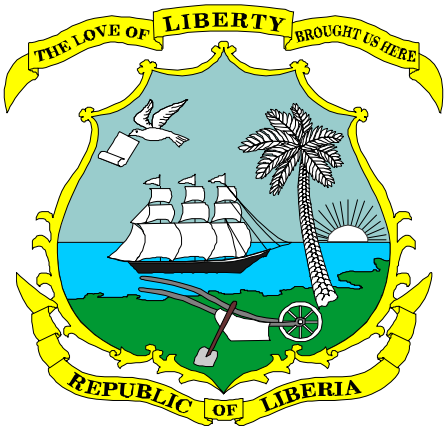

NATIONAL EDUCATION SECTOR HIV&AIDS STRATEGIC PLAN FIVE YEAR PROGRAM OF WORK 2010-2014

MINISTRY OF EDUCATION
Republic of Liberia

February, 2009

MOE SEAL **UNICEF SEAL**

Map of Liberia

Preface

The Strive by the Ministry of Education to develop Education Sector Strategic plan on HIV and AIDS demonstrates its commitment to fighting the HIV/AIDS scourge within the Education Sector as part of the national multi-sectoral response in Liberia.

The call for this strategy framework is to facilitate broader understanding and strengthen partnerships between education service providers in the fight against the Scourge.
This HIV/AIDS strategic plan of the Education sector, which is aligned with the National Strategic Framework(NSF 2009-2013), will provide broader strategies from which every education stakeholder will derive their annual work plan for HIV and AIDS intervention within the sector.

This sector's strategy is intended to delineate the rights and responsibilities of every stakeholder involved, directly and indirectly, in the education sector with regard to HIV/AIDS: the learners, their parents and caregivers, educators, managers, administrators, support staff and civil society.

The 2007 Liberia Demographic Health Survey (LDHS) reveals that the prevalence among the general population is less than two percent (2%), but this does not mean that HIV is not a threat to the survival of the Liberian society. There are still unhealthy sexual practices occurring among the general population that have the propensity to fuel the current status to a crisis proportion. Therefore, in our view as education sector, the fight against HIV in Liberia must be won; otherwise, the impact of the pandemic will inevitably slow down Liberia's educational attainment. It is, however, becoming increasingly important for the sector to urgently respond to the changing needs of its teachers, students, and school communities, not only to protect the basic functioning of the education system, but also as part of the wider responsibility to respond to the pandemic and utilize every available opportunity at its disposal to reduce

the effects of HIV and AIDS on both the education sector and society at large.

Subsequently, the **Education Sector HIV and AIDS strategy** shall act as structural framework that translates the HIV workplace policy for effective prevention, care and support within the education sector where HIV and AIDS programs are being implemented. We see this as an opportunity to call upon all education service providers to join the Ministry in "Accelerating the education sector response to HIV in Liberia."

Therefore, on behalf of the Ministry of Education, I wish to express gratitude to all stakeholders who have participated in this venture for their invaluable contribution. I also wish to express my sincere thanks to UNICEF-Liberia (whose funding support sought the realization of such policy for the education sector), and members of the UNAIDS Interagency Task Team (IATT) for education comprising UNESCO, UNAIDS, UNFPA in Liberia and World Bank, Washington DC, USA, whose moral and technical contributions have come a long way to ensure that the document receives the technical support it deserves.

Dr. Joseph D. Z. Korto
Minister of Education

Acknowledgement

The Education sector HIV and AIDS Strategic Plan provides the blue print for the implementation of HIV and AIDS Policy in the sector. The plan will guide the Ministry of Education in its operation and also provide standard for partner organizations that are involved in HIV and AIDS education related interventions.

To this end, we wish thank all education stakeholders for their moral and technical support which led to the crafting of this plan.

We also like to extend our sincere thanks and appreciation to Mr. Bashiru Akande Lasisi, an international consultant contracted by UNICEF-Liberia through the Ministry of Education and his team of local consultants, for spearheading the exercise.

Finally, we would like to extend special thanks to UNICEF-Liberia for their financial support, and to the authority of the Ministry of Education for demonstrating its political will and commitment to this noble exercise aimed at supporting the multi-sectoral response to HIV in Liberia.

Olivia Marse-Kendrixs
Director
School Health Division/MOE

LIST OF ACRONYMS

ABC	Abstinence, Be Faithful or use Condoms
AIDS	Acquired Immune Deficiency Syndrome
ALPP	Accelerated Learning Program PLUS
ANC	Antenatal Clinic
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
ASAP	AIDS Strategy and Action Plan
BCC	Behavior Change Communication
CAII	Creative Associates International Inc.
CBO	Community Based Organization
CEO	County Education Officer
CRIS	Country Response Information System
CSO	Civil Society Organization
DEO	District Education Officer
DHS	Demographic and Health Survey
DSH	Division of School Health
EFA	Education for ALL
EMIS	Education Management Information System
FBO	Faith-Based Organization
FPAL	Family Planning Association of Liberia
GFATM	Global Fund for AIDS, TB and Malaria
GIPA	Greater Involvement of People Living With AIDS
GOL	Government of Liberia
HCT	HIV Counseling and Testing
HCU	HIV&AIDS Control Unit
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IDP	International Development Partners
IEC	Information, Education, Communication
INGO	International Non-Government Organization
JR	Joint Review
KABP	Knowledge, Attitude, Behavior and Practices
LDHS	Liberia Demographic Health Survey
LOAF	Liberia Orphans of AIDS Foundation
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MOH&SW	Ministry of Health and Social Welfare
MoL	Ministry of Labor

MoY&S	Ministry of Youth and Sports
MPCHS	Mother Pattern College of Health Sciences
NAC	National AIDS Commission
NACP	National AIDS Control Program
NESSP	National Education Sector Strategic Plan
NGO	Non-Government Organization
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PLWHIV	People Living with HIV
PRS	Poverty Reduction Strategy
STI	Sexually transmitted Infection
TWG	Technical Working Group
UN	United Nations
UNAIDS	The Joint United Nations Program on HIV&AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Foundation
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WFP	World Food Program

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1 Background

1.1 Introduction

Liberia is recovering from nearly two decades of civil conflict that decimated the lives of approximately 270,000 people, created hundreds of thousands of refugees and internally displaced persons (IDPs), leaving a legacy of damage and destruction to institutions, infrastructure, social capital as well as traditional norms and customs. The economy collapsed and subsequently impoverished much of the Liberian population as evident from its social indicators which is currently among the worst in the world.[1] In 2005, President Ellen Johnson-Sirleaf was elected into office and this has brought a lot of optimism for a new rebirth. Despite the optimism generated by the election however, the government still faces serious challenges in re-building not only its economy but its entire social sector.

The Liberia Poverty Reduction Strategy (PRS) notes that HIV& AIDS is a major challenge in Liberia's transition from the emergency phase to recovery and development, and that unless the growth of the epidemic is halted; all efforts aimed at nation building would be fruitless. It was in the

[1] PRS 2008

light of this that the Government of Liberia through the National AIDS Commission (NAC) set machinery in motion for the development of National strategic Framework to guide the nations' response to HIV&AIDS. This initiative which started in 2008 is providing the country with an ample opportunity for an accelerated and coordinated multi-sectoral HIV&AIDS response in which all sectors play significant roles in reducing the spread of HIV&AIDS and mitigate its impact on the infected and affected in particular and the nation in general.

1.2 Demographic and health profile of Liberia[2]

Liberia is situated on the west coast of Africa with Cote d'Ivoire to the east, Guinea to the north and Sierra Leone to the west. According to the results of the 2008 Population and Housing Census of Liberia, the population is 3,489,072. The population is made up of 18 major indigenous groups and descendants of settlers and is unevenly distributed among the counties with Montserrado, Nimba, Bong, Lofa, Grand Bassa and Margibi counties accounting for 75.2 percent of the total population. Liberia's population is young, with nearly 47 percent estimated to be under 17 years old and at least 50 per cent below the age of 20[3].

Gender distribution has remained fairly even with a ratio of 102 men per 100 women. Early sexual debut is noticeable with more than three-quarters of women and almost half of men being sexually active by age 18, and three out of four women (20-24 years of age) have had a child. Use of modern contraception is only 10.2 percent, but has almost doubled from 6 percent in 1986. There is a significant variation in use between urban areas at 19 percent to rural areas at 8 percent and education 8

[2] Drawn largely from the 2007 Demographic and Health Survey
[3] LDHS 1999

percent, no education 12 percent, primary education and 21 percent with secondary education[4].

1.3 The HIV&AIDS Epidemic in Liberia

The 2007 Demographic Health Survey (DHS) puts Liberia's adult prevalence of HIV at 1.5 percent(1.8 percent for females and 1.2 percent for males)with the biggest gender-related differences between ages 15-24 year olds. Although numbers are small, the data suggest that infection rates peak at a younger age in women than in men. The DHS found more women infected than men (female:male ratio 1:5), although the difference is somewhat less in urban areas (female:male ratio 1.3).

However, there are some available data from 2006/07 sentinel survey conducted at antenatal clinics in both rural and urban areas. The prevalence among pregnant women in 2006 was 5.7 percent (CI: 5.0%-6.4%). In 2007 ANC survey was conducted in fifteen sentinel sites located in 12 counties, in the five health regions. Thirteen of the 15 sites were in urban areas; (5,692 samples taken from 2 rural and 13 urban sites). The result showed a decline in prevalence from 5.7 percent to 5.4 percent. However, as of the end of 2007, the number of people requiring antiretroviral therapy in Liberia was estimated at 8,500 by WHO/UNAIDS/UNICEF, of whom 17 percent (1,400) were estimated to be receiving it.

1.4 HIV Prevalence and Educational Level

The 2007 ANC survey showed that HIV prevalence increases among educated women and men. (Table 1) Women with secondary and higher education are almost three times as likely to be infected as those with no education even though the educated women are more likely to use a condom. The same trend is true for men. Factors responsible for this

[4] LDHS 2007

however were not emphasised in the survey. The implication is that majority of the educated people who are supposed to constitute the human resource base for social, political and economic development of the country are the same set of people being threatened by HIV&AIDS.

Table 1: HIV Prevalence by Educational Level (ANC 2006/2007)

	HIV Prevalence	
	2006	**2007**
None	5.2	5.3
Elementary	6.1	5.2
Junior High	5.1	5.1
Senior High	4.8	7.1
High School		5
College/University	6.5	3.2
Professional		6.7
Source: 2007 ANC Survey		

1.5 HIV&AIDS and the Education Sector

"*For a long time, HIV&AIDS was considered to be essentially a medical problem. However, it has become clear that prevention is essential and that education might potentially be the single most powerful weapon against HIV transmission"*[5]*.*

The prolonged civil war in Liberia has done a lot of untold damage to the education sector before the HIV&AIDS complicity. The MoE School Census Study conducted in June 2006 revealed that 20 percent of public primary schools[6] had been destroyed during the war, while only 24 percent of the children enrolled in public primary schools have access to desks and chairs. The current pupil / textbook ratio in public primary schools is 27:1.

[5] Planning for Education in the Context of AIDS, UNESCO, 2000

[6] This encompasses public and community schools. Community schools are primary schools where the infrastructure has been provided by the community and the teachers by the government. Therefore, they are included under the definition of public primary schools.

In public secondary schools, lack of textbooks is also a serious problem with nine pupils having to share one textbook. Lack of sufficient income for teachers led to the imposition of numerous user fees by public primary schools across the country.

This resulted in large number of children dropping out of school due to inability of their parents to afford primary education. Girls were seriously affected by this practice. Between 2000 and 2002 the gross enrolment ratio for girls declined from 72.5 percent in 2000 to 35.5 percent in 2002. For boys, the decline was from 73 percent in 2000 to 48.5 percent in 2002.[7] This large scale withdrawal of children from primary schools, due to a combination of insecurity, poverty and user fees, occurred despite the passing of the Education Law of 2001 which stated that primary education was free and compulsory; the National Transitional Government of Liberia at the time simply lacked the resources and political leadership to enforce this new law.

All these coupled with the HIV&AIDS complication brought a serious burden on the sector as a whole. Its impact on the sector has far-reaching implications for even growth and development of the country, the attainment of the 6 Education for All (EFA) goals as well as the Millennium Development Goal 2,3, and 6. Apart from that, it also has serious implications for national planning, nation building and sustainable development. It can contribute significantly to

- A drastic reduction in learners and staff populations
- An increase number of learners orphaned by HIV & AIDS
- Closure of schools due to decline in enrolments and or staff loss.

[7] National Policy of Girls Education, MOE, Government of Liberia, 2005.

- Reduction in number of people who have access to quality higher education at tertiary level
- Reduction in productivity and efficiency in the sector as a result of illnesses of teachers, education officers, inspectors, finance officers, building officers, planning officers, management personnel and school administrators

2. Response to the Epidemic

2.1 Introduction

An attempt at institutionalizing and coordinating the education sector HIV&AIDS response towards contributing the sector's quota to the multi-sectoral response to HIV&AIDS in Liberia was traceable to the establishment of the HIV&AIDS Control unit of the Ministry in 2005. However, the unit was designed as an integral part of the School Health Division, the situation which has constituted some degree of limitation for the ability of the unit to effectively coordinate the sector's response. This was partly due to the fact that the unit does not have its own staff as it relies on the staff of the Division of School Health for its operation. Even the HIV&AIDS focal person is a staff of the school health division overseeing HIV&AIDS. This means that the staff working in the unit, have other mandates apart from HIV&AIDS.

Apart from this inception structural deficiency of the unit, the activities of other stakeholders like the international development partners, International NGOs as well as local civil society organizations have not helped the coordination effort as most of them carry out their organizational agenda without any recourse to the ministry. Nevertheless, some progress was made in various aspects of HIV&AIDS response by all implementing partners in the sector including the ministry itself. The highlight of the sector's response between 2005 and 2008 is presented below:

2.2 Coordination

The HIV&AIDS Control Unit (HCU) was established in 2005 to coordinate the education sector response as the Ministry's contribution towards the multi-sectoral national response to HIV&AIDS in Liberia. This was followed with the setting up of the national steering committee comprised of development partners, International Non-governmental Organizations and key government ministries to ensure that all processes required for accelerating the education sector response to HIV&AIDS in Liberia are in place. This initiative led to the holding of a National Conference on HIV& AIDS in the sector in 2007. Deliberations at this conference eventually led to the processes of developing the education sector policy, the strategic plan and the operational plan.

Some staff of the Division of School Health have benefited from a number of international trainings on HIV&AIDS prevention and school health, while about one hundred staff of the Ministry benefited from the workplace training on how to make the workplace compassionate and safe for the infected and affected staff and learners. These staff have step down skills

acquired particularly in Life Building Skills to 385 county education team members from 11 counties. Major challenges that have confronted the coordination of the sector's response include low capacity in institutional coordination and partnership, non availability of policy document to guide the response and administrative bottle neck within the ministry. Thus, a strengthened unit in terms of staff and resources, supported by the Inter-departmental steering committee headed by the Minister for Education, as well as a well articulated policy and strategic plan will go a long way in strengthening the coordination of the sector's response.

2.3 Prevention

Various International and local non-governmental organizations conducted HIV prevention activities between 2004 and 2008. One of such organizations is Save the Children UK that disseminated IEC messages, conducted life skills training for in and out of school youths, as well as Accelerated Learning Program (ALP) to provide education on sexual and reproductive health including prevention of HIV and other STIs. Under the sponsorship of USAID, Creative Associates International Incorporated (CAII) has also developed Life Skills Teachers' manuals for use in its Accelerated Learning PLUS Program (ALPP) for youth learners. The Mother Pattern Christian Health Sciences (MPCHS) conducted HIV&AIDS awareness activities using the mass media. World Vision–Liberia Health Education Project developed teachers' manuals on health and HIV&AIDS, trained 442 teachers from 221 schools in the use of the manuals and Six hundred and sixty-three (663) peer educators from 221 schools. It also established 221 school health clubs and distributed 221 health kits and seed grants for HIV prevention intervention in the selected schools. The

Lutheran Church in Liberia (LCL) established 45 HIV&AIDS clubs in its school system.

The HIV&AIDS Control Unit of the School Health Division, Ministry of Education integrated HIV and AIDS related issues into four curricular subjects (science, social studies, biology, and mathematics) syllabi with supportive teaching and training guides for teachers using life skills approach. It trained 164 teachers as advisors to the clubs and 368 peer educators from four counties; namely: Montserrado, Margibi, Grand Bassa, and Bomi. It also established 92 school health clubs within Montserrado and Margibi Counties using life skills training concept.

However, prevention activities conducted were not evidence based, largely uncoordinated and in most cases not target- specific. Most of the developed manuals have not yet been printed and distributed while activities of the trained staff and peer educators have not been adequately monitored and evaluated. HIV prevention services were grossly inadequate while capacity on HIV prevention was very low across the board. Thus there is the need for coordination of responses to be led by the HIV&AIDS control unit, building of capacity on HIV prevention, conducting of HIV prevention related research, establishment of youth friendly services and encouragement of civil society groups and private sectors to get involved in HIV&AIDS prevention intervention.

2.4 Treatment, Care and Support

The sector's response in facilitating care and support to the infected staff and OVC have been largely driven by the civil society particularly the faith based organizations. Both the Liberia Orphan and AIDS Foundation (LOAF) and the Lutheran Church of Liberia (LCL) provided education support in the form of tuition payment and educational materials to 728 OVCs. They

also provided basic primary health care through referral mechanism, home based counseling and nutritional support for OVC. Small business management training and Micro credit facility as well as basic business marketing skills were also provided to families of OVC. Mother Pattern conducted peer education in Catholic run schools and runs two hospices with one in Monrovia and the other in Harper, Maryland County.

Samaritan Purse (SP) started a VCT center in Foya with the support of Global Fund and a two-year OVC program in Montserrado County in July 2007 targeting at least 1800 OVC in Montserrado and Lofa counties through education (school fees, uniforms and supplies), health (medical fees, clean water systems, and mosquito nets), training (HIV&AIDS, nutrition & health), livelihood support (vocational training, agriculture and livestock training/support) and psychosocial support through trained community members who provide home-based care. Since treatment is not essentially the education sector's mandate, the ministry needs to strengthen its partnership with the Ministry of Health and agencies as well as other health, care and support service provision institutions particularly the NGOs and the FBOs engaging in treatment, care and support services. The need to pay more attention to STI treatment through the resuscitation of school clinics is also important to be able to reduce the vulnerability of both the staff and learners to HIV&AIDS.

2.5 Impact Mitigation

Like the treatment, care and support issue, the impact mitigation was also carried out by most of the organizations mentioned above in terms of provision of Life skills training as well as economic empowerment for PLWHA and OVC. However, the area of stigma and discrimination has not been properly articulated by most of the key players in the sector, while the impact of HIV&AIDS on the sector has neither been assessed nor

mitigated. Thus, it is very important for the ministry to be at the fore front of reducing stigma and discrimination particularly in the schools and workplace within the sector, protect the rights of the infected and affected and build mechanism for strengthening the human resource base of the ministry to ensure that not only the demand but the supply and quality of education is guaranteed.

2.6 Monitoring and Evaluation

The Monitoring and evaluation in the sector was largely ad-hoc, and project based. The mechanism for effectively monitoring and evaluating the response has not been institutionalized. Hence it was difficult getting data in most cases. The same situation applies for research. Thus, it is important to get technical experts on M&E on board the HIV&AIDS control unit at all levels and develop a user-friendly M&E mechanism that can be fed into both the Education Management Information System (EMIS) and Country Response Information System (CRIS). There is also the need to identify the research needs of the sector in making the sector's response evidence based, recruit technical experts to conduct highly complex research and build capacity of existing human resources in the sector on HIV&AIDS research for sustainability purpose.

3. National Education Sector HIV&AIDS Strategic Plan (NESSP) 2009-2013

3.0 Background to the National Education Sector Strategic Plan

The Ministry of Education with support from development partners like the World Bank, UNICEF, UNAIDS and UNESCO conveyed a national conference on accelerating Education sector response to HIV&AIDS in 2007. Part of the outcome of the meeting was the need to develop a policy document and strategic plan as well as operational plan to guide the sector's response. Thus, between December 2008 and February 2009, one International Consultant and two National Consultants were recruited by the Ministry to develop the policy, the strategic plan and the operational plan in a participatory and all-inclusive manner to guarantee a sense of ownership among all stakeholders and facilitate effective government -led and civil society driven response in the sector.

3.1 The Strategy Development Process

Development of the new NESSP was initiated by the Ministry of Education (MoE) through the National HIV&AIDS Control Unit (HCU). The process started in December 2008 with consultative meetings with development partners and key policy makers in the Ministry. This was followed with a Joint Review (JR) of the Education sector response at the national level. The national review meeting was synchronized with the consultative process at the County levels where Technical Working Groups were formed among stakeholders that include the teachers, school administrators, County Education Officials, civil society groups, representatives of tertiary institutions and the private schools. They worked on the response review, identified priority interventions for the plan and build consensus at that level. The final phase was the National validation of the plan by all stakeholders including faith based institutions, private sector, development partners, international NGOs, community based organizations (CBOs), local NGOs and other stakeholders in May 2009 to validate the strategic and the operational plan, as well as the policy document.

3.2 Synergy with international and national policy and plans

The NESSP was developed in the context of various global commitments on HIV & AIDS to which Liberia is a signatory. This includes amongst others, the Millennium Development Goals, the Education for All (EFA) goals, the Liberian Constitution, the Liberian National Strategic Framework (NSF), The Liberian National Workplace Policy on HIV&AIDS as well as the National Education Sector Policy.

3.3 Assumptions for implementation of the NESSP

Based on the consultative process, it is assumed that

- There is political commitment at all the management levels to ensure effective response

- The Inter-Departmental Steering Committee headed by the Minister and involving development partners and Head of Departments will provide oversight functions and technical backstopping for the units at all levels
- The HIV&AIDS Control unit is strengthened with personnel and logistics support necessary for the provision of robust coordination, monitoring and mobilising resources for the sector's response;
- There will be increased funding and technical assistance for the HIV&AIDS response from development partners as well as increased internal resource mobilization to indicate commitment by the Ministry through budgetary allocation for HIV&AIDS response
- There is mutual understanding, strong collaboration, partnership and networking between MoE and the line ministries, development partners, the civil societies as well as the Organised Private Sector.

3.4 Risks

Implementation of the HIV &AIDS response in Liberia in general and the education sector in particular is almost wholly dependent upon adequate and consistent financial and technical support from development partners. Without the assumptions listed in the logical framework that follows holding true, achievement of the plan will not be possible.

3.5 NESSP Core Principles

The following guiding principles underpin the NESSP:

- Recognition of HIV & AIDS as a development and workplace issue
- Recognition that HIV counseling and testing should be voluntary and encouraged and not made compulsory
- Non-stigma and non-discrimination in recruitment, employment, admission and termination
- Confidentiality of all HIV & AIDS related information
- Recognition of the multi-ethnic and socio-cultural diversity of Liberia

- Gender sensitivity of the response
- Respect of fundamental human rights of all people
- Greater involvement of People Living with HIV & AIDS particularly the MoE staff and learners
- Partnerships and involvement of CSOs, FBOs, and the private sector

3.6 Challenges and Opportunities

Liberia like other developing countries still faces many challenges on how to effectively tackle the HIV&AIDS epidemic. This is also true for the Education sector. Some of the challenges include dissemination of policy at all levels for effective implementation, coupled with highly centralized response and limited capacity for intervention across the board. In addition to the aforementioned, inadequacy of teaching and learning materials required for effective delivery of the curriculum, as well as absence of data to make the response evidence based remain some of the daunting challenges to effective implementation.

Another critical challenge is that of limited attention given to the tertiary institutions as well as non-formal education sub-sector as only the primary and secondary schools have received significant attention of the ministry and the stakeholders in responding to HIV&AIDS. Equally challenging is constructive engagement of parents, PTAs, private sector and civil societies which has been largely on an ad-hoc basis and not adequately coordinated.

The availability and strength of International NGOs and FBOs as well as the willingness of the leadership of the Ministry of Education to be more committed to HIV&AIDS response, coupled with the existing structure in the sector which gives room for a de-centralized response provide ample opportunity for effective implementation of the NESSP. Thus, the

development of NESSP will ensure effective utilization of the resources and improved effectiveness of interventions within the sector.

3.7 Purpose of NESP

The NESSP reflects the commitment of the Ministry of Education and its partners to respond to the challenges posed by the growing HIV&AIDS epidemic to the demand, supply and quality of education throughout the length and breadth of Liberia. It is also aimed at facilitating effective coordination of the response and serves as advocacy and resource mobilization tool for the sector's HIV&AIDS response.

3.8 Strategic Vision, Overall Goal, Thematic Area goals, strategic objectives and Output results

The NESSP is set out under five thematic areas, each of which has a goal, strategic objectives and priority interventions for each strategic objective. The thematic areas, goals, strategic objectives and actions are the following:

Strategic Vision:

An education sector with zero HIV infection rate, and high quality of life for infected staff and OVC.

Overall goal:

Reduce HIV prevalence in the Education sector by 25% from the baseline and mitigate the impact of HIV&AIDS on staff, learners and the sector by 2013.

Goals and Objectives

Thematic area 1:

Goal 1: To increase HIV&AIDS Coordination mechanism at all levels of the education sector by 75% by 2013

Strategic objective 1.1: To increase the level of coordination of the Education sector HIV&AIDS intervention by 75% through effective partnership

Strategic objective 1.2: To increase the capacity of MoE staff, and other stakeholders at all levels on HIV&AIDS Workplace program, Project management, resource mobilization, Monitoring and Evaluation from 0.9% to 50% by 2013

Strategic objective 1.3:. To improve the effective implementation of HIV&AIDS policy through advocacy by all stake holders in the education sector from 2009 to 2013.

Strategic objective 1.4: To increase resources available for the sector's HIV&AIDS response by 50% from baseline by 2013**.**

Thematic Area 2:

Goal 2: To reduce the rate of new HIV infection in the education sector by 25% by 2013

Strategic Objective 2.1: To increase capacity of at least 50% of students and teachers at national, county and district levels as well as ministry staff at national, county and district levels for HIV prevention by 2013

Strategic Objective 2.2: to improve safe sex practices of 50% of staff and learners reached by the sector intervention through knowledge-based behavior change communication materials by 2013.

Strategic Objective 2.3: To improve access of 50% staff and learners to HIV&AIDS counselling, and testing services at all levels by 2013

Strategic Objective 2.4: To increase access of at least 50% staff and learners to STIs and HIV prevention information and services by 2013.

Thematic area 3:

Goal 3: To improve the quality of life of at least 50% of infected staff and learners by 2013

Strategic objective 3.1: To increase access of infected staff and learners to effective treatment, care and support services by 50% from baseline by 2013

Strategic Objective 3.2: To promote knowledge and utilization of existing care and support services for all OVC and 50% of caregivers in the education sector by 2013

Thematic area 4:

Goal 4.1: To mitigate the social, cultural and economic effects of HIV&AIDS at individual, household and community level

Objective 4.1: To increase the provision of quality psychosocial support by 50% thereby mitigating the impact of HIV&AIDS on the infected and affected by 2013

Objective 4.2: To promote, support and sustain formal and informal education, vocational and life skills development for OVC and children infected by HIV

Objective 4.3: To enhance livelihoods and economic empowerment for PLWH, OVC and affected communities and households.

Objective 4.4: To improve by 50% legal and social support system for OVC, PLWH and people made vulnerable by HIV&AIDS by 2013.

Objective 4.5: To strengthen human and institutional capacity to address stigma and discrimination

Thematic area 5:

Goal 5: To achieve increase in evidence-based, accelerated and effective sector response through 50% improvement in availability of education sector HIV&AIDS related data by 2013

Strategic objective 5.1: To increase availability of HIV&AIDS data through integration of HIV&AIDS data into EMIS by 2010.

Strategic objective 5.2: To increase functional HIV& AIDS monitoring and evaluation structure with adequate staff at national and county levels by 50% from baseline by 2013.

Strategic Objective 5.3: to promote evidence based HIV&AIDS response through increase in HIV&AIDS related research activities in the sector by 50% from the baseline by 2013.

LIBERIA NESSP LOGFRAME

OVERALL GOAL: Reduce HIV prevalence in the Education sector by 25% from the baseline and mitigate the impact of HIV&AIDS on staff, learners and the sector by 2013.

THEMATIC AREA 1

Goal: To increase HIV&AIDS Coordination mechanism at all levels of the education sector by 75% by 2013

To increase the level of coordination of the Education sector HIV&AIDS intervention by 75% through effective partnership

Strategic Issues	Priority Intervention	Detailed Activities	Lead Agency	Delivery Date	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Risk/ Assumptions
Implementation of HIV & AIDS activities by stakeholders in the sector has been largely uncoordinated.	1.1.1 Establishment of a strong coordination mechanism for effective partnership through the HIV & AIDS Control Unit (HCU).	1.1.1.1 disseminate both the policy and strategic plan documents among all stakeholders	Ministry of Education	Y 1 Q 1	# of policy and strategic plan documents disseminated.	Policy and strategic plan documents distribution log	Capacity of the stakeholders on the utilization of the documents is built.
		1.1.1.2 Register and map all stakeholders that work on HIV & AIDS	HCU Unit/Ministry of Education	Y 1 Q 1	# of stakeholders registered and mapped out in country.	Registration and mapping documents.	Stakeholders will comply with registration order.
		1.1.1.3 Hold national annual Program Plan of Action with all stakeholders at the beginning of each implementation year.	Ministry of Education	Y 1-Y5 Q1	# of Annual Program Plan of Action conducted # of stakeholders attending annual	National Annual Program Plan of Action on HIV & AIDS.	Stakeholders will implement program according to plan of action.

					program plan of action		
		1.1.1.4 Hold national annual partnership forum where progress made on implementation of NESSP is reviewed.	Ministry of Education	Y1-Y5 Q1	# of Partnership forum held # of stakeholders attending Partnership forum	Reports of Partnership Forum meeting.	All partners will attend the forum with their reports.
		1.1.1.5 Hold county review meeting twice a year.	County focal person for HCU.	Y1-Y5 Q2&4	# of meetings held.	Progress reports from meetings.	County HCU will have statutory resources for the review meeting and other coordinating activities.
		1.1.1.6 develop a school program accreditation pass for implementing partners	HCU	Y1 Q1	# of partners obtaining implementation accreditation pass.	Accreditation pass/registration log	Every implementing partner will obtain an accreditation pass. School administrators will not allow organizations without School program Accreditation Pass to carry out activities in schools
	1.1.2. strengthening MOE internal coordinating mechanism	1.1.2.1 Institutionalize statutory quarterly HIV&AIDS steering committee meeting.	MOE	YI-Y5 Q1-4	# of meetings held	Reports of Steering Committee meetings	Composition of membership of steering committee will

							conform to the provision in the policy document.
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**	**Delivery Date**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
Strategy 1.2: To increase the capacity of MoE staff, and other stakeholders at all levels on HIV&AIDS Workplace program, Project management, resource mobilization, Monitoring and Evaluation from 0.9% to 50% by 2013							
Capacity for implementation is very low across board	1.2.1Recruitment of staff and development of a training package for head office and field staff.	1.2.1.1 Conduct capacity needs assessment for MoE	MOE through the HCU.	Y1,Q3 Y3,Q4	capacity needs assessment conducted.	Report of capacity needs assessment	Availability of funding
		1.2.1.2 Recruit staff to fill technical areas of HIV&AIDS response at all levels	MoE through HCU and Personnel unit	Y1, Q1	# of new staff recruited	Activity report	The recruitment will be based on the findings from the capacity building assessment
		1.2.1.3Develop training needs assessment for new and existing staff of HIV&AIDS units at all levels	HCU Consultants	Y1, Q1	TNA developed	Copy of the TNA	TNA address findings from the capacity needs assessment
		1.2.1.4 Conduct training for MoE staff at all levels on identified areas of needs	HCU	Y1, Q2	# of trainings conducted # of staff that benefitted from the trainings	Trainings activity report Trainings Attendance List	Trainings are based on the findings from the TNA, Technical experts available to conduct the trainings
		1.2.1.5 Conduct trainings for CSOs staff on different areas	MOE through the HCU.	Y1, Q2	# of CSOs staff trained	Training reports	The training is based on the

		of HIV/AIDS programming.				Attendance list	findings from the Capacity Building Needs assessment
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**	**Delivery Date**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
Strategic objective 1.3:. To improve the effective implementation of HIV&AIDS policy through advocacy by all stake holders in the education sector from 2009 to 2013.							
Advocacy may not achieve its objective if not properly done	Establishment of an advocacy team	1.3.1.1 Identify and constitute 7-members Education sector advocacy team	HCU	Y1,Q1	Advocacy team constituted	Team; list	Those identified will respond positively to become
		1.3.1.2 Develop term of reference for advocacy team	HCU	Y1,Q1	TOR developed	TOR	
		1.3.1.3 Conduct Advocacy training for the advocacy team members.	HCU	Y1,Q2	Advocacy training conducted	Training report	
		1.3.1.4 Develop advocacy kits and advocacy plan for the sector's HIV&AIDS response	Advocacy team	Y1,Q2&3	Advocacy Kits developed Advocacy plan developed	Advocacy kits Advocacy plan	
		1.3.1.5 Conduct advocacy with identified target groups	Advocacy group	Y1-Y5, Q1-4	# of target individual and groups identified # of	Report of advocacy activities	

					advocacy conducted		
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**	**Delivery Date**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
Strategic objective 1.4: To increase resources available for the sector's HIV&AIDS response by 50% from baseline by 2013**.**							
Limited funding is a major challenge to effective implementation of the activities	1.4.1 Mobilize resources for HIV&AIDS intervention	1.4.1.1 Include in the Ministry's budget funding for HIV&AIDS program.	MOE, through the HCU and the Dept. of Planning.	Y1-Y5 Q1	HIV&AIDS budgetary line item appropriated	Ministrys' budget document at national, County and district levels	Some top level administrators may not be favourably disposed to budgetary appropriation for HIV&AIDS
		1.4.1.2 Submit proposals to donors for funding and logistical support.	HCU INGOs NGOs FBOs CBOs Teachers Union Staff association	Y1-Y5, Q1-Q4	# of proposals submitted to donors.	Funding agreement documents	The donors will honor the proposals submitted.
						Workshops and training reports	Some Staff and PTA trained

THEMATIC AREA 2: PREVENTION

Goal: To reduce the rate of new HIV infection in the education sector by 25% by 2013

Strategic Objective 2.1: To increase capacity of at least 50% of students and teachers at national, county and district levels as well as ministry staff at national, county and district levels for HIV prevention by 2013

Strategic Issues	Priority Intervention	Detailed Activities	Lead Agency	Delivery Date	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Risk/ Assumptions
Low HIV prevention capacity among staff and learners at all levels.	2.1.1 Increase access of students to quality information on HIV & AIDS prevention.	2.1.1.1 Establish youth friendly health services/ anti HIV&AIDS clubs in 50% of all schools	MOE, school authorities	Y1, Q1, Q3	% of schools with youth friendly health services # of schools with Anti-HIV&AIDS clubs	Report of Monitoring activity	Availability of funds and competent personnel to man the centers
		2.1.1.2 Develop standardized HIV prevention information and knowledge targeting students and staff	MOE, UNICEF, USAID, UNAIDS, UNESCO	Y1,Q2; Y3, Q1	Standardized HIV prevention information for staff and learners developed	Copy of the standardized HIV prevention information document.	Cooperation of all stakeholders to use the standardized HIV prevention document
		2.1.1.3 Equip all staff and PTAs within the Sector with appropriate HIV prevention knowledge and skills through HIV&AIDS workshops and trainings	HCU	Y1, Q1; Y3, Q2; Y5, Q4	# of staff trained # of PTA trained through workshops and training	Activity report	The training contents will be standardized for all implementing partners including the civil society organizations

		2.1.1.4 Train twenty (20) peer educators and 3 staff per school in at least 50% of schools on HIV & AIDS prevention strategies	HCU	Y1, Q1-4 Y3,Q1-4 Y5,Q1-4	# of peer educators trained # of staff trained % of schools with trained students and teachers as peer educators	Training reports Training reports	Some peer educators trained
	2.1.2 Develop a standardized training manual to conduct trainings in schools.	2.1.2.1 Incorporate Life Skills and HIV & AIDS education in school curriculum for implementation at all levels of the Sector nationwide.	MOE	Y1,Q1	life skills and HIV & AIDS incorporated in school curriculum	MOE curriculum guidelines	The curriculum is widely distributed to all schools and capacity built on its utilization
Strategic Objective 2.2: to improve safer sex practices of 50% of staff and learners reached by the sector intervention through knowledge-based behavior change communication materials by 2013.							
Limited attention to reduction of risky sexual practices	2.2.1 Increase the knowledge base of partners in developing and designing behavior change communication materials.	2.2.1.1 Train three (3) media practitioners (print and electronic) from each of the media houses and two (2) BCC staff Civil society organizations working on HIV&AIDS in the sector on Strategic Behavioral Change Communication.	HCU, INGOs, Development partners	Y1, Q1&4; Y3,Q1&3; Y5,Q1&3	# of media practitioners trained # of BCC staff trained	Training report	The training will facilitate standardization of BCC materials.
		2.2.1.2 Produce and distribute target specific BCC media	Development partners INGOs,	Y2,Q1	# of BCC media materials	Report of media monitoring	The materials will specifically focused issues

		materials (print and electronic) on safer sex practices targeting 50% of staff and learners	CSOs Private sector		produced and distributed	activity Copy of the printed BCC materials	identified during the strategic BCC trainings.
		2.2.1.3 Provide distribution outlets (condom dispenser boxes) that ensure appropriate knowledge-based information gets to the teachers and learners	HCU, CSOs, INGOs	Y1,Q1&4; Y5,Q2&4	# of Condom distribution outlets provided	Distribution reports M&E report	Distribution outlets will be stationed closer to schools particularly in the secondary and tertiary institutions to increase access.
		2.2.1.4 Empower all school health clubs members to carry out skills-based outreach activities on safer sex practices in school communities by extension.	HCU, CSOs, INGOs, schools	Y1-Y5,Q1-Q4	# of health clubs empowered and readied to outreach # of health clubs members outreaching to school community	Quarterly activity report	

Strategic Objective 2.3: To improve access of 50% staff and learners to HIV&AIDS counselling, and testing services at all levels by 2013							
Limited uptake of HCT services among staff and learners	2.3.1 Provide HCT services for staff and learners	2.3.1.1 Sensitize the trained Peer educators among staff and learners in the schools on the benefit of HCT	MOE, INGOs, CSOs, FBOs	Y1,Q1 Y2,Q3 Y3,Q2 Y5,Q4	# of peer educators trained on benefit of HCT No of schools HCT workshops were conducted	Workshop report	The sensitized peer educators will communicate the benefits to their peers
		2.3.1.2 Facilitate access to HCT services by linking and referring staff and learners to existing health facilities nearest to staff and learners.	MOE, CSOs	Y1-Y5 Q1-4	# of staff and learners linked or referred to health facilities	Referral reports	HCT centers not too far from the schools
		2.3.1.3 Liaise with MOH to Train or offer re-training course for health care personnel in schools with clinics or health facility to conduct HIV counseling and testing	MOE, INGOs, CSOs, MOH	Y1,Q3 Y3,Q2 Y5,Q4	# of health care personnel trained or re-trained	Training report	Testing material is available in all school clinics
		2.3.1.4 Train teachers as	MOE	Y1,Q3 Y3,Q2	# of teacher counselors	Training Report	Trained teacher counselors will be

		counselors to provide informal counseling services for all teachers and learners		Y5,Q4	trained and providing informal counseling services at schools level		willing all of times to carry out such task
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**	**Delivery Date**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
Strategic Objective 2.4: To increase access of at least 50% staff and learners to STIs and HIV prevention information and services by 2013.							
Poorly treated STIs increase vulnerability of staff and learners to HIV infection	2.4.1 Increase access of staff and learners to information on STI prevention	2.4.1.1 Conduct sensitization seminar for at least 50% staff and students on holistic approach to STIs prevention and treatment (condom promotion, contact tracing, counseling and patient education, follow-up)	INGOs, CSOs	Y2,Q3 Y5,Q4	# of staff and students sensitized on STI prevention	Activity report	Sensitization will increase STI prevention and promote prompt STI treatment
		2.4.1.1 Link staff and learners with available reproductive health clinic and facilities for STI diagnosis and treatment.	MOE, INGOs, CSOs	Y1-Y5 Q1-4	# of staff and students linked to reproductive health clinics for STI and HIV related issues	Referral report	Mechanism for referral is standardized and institutionalized in all schools
		2.4.1.2 Make condoms (male and female) available to staff and grown-up learners who need it, through distribution	CSOs, INGOs, Private sectors	Y1-Y5, Q1-4	# of condoms distribution outlets in schools with regular stock	M&E report	Availability of condom and consistency of supply

		outlets in the schools.			of Condom		
		2.4.1.3 Upgrade youth friendly service centers to provide STIs and HIV prevention, diagnosis and treatment.	MOH, INGOs, FBOs,	Y1,Q1-4 Y3,Q1-4 Y5,Q1-4	# of youth friendly service centers upgraded	Activity reports	Upgraded health facilities have enough personnel to cater for demands

Thematic Area 3: Treatment, Care & Support							
Goal: To improve the quality of life of at least 50% of infected staff and learners by 2013							
Strategic objective 3.1: To increase access of infected staff and learners to effective treatment, care and support services by 50% from baseline by 2013							
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**	**Delivery Date**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
Access to HIV&AIDS related treatment, care and support are limited.	3.1.1Network with MOH and health related INGOs to second health practitioners to schools and other educational institutions.	3.1.1.1 Mobilize health practitioners from MOH and other health related INGOs to provide routine treatment, care and support services to infected staff in all educational institutions and within the ministry.	MOE, NACP, MOH, INGOs	Y1,Q1-4 Y3,Q1-4 Y5,Q1-4	# of educational institutions where routine services are provided for infected staff # of staff that access HIV treatment, care and support services	Activity reports.	MOE, MOH and INGOs may not see the need to second Staff to educational institutions as priority.
		3.1.1.2 Provide extended sick leave with pay to infected staff	MOE,	Y1-Y5 Q1-4	# of staff benefiting from flexible sick leave	DEOs quarterly reports.	School authorities may not see the need to extend sick leave beyond the regulated time frame. Resources may not be available for such an extended leave.
		3.1.1.3 Register health facilities closer to educational institutions where infected	MOE, MOH, INGOs	Y1,Q1	# of staff seeking treatment at closer health facilities	DEOs quarterly reports..	Facilities closer to educational institutions may not offer quality services.

		staff can access prompt treatment, care and support services financed by MOE with support from development partners.					
		3.1.1.4 Link staff living with HIV to health centers providing antiretroviral therapy and provide them with transportation subsidies	MOE, MOH, NACP	Y1-Y5 Q1-4	# of staff accessing antiretroviral therapy	Treatment centers report The HCU ARV referral reports.	Staff may not access antiretroviral therapy due to fear of stigma and discrimination.
		3.1.1.5 Prevent transfer of all infected staff to places where they are likely to be more susceptible to opportunistic infections and unlikely to access quality health services.	MOE, school authorities	Y1-Y5 Q1-4	% of infected staff transfer reversed.	DEOs' reports	Infected staff might not be transferred in the first place.
		3.1.1.6 Provide support to National Teacher Association to facilitate access of their members to appropriate treatment, care and support services.	MOE, NTAL, development partners	Y1-Y5, Q1	# of teacher associations supported to facilitate access of their members to treatment, care and support.	NTAL annual report	NTAL may not be able to mobilize the necessary resources

Strategic Issues	Priority Intervention	Detailed Activities	Lead Agency	Delivery Date	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Risk/ Assumptions
Strategic Objective 3.2: To promote knowledge and utilization of existing care and support services for all OVC and 50% of caregivers in the education sector by 2013							
Orphans due to HIV&AIDS are at risk of poor educational attainment due to lack of resources for educational hidden costs.	3.2.1 Provide holistic scholarships for OVC	3.2.1.1 Conduct needs assessment to determine the number of OVC who need holistic scholarships	MOE, INGOs, CSOs and development partners	Y1,Q1	# of OVC receiving holistic scholarships	Need assessment report	Needs assessment may not cover OVC in the non-formal education sub-sector
		3.2.1.2 Conduct social mobilization seminar with community members in at least 5 communities/county to support retention of OVC in schools	INGOs CSOs, development partners	Y1-Y5, Q1-4	# of communities where sensitization took place.	Activity reports	The community social mobilization may not be possible during the rainy season.
		3.2.1.3 Train OVC on HIV&AIDS Coping mechanism	INGOs, CSOs	Y1-Y5, Q1-4	# of OVCs trained	Training report	OVC are identified.

Thematic Area 4: Impact Mitigation

Goal: To mitigate the social, cultural and economic effects of HIV&AIDS at individual, household and community level

Objective 4.1: To increase the provision of quality psychosocial support by 50% thereby mitigating the impact of HIV&AIDS on the infected and affected by 2013

Strategic Issues	Priority Intervention	Detailed Activities	Lead Agency	Delivery Date	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Risk/ Assumptions
Lack of knowledge of nutritional values of locally produced food stuffs	4.1.1 Promote and support food and nutritional security interventions among staff and OVC	4.1.1.1 Train at least 50% of infected staff and OVC on food and nutritional security	HCU, MOA	Y1,Q1	% of infected staff and OVC trained	Activity report	The training increases access of infected staff and OVC to affordable and easily accessible nutritious food.
		4.1.1.2 Conduct sensitization workshop on positive living for at least 50% of infected staff identified	INGOs, CSOs	Y1,Q1	% of infected staff sensitized	Activity report	Infected staff identified

Strategic Issues	Priority Intervention	Detailed Activities	Lead Agency	Delivery Date	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Risk/ Assumptions
Objective 4.2: To promote, support and sustained formal and informal education, vocational and life skills development for OVC and children infected by HIV							
Community members are not adequately involved in HIV&AIDS intervention in the education sector	4.2.1 Greater involvement of community members including PLWHIV in the sector's HIV&AIDS program	4.2.1.1 Liaise with partners to Train PTA members in at least 50% of the schools on provision of community and Home based care for infected staff and OVC	INGOs, CSOs, NACP	Y1-5, Q1-4	% of schools with PTA members trained	Activity report CEOs reports	PTA members to be trained will be selected from schools with high number of OVC and infected staff
		4.2.1.2 collaborate with partners to Train psychosocial support service providers including communities, institutions and peer groups to deliver quality services that promote PLWH positive living.(At least 10 person per county)	INGOs, CSOs	Y2,Q1 Y3,Q4	# trained per county	Activity report	
OVC have limited access to non-formal vocational and life skills development	4.2.2 Ensure provision of non-tuition costs and essential requirements to OVC in non-informal education	4.2.2.1 Develop, print and disseminate Life skills approach HIV preventive education training manual for non-formal education sub-sector	HCU	Y1,Q1 Y3,Q2 Y5,Q3	Training manual developed, printed and disseminated	Copy of training manual	The documents will be well disseminated while capacity of INGOs and CSOs will be built on its usage

Objective 4.3: To enhance livelihoods and economic empowerment for PLWH, OVC and affected communities and households.							
		4.3.1.1 Train at least 50% youths in non-formal education sector on life skills approach to HIV prevention	INGOs, CSOs	Y1-Y5, Q1-4	% o0f youths in informal sub-sector trained	Activity report	The capacity to deliver the training exists among INGOs and CSOs
		4.3.1.2 Provide vocational training and apprenticeship opportunities to identified OVC of infected staff particularly the girls that are not in school	INGOs, CSOs	Y1-Y5, Q1-4	% of identified OVC trained in vocation / apprenticeship	Activity	Mechanism for identifying the target OVC is in place
Poverty and idleness increase vulnerability of older OVC and caregivers to HIV infection	4.3.2 Provide best practice integrated approach to empower older OVC of infected staff and other caregivers	4.3.2.1 Conduct business management skills training for identified older OVC and elderly caregivers of infected staff in the sector	INGOs, CSOs	Y1-Y5, Q1	Business management skills conducted # of OVC trained	Activity report	This will enhance their ability to manage their vocations and businesses
		4.3.2.2 Mobilize resources to provide seed grants for older OVC trained on business management skills	HCU, INGOs, CSOs	Y1-Y5, Q1	Seed grants provided for older OVC	Activity reports Annual program review report	HCU will coordinate and monitor the disbursement to ensure probity and accountability
		4.3.2.3 Conduct community sensitization seminar in at least 10 communities/county, to mobilize community to promote economic empowerment of OVC and caregivers	INGOs, CSOs	Y1,Q1 Y3,Q1 Y5,Q1	# of communities where seminar was conducted # of counties	CEO reports Annual Program review report	HCU at national and County level develop mechanism to manage this

					where the seminar took place		
Objective 4.4: To improve by 50% legal and social support system for OVC, PLWH and people made vulnerable by HIV&AIDS by 2013.							
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**		**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
Non-existing or non-enforcement of the law disadvantaged infected staff and, OVC	4.4.1 promote knowledge of stakeholders on HIV&AIDS Policy in the sector to protect the rights of the infected and the affected 4.4.3 Advocate for appropriate social safety nets that benefit PLWHIV, OVC and vulnerable households	4.4.1.1 Conduct research on legal and human rights violation needs of infected staff and OVC	HCU	Y1,Q1 Y3,Q4 Y5,Q4	The research conducted	Activity report	The research team will work with the legal department of the ministry and meaningfully involved infected staff and OVC in the development of tools for the exercise.
		4.4.1.2 Train at least 250 people (school administrators, Key Ministry officials infected staff and CSOs on protection of rights of the infected and affected in the sector)	HCU, MoL, MoJ	Y1,Q3 Y3,Q1 Y5,Q4	The number of people trained	Activity report	At least 50 people are trained every year
		4.4.1.3 Sensitized Ministry staff and school administrators at all levels on the Education sector HIV&AIDS policy	HCU, CSOs, INGOs	Y1,Q1-4 Y3,Q1-4 Y5,Q1-4	Number of people sensitized on the sector HIV&AIDS policy	Activity report Annual program review report	Training will lead to effective implementation of the policy

Objective 4.5: To strengthen human and institutional capacity to address stigma and discrimination							
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**	**Delivery Date**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
Stigma and discrimination affect negatively the quality of life of infected staff and OVC and their ability to live positively.	4.5.1 Strengthen the capacity of PLWHIV for leadership in public speaking and communication skills, organizing and conducting policy and advocacy, dialogue and negotiation, programme design, and M & E at international, regional, national and local levels.	4.5.1.1 Train at least 50% of identified infected staff and OVC on communication skills	INGOs, CSOs	Y1,Q4 Y3,Q2 Y5,Q3	% of staff and OVC trained	Activity report	The communication skills will be used in HIV&AIDS awareness creation and stigma reduction programs
		4.5.1.2 Train at least 50% of identified infected staff and OVC on HIV prevention, stigma reduction, care and support	INGOs, CSOs	Y2,Q1 Y4,Q1 Y5,Q1	% of staff and OVC trained	Activity report	The trained staff and OVC will contribute to prevention of HIV within the sector
		4.5.1.3 Train at least 50% of identified infected staff and OVC on management of Opportunistic infection, treatment literacy and adherence	INGOs, CSOs, MoH, NACP	Y1,Q1-4 Y3,Q1-4 Y5,Q1-4	% of staff and OVC trained	Activity report	Cooperation of NACP and MOH
		4.5.1.4 Train 100 CSOs on Meaningful Involvement of PLWHIV on HIV&AIDS	HCU, NAC	Y1,Q1-4 Y5,Q1-4	# of CSOs trained	Activity report	The trained CSOs will meaningfully

		(MIPA) programs					involve PLWH and OVC in their programs
		4.5.1.5 Conduct massive awareness raising campaign in at least 10 communities in each of the counties on stigma and discrimination reduction	INGOs, CSOs	Y1,Q1 Y3,Q4 Y5,Q3	# of communities where campaign take place	Activity report	HCU will coordinate the activities to determine which communities to be involved and which organization to carry out the intervention

THEMATIC 5: MONITORING, EVALUATION, AND RESEARCH							
Goal: to achieve increase in evidence-based, accelerated and effective sector response through 50% improvement in availability of education sector HIV&AIDS related data by 2013							
Strategic objective 5.1: To increase availability of HIV&AIDS data through integration of HIV&AIDS data into EMIS by 2013.							
Strategic Issues	**Priority Intervention**	**Detailed Activities**	**Lead Agency**	**Delivery Date**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Risk/ Assumptions**
No HIV&AIDS data in the EMIS	5.1.1 Integrate HIV&AIDS data into EMIS	5.1.1.1 Conduct baseline survey on available HIV&AIDS information in the EMIS and the data gaps needed to be filled	The HCU, EMIS unit of MoE	Y1 Q1	baseline survey conducted.	Survey reports	Cooperation and clarity of roles between HCU and EMIS unit
		5.1.1.2 Revise EMIS to accommodate HIV&AIDS data	HCU, EMIS unit of MoE	Y1Q2	EMIS revised	EMIS M&E tool	Cooperation and clarity of roles between HCU and EMIS unit
		5.1.1.3 Collect HIV&AIDS data for EMIS through routine M&E	HCU, EMIS unit of MoE	Y1Q3-Y5	HIV&AIDS data collected for EMIS	EMIS M&E report	Availability of funds

Strategic objective 5.2: To increase functional HIV& AIDS monitoring and evaluation structure with adequate staff at national and county levels by 50% from baseline by 2013.							
MOE does not have a formal structure to monitor and evaluate HIV&AIDS intervention in the education sector.	5.2.1 Establish formal monitoring and evaluation structures at the national, county, and district levels.	5.2.1.1 Recruit technically competent monitoring and evaluation officer for HIV&AIDS unit	The HCU, with assistance from donors.	Y1Q1	Technically competent M&E Officer recruited	Report of recruitment exercise	MOE and partners will support this initiative.
		5.2.1.2 Train staff of HIV&AIDS units at County and District levels to conduct M&E of HIV&AIDS activities	HCU EMIS unit	Y1Q2	# of staff trained	Training report	
		5.2.1.3 Procure vehicle (Jeeps and motor bikes) for collection of M&E data at all levels	HCU	Y1Q2	# of vehicle procured # of county and districts with M&E vehicle	Procurement report	

Strategic Objective 5.3: to promote evidence based HIV&AIDS response through increase in HIV&AIDS related research activities in the sector by 50% from the baseline by 2013.							
Non-existence of HIV&AIDS research in the education sector to provide guidance to decision makers to track problems and progress.	5.3.1 Field based research to assess achievements and challenges on HIV&AIDS in the education sector.	5.3.1.1 Conduct research needs assessment to identify the kind of researches needed for the sectors response	HCU, with assistance from donors and partners.	Y1Q2	research needs assessment conducted.	Needs assessment research reports.	The needs assessment will involve all stakeholders in the process of identifying research needs.
		5.3.1.2 Mobilise resources for research activities	HCU, INGOs, CSOs, Private sector	Y1-Y5	# of research focused proposals submitted	Copies of research proposals	The Needs assessment will be use as justification for resources development partners will be willing to support research activities
		5.3.1.3 Conduct necessary HIV&AIDS research for the sector	HCU, INGOS, CSOs, development partners	Y1-Y5	# of research activities conducted	Copies of research reports	The process of funding and implementing the research activities by stakeholders will

							be harmonized and coordinated by HCU to avoid duplication.
	5.3.2 Accessing additional financial resources from donors.	5.3.2.1 The HCU will continuously lobby with donors for additional funding assistance for program implementation.	The HCU	Y1-Y5	# of proposals submitted	Availability of proposals.	Donors will provide the needed finance for research.

2 ANNEX 2: NESSP RESULT MATRIX

Goal: Reduce HIV prevalence in the Education sector by 25% from the baseline and mitigate the impact of HIV&AIDS on the sector by improving the quality of life of at least 50% infected staff and OVC by 2013.		
Strategic Result	**Outcome Results**	**Output Results**
25% reduction in the prevalence of HIV & AIDS among staff and learners in the Education Sector in Liberia by the end of 2013	**R1:** A strengthened and effectively coordinated HIV&AIDS response at the national, county and district levels by 2013. **R2:** 50% increase in resources available for HIV &AIDS response in the sector by 2013 **R3:** Staff and learners demonstrated 25% and 50% improvement in HIV&AIDS knowledge respectively, by the end of 2013. **R4**: 50% of learners and 25% of staff reached with intervention demonstrated HIV preventive behavior and practices.	• 100% of stakeholders working on HIV&AIDS in the sector participated in 5 Annual Program Plan of Action and 5 Annual Program Review • HIV&AIDS Control Unit at the national, county and educational districts levels are strengthened with additional staff and logistics support to effectively coordinate the sector response. • HIV&AIDS unit established at 15 county and 68 Education districts by 2013 • 50% of stakeholders (NGOs, FBOs, CBOs) and 50% of education managers / policy makers acquire additional knowledge and skills in HIV&AIDS program planning, coordination, management and resource mobilization by end 2013 • Resource mobilization rate of MoE increased by 50% from baseline by 2013 • Staff and learners have their HIV&AIDS knowledge increased by 25% and 50% respectively by end 2013 • Staff and learners have their attitude, Behavior and skills on HIV&AIDS improved by 20% by end 2013 • 20% of learners in the basic and senior secondary education delayed sexual debut by end 2013 • 10% of learners in tertiary institutions and staff in the sector use condom correctly and consistently by end 2013

Improvement in the quality of life of 50% infected staff and OVC in the education sector in Liberia	**R5:** 50% of infected staff and learners live positively and enjoyed access to basic treatment, care and support services. **R6:** 50% of identified OVC access quality education in a friendly and supportive learning atmosphere. **R7:** 50% of Infected staff, learners and OVC worked and schooled in educational environment devoid of stigma and discrimination **R8:** HIV&AIDS Control unit at the National level, 15 Counties and 68 Educational district levels are facilitating evidence based intervention linked to EMIS and CRIS in the implementation of NESSP by the end of 2013.	• Infected staff and learners in the sector identified by end of 2009 • 50% of infected staff and learners have access to care and support services by the end of 2013 • 50% of identified OVC received psycho-social support and holistic scholarship by the end of 2013 • Human capacity of 50% target beneficiaries, and Institutional capacity built on stigma reduction and protection of the rights of the infected and affected within the sector • All HIV&AIDS control units and other stakeholders are using NESSP monitoring tool for routine monitoring of HIV&AIDS interventions in the sector by end 2009. • All HIV&AIDS Control units Focal Points in 15 Counties, 68 districts and M&E Officers of 50% of CSOs working on HIV&AIDS in the sector have knowledge and skills in the monitoring and evaluation of HIV&AIDS interventions in the sector by end 2013.
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3 ANNEX 3: NESSP M&E MATRIX

Result	Indicators / Measure	Means of Verification
Strategic Result		
25% reduction in the prevalence of HIV&AIDS among staff and learners in the Education Sector in Liberia by the end of 2013	• **%** reduction in HIV prevalence rate among staff and learners	• Education Sector Integrated Biological and Behavioral Surveillance Survey(IBBSS) baseline 2009 • Education Sector Integrated Biological and Behavioral Surveillance Survey(IBBSS) • Progress 2013
Outcome Results		
R1: A strengthened and effectively coordinated HIV&AIDS response at the national, county and district levels by 2013.	• % of stakeholders that participated in the 5 Annual Program Plan of Action and 5 Annual Program Review • # of HIV&AIDS unit established at county and Education districts by 2013 • # of HIV&AIDS Control Units strengthened with additional staff and logistics support to effectively coordinate the sector response. • % of stakeholders (NGOs, FBOs, CBOs) and education managers / policy makers equipped with additional knowledge and skills in HIV&AIDS program planning, coordination, management and resource mobilization by end 2013 • # of education managers / policy makers sensitized on the impact of HIV&AIDS on the education sector	• Report of APPA and APR meetings • Annual Education Sector HIV&AIDS report • Institutional Assessment Report (Evaluation) • Training Reports

	• # of Annual HIV&AIDS education Plans developed and implemented	
R2: 25% increase in resources available for HIV&AIDS program in the sector at all levels by end of 2013	• % change in available resources for HIV&AIDS Programs in the sector	• Annual Education Sector HIV&AIDS report
R3: Staff and learners demonstrate 25% and 50% improvement in HIV&AIDS knowledge respectively, by the end of 2013.	• % change in HIV&AIDS Knowledge among learners and staff •	• KABP Survey in Education Sector (Baseline and Progress) • EMIS
R4: 50% of learners and 25% of staff reached with intervention demonstrate HIV preventive behavior and practices.	• % increase in learners in basic education practicing abstinence • % increase in learners in tertiary education and staff practicing safe sex	• KABP Survey in Education Sector (Baseline and Progress) • EMIS
R5: 50% of infected staff and learners live positively and enjoy access to basic treatment, care and support services.	• % of infected staff and learners accessing basic treatment services at all levels • % of infected staff and learners accessing HCT services at all levels % of infected staff and learners linked with care and support service organizations and groups	• CEO annual reports • School administrators annual reports • OVC mapping in basic education (baseline and Progress) • EMIS
R6: 50% of identified OVC access quality education in a friendly and supportive learning atmosphere.	• % of identified OVC accessing holistic scholarship • % of OVC provided with psycho-social support	• Annual Partnership Program Review report • CEO reports
R7: 50% of Infected staff, learners and OVC are working and schooling in educational environment devoid of stigma and discrimination	• % of staff and learners with positive attitude towards infected staff, learners and OVC • % of staff and educational administrators with improved capacity on stigma and discrimination reduction as well as protection of rights of infected and the affected	• Education sector KABPS Education sector Integrated Behavioral surveillance Survey (IBBSS) baseline and progress
R8: HIV&AIDS Control unit at the National level, 15 Counties and 68 Educational district levels are	• % of stakeholders using NESSP monitoring tool for routine monitoring of HIV&AIDS	• Mid-term Review of NESSP • Final evaluation of NESSP 2009-

facilitating evidence based intervention linked to EMIS and CRIS in the implementation of NESSP by the end of 2013	interventions in the sector • # of HIV&AIDS Control units with improved knowledge and skills in M&E • % of CSOs working on HIV&AIDS in the sector whose M&E Officers knowledge and skills in the monitoring and evaluation of HIV&AIDS interventions is improved.	2013 • M&E Training reports
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