The Sierra Leone HIV/AIDS Response Project (SHARP/GLOBAL FUND)

A. BACKGROUND

The Sierra Leone Project finances the full spectrum of HIV/AIDS activities including prevention, care, support and impact mitigation over a four year period. It has four components:

1. Capacity building, advocacy, policy, program coordination, M & E, IEC/BCC and training.
2. Multi-sector responses to HIV/AIDS prevention and care
3. Health-sector responses to HIV/AIDS, STI/TB and other opportunistic infection management, including prevention and care; and
4. Community and Civil Society Initiatives (including communities, NGOs, religious groups and the private sector).

Recently, the Government of Sierra Leone won an 18 million dollar grant from the Global Fund to support the HIV/AIDS activities in the country for 5 years (2005-2009). About 33 organisations in the public and private sectors are involved in the implementation of the grant, which will essentially scale up existing HIV/AIDS intervention in the country such as: use of nevirapine for the Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT), improving access to Voluntary Confidential Counselling and Testing (VCCT), improving access of PLWHAs to ARVs, improving access to condom by the use of social marketing, scaling up the syndromic management of STIs, health education of rural communities through community drama, and strengthening the use of ANC sentinel surveillance to monitor the HIV trends.

These activities are carried out throughout the country, in all regions, districts and municipalities, and take into account the existing conditions and level of capacity at each administrative structure (national, regional, district, and chiefdoms).

During the first two years of the project, our activities focused on institutional development and capacity building at the national level and of NGOs and other key-implementing partners. As the project succeeds in delivering its objectives, regional/district level HIV/AIDS Committees are being formed.
Both financial instruments (SHARP & GLOBAL FUND) aim to strengthen Sierra Leone’s capacity to cope with the spread of HIV/AIDS by supporting:

(i) the work of the National HIV/AIDS Council (NAC) and Secretariat (NAS);
(ii) the ongoing development of the national HIV/AIDS Strategy and Action Plan and its underpinnings;
(iii) strengthening of public and private institutions in HIV/AIDS prevention, and care, and
(iv) Sierra Leone’s participation in refugee/refugee-related activities.

(Funding of interventions for refugees outside Sierra Leone is sought from other donor partners as well as possible grant funding sources). Four sub-components address the following areas:

(a) the National HIV/AIDS Strategy and Action Plans;
(b) SHARP Coordination and Administration,
(c) Advocacy, Training, and Technical Support Activities, and
(d) Assessment, Monitoring and Evaluation including biological and behavioural surveillance and mapping, key epidemiological research, operational research and pilot testing, as well as other health sector monitoring and evaluation activities.

HIV/AIDS Council and its Secretariat has been established with proper staffing and key activities related to the national policy, strategic planning process, and our national plans. Essentially, Capacity building (sensitization) activities for the Line Ministries and NGOs have been carried out.

B. IMPLEMENTATION ARRANGEMENTS

The HIV/AIDS project is under the authority of the National AIDS Council (NAC). NAC is supported by a National HIV/AIDS Secretariat (NAS), which is the administrative, coordinating and supervisory/monitoring mechanism, with advocacy as its predicate. The Mandate of NAS is to provide leadership in the coordination of HIV/AIDS programs country-wide of all stakeholders by developing, implementing and coordinating an effective Strategic Plan which addresses prevention, treatment, care and support while assuring the preservation of Human Rights.

NAS is headed by an Executive Director, who reports to the NAC Chairperson — His Excellency the President of the Republic of Sierra Leone. The Director is assisted by the following professional staff:

a. Coordinator of Community and Civil Society Initiatives (CCSI)
b. Team Leader, Health Sector HIV/AIDS Response Group (ARG)
c. Coordinator of Line Ministries Activities
d. Capacity Building and Training Specialist
e. Information, Education and Communication/Behavioral Change Communications Specialist
f. Planning, Monitoring and Evaluation Specialist
g. Health Coordinator
h. Health Administrator
i. Information, Education and Communication/Behavioral Change Communications Coordinator, and
j. Documentation Officer

Procurement and Financial management is outsourced, and provided by a Financial and Procurement Management Agency - KPMG. The financial management system includes accounting, financial and procurement reporting, and auditing elements.

C. ACCOMPLISHMENTS OF COORDINATION, POLICY AND ADVOCACY

This component has PROGRAMMATIC oversight and provides leadership in the overall PROFESSIONAL AND MANAGERIAL systems within the Secretariat. *Even though the HIV/AIDS Project’s effectiveness date was 2nd October 2002, the FIRST (1ST) DISBURSEMENT PAYMENT was received in our SPECIAL ACCOUNT early in March 2003 (i.e. infusing a five-month delay to our chronogram).*

Since inception in October 2002, this component has made commendable efforts with the institutional arrangements, personnel, equipment and other resources required to improve on the ability of NAC and NAS to perform their respective roles and responsibilities. Efforts and accomplishments made under this component in the period under review include the following:

- **All pre-effectiveness actions accomplished.**
- Reviewing National HIV/AIDS Policy with a view to updating and making it more dynamic and user-friendly.
- This component has equipped NAS with the institutional arrangement, personnel, equipment and other resources required for facilitating the operation of components and units.
- Organized three meetings of the National AIDS Council (NAC);
- In collaboration with the Health Sector Response Group spearheaded the development of the National Strategic plan. A draft Strategic Plan has been developed, which has been finalized.
- Conduct of trainings on Mainstreaming HIV/AIDS in Local Council Activities. The trainings were carried out in collaboration with UNIFEM and the Decentralization Secretariat;
• Appointment of a Capacity Building Specialist. The Specialist is helping with administration, the responsibility of managing the office of the Director and this has resulted in reducing the pressure on the Director;

• Unification of NAS Units in charge of Monitoring and Evaluation complemented with the recruitment of a MIS Officer;

• Strengthening of the Procurement Unit through the recruitment of a Procurement Assistant and a Clerk;
• Monthly Staff meetings are held to ensure coordination of activities for effective program implementation.
• Organization of regular Component and Staff Meetings. This has resulted in greatly improving relationships within the NAS;

• Submission of request for reallocating Credit Proceeds. Once approved by IDA, this will speed up procurement and implementation of project activities; this has been accomplished with the threshold raised to $1 million from $500,000.

• Improvement of mobility of NAS Units, including assignment of a vehicle to IMA; organization of joint trips for field monitoring supervision of program implementation,

• Organization of the 2002, 2003 and 2004 World AIDS Day in close collaboration with The INTER-RELEGIOUS COUNCIL OF SIERRA LEONE, UNAMISIL, AFRICARE, UNAIDS, American Refugee Committee (ARC), TOM, right to Play, UNHCR, World Food Programme (WFP), FAO, US Embassy, UNICEF, International Medical Corp (IMC), WHO, Police, UNFPA, UNDP, Military, ACRE, HIV/AIDS Care and Support Association, and many other Local and International NGOs.

• Collaborating broadly with the following: UN Theme Group, UNFPA, CARE, UNICEF, UNHCR, World Bank, WFP, Right to Play, TOM, ARC, USAIDS, UNAIDS, FAO, WHO, AFRICARE, UNDP, UNAMSIL.

• Organization of a three-day Retreat to clarify roles and responsibilities of NAS staff and to build an enabling environment for good team participation and good working environment.

• Adoption and dissemination of the National HIV/AIDS Monitoring and Evaluation Manual.

• Development of the National HIV/AIDS Communication Strategy.
- Overall supervision, direction, backstopping and leadership to all Components (Components 2, 3, 4, IEC/BCC, M&E and Capacity Development Team).

D. PROGRAMATIC GAPS IDENTIFIED

There are major gaps. Inadequate resources in the National Response!

(a) **Sharpen the focus.** In Sierra Leone, HIV/AIDS prevalence rate remains below 5%. This is relatively low percentage compared to other Sub-Saharan countries, and it suggests that the main problem in HIV/AIDS in Sierra Leone is among high risk groups such as commercial sex workers, miners, truck drivers, the police, the military and MSM. The majority of project resources were focus on these groups. In particular, increasing their awareness, generate changes in their behaviours, improve prevention, and move forward on well targeted treatment of the infection. All programs will move from awareness raising and information to change of behaviours; from targeting the population at large to working with special risk groups. Enhanced donor coordination and effective decentralization will be two important features of this challenge.

(b) **Strengthen the M&E Approach.** The M&E approach was reviewed in light of the fact that it is nearly impossible for the project M&E system to monitor overall reduction of HIV/AIDS prevalence in Sierra Leone, and that any progress would be hard to attribute to the project only. Consistently with the focus on high risk groups, the M&E approach will increase its monitoring activities on high risk groups, their use of facilities financed by the project, their access to services such as voluntary testing, or distribution of condoms.

(c) NAS will start focusing on conducting an impact assessment of its activities implemented so far. The survey will evaluate critically and independently the activities of SHARP and the Global Fund.

(d) The M&E Unit has not got a specific budget allocation for its activities; as a result it is sometimes difficult to plan. It is suggested that a specific budgetary allocation for its activities be made within Component 1.

(e) As the number of SHARP funded programmes increase, it is becoming more and more difficult to conduct joint field visits with other components/units. The M&E Unit requires a vehicle be assigned to it, in order to do more regular and effective monitoring.

(f) NAS M&E Unit preparation for focusing on the “Three Ones” as the key principles for concerted HIV/AIDS action in the country with a view of achieving the most effective and efficient use of resources and ensuring rapid action and result based management.
E. IEC/BCC GAPS

The gap in the current IEC/BCC may be put into the following categories:

(a) Communication tools e.g. mobile video vehicle to reach rural communities with audio-visual messages currently enjoyed by only Freetown community.

(b) Capacity building in communication skills. This will include training Media Practitioners to report objectively. In addition, there is need for NAS to expose technical staff of IEC/BCC Unit to external workshops as IEC is a dynamic discipline.

(c) Increasing and expanding communication channels targeting Rural Communities. The use of community theatre at all levels will ensure ownership and sustainability of messages. Bill Boards which constantly remind audiences must reach rural communities. Posters must reach every village/community as experienced in the immunization programme that contributed to high coverage.

(d) Ring-fencing budget for IEC/BCC activities which was omitted at the onset of the project.

F. ACCOMPLISHMENT – CAPACITY BUILDING

- Coordination
  - Several trainings for staff to increase efficiency in carrying out office duties, recognizing roles and responsibilities, team building and basic HIV/AIDS information and confidentiality.
  - Training of 350 peer educators, who are now engaged in outreach activities.
  - Development of training conducted for 180 grantees.
  - Training for specialized groups such as 124 parliamentarians and administrative staff, 200 paramount chiefs, tribal heads and religious leaders.
  - Training of trainers’ workshop on epidemiology, diagnosis of HIV/AIDS and STI management for staff at the Kissy Mental Hospital.
  - Trainings of 100 representatives from women’s focus groups as peer educators on basic HIV/AIDS facts.
  - Coordination of the SHARP, Rapid Results Initiative process.

G. IEC/BCC UNIT

- Aired 1,360 Radio programmes in four local languages on 10 FM radio stations in 2004 -2005
Aired 168 T.V. programmes in our local language (krio) in January 2004-August 2005
Produced and distributed 20,000 copies of audio cassette with songs on HIV prevention
Produced and screened soap opera on SLBS Television for 6 months
Produced and distributed 500 copies of audio-visual cassettes(movie) on HIV prevention stigma and discrimination
Published 150 articles on HIV prevention, stigma and discrimination in 10 popular news papers in 2004
Produced and disseminated 10,000 posters on HIV/AIDS prevention, stigma and discrimination; World AIDS Day Commemoration, AIDS Musical Festival, support to CCSI grantees
Produced and distributed 8,500 T-Shirts depicting HIV prevention and VCCT messages; World AIDS Day Commemoration, AIDS Musical Festival, Paramount Chiefs HIV/AIDS Campaign.
Produced and distributed 24,400 booklets on home based care and support for people living with HIV/AIDS. ”Work on” and “Reach out and Touch”
Coordinated World AIDS Day commemoration 2004; produced and distributed 200 banners on World AIDS day theme-Women Girls HIV and AIDS-“Our future is in your hands keep it AIDS free”
Produced and distributed 5,000 folders depicting stigma and discrimination HIV messages
Installed 30 large bill boards in 4 Cities depicting HIV prevention message
Installed 300 sign posts in 149 Chiefdoms and four communities depicting HIV prevention and VCCT promotion
Produced and disseminated 500 information kit on SHARP
Trained 250 CCSI grantees Country wide on communication skills and techniques

**INDICATORS OF PROGRESS**

The following data show the impact of IEC/BCC messages:

- Percentages who have been exposed to HIV/AIDS message in 2002 was 72% increased to 77.4% in 2004 (*B S Survey 2004*)
- Percentage who can correctly distinguish between HIV and AIDS was 7.7% in 2002 increased to 15.4% in 2004 (*B S Survey 2004*)
- Percentage of youths using condom at first sexual act was 3.7% in 2002 increased to 4.5% in 2004 (*B S Survey 2004*)
- Expressing accepting attitudes towards HIV/AIDS positive persons was 28.8% in 2002 increased to 40% in 2004 (*B S Survey 2004*)
- HIV can be transmitted through breast feeding has increased from 43.2% in 2002 to 67.4% in 2004 (*B S Survey 2004*)
• HIV can be transmitted through blood transfusion has increased from 52.8% in 2002 to 77.8% in 2004 (B S Survey 2004)
• A person can get HIV by using infected needles has increased from 53.8% in 2002 to 84.8% in 2004 (B S Survey 2004)
• HIV can be prevented by using a condom during every sexual encounter has increased from 10.5% in 2002 to 56.3% in 2004 (NUICEF HIV/AIDS KAPB Survey among Adolescence 2002 AND B S Survey 2004)
• HIV can be prevented through abstinence has increased from 44.6% in 2002 to 59.3% in 2004 (B S Survey 2004)
• Percentage who rejects at least 2 misconceptions about HIV/AIDS in 2004 was 23.4%

H. MONITORING AND EVALUATION UNIT

A. Development of Tools for Monitoring

The determination of the level of implementation of CCSI sub-projects is a key concern for the M&E unit. The following systems have been put in place for assessing outputs of SHARP funded projects:

• A simple validation tool to monitor the outputs of SHARP funded grantees has been developed.
• An electronic data base to store all data on SHARP and non-SHARP funded implementers has been developed and is in use.
• A field activity validation tool is in operation and has been used by the M&E unit to assess the status of CCSI sub-projects.
• All the 6 Rapid Result Initiatives (RRI) were monitored and activities tracked using the tool developed by the M&E unit.
• An M&E working group comprising of 15 members from the public and private sectors, NGOs and academic institutions has been established to provide guidance and support to the M&E unit.
• With support from the M&E working group, a two-volume HIV/AIDS M&E Manual and vocabulary has been produced, to help partners identify relevant indicators for their projects and programmes.

I. SURVEYS CONDUCTED

• Biological and Behavioural Surveillance: The tool is in place to assess outcomes of SHARP funded projects and more importantly to provide base-line data vis-à-vis SHARP indicators. With respect to surveillance, the following have been accomplished:
• In 2003, the M&E Unit in collaboration with the Health Sector Response Group (ARG) completed the first round of antenatal sentinel surveillance
in eight sites (five in the Western area and one in each of the other three regions). The result shows that about 3.0% of pregnant women were HIV positive. The Centre for Disease Prevention and Control (CDC), Atlanta, supported the testing of serum samples.

- Data collection for the 2004 National Antenatal Sentinel Surveillance was collected at 13 ANC sites: Four suites are in the Western Area, and 9 in the provinces (Comprising both rural and urban environments). About 3000 serum samples were collected and stored and later tested at the HIV/AIDS Reference Laboratory at Lakka.

- HIV Behavioural and Biological Survey among Commercial Sex Workers (CSWs) was conducted in Freetown by an NGO, the American Refugee Committee. It captured information on both HIV prevalence among CSWs and behaviours that predispose them to HIV/AIDS.

- A National HIV Behavioural survey among youths and the general population was contracted to NIMBA Research and Consultancy Institute in 2004. The survey with a sample population of 8,308 has been completed and a draft report produced. The results provide reliable disaggregated data on HIV prevalence reported in the earlier part of this report. The survey was funded jointly by NAS and UNICEF.

- In collaboration with the RSLAF, the Department of Defense (DOD), USA, a Behavioural Survey has been conducted among the military population. About 1,700 respondents were interviewed at military bases all over the country. A draft report is expected in January 2006.

- A survey to determine HIV Sero-Prevalence Survey among TB patients was conducted with a sample size of 950 nationwide. The report has been produced and presented to NAS in June 2005.

- **Essential Research;** NAS provided part funding support in 2005 for a study examining “HIV/AIDS prevalence in antenatal care populations using STI and other conflict related influences as markers. The study has been concluded and the report presented to NAS in 2004.

**Other activities:**

The M&E Unit coordinated the development of an internet website for NAS. The website has been launched and is available at www.hivaidssierraleone.org

**J. PUBLIC SECTOR RESPONSE TO HIV/AIDS PREVENTION AND CARE**

**1.1 Objective**

The objectives of the multi-sectoral Component of the national response are to:

- contribute to the prevention of STIs/HIV/AIDS in the public sector.
• escalate protection for public sector employees through the provision of information on accessing facilities for treatment and care to staff and their external clients in order to mitigate the adverse consequences of HIV/AIDS on labour force.

2.0 Implementation Strategy

Since the Secretariat started its operations in October 2003, the Component has adopted a three-phased approach towards the realization of its objectives. The First Approach has been to unleash capacity in the public sector for HIV/AIDS and STIs education, training, condoms, and other care-related support. The second phase is the provision to the public sector external clients’ information on effective HIV/AIDS and STIs prevention, and access to health care facilities, treatment and care. The Third Phase is the formulation and translation of workplace policies into workplace programmes.

2.1 Accomplishments

Output 1: Recognition of the workplace as an ideal medium to fight HIV/AIDS.

Fifteen (15) Public Sector institutions have departments/units handling HIV/AIDS with a Management Team and a Focal Point Persons to coordinate the mainstreaming process. This has resulted in a clear understanding among the public sector institutions of HIV/AIDS being a development issue that every worker can contribute to addressing. The impact has been stronger commitment and active support of decision-makers (Ministers, Permanent Secretaries and Departmental Heads) in making HIV/AIDS as an agenda issue in their usual management meetings. Despite the opposition from the Ministry of Finance for budgetary support to Line Ministries for HIV/AIDS activities, some institutions like Education, Science and Technology; Youth and Sports; Information and Broadcasting, Agriculture, Forestry and Food Security to name a few have translated their commitment into budgetary support towards the implementation of HIV/AIDS activities. They have done this by raising quarterly vouchers for resources to be disbursed to their respective HIV/AIDS units from their annual allocations held with the Ministry of Finance. This number is expected to increase in the new fiscal year as the need to address HIV/AIDS is become clearer.

Similarly, some have even gone further to source funds from other agencies like UNICEF, UNFPA, US Department of Defence, African Development Bank etc. to address HIV/AIDS. These institutions include, Sierra Leone Armed Forces, Sierra Leone Police, the Ministries of Education, Science and Technology and Marine Resources etc.
Using the rights-based approach and the ILO Code of Practice on HIV/AIDS and the world of work as the convincing line of argument to recognize HIV/AIDS as a workplace issue, the Secretariat has been holding consultations to discuss possible ways to use the workplace as a platform to combat the epidemic. The Secretariat, UN Agencies, Line Ministries, Worker’s Associations, the Employer’s Federation including the private sector has been engaged in series of consultations on potential areas of collaboration. The inaugural consultation was officially opened by Honourable the Vice President of the Republic.

There is regular collaboration with UN Agencies (UNICEF, UNFPA, WFP, UNAIDS, Civil Society, which includes NGOs implementing HIV/AIDS programme on the ground. The Component in September 2005 collaborated with Student Partnership Worldwide (SPW), a DfID funded programme in the Ministry of Youth and Sports to train 60 Peer Educators. The Component facilitated two sessions during the training (Sexually Transmitted Infections and Voluntary Counselling and Testing).

The Component has developed HIV/AIDS Peer Education Training and Reference Manuals for use by the Public Sector in the training of their Peer Educators. Currently, the public sector has trained and deployed 678 Peer Educators.

**Output 2: Establishing Capacity within organizations to implement programmes to prevent HIV/AIDS, including discrimination against People Living with HIV/AIDS**

The Component collaborated with the Resident UNAIDS Country Coordinator, the UNDP and the Sierra Leone Chamber of Commerce, Industry and Agriculture to organize a one-day consultation with Chief Executives Officers (CEOs) of private companies operating in the country. The objective of this one-day consultation was focused on engaging the private sector in the response to HIV/AIDS. More specifically, CEOs were requested to develop and implement workplace programmes for their employees and their families and to establish/develop partnerships with the community and the government for a strengthened response to the epidemic. This consultation also allowed for exchange of good practices being followed in companies to be replicated by others. An Assessment is been carried out on the private sector, inputs received from this assessment will be analyzed to assess the technical expertise required by private sector companies to establish workplace policies and programmes on HIV/AIDS. Further support will depend upon the nature of results obtained from this analysis.

The Secretariat through the Component is engaging the South African Department of Public Service and Administration HIV/AIDS Action Project in a Technical Cooperation Arrangement to pilot the South African Model of the Employee Wellness Programme for the Public Service in Sierra Leone. The
technical support will cover training of staff and health workers. The inception of the project will strengthen the capacity of the public sector and the labour unions (especially focal points on education and health) in their responses to HIV/AIDS.

The Component in collaboration with the Ministry of Education, Science and Technology (MEST) and the UNAIDS on Interagency Task Team for Education (IATT) hosted a 5 Day Workshop from 25th – 29th April 2005. The workshop attracted participants from the sub-region mainly Anglophone countries and a few others from Guinea and Senegal. The Theme was “Accelerating the education sector response to HIV/AIDS”. The aim was to promote better understanding, stronger leadership and more effective national responses at all levels of the education sector. There were two main objectives. Firstly to deliver the social vaccine of Education by ensuring that we achieve Education for all, and the Millennium Development Goals (MDGS), despite the impact of HIV/AIDS on the Education System. Secondly, to open the window of hope for the next generation by strengthening the capacity of the education sector to respond with timely actions to prevent learners from HIV/AIDS infection.

As an outcome of the April 2005 workshop, the Ministry has developed a Draft Education Sector Policy on HIV/AIDS including a Workplace Policy. The Draft is ready for validation and will be finalized in the first half of 2006.

3.0 Challenges/Constraints/Gaps/Missing Links in Response

3.1 Redefining the Component’s Strategy in engaging the informal sector and supporting the Private Sector to develop and fund workplace Programmes.

Solutions to the problems of HIV/AIDS require multi-sectoral approach that demands sharing of experiences among various sectors. The Secretariat could only realize meaningful impact of its national strategy when recognition is paid to the importance of all sectors in the fight against HIV/AIDS. Since this is a missing link in our strategy due to the unavailability of resources, there is an urgent need to engage this sector, moreso, when majority of our unemployed youths are harbour. The informal sector in Sierra Leone is characterized by unstructured and poorly defined membership, diverse socio-cultural mix representing different ethic and age profiles of which 60-75% are youths, the sector comprises over 70 percent of the working population. Because of their numerical strength, there is a need to seriously engage this sector in the design and implementation of workplace programmes. The diverse memberships should be encouraged to form associations/unions and to be enlightened on the importance and dynamics of their sector. Through this the sector can then become organized for mainstreaming Work place
programmes on HIV/AIDS like prevention programmes, Peer Education, Condom Promotion and Occupational Safety.

3.2 Strengthening Advocacy and action to incorporate workplace policies and programmes into national HIV/AIDS strategy and plans.

There is a need to commission a review of the national legislation. Upon reviewing national legislation and policy documents, a national policy statement on a national HIV/AIDS workplace policy to be adhered to with regard to interventions on HIV/AIDS in the world of work will be adopted. This will provide a framework for putting forward the workplace as an essential medium to fight HIV/AIDS. It will be used to guide workplace HIV/AIDS policies and to address the issue relating to stigma at all workplaces.

3.3 Accelerating the Education Sector Response

This involves a broad framework for mainstreaming HIV/AIDS into the Education Sector at the various levels in the system – Primary, Secondary and Tertiary Sectors including developing approaches/strategies that would ensure access to education for orphans and vulnerable children (OVC). As a nation committed to the realization Millennium Development Goals (MDGs) more specifically achieving Universal Primary Education, Reducing Child Mortality and Combating HIV/AIDS...., three pronged strategies needs to be adopted to get the HIV/AIDS message over to pupils/learners.

- sensitisation and awareness-raising
- infusion of HIV/AIDS issues into the curriculum and training teachers on how to use the material
- encouraging pupil involvement in extra-curricular activity

The aim is to get them to school, keep them there, provide the best learning environment possible, help them to learn and make informed decisions. This requires plenty of resources to target well over 3,477 primary schools and not to mention over 258 secondary schools. In terms of actual targeted population of students and teachers, we are dealing with a figure of 1,228,538. That is a quarter of the entire country's population. This provides the importance of this sector in addressing the HIV/AIDS

3.4 Addressing STIs among Uniformed Personnel and Unemployed Youths

Since 2003, uniformed services (Sierra Leone Army, Sierra Leone Police) have received support from us to respond to the threat of HIV/AIDS. The objective of this support was to assist the institution organize a response to the growing threat of HIV/AIDS by supporting activities to contain or reduce the level of the epidemic, and mitigates its effects through capacity building and awareness raising. Although activities in the area of advocacy and sensitisation to contain the spread of HIV are currently being undertaken, the
expected behavioural changes that will limit the incidence of STIs/HIV/AIDS have not actually had impact. The incidence of STIs, particularly gonorrhoea and syphilis among the force is on the rise and more especially among their partners. A six-month investigation into the STIs diagnostics record of the Forces Joint Medical Unit Laboratory Department is presented below:

Table 1: STIs Statistics for January 2005 – June 2005

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<tr>
<th>MONTH</th>
<th>TYPE OF STI</th>
<th>SEX</th>
<th>STATUS</th>
<th>TOTAL</th>
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<tr>
<td></td>
<td>Gonorrhoea</td>
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<td>Male</td>
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<td>Jan</td>
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Source: Forces Joint Medical Unit Laboratory Department

As an urgent need to coordinate the efforts and to sustain the gains already made by the Secretariat and partners in raising awareness, there is an urgent need to develop specific programmes to address STIs among their ranks and dependants and for the majority of the unemployed youths, more especially when STIs could be a conduit for HIV transmission. The needs that could be identified at this crucial moment is the strengthening of diagnostics facilities of uniformed services clinics, treatment and provision of condoms and capacity building for laboratory staff.

K. HEALTH SECTOR RESPONSE TO HIV/AIDS (ARG)

1. BLOOD SAFETY

Safe Blood Services are perhaps the most quantifiable intervention in any comprehensive national HIV/AIDS strategy. At any point in time, one could count the number of infected units of blood that were removed from circulation within the population. At the same time, such a system could be used for public sensitisation on HIV/AIDS and an opportunity to galvanize civic pride that allows everyone to potentially contribute to the fight against HIV/AIDS.

In order to institute or strengthen such services within the country, there should be a national policy, a system for training of staff, effective donor recruitment strategies, appropriate laboratory screening techniques for transfusion associated infections, a system for storage and distribution of blood units, and Physicians trained to appropriately use blood and blood products.

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1 Includes civilian staff and Dependants of Service Personnel
Achievements
- 26 Laboratory Technicians trained in the screening of blood for HIV and other related pathogens
- Guidelines for the rational use of blood and blood related products have been developed by stakeholders
- Community Volunteers trained in blood donor promotion
- National Policy developed on bloods safety
- 100% of blood transfused screened for HIV, Syphilis, Hepatitis B and C
- 6,937 units of blood screened in 2005

Challenges/Gaps
- Assure availability of HIV screening for blood donations as defined in the national HIV testing guidelines
- Expand blood bank availability at the district level including the improvement of blood storage conditions with adequate refrigeration facilities
- Expand the logistics and technical capacity of the central blood service to supervise and train district counterparts.

2. CARE AND TREATMENT FOR PEOPLE LIVING WITH HIV/AIDS

The provision of health care and supportive services to infected and affected people with HIV disease poses a significant challenge to the Government of Sierra Leone. The development and implementation of a coordinated continuum of care encompasses a wide range of activities, many of which depend on the existence of a strong public health infrastructure and health care delivery system.

Medical and psychosocial care is currently being provided to PLWHA through the existing health services, and through non-public initiatives including home-based support. The initial focus of medical care has been on opportunistic infections management, nutritional support and establishment of basic diagnostic monitoring capacity with CD4 cell counts.

Achievements
- Formation of Sierra Leone Treatment Action Group (SILTAG)
- Development of National Antiretroviral Treatment Guidelines
- Development of Guidelines for management of opportunistic infections
- Enhancing the leading role of PLWHAs in addressing stigma and discrimination. An association (HIV/AIDS Care and Support Association, HACSA) has been formed by PLWHA.
- Training of 47 Physicians, 46 Nurses, 13 Pharmacists and 13 Laboratory Technicians on the Clinical Management of PLWHA with ARV drugs
- 476 Peripheral Health Unit Workers trained on the management of opportunistic infections.
- 514 PLWHAs are currently on ART
Challenges/Gaps

- Enhance home-based care capabilities to provide a continuum of care
- Expand efforts to prevent and treat opportunistic infections and provide palliative care
- Provide community forums for planning, education, information sharing and stigma reduction efforts
- Develop the capacity of CBOs and PLWHA Groups as service delivery/recipients partners, advocacy, and pressure groups for quality of care
- Empower families to play a much more prominent role in care delivery and advocacy for those infected and affected by HIV/AIDS

3. VOLUNATRY CONFIDENTIAL AND TESTING SERVICES (VCCT)

An important component of the comprehensive national strategy to address the problem of HIV in Sierra Leone is the development of VCCT services. Most importantly, VCCT provides an individual with the opportunity to learn his or her status. If a person is negative, a trained counsellor can provide important information on how to practice risk-reduction strategies. If a person tests positive, an entry point into care is created. In addition, the opportunity to prevent further transmission is presented through behaviour education.

Achievements
- VCCT Guidelines developed
- VCCT training manual developed
- Stakeholders from both public and private sectors trained on VCCT
- 19 VCCT sites established all over the country
- 127 Counsellors trained for both public and private facilities
- Community sensitisation on VCCT intensified
- VCCT Coordinator recruited
- 30 VCCT Counsellors recruited
- A total of 39,492 clients have opted voluntarily for HIV testing

Challenges/Gaps

- Develop human resource capacity in public and private sector to meet anticipated demands
- Review and define minimum professional requirements to provide various aspects of HIV counselling as part of HIV VCCT services.
- Prioritise VCCT services for the most vulnerable that may be best served by NGOs/CBOs.
4. PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

Most childhood HIV infections are as a result of transmission from an HIV-infected woman to her child during pregnancy, labor and delivery or through breastfeeding.

The prevention of vertical HIV transmission is now possible as there are simple and effective interventions that are feasible to implement.

Achievements
- Development of PMTCT Guidelines to address ARV prophylaxis, obstetric practices, infant feeding practices and access to further health and social services
- Antenatal Clinic Nurses and Midwives trained on PMTCT
- Medical Doctors trained on PMTCT
- 18 PMTCT sites established all over the country
- PMTCT Coordinator recruited
- A total of 24,080 pregnant women have tested for HIV, 301 were positive
- 57 positive women and 59 children received the drug NEVIRAPINE

Challenges/Gaps
- Weak overall MCH system with high maternal and infant mortality rates
- Staff shortages
- Establish PMTCT Working Group
- Prioritise MCH services
- Community sensitisation on PMTCT

SUMMARY

ACHIEVEMENTS ON COMPONENT 3 (HEALTH SECTOR RESPONSE)
- Development of National Guidelines that support key activities (VCCT, PMTCT, ART, STI, Rational Use of Blood and Medical Waste Management, etc)
- National Policy developed on bloods safety
- Strengthened laboratory capacity for HIV testing
- Established 19 VCCT sites
- Established 18 PMTCT sites
- Established 15 ARV treatment centres
- Formation of a Sierra Leone Treatment Action Group (SILTAG)
- 514 PLWHAs are currently on ART
- Enhanced the leading role of PLWHA in addressing stigma and discrimination
**Gaps**

- Human resource capacity
- Expansion of VCCT and PMTCT activities to chiefdom and community levels
- Establish blood bank facilities at district level
- Strengthening laboratories at district level for ART monitoring

**L. COMMUNITY CIVIL SOCIETY INITIATIVES (CCSI)**

The CCSI Component within SHARP is serving 15 categories of high risk groups, namely: commercial sex workers and their clients, persons with TB or STI's, street children, rape victims (physically and mentally abused), uniformed services, truck drivers, miners, fishermen trade unions, internally displaced, abused women, gays and lesbians, refugees and the general population according to the Project Appraisal Document (PAD); in a **DECENTRALIZED MANNER**.

During implementation, it was realised that there were gaps in the design of the CCSI Component, to effectively implement the decentralised initiative. More or less, decentralisation was not costed neither funded.

Other gaps include:

1. Effective monitoring and supervision.
2. Recruitment of more Programme Officers.
3. Establishing and equipping of District Councils to strengthen technical competence (logistics- human, material and financial)

NAS has already signed Memorandum of Understanding (MOU) with all 14 District Councils and has established District HIV/AIDS Committees (DAC) within District Councils. The CCSI Component has put together working documents (Guidelines for the transfer of Grants and Contract Agreement) for an effective and efficient implementation of SHARP activities at the local level. The overall objective is to broaden the spectrum of HIV/AIDS activities from a vertical health sector-focused approach towards an integrated, multi-sectoral and development-oriented approach at the district level. The vision of NAS is to build the knowledge base of communities on HIV/AIDS in order that:

1. Communities to recognize that HIV/AIDS is a reality and that the scourge has an impact on the entire community;
2. Are empowered to assess their risks and vulnerabilities; and
3. Know how to plan for, find resources for, and manage their own sustainable responses including treatment, care and support for those infected and affected.
Orphans and Vulnerable Children

- UNICEF supported the setting up of a National OVC taskforce in December 2004
- Situational analysis conducted in 2005
- Strategic Plan meeting organised in September 2005.
- Draft Strategic Plan developed

People in Special Circumstances (PISC) Commercial Sex Workers

Due to serious vulnerability, Commercial Sex Workers (CSW), commonly called People In Special Circumstances (PISCs) are likely to exchange sex for gifts and money and thus at risk of contracting HIV/AIDS. In Sierra Leone factors which predispose CSWs include:

1. Lack of sustainable life skills
2. Lack of knowledge of the impact of HIV/AIDS and other STIs
3. Lack of adequate education
4. Lack of interpersonal relationships
5. Low socio-economic status
6. Lack of amenities
7. Negative influence from partners (pimps)
8. Family violence and rejection
9. Lack of advocacy
10. Homelessness

M. NATIONAL COMMITMENT AND ACTION

The changes in commitment made by national stakeholders in the fight against HIV/AIDS are based and embedded in the National HIV/AIDS Strategic framework. The framework provides guiding principles and prioritized strategies on the prevention of HIV transmission as well as the provision of care and support for people infected and affected by HIV/AIDS. It also provides an enabling legal and ethical environment. It provides the basis for monitoring and evaluating the National HIV/AIDS STI policy. This framework outlines the overall institutional arrangement for decentralized implementation.

To promote multi-sectoral action to scale up efforts, the national response is in the process of being decentralised utilising the available decentralised structures of the Public Administrative Systems. Districts AIDS Committees have been formed. HIV/AIDS monitoring and Evaluation focal persons have been appointed within the public sector ministries. The process of decentralisation has just started but its aim is to ensure community participation, and active involvement of district Coordination bodies, District Councils and individual responsibility in all HIV/AIDS programmes.
National Programmes

During the period under review, 15 Ministries, Departments and Agencies, 247 Non governmental Organisations and 69 Community Based Organisations were supported to carry out specific HIV/AIDS programmes in the following areas:

- Care and Support
- Peer Education
- Advocacy
- Awareness Creation through Information, Education and Communication and BCC
- Condom Distribution
- Counselling
- IEC
- HIV/AIDS Capacity Building
- HIV/AIDS Manual and Guidelines development
- The target groups were:
  - People living with and affected by HIV/AIDS
  - Youth- in school and out of school
  - Orphans and Vulnerable Children
  - Women
  - Migrant workers e.g. miners
  - Mobile workers e.g. Truck Drivers, Market women
  - Commercial Sex workers
  - Security and Uniformed services and
  - Civil Servants

N. INDICATORS

**Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year.**

Only 8% of primary schools have teachers trained in life-skills-based HIV/AIDS education and who taught it during the last academic year. However, the data available for determining the percentage of teachers who have been trained in life-skills-based HIV/AIDS education for secondary schools is incomplete. There is a pending National Teachers Census planned for this year (2006).

**Percentage of large enterprises / companies that have HIV/AIDS Workplace Policies and programmes.**

Presently, 47% of Government Ministries, Department and Agencies have developed work place programmes in place including the military, banks, mobil company and communication network systems. The police department is also developing its work place policy. A national work place policy has been developed.
The number of patients with STIs at health care facilities who are appropriately diagnosed, treated and counseled.

Data for this indicator is being collected by the Disease Prevention and Control Unit in the Ministry of Health and Sanitation. Fifty four thousand four hundred and fifteen (54,415) people were appropriately diagnosed, treated and counseled.

Number of HIV – infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT

Data on MTCT is being collected from 18 sites in Sierra Leone by the Health Sector AIDS Response Group. According to data available 64 pregnant women have received Nevirapine.

Number of people with advanced HIV infection receiving antiretroviral combination therapy at the beginning of the year. (This figure is carried over from those of 2004).

90 people as of January 2005 were taking antiretroviral drugs in the country.

Support for children affected by HIV/AIDS

Data for this indicator is currently not being collected. Recently a survey of the status of vulnerable children has been conducted by UNICEF, Sierra Leone to assess their needs, vulnerability and action plans. Minimal support is provided by NAS.

Total number of blood units transfused in the past 12 months

Data on this indicator exist and is being collected by the AIDS Response Group and the Blood Screening Unit in the Ministry of Health and Sanitation 6,937 blood units have been transfused.

Young people’s knowledge about HIV prevention

The data on this indicator is captured in the National Sero prevalence and Behavioural Surveillance Surveys of 2005. Knowledge is abundant but specific distinctions between HIV and AIDS is inadequate/lacking.

Number of respondents who report their age at sex initiation as under 15

The data on this indicator is captured in the National Sero prevalence and Behavioural Surveillance Surveys (2005).
Number of respondents aged 15-24 who had sex with a non marital, non-cohabiting partner in the last 12 months

The data on this indicator is captured in the National Sero prevalence and Behavioural Surveillance Surveys. Out of a sample of 8308 respondents, 3210 reported having sex in the last twelve months but not specifically stated whether with a non-marital or non-cohabiting partner.

Number of respondents aged 15-24 who reported having had a non-regular sexual partner in the last 12 months i.e. (Young people’s condom use with non-regular partners)

The data on this indicator is captured in the National Sero prevalence and Behavioural Surveillance Surveys.

Ratio of current Orphans’ school attendance

Specific Data on this indicator is not available though plans are underway to include such in the next Ministry of Education Census which will enable computation of this indicator. Difficult though as figure is a derivative of actual HIV/AIDS diagnosis of parents, however rudimentary computations are given.

Reduction in HIV prevalence

Data on this indicator is not available as of yet as National intervention commenced in 2003.

Total number of people who initiated treatment 12 months ago

Data on this indicator exist and is being collected by the AIDS Response Group which gives a total of 475 out of whom 51 are dead.

Proportion of HIV+ pregnant women provided with ARV treatment

Data on this indicator exist and reveals 232 of which only 57 received Nevirapin in 2005. **NB:** Not all deliveries are hospital based.

Most-at-risk populations: HIV testing

Data on this indicator is not available, but include CSWs, Uniformed Personnel, Truck drivers and miners.
**Number of respondents participated in at least one HIV prevention programme in the last 12 months**

Data on this indicator is not available

**Number of respondents giving the correct answers to the generally asked questions**

The data on this indicator is captured in the National Sero prevalence and Behavioural Surveillance Surveys.

**Number of respondents who reported that a condom was used with their last client**

The data on this indicator is captured in the National Sero prevalence and Behavioural Surveillance Surveys.

**Number of respondents who reported having had anal sex with a male partner in the last 6 months**

Data on this indicator is not available. Such practices are very rare in Sierra Leone.

**Number of respondents who reported having injected drugs in the last month and having had sex in the last month**

Data on this indicator is not available.

**Most-at-risk populations: reduction in HIV prevalence**

Data on this indicator is not available but there are indications that the IEC interventions influence behaviour change.

**O. SUPPORT REQUIRED FROM COUNTRY DEVELOPMENT PARTNERS**

The Government of Sierra Leone, the World Bank and the Global Fund are presently funding the national response to HIV/AIDS in the country. There is need to harness more resources from the local donor community in terms of financial resources and technical support.
P. MONITORING AND EVALUATION ENVIRONMENT

Sectoral Monitoring and Evaluation focal persons have been established in most of the public sector Ministries Departments/Agencies to monitor the implementation of the AIDS. Their roles and responsibilities include the following:

**M/E technical track staff**

- Identify and record all activities related to HIV/AIDS by their respective Institutions.
- Document the major activities on HIV/AIDS in their respective Ministries.
- Collate and compile monthly/quarterly reports. Arrange dissemination of information on HIV/AIDS at all levels within their Ministries.
- Act as a resource point for information on HIV/AIDS in their institutions.

**District M&E Officers**

District M&E officers have been appointed by the Ministry of Health and Sanitation.

*Their duties and responsibilities:*

- The District Monitoring and Evaluation Officers shall collaborate with district council members, Unit Committees, Chiefs/ Opinion Leaders to identify, prepare an inventory of and monitor all NGOs, CBOs, FBOs, and other institutions working on HIV/AIDS related activities in the district.
- Document and review NGO proposals submitted to the district in collaboration with the DAC and make recommendations for endorsement to the District Council Executives.
- Ensure appropriate documentation and screening of CBO proposals submitted to the district.
- Prepare monitoring and evaluation plans for HIV/AIDS activities within the district through the selection of appropriate indicators.
- Collect monthly progress reports on activities of NGOs, CBOs, FBOs, and institutions working on HIV/AIDS related activities in the district and forward these to the Ministry of Health.
- Facilitate the work of the DAC and technical team as member/secretary.
- Act as resource person for district level information on HIV/AIDS.
- Assist NGOs, CBOs, FBO, and institutions working on HIV/AIDS related activities in the District to identify sources of funding for HIV/AIDS activities.
Q. CONSULTATION PROCESS FOR THE NATIONAL REPORT ON MONITORING THE FOLLOW UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS

November, 2005: – Consultative meeting held with the senior management at the National AIDS Secretariat and major stakeholders to discuss strategies for collecting data.

December 2005: – Monitoring and Evaluation Technical Working Group meeting to review and update national M&E plan and UNGASS indicators

Early January, 2006: – Request for data from stakeholders

Mid January, 2006: – deadline for submission of data to NAS from partners, UN family and National Authorities.

End January, 2006: – compilation of report is as a synthesis of various contributions from stakeholders.


R. NATIONAL COMPOSITE POLICY INDEX

<table>
<thead>
<tr>
<th>Strategic Plan</th>
<th>YES</th>
<th>The National Strategic Framework 2006 - 2010</th>
</tr>
</thead>
<tbody>
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<td>The Sierra Leone Poverty Reduction Strategy Programme</td>
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<td>2. Country has integrated HIV/AIDS into its general development plan</td>
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<td>4. Country has a functional national HIV/AIDS body that promotes interaction among government, the private sector, and civil society</td>
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<td>5. Country has a functional HIV/AIDS body that assists in the coordination of civil society organisations</td>
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<td>The National AIDS Council and Secretariat</td>
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<td>6. Country has evaluated the</td>
<td>To some</td>
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<tr>
<td>Prevention</td>
<td>Human Rights</td>
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<tr>
<td>1. Country has a general policy or strategy to promote IEC on HIV/AIDS</td>
<td>1. Country has laws and regulations that protect against discrimination of people living with HIV/AIDS</td>
<td></td>
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<tr>
<td>YES</td>
<td>NO but general statute derivation</td>
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<tr>
<td>The IEC/BCC unit under the National AIDS Secretariat, IEC strategy and national HIV/AIDS policy</td>
<td>The national policy of 2002 addresses it but no laws enacted yet</td>
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<tr>
<td>2. Country has a policy or strategy promoting reproductive and sexual health education for young people</td>
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<td>YES</td>
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<tr>
<td>Ministry of Health and Sanitation – The Reproductive Health policy</td>
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<tr>
<td>3. Country has a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection</td>
<td></td>
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<tr>
<td>YES</td>
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<tr>
<td>The National HIV/AIDS Secretariat</td>
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<tr>
<td>4. Country has a policy or strategy that promotes IEC and other health interventions for cross border migrants</td>
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<td>YES but rudimentary</td>
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<td>Mano River Union Secretariat and UNFPA (Project being prosecuted)</td>
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<tr>
<td>5. Country has a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities</td>
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<tr>
<td>YES</td>
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<tr>
<td>The National AIDS Secretariat</td>
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<td>6. Country has a policy or strategy to reduce MTCT</td>
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<tr>
<td>YES</td>
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<tr>
<td>AIDS Response Group National HIV/AIDS Secretariat</td>
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<tr>
<td></td>
<td>Country has laws and regulations that protect against discrimination of groups of people identified as being especially vulnerable to HIV/AIDS</td>
<td>NO</td>
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<td>Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable groups</td>
<td>YES</td>
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<tr>
<td></td>
<td>Country has a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee</td>
<td>YES</td>
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</table>

**Care and Support**

<table>
<thead>
<tr>
<th></th>
<th>Country has a policy or strategy to promote comprehensive HIV/AIDS care and support with emphasis on vulnerable groups</th>
<th>Yes</th>
<th>The National AIDS Secretariat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Country has a policy or strategy to ensure or improve access to HIV/AIDS related medicines, with emphasis on vulnerable groups</td>
<td>Yes</td>
<td>The AIDS Response Group, National AIDS Secretariat</td>
</tr>
<tr>
<td></td>
<td>Country has policy or strategy to address the additional needs of orphans and other vulnerable children</td>
<td>In Progress</td>
<td>National Commission for War Affected Children</td>
</tr>
</tbody>
</table>
ANNEX 1

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE

Strategic plan

1. Has your country developed multisectoral strategies to combat HIV/AIDS?
   (Multisectoral strategies should include, but not be limited to, the health, education, labour, and agriculture sectors)

   Yes (X) No N/A

Comments: A national strategic framework has been developed and is being implemented. The National strategic framework provides broad guidelines for sector Ministries, Departments, Agencies, District Councils, the Private Sector, Civil Society at large to evolve and implement specific HIV/AIDS strategic plans and play their role in a multi-sectoral process.

2. Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?

   Yes (X) No N/A

Comments: This has been done through consultations during the development of the Sierra Leone Poverty Reduction Strategy. (SLPRS)

3. Does your country have a functional national multisectoral HIV/AIDS management/coordination body? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

   Yes (X) No N/A

Comments: The Sierra Leone National AIDS Council is the national supreme multisectoral coordination body under the Office of the President of Sierra Leone with functions of advising the Government of Sierra Leone, advocacy, formulation of national plans and guidelines, monitor and evaluate, identify, mobilise and manage funds. The Sierra Leone National AIDS Council comprises 20 members, with 15 of them representing various Ministries i.e either the Minister or the Deputy. Other
members include representatives of civil society organisations, faith based organisations, private sector and PLWHA. The NAS is the Secretary to the Council.

4. **Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society?** (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

**Yes (X) No N/A**

**Comments:** Please refer to question 3. The Sierra Leone National AIDS Secretariat performs this action/function.

5. **Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations?** (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

**Yes No (X) N/A**

**Comments:**
No, but these umbrella groups exist at national, regional and district levels under the Sierra Leone Association of Non-Governmental Organizations (SLANGO)

6. Has your country evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes?

**Yes No (X) N/A**

**Comments:** Not yet. This will be done at the end of 2006 Presently, output/outcome indicators are being assessed.

7. **Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces?**

**Yes (X) No N/A**

**Comments:** The Multi-sector response to HIV/AIDS prevention and care is addressing HIV/AIDS related issues amongst uniformed personnel

**Prevention**

1. **Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?**

**Yes (X) No N/A**
The IEC/BCC component of the National AIDS Secretariat performs this function.

2. Does your country have a policy or strategy promoting reproductive and sexual health education for young people?

Yes (X) No N/A

Comments: The reproductive health policy developed by the Ministry of Health and Sanitation.

3. Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.)

Yes (X) No N/A

Comments: Key partners working in promoting IEC amongst vulnerable groups have specific strategies. Additionally, the National AIDS Secretariat IEC strategy is being implemented.

4. Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants?

Yes (X) No N/A

Comments: The policy is enshrined in the overall National HIV/AIDS Policy but the activities are implemented by the Mano River Secretariat in collaboration with UNFPA.

5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

Yes (X) No N/A

If yes, please list
Condoms, essential drugs for opportunistic infections, ARTs
Groups: Commodities:

Comments: National guidelines for VCCT has been developed and is being implemented.
6. Does your country have a policy or strategy to reduce mother-to-child HIV transmission?

Yes (X) No N/A

Comments: Guidelines. Prevention of Mother to child transmission of HIV in Sierra Leone has been developed and is being implemented.

Human rights
1. Does your country have laws and regulations that protect against discrimination of people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

Yes (X) No

Comments: The law is enshrined in the Constitution of Sierra Leone.

2. Does your country have laws and regulations that protect against discrimination of groups of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes (X) No  N/A

If yes, please list groups:
Comments: The law is enshrined in the constitution of Sierra Leone

3. Does your country have a policy to ensure equal access, for men and women, to prevention and care, with emphasis on vulnerable populations?

Yes (X) No N/A

Comments: Enshrined in the National HIV/AIDS Policy

4. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?

Yes (X) No

Comments: Ethics and Research Committee of the Ministry of Health and Sanitation
Care and support

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes (X) No

If yes, please list
Groups: Commodities:

Comments:– The National Guidelines for Development and Implementation of HIV Voluntary Counselling and Testing in Sierra Leone is in the process of development.

2. Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretrovirals and drugs for the prevention and treatment of opportunistic infections and palliative care.)

Yes (X) No N/A

If yes, please list
Groups: Commodities:

Comments: Draft ARV guidelines, Prevention of Mother to Child Transmission of HIV in Sierra Leone is available.

3. Does your country have a policy or strategy to address the additional needs of orphans and other vulnerable children?

Yes (X) No N/A

Comments: In progress. The Government of Sierra Leone in collaboration with UNICEF has just concluded a notional situation analysis on the status of orphans and vulnerable children (OVC) in Sierra Leone. This situational analysis will address the needs of the OVCs. An action plan has been formulated.