TECHNICAL SUPPORT EFFECTIVENESS ASSESSMENT OF CIVIL SOCIETY AND COMMUNITY GROUPS IN BOTSWANA, LIBERIA, SIERRA LEONE, SOUTH SUDAN, SWAZILAND AND TANZANIA

LIBERIA COUNTRY REPORT
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanisms</td>
</tr>
<tr>
<td>CG</td>
<td>Community Groups</td>
</tr>
<tr>
<td>CRG SI</td>
<td>Community, Rights and Gender Strategic Initiative</td>
</tr>
<tr>
<td>CS</td>
<td>Civil Society</td>
</tr>
<tr>
<td>EANNASO</td>
<td>Eastern Africa National Networks of AIDS and Health Service Organisations</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IP</td>
<td>Implementing Partner</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>KVP</td>
<td>Key and Vulnerable Populations</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian Gay Bisexual Transgender and Intersex People</td>
</tr>
<tr>
<td>LIBNEP+</td>
<td>Liberia Network of People Living with HIV and AIDS</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>PR</td>
<td>Principal Recipient</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Service International</td>
</tr>
<tr>
<td>SAIL</td>
<td>Stop AIDS In Liberia</td>
</tr>
<tr>
<td>SR</td>
<td>Sub-Recipient</td>
</tr>
<tr>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TS</td>
<td>Technical Support</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Group</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV and AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>The United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>The United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENT

Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) would like to thank The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for providing the funds through Community, Rights and Gender Strategic Initiative (CRG SI) to conduct the Technical Assistance (TA) needs assessment study for Civil Societies (CS) and Community Groups (CG) in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland, and Tanzania.

EANNASO appreciates the coordination support of Dr. Miriam Chipimo, the Country Director of Joint United Nations Programme on HIV/AIDS (UNAIDS) in Liberia for supporting the exercise and introducing the consultant to other UN agencies and implementing partners working in Liberia. We appreciate the participation of the Ministry of Health Liberia and the National AIDS Control Programme and their contribution to providing valuable information on the CS and CG engagement in HIV response. We sincerely thank Sr. Barbara Brillant, Dean of Mother Patern College of Health Sciences and the vice Chairperson of Country Coordinating Mechanism – Liberia (CCM-Liberia) for giving valuable input from a CCM perspective on CS and CG involvement in Global Fund processes.

We thank Mr. Stephen McGill, the Executive Director of Stop AIDS In Liberia (SAIL) for hosting the consultant, and coordinating all the appointments in Liberia.

EANNASO thanks UNAIDS-Liberia and SAIL for making the TA Effectiveness study in Liberia a success. Their time spent working with the consultant is deeply appreciated.

We thank our consultant, Dr. Francis Mhimbira, for preparing all the tools, conducting field work in all six countries, and for writing the necessary reports. We thank all the stakeholders who set aside their time to respond to the invitation and participate in the TA Effectiveness Study. The valuable contributions of all involved is greatly appreciated.

We thank EANNASO’s team, Olive Mumba and Yvonne Kahimbura for supporting the efforts in documenting CS and community experiences in the six selected countries.
EXECUTIVE SUMMARY

Introduction:
Liberia is a West African country with a population of approximately 4.6 million (as of 2016). The country has low HIV prevalence; about 1.14% in adults aged 15-49 years, translating to 43,000 people living with HIV (as of 2016).[1] Liberia is one of the 30 highest TB burdened countries, notifying 14,000 TB patients in the same year.[2] About 1m estimated confirmed cases of malaria occurred in Liberia in 2016.[3]

To respond to AIDS, TB, and malaria epidemics, effective response needs also to address the barriers related to human rights, gender and other inequalities and exclusions by involving capacitated civil societies (CS) and community groups (CG). Therefore, CS and CG need the right capacities to assume such roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

Aim:
To assess the TA Effectiveness to CS and CG as they engage in the national and Global Fund processes in Liberia. The results will then help to improve the TA delivery to CS and CG in Liberia.

Aim:
To assess the TA Effectiveness to CS and CG as they engage in the national and Global Fund processes in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania. The results will help to improve the TA delivery in Anglophone Africa for CS and CG.

Methods:
TA Effectiveness study for Liberia was done in Monrovia, Liberia between 31st January and 3rd February 2018. The online data collection was conducted between 1st February and 31st March 2018. Key Informant Interviews (UN agencies and implementing partners) and CS and CG were involved in the study. We used SurveyMonkey, KII and Focus Group Discussion to gather data.

Summary of findings:
CS and CG are the main stakeholders as they are involved in addressing HIV, TB, and malaria epidemics in Liberia. CS and CG are involved in the national processes and Global Fund processes at different levels. The findings related to the TA in Liberia are as follows:

- TA providers could be TB, HIV or Malaria programme development and implementing partners who may be funded by Global Fund or United States Agency for International Development (USAID).
- CS and CG interviewed have not accessed CRG SI TA and utilised the TA provider list developed by EANNASO.
- TA provided focus in addressing project needs.
- Tailored TA has been provided by the PR to improve the implementation of the Global Fund programs.
- Identified challenges include:
  i) lack of knowledge relating to funding for TA and who provides TA in Anglophone Africa,
  ii) finances,
  iii) not being involved in the TA processes.

[1] WWW.UNAIDS.ORG
Recommendation:
The following are proposed recommendations to increase the number of CS and CG engaged in the national and Global Fund processes.

• Improve the visibility of the TA resources such as CRG SI to CS and CG through social media platforms and formal information outlets.

• Encourage needs-based TA provision to CS and CG.

• Develop a tool and implement TA tailored plan to increase the number of CS and CG in the national processes. The plan has to be owned by the government of Liberia and developed by all stakeholders after prioritising the needs of CS and CG.

• Provide mentoring programmes to CS and CG to ensure the knowledge and skills gained are utilised by the CS and CG to effectively engage in national and Global Fund processes.

Conclusion:
Liberia is a challenging operating environment with a history of civil war and disease outbreaks, such as Ebola, both of which have negatively affected the TA delivery to CS and CG. The support of CRG SI in Liberia has not been utilized in short-term TA, platform communication and coordination, and long-term capacity development and meaningful engagement of KPV. There should a deliberate plan by stakeholders including the Global Fund to capacitate CS and CG in responding to the HIV, TB, and Malaria epidemics.
1. INTRODUCTION

Liberia is a West African country with a population of about 4.6 million in 2016.

The country has a low HIV prevalence of about 1.14% in adults aged 15-49 years and had a total of 43 000 people living with HIV as of 2016. [1]

Liberia is one of the 30 highest TB burdened countries, notifying 14,000 TB patients in the same year. [2] About 1m estimated confirmed cases of malaria occurred in Liberia in 2016. [3]

To effectively respond to AIDS, TB, and malaria there is a need to also address the barriers related to human rights, gender and other inequalities and exclusions by involving equipped civil societies (CS) and community groups (CG). The Global Fund has supported Liberia since 2005 by addressing the gaps in health care delivery, including; financial management, procurement, supply and management of medical and pharmaceutical products, health information systems, monitoring and evaluation, and service delivery. [4]

A summary of the achievements of Global Fund in HIV, TB, and Malaria to date are shown in the box below.

The Global Fund funding circle, also known as ‘allocation periods’, is available for every three-year period (see Figure 1). CCM, which is a national committee, oversee the Global Fund application and implementation in Tanzania. CCM has the representatives from all sectors, such as; government, development and implementing partners, CS, and CG.

Summary of GF Achievements In Liberia

**HIV/AIDS:**
People currently on antiretroviral therapy — 15,000

**TUBERCULOSIS:**
Laboratory-confirmed pulmonary TB detected and treated (cumulative) — 32,800

**MALARIA:**
Insecticide-treated nets distributed — 5,830,000

**INVESTMENTS:**
To date in health — US$ 215,201,746

Figure 1. The GF application and implementation processes

[1] WWW.UNAIDS.ORG
[4] WWW.THEGLOBALFUND.ORG
Therefore, CS and CG are important stakeholders in the national responses especially for HIV, TB and malaria.

CS and CG require long- and short-term technical assistance and capacity development initiatives to enable them to effectively take on the roles of; planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

In November 2016 the Global Fund Board approved $15 million for Community, Rights and Gender Strategic Initiative (CRG SI) scheme for the period 2017 - 2019 to support the following three components:

1. Short-Term Technical Assistance Program;
2. Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations; and
3. Regional Platforms for Communication and Coordination

The TA to CS and CG may include, but not limited to the following areas: (see Figure 2)

![Diagram showing TA areas under Global Fund CRG-SI](image-url)

*Figure 2. Example of TA areas under Global Fund CRG-SI*
1.1 CS & CG PROFILES IN LIBERIA

CS and CG are part of the health system in Liberia and are involved in the delivery of various services to the communities. The CS and CG have been involved in the Global Fund programmes since 2005. The general overview of the CS and CG in Liberia is as follows:

- CS and CG are among the key stakeholders in the national responses for AIDS, TB, and malaria.
- The notable mandate of the CS and CG is advocacy and community awareness of diseases and programmes. Home of Dignity (see picture), is an example of CS providing clinical services to people living with HIV.
- However, over 80% of the CS and CG disease focus is on HIV responses, as compared to around 20% that combines TB and malaria.
- The CS and CG beneficiaries include HIV patients, and other Key and Vulnerable Populations (KVP) such as Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex (LGBTI), Men who have Sex with Men (MSM), Intravenous Drug Users (IDU) and Female Sex Workers (FSW), and prisoners and Adolescent Girls and Young Women (AGYW).
- CS and CG coordination efforts in Liberia are inadequate, and there are no identifiable forums to which CS and CG subscribe and present their issues of concern.
- Liberia has experienced epidemic outbreaks, such as Ebola, which reduced the workforce within CS and CG. The Ebola also resulted in the shift of government and other partner resources for HIV, TB, and malaria in order to address the epidemic.

1.2 LIBERIA CS & CG HISTORICAL PERSPECTIVE IN THE NATIONAL RESPONSE

We present a historical perspective that is relevant to health services and engagement of Liberia CS and CG in the national responses. The historical perspective of CS and CG in national responses can be broken down into three periods:

<table>
<thead>
<tr>
<th>Pre-Wars</th>
<th>During wars</th>
<th>Post-Wars</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS and CG had worked directly with the Ministry of Health which was the PR for the Global Fund.</td>
<td>The war dismantled the health services in the country, and severely affected CS and CG involvement in the national response.</td>
<td>CS and CG are now working with international NGO as the sub-PR. Less funding from the government, and capacity is lacking to engage them in several government and partner programs.</td>
</tr>
<tr>
<td>Other CS had also received stipend/subsidies from the government to implement health programs in the community.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 3. Historical perspective of health services in Liberia with respect to pre-, during and post-wars.
1.3. LEGAL AND POLICY FRAMEWORK OF CS & CG

The CS and CG are legally registered in the country and operate under legal limits of the constitution of Liberia. CS and CG have been involved in the development of the National Health Policy Plan of Liberia for 2011.

There is legal registration of KVP organisations, but there are still legal challenges in operating in Liberia because of prohibitive law. However, the instances of CS and CG working with KVP are increasing and are guided.

Ministry of Justice has established a Human Rights Unit that provides legal support for economically vulnerable population groups and has also developed the National Human Right Action Plan (NHRAP), which encompasses the rights of key populations.

However, Liberia has prohibitive laws that criminalize same-sex conduct and an environment of sustained homophobia. These seriously hinder access by key populations to HIV and AIDS services, and thus challenge the effectiveness of the national HIV response.

1.4. CS & CG ENGAGEMENT EXPERIENCES IN COUNTRY PROCESSES

There is a general consensus that CS and CG are the key stakeholders in the national responses to AIDS, TB, and malaria. CS and CG should also be responsible and accountable in responding to the national responses. Their involvement is for both national and Global Fund processes as summarised below:

**National processes:** CS and CG are involved in the
i) development of National Strategic Plans (NSP), and
ii) they serve in various committees and Technical Working Groups (TWG) for several diseases and programs.

**GF processes:** CS and CG engagement is at CCM level and as Sub-Recipient (SR).

- **CCM members:** CS and CG are members of the CCM-Liberia. For instance, Sr. Barbara Brillant, of Stella Maris Polytechnic, Mother Patern College of Health Sciences, is the Vice Chairperson of CCM-Liberia and represents the faith-based originations constituencies. By virtue of being CCM members, they assume the role of oversight of all Global Fund programmes in Liberia. The contribution to these processes at CCM are also dependent on the individual capacities.

- **Global Fund Implementers (SR):** The level of engagement in the global fund programme implementation differs depending on the capacity of the CS and CG. Organisations like SAIL and Liberia Network of People Living with HIV and AIDS (LIBNEP+) for Global Fund programmes under Population Service International.

- **Community monitoring:** None of the CS and CG interviewed are doing any community monitoring of the Global Fund programmes.

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2. OBJECTIVES

2.1. BROAD OBJECTIVE

To access effectiveness and innovations in provision of TA to CS and CG in the implementation of Global Fund Grants to end HIV, TB and malaria in Liberia.

2.2. SPECIFIC OBJECTIVES

1. To evaluate if the technical assistance that has been provided to civil society has supported CS and community groups involved in country processes related to GFATM including NSP review and development, GFATM fund request development and grant making process implementation, and as CS/CG representatives of their CCM.

2. To identify existing knowledge challenges or gaps, and provide lessons on technical support and capacity building delivered to CS and CG in Liberia.

3. To determine recommendation on improving TA to CS and CG and engage in implementation of Global Fund grants in Liberia.

4. To identify TA needs and opportunities to support improved engagement of CS and CG in GF processes in Liberia.

5. To document national case studies in Liberia on how CS and CG have been able to access TA, and its effectiveness in country GFATM related processes.

3. METHODS

3.1. SETTING AND STUDY POPULATION

TA Effectiveness study for Liberia was done in Monrovia, Liberia between 31st January and 3rd February 2018. The online data collection was conducted between 1st February and 31st March, 2018. The participants of the TA Effectiveness Study came from CS, CG, UN agencies, Ministry of Health officials, and implementing partners.

The list of study participants interviewed are shown in Appendix 1. The collated findings of the TA effectiveness study in Liberia were collected from the SurveyMonkey, KII and FGD participant responses. The consultant shared the preliminary findings of the TA Effectiveness study in a validation meeting with stakeholders on the 2nd February 2018 in Monrovia.
3.2. SETTING AND STUDY POPULATION

Capturing of quantitative and qualitative data was achieved through the use of several data collection tools. Table 1 below summarises the data collection tools, and the target population.

The data collection tools are shown in the appendices.

<table>
<thead>
<tr>
<th>Type of data collection tools</th>
<th>Description</th>
<th>Target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURVEY MONKEY</td>
<td>The tool was circulated to CS and CG identified by the coordination organization (SAIL).</td>
<td>TA Provider, TA users (CS &amp; CG), Technical partners</td>
</tr>
<tr>
<td>KEY INFORMANT INTERVIEWS (KII)</td>
<td>KII were done and the findings are presented in this report.</td>
<td>TA Provider, TA users (CS &amp; CG), Technical partners, CCM secretariats</td>
</tr>
<tr>
<td>FOCUS GROUP DISCUSSION (FGD)</td>
<td>The FGD was conducted with CS or CG to further explore the TA assistance experience.</td>
<td>TA users (CS &amp; CG)</td>
</tr>
<tr>
<td>VALIDATION MEETING</td>
<td>Presented the summary of preliminary findings</td>
<td>TA Provider, TA users (CS &amp; CG), Technical partners</td>
</tr>
</tbody>
</table>

Table 1. Summary of data tools used and the target population

3.3. DATA ANALYSIS

We used mixed-methods approach to analyse the collected data:

Qualitative data: we used both thematic and content analysis of the data.

Quantitative data: we used Stata version 14 to produce frequency tabulation tables. In addition, we used Microsoft Excel to create figures.

3.4. STUDY LIMITATION

The TA Effectiveness Study employed several data collection tools to minimise the bias in selection of the CS and CG group. However, we would like to mention the following limitations attributed to our methods:

Sampling bias: The KII and CG and CG were only included based on their availability to take part in the study. Therefore, we might have missed other stakeholders who might have different experience with TA, particularly those living in rural areas.

Organisational development TA: The current study has not looked at the organisation development (OD) of CS and CG but rather focused on the processes. Therefore, TA addressing OD is not strongly presented in this study.
4. FINDINGS

4.1. GENERAL FINDINGS

The results of the SurveyMonkey online consultation tool are written in a separate report entitled “Technical Assistance Needs Assessment of Civil Societies and Community Groups in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania: Summary of Findings from Online Consultation Tool.” The report combines the responses of the CS and CG in Anglophone Africa.

We interviewed 16 people in Liberia as shown in Figure 4. We conducted one FGD involving the CS and CG in Liberia. The validation meeting involved all the stakeholders, and additional views and opinions on TA in Liberia were collected.

![Figure 4. The study participants in TA Effectiveness study in Liberia](image-url)

- CCM
- CS/CG
- TA provider
- TA provider & Technical Partner
Figure 5. Interviews with stakeholders in Liberia. Clockwise from top left: UNFPA-Country Director, Lutheran Church in Liberia, some of the CS and CG organisations and SAIL staff.
4.2 LIBERIA CS & CG ACCESS TO TA

4.2.1 SOURCES OF TA

TA to CS and CG was identified by both KII and CS as a critical component to the effective engagement in the national response. TA to CS and CG is aimed at improving their involvement in NSP review and development, and Global Fund processes (grant making and implementation). Our findings with regards to the TA to CS and CG are as follows:

1. TA is done in a sporadic and uncoordinated manner.

2. TA provided is geared to address key implementation issues on the programmes which may be or may not be Global Fund related.

3. The TA provided has largely been on the following: governance, project management, financial management, and grant management.

4. None of the CS and CG interviewed have sought TA assistance from TA providers as listed in the TA provider directory produced by EANNASO[1]. However, only EANNASO was mentioned as one of the TA providers among the Anglophone Africa TA providers.

5. TA providers in Liberia are from UN agencies, PR, IP, or local organisations. Some of the organisations providing TA to Liberia CS and CG are as follows:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the TA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MINISTRY OF HEALTH</strong></td>
<td>National AIDS Control Programme (NACP), TB and Malaria program offers CS and CG TA to implement various projects. The TA is mostly on disease specific and other aspects of project management.</td>
</tr>
<tr>
<td><strong>CCM</strong></td>
<td>Provides TA to CCM members on the Global Fund processes and may also include project management.</td>
</tr>
<tr>
<td><strong>IMPLEMENTING PARTNERS</strong></td>
<td>For examples of these IP include Population Service International-Liberia[3], ActionAid-Liberia[4] and Kvinna till Kvinna[5].</td>
</tr>
</tbody>
</table>

Table 2. Example of organizations providing TA to CS and CG in Liberia

[1] EANNASO. GLOBAL FUND COMMUNITY, RIGHTS AND GENDER: TECHNICAL ASSISTANCE DIRECTORY FOR CIVIL SOCIETY AND COMMUNITY GROUPS IN ANGLOPHONE AFRICA.
[2] WWW.UNAIDS.ORG
[3] WWW.PSI.ORG/COUNTRY/LIBERIA/
[4] WWW.ACTIONAID.ORG/LIBERIA
[5] WWW.OLD.KVINNATILLKVINNA.SE/EN/LIBERIA
4.3. ACHIEVEMENTS IN ACCESSING TA IN LIBERIA

The TA experience in Liberia as reported by the CS and CG is diverse. The subjective reporting of how such TA has helped in engagement is reported below:

- The TA has helped several organisations to become SR under the current Global Fund cycle.
- The tailored TA has helped CS to address the key capacity gaps.
- PR in Liberia has been instrumental in improving the capacity of CS to implement Global Fund projects.

We highlight SAIL TA as the case study for TA provision to CS and CG in Liberia in the subsequent section. TA was offered to SAIL after the needs assessment done by PSI-Liberia, who are the Global Fund PR in Liberia.

4.4. CHALLENGES AND GAPS IN TA

There are several reasons that have been attributed to building the CS and CG capacity and are summarised in Table 3.

1. **Funding**: reduced funding to CS and CG by the global funding agencies and the government for TA has severely affected the number of TA CS and CG could receive. One CS representative said: “With reduced funding, we can’t afford getting any TA by our own budget, as the budgets are always planned to complete a certain activity.” “CS and CG should develop skills to attract funding for themselves to capacitate their staff, as we see less funding from partners.” Comments made by UNAIDS-Liberia Country Director.

2. **Uncoordinated TA plans**: “TA plans are not coordinated by the TA providers including UN agencies and other implementing partners, as we have seen a lot of duplication of TA to the same organisation by different partners.” Concerns raised by UNAIDS-Liberia Country Directors.

3. **Project driven TA**: “The TA [efforts] are uncoordinated and are driven by project demands. If either CS or CG had similar projects implemented in different times, they would receive similar TA without addressing other TA that may be fundamental to address TA gaps.” Comments by a TA provider.

4. **No mentoring programs**: mentoring programs are non-existent for CS and CG in Liberia. Thus, the TA provided cannot be judged in its effectiveness.
4.5. CS & CG TA NEEDS

The study participants in this study in Liberia have acknowledged the contribution of the different partners in providing TA to CS and CG. However, there are still TA needs to i) transform CS and CG to be better performers and also ii) grow in their responsibilities from being SSR to SR and finally PR. Identification of the TA needs among CS and CG is important in ensuring there are concerted efforts to address TA for CS and CG in Liberia. Figure 6 illustrates the pathways to identification, and developing and implementing a TA plan.

We have pragmatically grouped TA needs into i) grant writing, negotiations and monitoring, and ii) implementation as shown in Table 3. These are merely suggestions, as they will need stakeholders to validate such TA needs by such a grouping.

Figure 6. TA needs assessment and TA implementation plan.

“There are several TA needs for CS and CG in Liberia such as financial, project and data management, and proposal writing. But they also need to have skills to address fraudulent issues, manage relationship between CS and CG, and other partners, and improve the absorption capacity of the budget allocated to them.”

“When we develop the TA needs, we will need to rank the TA as most important which can be minimum standards that each CS and CG will aim to achieve”

Comments by the UNAIDS-Liberia Country Director

We have pragmatically grouped TA needs into i) grant writing, negotiations and monitoring, and ii) implementation as shown in Table 3. These are merely suggestions, as they will need stakeholders to validate such TA needs by such a grouping.

<table>
<thead>
<tr>
<th>Priority ranking</th>
<th>Application process</th>
<th>GF implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH PRIORITY</strong></td>
<td>Proposal writing</td>
<td>Organisational Development</td>
</tr>
<tr>
<td></td>
<td>Disease-specific</td>
<td>Governance</td>
</tr>
<tr>
<td></td>
<td>grant management</td>
<td>Strategic plan</td>
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<td>Documentation e.g. assessments or evidence</td>
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<td>Policy development and analysis</td>
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<td>Operational research</td>
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Table 3. TA needs and prioritization for CS and CG in Swaziland for GF processes.
5. RECOMMENDATION ON IMPROVING TA TO CS & CG

5.1. TA PRIORITIES FOR CS & CG IN GLOBAL FUND PROCESSES

The need to improve access and delivery of the TA is key to capacitate CS and CG in Liberia. The current study was focused on self-assessment of the CS and CG, and on their capacity and technical needs, the results of which will better enable them to engage fully in the Global Fund processes. Improving TA to CS and CG will enable:

- Engaging dialogue during the concept note writing
- Submission of good quality proposals to Global Fund during concept note writing
- Increase the number of CS and CG to implement Global Fund programs
- Effective implementation of Global Fund programs
- Facilitate growth in responsibilities for CS and CG from SR to PR

The following proposed prioritised recommendations are shown in Table 3. The TA to be provided is geared towards improving the number of CS and CG eligible to implement Global Fund programmes/projects in Liberia.
5.2. GENERAL RECOMMENDATIONS

The implementing partners, CG and CG recognize the importance of government support in improving CS engagement in national response by increasing their capacity through TA. The political commitment should be reflected in the following areas:

1. **Political commitment**: there should be a political commitment to include CS and CG as key stakeholders in national AIDS, TB, and malaria response.

2. **Policy change**: the policies should clearly state the role of the CS and CG in their participation of NSP development and provision of the services in the community.

3. **Funding**: because of the dwindling funding sources from donor and the government, the CS and CG should diversify their approach to getting funds. “I urge CS and CG to explore funding from the government to continue providing services to the communities where the government health services do not reach. Also, they should try to diversify their funding sources to ensure continuity of activities.” UNAIDS Country Director.

4. **Unify UN efforts**: the UN agencies should have a unified approach in engaging CS and CG. “I think UN agencies should identify a unified best modal of engaging CS and CG in different health programmes/activities. Such an approach will reduce duplication of efforts especially in offering TA geared to improve implementation of programmes.” UNAIDS Country Director comments.

5. **Platform for CS and CG**: the platform will help in i) dissemination of TA resources, ii) participation on building minimum standards for TA, and iii) promote collaboration between CS and CG especially in proposal writing in the Global Fund grants.

6. Quantifying the contribution of CS and CG in the national response.
Table 4. Proposed recommendations to improve TA Effectiveness in Liberia

<table>
<thead>
<tr>
<th>Priority</th>
<th>No.</th>
<th>Category</th>
<th>Descriptions of possible outcomes</th>
</tr>
</thead>
</table>
| HIGH PRIORITY | 1   | TA assessment tool                                      | • The CS and CG have diverse capacities.  
• Have all stakeholders’ inputs to help identify TA needs of each CS and CG in Liberia.                                                                                     |
|           | 2   | Objective assessment of TA needs of CS and CG           | • Conduct an objective assessment of the TA needs based on the robust tool developed (refer 1.1).                                                                                   |
|           | 3   | Develop TA plan for Liberia                             | • Develop national TA plan which activity 1.2 will feed into this plan.                                                                                                            |
|           | 4   | Increase the number and access to local, regional and international TA providers | • Disseminate the list of TA providers, especially that produced by EANNASO for Anglophone Africa.  
• Build capacity to local CS and CG to provide TA to another CS and CG.                                                                                                            |
| LOW PRIORITY | 5   | Mentoring programme                                    | • The mentoring programme should be included in the priority 1.2. The mentoring programme will ensure TA is utilised by the CS and CG.                                                      |
|           | 6   | Engage with regional platform                           | • The CS and CG need to engage with the regional platform for Anglophone countries coordinated by EANNASO (www.eannaso.org). Through the platform, the CS and CG will know and have access to TA providers and have access to additional information that may be useful in TA resources. |
|           | 7   | Study tour or technical exchange                        | • The best performing CS and CG, based on the agreed tool, should be encouraged to host and provide TA to another CS and CG. The practice will build local capacity that is sustainable and cost effective. |

6. CONCLUSION

Liberia is a challenging operating environment with a history of civil war and disease outbreak (i.e. Ebola) both of which have affected the TA delivery to CS and CG. The support of CRG SI in Liberia has not been utilised in short-term TA, platform communication and coordination, and long-term capacity development and meaningful engagement of KPV. There should be a deliberate plan by stakeholders to capacitate CS and CG in responding to the HIV, TB, and malaria epidemics in Liberia.
7. CASE STUDY ON TA

Stop AIDS in Liberia (SAIL) mission is to contribute to the reduction of the spread of HIV and AIDS through the promotion of human rights by supporting research, documentation, strategic engagements, advocacy, campaigns, education, capacity building, protections, prevention, care and treatment services through support to Key Populations, PLWHIV and other vulnerable groups, especially sexual minorities and most at risks groups in Liberia. SAIL focus is on:

- To Increase institutional performance by enhancing the capacity of staff and Board through promotion of fundraising, participation, training, and career development.
- To contribute to strengthening regulatory, legislative policy environment for marginalized groups with focus on sexual minorities by engaging with policy makers and key stakeholders in Liberia.
- To improve service delivery through community engagement, partnership and service provision targeting key populations and other sexual minority groups.

The capacity building of SAIL is presented here as the case study for Liberia in TA Effectiveness. The case study highlights the importance of i) using a tool to identify gaps, and ii) a tailored TA provided to SAIL to enable to undertake the roles of SR in Global Fund programs under PSI-Liberia. Figure 7 summarizes the important milestones for SAIL to be SR for the current Global Fund Cycle.

**TA TO SAIL TRANSITION TO SR FOR GLOBAL FUND IN LIBERIA**

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Capacity Assessment</th>
<th>TA plan implementation</th>
<th>Qualifying as SR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate to quality for Global Fund programs</td>
<td>Used partnership assessment form</td>
<td>Addressing the gaps</td>
<td>Post-training assessment</td>
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<tr>
<td>SAIL had inadequate systems and capacity in several areas to become SR</td>
<td>An objective assessment of SAIL systems and capacity to become SR</td>
<td>Formal training by PSI.</td>
<td>Qualified to be SR for Global Fund after addressing all the gaps.</td>
</tr>
</tbody>
</table>

*Figure 7. SAIL milestones to become SR for Global Fund programs in Liberia.*
Capacity gaps in the assessment: The following areas were identified using the Partnership Assessment tool:

1. Governance
2. Management practices
3. Service delivery
4. External relations
5. Sustainability plans
6. Human resource
7. Financial resources
8. Program and beneficiaries

TA provider: PSI as the PR for Global Fund spearhead the TA provision to SAIL in addressing important gaps in capacities for SAIL.

Lesson Learnt: In this approach, the use of a tool to assess CS and CG TA needs is preferable as it helps in the following ways:

- Established the minimum standards to which all CS and CG will be measure
- Develop a TA tailored plan
- Provides a reference point to monitor the use such capacities in implementation of different programs and projects.
## 8. APPENDICES

<table>
<thead>
<tr>
<th>S. NO</th>
<th>ORGANIZATION</th>
<th>CONTACT PERSON</th>
<th>CONTACT</th>
</tr>
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</table>
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cyriaque ako@laposte.net |
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<thead>
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<th>CONTACT</th>
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<tbody>
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<td>STOP AIDS IN LIBERIA (SAIL)</td>
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<td>NA</td>
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<tr>
<td></td>
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<td>STOP AIDS IN LIBERIA (SAIL)</td>
<td>Massa J. Rogers</td>
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<td>Zowolo P. Kollie</td>
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<td>15</td>
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<td>Aaron Dennis</td>
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<td>Berline Djaboo</td>
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<td>TRANSGENDER NETWORK OF LIBERIA (TNOL)</td>
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<tr>
<td>21</td>
<td>HOME OF DIGNITY</td>
<td>Sonpon Blamo Sieh</td>
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The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) is a regional network bringing together civil society and community voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities.

As of September 2017, EANNASO was re-selected by the Global Fund Community Rights and Gender Strategic Initiative (CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the period of December 2017 to December 2019 covering 25 Anglophone African countries.

The regional platform for communication and coordination has a key role in engaging civil society organizations and community networks in Global Fund processes. It is responsible to foster regional dialogue, exchange knowledge and good practices among civil society and community actors and networks, as well as to disseminate information on technical assistance opportunities across all Anglophone countries where the Global Fund has grants countries.

CONTACT THE REGIONAL PLATFORM

Regional Platform for Communication and Coordination for Anglophone Africa
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