line with global practices. • Non-dissemination of Policies and guidelines: While reasonable efforts have been put into the review of the guidelines, they are not widely

disseminated some of the ART sites do not have this new guidelines.

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: In July 2013, the National AIDS Committee meeting was held at State House and was Chaired by the Head of State. On World AIDS Day government functionaries including the Minister of Health made statements demonstrating leadership in the response. The First Lady, wife of the president launched the PMTCT Elimination Strategy

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?: His Excellency the President, Dr Ernest Bai Koroma, Chairman National AIDS Council

Have a defined membership?: Yes

IF YES, how many members?: 31

Include civil society representatives?: Yes

IF YES, how many?: 4

Include people living with HIV?: Yes

IF YES, how many?: 2 (1 Male and 1 Female, all from Network of People living with HIV)

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:: • Through the establishment of various technical committees comprising of members from various sectors and stakeholders. • Implementation of HIV activities by competent partners and stake holders • Enhanced HIV/AIDS Information dissemination process

What challenges remain in this area:: Capacity enhancement of some civil societies and partners to effectively understand and contribute meaningfully to the process.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 35

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: Yes

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?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

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?:

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

What challenges remain in this area::

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: No

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::

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 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: Yes

Sex workers: Yes

Transgender people: No

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::

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?: No

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?: No

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

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?: No

Briefly describe the content of this policy or strategy::

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

People who inject drugs:

Men who have sex with men:

Sex workers:

Customers of sex workers:

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?: 4

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

What challenges remain in this area::

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

IF YES, how were these specific needs determined?: Through stake holders and partners consultative meetings and fora

IF YES, what are these specific needs? : • Needs to target key populations that contribute the most to new infections. • Need to invest on more result efficiency interventions in the midst of diminishing resources

4.1. To what extent has HIV prevention been implemented?

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

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: Strongly disagree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

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: 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: Agree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Disagree

Reduction of gender based violence:

School-based HIV education for young people: Disagree

Treatment as prevention:

Universal precautions in health care settings: Agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 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:: Prevention of Mother To Child Transmission, now option B+ being gradually rolled out HIV Counseling and Testing ART services ART support groups

Briefly identify how HIV treatment, care and support services are being scaled-up?: By gradually increasing the number of health facilities offering HIV services, through integration with the Ministry of Health and Sanitation Health facilities and Private sectors.

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: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: 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: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Palliative care for children and adults 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: Agree

Psychosocial support for people living with HIV and their families: N/A

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: N/A

TB preventive therapy for people living with HIV: N/A

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?: No

Please clarify which social and economic support is provided:

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

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:: • High survival rate • Increase in number of people on ART • Trained personnel to provide ART services at all levels(National, district and PHUs) • Increased access to ART services

What challenges remain in this area:: Retention: many people drop out of treatment program

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?: 3

Since 2011, what have been key achievements in this area:: • Over 40 HIV/AIDS support groups Established. • An umbrella organization to protect the welfare of People Living with HIV and Orphans and Vulnerable Childrens (NETHIPS) established and functional

What challenges remain in this area:: Need for a strategy/ policy specifically targeting vulnerable groups

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:: • Much effort is not made to collect data on non-GF supported activities on one hand and some partners also do not share data with NAS as the coordinating authority for AIDS response. The implication is that there is high likelihood of under reporting of country's achievements. • There is limited human capacity for M&E at all levels of the national response and there is no comprehensive capacity-building plan to address it. For instance, the NAS M&E unit has no epidemiologist and IT specialists. Most implementing partners have weak M&E capacity in terms of staff and skills. M&E capacities at the field level are very weak. • There is no national M&E policy in place. • A limited fund for M&E activities is hampering implementation of critical M&E activities. • District AIDS Committees are not reporting HIV/AIDS activities largely because they do not have resources to implement activities.

1.1. IF YES, years covered: 2011 to 2015

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

Briefly describe what the issues are:: • Most of the key partners share their information with NAS. However a few partners do not share their information with NAS. Therefore some reports are not captured.

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?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 5

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

Briefly describe any obstacles:: • M&E unit just like the whole NAS does not have clear career path for staff. There is also high rate of staff attrition M&E staff in the National AIDS Control Program, Ministry of Health and Sanitation facilities and other

implementing partners.

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?
Senior M&E Officer	Full-time	2008
M&E Officer	Full-time	2005
M&E Officer	Full-time	2012
Data Base Manager	Full-time	2011
M&E / Program Officer	Full-time	2005
M&E / Program Officer	Full-time	2011

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?: Yes

Briefly describe the data-sharing mechanisms:: There is coordination at chiefdom ,District and national level by the CAC,DAC,and NAS/NAC respectively while allowing the individual agencies or offices and sectors to still submit data/information to their head offices .The information flow system also emphasizes the need for feed back at all levels between those who generate information and those who collate ,analyze ,store and disseminate the information . The flow system works through the government adopted Decentralisation policy where by the DAC is expected to support the district /local council with monitoring and evaluation of HIV/AIDS activities through the planning and management Department (DPMD).The DPMD itself reports to the local council through the development planning subcommittee of the council. The National HIV/AIDS Secretariat monitors the national response and the epidemic in a bottom top approach through the decentralized structures. Coordination, data collection, analysis, reporting and dissemination is carried out via the activities of the Chiefdom AIDS Committee, District AIDS Committee, the councils, the Technical Working Group, Ministry of Health and Sanitation, HIV/AIDS focal persons in the Ministries Department Agencies, development partners and the partnership forum. HIV/AIDS information is shared horizontally and vertically by the institutions and coordinating entities. Feed backs are also made to the information sources and coordinating bodies.

What are the major challenges in this area:: There is clear cut information dissemination plan. There is limited funding for M&E for sharing information.

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

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

IF YES, briefly describe the national database and who manages it.: All program data on HCT/VCCT, ART, PMTCT, EID all are located at the National AIDS Control Program (NACP). This is managed by a Data base manager employed and retained by NACP

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

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: No

IF YES, at what level(s)?:

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?: General population, youth, pregnant women, key population comprising of MSM, PWID, FSW. OVCs, PLHIVs,

Briefly explain how this information is used:: We monitor the intervention meted out to these groups, assess the prevalence and design program for these groups.

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

IF YES, at which geographical levels (provincial, district, other)?: Region (Western Area, Northern Region, Southern Region and Eastern Region), Districts (13 Health Districts) and Facilities/sites.

Briefly explain how this information is used:: The District Health Management Team use it for planning, monitoring, redesign for supervision purposes and decision making.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

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:: • Data is used to set targets. The baseline couple with the available resources was used to set target in the years ahead. • Priority setting- We brought in the key population which fuel the epidemic and dropped the out of school youth. There are limited trained M&E staffs. The few who may be available prefer to work in the city rather than the district.

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?: No

IF YES, how many?:

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

IF YES, describe what types of activities: Coaching is carried out by national M&E staff to staff a various facilities during supportive supervision

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?: 3

Since 2011, what have been key achievements in this area?: • The terms of reference for the M& E Technical Working Group were revised and membership expanded. Meetings were also held regularly at the National level. Terms of reference for the regional M&E technical Working Groups were also developed. • Researches surveys and studies were done during the reporting period and they include: PMTCT Audit (in 2013), Size estimates for Key Populations (in 2013) and the Sierra Leone ART Audit Report (2013). • National AIDS Spending Assessment (NASA) is being institutionalized with the capacity of national staff being built to conduct rather than rely on external consultant. NASA for 2010 and 2011 was conducted. • The third M&E System Strengthening Tool assessment was conducted in 2013. • A National Standard operating Procedure Manual was completed

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?: 4

Comments and examples:: - Civil Society is actively part of the NAC - Civil society is actively part of the CCM - Civil society organizations do contribute to the development of strategies and in data collection - Civil society organizations do push some political commitment

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)?: 5

Comments and examples:: - Civil Society organizations have been involved in planning, validation and roll out of the National Strategic Plan. - Active involvement in M&E planning - The national HIV/AIDS budgeting and accountability are disclosed and made available to the civil society

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?: 4

b. The national HIV budget?: 3

c. The national HIV reports?: 3

Comments and examples: - In regards to the national HIV strategy, sometimes coordination between civil society organizations is a hindrance to inclusion of their own suggestions. - In regards to the national HIV budget, some civil society organizations are not willing to provide their sources of income when called upon. This in addition to the fact that the government does not budget a lot for civil society organizations limits the budgetary inclusion.

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?: 5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 5

c. Participate in using data for decision-making?: 3

Comments and examples: - There is very good involvement of the civil society organizations in M&E activities, for example the M&E TWG is chaired by an independent individual, and its membership dominated by the civil society organizations. - In regards to decision-making, the data is not really used for this purpose but rather for making routine reports.

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: Organization of some of the groups that fall under this category is limited and obstructed by the laws and norms of the land, for example homosexuality is illegal and prostitution is socially unacceptable.

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: Financial support is little because HIV is not a national priority probably due to low prevalence figures and thus receives a low percentage of the national budget. Also, funding relies majorly on donor funds. Few civil society organizations have access to technical assistance, albeit having some of these being part of the TWGs from which they learn quite a lot.

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: 51-75%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: 25-50%

Transgender people: <25%

Palliative care : 25-50%

Testing and Counselling: <25%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: <25%

Programmes for OVC: 25-50%

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?: 6

Since 2011, what have been key achievements in this area?: - Inclusion of civil society organizations in the NAC - A partnership forum was created

What challenges remain in this area?:

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?:

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: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

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 contents of these laws:: By law, someone cannot be discriminated against on the basis of gender, religion or political affiliation. However, some clauses in the law conflict with this main article, making its implementation difficult

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Civil society organizations and their lawyers are active custodians of these laws. The media comes in handy in outlining and reporting what ought to be and what is.

Briefly comment on the degree to which they are currently implemented:: The laws have to be compromised according to cultural affiliations. As much as it is not allowed to discriminate against someone on any basis, some people that are considered to be carrying out culturally unacceptable practices are discriminated against, e.g. prostitutes.

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: No

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Do not promote condom use in school settings and prisons

: No

Briefly describe the content of these laws, regulations or policies: For example, men having sex with fellow men is a constitutional crime.

Briefly comment on how they pose barriers: If one is found guilty of the crime, then they are imprisoned. If this law is valid, then this group of people shall remain hidden for fear of prosecution, and shall stay away from care for fear of persecution.

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 law is designed to suppress domestic violence by providing support for women & children against domestic violence, and other related provisions.

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: NETHIPS has a document, the 'Incidence Report Form', which is used to record such discrimination. When one is discriminated against, they report to NETHIPS, which then reports to the police for action.

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: No

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

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?: - Pregnant Women (prevention services) - OVCs (all services)

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?: 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)?: Yes

IF YES, briefly describe the content of the policy or law:: The National HIV/AIDS Commission act of 2011. Article 28-2: Testing, screening and access to health care services. Part 7; That no person shall compel another person to screen/test for HIV on the basis of employment, marriage or travel.

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::

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 enforcement⁴⁶ 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]::

: 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?: 5

Since 2011, what have been key achievements in this area:: Some laws have been passed to promote and protect human rights in relation HIV/AIDS e.g. the Sexual offenses act.

What challenges remain in this area:: Awareness levels are low for the general public, civil society and even government agencies - There are very limited to no mechanisms to enforce the very few existing 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 2013?: 3

Since 2011, what have been key achievements in this area:: Free access to care for all has been implemented

What challenges remain in this area:: Some groups are still criminalized - There is little to no support for implementation - Little or no awareness on these issues of human rights, laws and regulations - Little or no commitment to this cause

B.IV Prevention

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

IF YES, how were these specific needs determined?: - Through the 'Know your Epidemic' and the 'Modes of Transmission' surveys. - The modes of transmission survey identified Men-having-sex-with-men and sex workers as the key populations.

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

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

Blood safety: Disagree

Condom promotion: Agree

Harm reduction for people who inject drugs: Strongly disagree

HIV prevention for out-of-school young people: Disagree

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: Agree

Prevention for people living with HIV: Disagree

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 disagree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Disagree

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 2013?: 4

Since 2011, what have been key achievements in this area?: There have been more outreach programs conducted, with more testing and an increase in condom use.

What challenges remain in this area?: - Lack of coordination among the civil society organizations - High rates of stigma against HIV/AIDS patients still prevail in the country - Late disbursement of funds by the Global Funds - Reduction of sub recipients of funds from Global Fund for care and support for OVCs and PLHIVs

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?: No

IF YES, Briefly identify the elements and what has been prioritized?:

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

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): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly disagree

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

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Strongly disagree

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?: 6

Since 2011, what have been key achievements in this area:: Introduction of the second line treatment - Paediatric care treatment has been effected and greatly improved - Early Infant diagnosis is now effective

What challenges remain in this area: There is still need for capacity building of health staff - Shortage of doctors and other medical staff - Stigma still very prevalent - High rates of loss to follow up among PLWH - Financial constraints - TB drug stock out for HIV Co-infected people

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

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: 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?: 4

Since 2011, what have been key achievements in this area:: - A focal person in charge of orphans has been established at the national response level - Training focusing on orphans has been held.

What challenges remain in this area:: Reach out services are difficult for the focal person - Adolescent orphans are usually not accessible since parents/guardians forward children not yet in their teen ages - There is still misunderstanding of the definition of 'an orphan' by the various stakeholders. This poses problems on how to screen for orphans - Coordination of the activities is still problematic Resource constraints